

MEDICAL HISTORY

Two reports which recently appeared in this *Journal* have given us particular pleasure. The first announced the establishment of a Museum of the History of Medicine by the Medical Graduates Association of the University of the Witwatersrand.¹ The second gave an account of the first meeting of a Medical History Club at the University of Cape Town.² The development of an interest in one's historical heritage is a sure sign of maturity, and it is fitting that our two senior medical schools should be demonstrating their coming of age in this fashion.

Until now, the study of medical history has not avidly been pursued in Southern Africa. There have been, however, some notable individual exceptions. A former Editor of this *Journal*, Dr. C. L. Leipoldt, often wrote on medical history topics; Dr. E. H. Burrows, in his *History of Medicine in South Africa*, has provided a valuable introduction to the early medical history of this country; and Dr. M. Gelfand is soon to publish the last volume of a trilogy in which the medical history of Nyasaland and the Rhodesias is carefully recorded. There is little doubt that the medical museum in Johannesburg and the club in Cape Town will stimulate a much wider interest in this fascinating subject.

It has often been said that medical history is the subject to which elderly practitioners gratefully turn when they no longer dare to contemplate the realities of the present or the future. This is no longer true. The great increase in the study of medical history which is occurring in this country and throughout the world has been stimulated by the increasing participation of many young men.

Those who are closest to the advancing frontiers of medical science now realize that the innumerable new discoveries which are being proclaimed every day can only be assessed properly when studied in their historical perspective. To take an extreme example: those who are familiar with the long and chequered history of 'cancer cures' will be less inclined to accept the claims made for modern panaceas without the evidence of very thorough and protracted trials. When he is searching for new approaches to the solution of an old problem, the young research worker, who studies the historical development of the ideas about his subject, will find that, as he follows this current of ideas from the past to the present, his own stream of thought will gain increased momentum for its

projection into the future; the more carefully he delves back into the past, the more clearly will he see the path to future discovery.

These, we believe, are the most important benefits which are to be derived from a study of medical history. There are others which we may mention. It is right and proper that due regard and respect be paid to the great medical men of the past and that we do not forget the tremendous discoveries on which modern medicine is based. The anniversaries of the great politicians and of their wars of destruction are enthusiastically celebrated in every country, and they are honoured annually by national holidays and festivals. There is at least as much reason for us to commemorate the great benefactors of mankind and their victories over disease. The student of the history of medicine is brought into close contact with non-medical disciplines, and his links with general history, classical culture, art, music, and literature are strengthened — in fact medical history is the most effective means that we have of bridging the gap between what Sir Charles Snow has called the 'two cultures' — the arts and the sciences. In this way medical men will be able to demonstrate the importance of health and disease in shaping the destiny of individuals and of nations; in turn, they will learn how much medical progress is dependent on the progress of humanism and science in general.

Finally there are some less profound, but not less important, virtues to be found in the study of medical history. It can provide an absorbing hobby and useful relaxation for those who require it. It provides medical teachers with interesting material with which to brighten a potentially dull lecture and, for didactic purposes, the 'historical approach' is often a convenient method of explaining a complicated subject. For those doctors' wives who would like to take a more active interest in their husbands' profession, there are many facets of medical history which can with advantage be studied by husband-wife teams. In the past many important contributions to medical history have been made by the combined efforts of a doctor and his wife. We anticipate that for these and many other reasons our new medical history organizations will be welcomed warmly and that they will prosper and flourish.

1. Medical Graduates Association (1961): *S. Afr. Med. J.*, 35, 527.
2. UCT Medical History Club (1961): *Ibid.*, 35, 761.

DIE LIG VAN VERRE DAE

Dit lê in die aard van die tyd waarin ons leef dat ons kennis al meer in nouer vakke verloop en al meer en meer hoogs gespesialiseerd word. Op 'n skaal wat heeltemal ongeëwenaard is, is tallose navorsers orals oor die wêreld besig om na die diepte van dinge te peil — 'n bedrywigheid wat deur 'n duisend en een moderne tegniese en weten-

skaplike hulpmiddels moontlik gemaak en aangemoedig word. Die totale som van ons kennis vermeerder waarskynlik *elke dag* meer as wat dit 'n honderd jaar gelede *per jaar* of selfs *per dekade* vermeerder het.

