

# History Of Medicine

A. L. MURPHY, M.D.\*

To the Medical Faculty, Dalhousie University.

The concept of *university* as a corporation for the conservation, dissemination and advancement of learning applies as well to its faculties and colleges. From its beginning the Faculty of Medicine at Dalhousie has accepted this concept; it has appreciated the broad connotations the concept implies.

Two specific instances of this Faculty appreciation have occurred in recent years. First was the lengthening of the pre-medical course from two to three years, to give a broader cultural training to medical students whom we feared were being satiated with scientific fact and theory, to the detriment of their own thinking processes. Second was the introduction of the trimester system, with the objects of broadening the student's education, giving a better correlation to the many subjects being thrust on him, breaking down the rigid, departmental walls between them, and, most important, giving him more free time to think for himself. Active in bringing about both of these changes, which seem to have been well founded, I share the guilt of the other members of the Faculty who laboured with me in having omitted from consideration the one subject which could do most to inculcate in the student the mental processes we most desire. This is the History of Medicine.

Dalhousie is perhaps the one major medical school on this continent where the organized teaching of medical history is ignored. In other schools, the subject, if not honored with a department and a full time professor (as at McGill), is at least presented as a lecture series, giving the student some foundation on which to place the scientific knowledge he accumulates.

I consulted Dr. George E. Wilson, Dalhousie's illustrious Professor of History, on the need for a history course in the Medical School. Dr. Wilson replied:

"I was very much surprised when you told me that there were no classes on the history of medicine given in the Dalhousie Medical School. I thought that the subject might have been used to bind the whole curriculum together. To see man's skill and knowledge grow through the centuries gives a sense of meaning and purpose and continuity that I do not think can be achieved in any other way. It gives depth to our knowledge. This is one of the great things that I think history does for every subject. We see ourselves as a link in a great chain that not only stretches into the past but into the future.

With all my heart I wish you success in your endeavour to make the history of medicine an essential part of the study of medicine. It is hard for me to see how you could keep them apart."

The pattern of the present and the scheme of the future are made out of the past. With a proper knowledge of this, which is history, the student can assess the present, distinguish between true progress and the refurbishing of discarded doctrines, weigh the sound against the unsound, and anticipate what is to come; without this knowledge the depth of his judgment is limited, its accuracy jeopardized. This has been put more succinctly by Schlegel: "The historian is a prophet looking backwards."

Why was the germ theory unaccepted when Varro propounded it in 50 B.C.? Why was the theory introduced and discarded in succeeding centuries till Pasteur's work finally won its acceptance? Why was not Semmelweiss or Oliver Wendell Holmes the father of antiseptics, rather than Lister, forty years later? Why did Harvey's

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work, cutting ruthlessly across established and revered belief, receive such prompt acceptance?

The cultural broadening a knowledge of history confers is important; more important is the medical student's ability to ask such questions and then answer them. Certainly this power is essential for the physician who hopes to be creative, who has the urge to do more than practise routine medicine.

At one time the greatest strength of the Dalhousie Medical School rested in its clinical teachers, relatively unspecialized, educated men who, though often ignorant in the outer perimeters of many fields, inculcated in their pupils not learning alone, but a love of learning which remained with them. As medicine has advanced, and our school with it, the specialties have grown and ramified. Time becomes thinner as specialties, non-existent forty years ago justly demand segments of the curriculum to disperse the knowledge they have accumulated. As a result we are turning out highly learned physicians who know less and less about more and more, and who, too often, find their thinking processes crushed by multitudinous, didactic drills.

With the fund of medical knowledge doubling every five years, and with new specialties necessarily evolving to develop and channel this knowledge, it is obvious that before long it will be impossible to teach, more than kaleidoscopically, the many ramifications of medicine. Nor would this be sound. Already, in an attempt to allot time to the more rapidly growing clinical