Hierdie toestand van sake het dus onvermydelik geword, maar dit hoef nie noodwendig 'n onvermengde ewel te

wees nie, mits ons alles in ons vermoë doen om ons blik en uitsig nie te laat beperk nie en ons perspektief nie te laat belemmer nie. Om hierdie rede is dit dus goed en verblydend dat daar tekens is van 'n hernieude belangstelling in mediese geskiedenis en in die breër filosofiese, wetenskaplike, artistieke, kulturele, en algemeen-menslike agtergrond van die mediese kunst en wetenskap.

Geskrifte¹⁻⁴ wat afkomstig is van lede van die doserende personeel van die Universiteite van Pretoria, Stellenbosch, en Durban, het reeds al getoon dat die behoefte aan die navraag na die herkoms van ons kennis en gebruike 'n bewuste geestesinhoud geword het. En onlangs het hierdie neiging 'n nuwe impetus gekry aan die oudste twee van ons mediese skole, deur die stigting van 'n mediese museum⁵ aan die Universiteit van die Witwatersrand, onder die geesdriftige leiding van dr. Cyril Adler, en die stigting van die Klub vir Mediese Geskiedenis⁶ aan die Universiteit van Kaapstad, onder die besielende leiding van dr. Hymie Gordon. Ons hoop en vertrou dat hierdie pogings allerweë aangemoedig sal word, omdat die studie van die geskiedenis van die medisyne een van die maniere is waarop ons ons perspektief kan verbreed.

Aan sommige van die ouere mediese skole op die Vasteland van Europa en in Amerika word die geskiedenis van die medisyne as vak gedoseer. Dit is 'n gewenste toestand van sake. Of dit deesdae nog prakties uitvoerbaar is, in die lig van die groot omvang van nuwe kennis wat maar steeds by die leerplan ingevoeg word, is twyfelagtig. Maar, dat daar iets daadwerklik in hierdie verband gedoen moet word, val nie te betwyfel nie. Daarom is dit 'n goeie benadering om opsionele fasiliteite vir 'n studie van hierdie aard daar te stel — veral as dit gedoen kan word rondom die kern van 'n bestaande klub of museum.

Die wortels van ons mediese kennis en gebruike gaan ver terug in die verlede, en 'n studie van hierdie agtergrond

kan baie daaraan doen om vir ons 'n insig te laat kry in die menslike persoonlikheid. Die mens mag vandag baie anders voorkom as vroeër, en hy mag leef teen 'n ongekende tempo en met die fasade van volkome volwassenheid. Tog is dit nie so nie. Die mens het in sy wesenlike aard baie dieselfde gebly, en onder die dop van tegniese vaardigheid skuil die basiese onsekerheid van almal nog altyd.

Om die lig van verre en vergange dae op ons huidige doen en late te laat skyn, kan 'n bevruggende en behoudende uitwerking hê. Miskien sal dit juis goed wees om na te speur hoe eenders die wesenlike mens tog maar is, ten spyte van sy skynbare andersheid. Daarom is die hele gebied van die lewe en strewe van die mens dwarsdeur die historiese tydperk vir ons van belang.

Ons doel met die studie van die geskiedenis van die medisyne moet dus wees, nie net om ons eie prestasies op te hemel nie, maar eintlik om die mens as mens beter te leer ken en te verstaan. Dan sal ons moontlik kan uitvind waarom groter geeste as ons in die verlede gefaal het. En dan sal ons ook 'n insig kan kry in die gevaarpunte wat vir ons vandag as waarskuwings moet dien.

Om die studie van die geskiedenis van die medisyne werklik vrugbaar te maak, is dit nodig dat ons die agtergrond van die uitspraak van Emile Littré werklik leer ken en verstaan — 'n uitspraak wat meer as 'n honderd jaar gelede al gemaak is en nou nog net so waar is as toe: „as die mediese wetenskap nie tot die vlak van 'n blote meganiese profesie moet daal nie, moet hy homself besig hou met 'n studie van sy geskiedenis”.

1. Snyman, H. W. (1960): *S. Afr. T. Geneesk.*, **34**, 422.
2. Brede, H. D. (1961): *Ibid.*, **35**, 716.
3. Steytler, J. G. (1961): *Ibid.*, **35**, 760.
4. Gordon, I. (1960): *Ibid.*, **34**, 414.
5. Medical Graduates Association (1961): *Ibid.*, **35**, 527.
6. UCT Medical History Club (1961): *Ibid.*, **35**, 761.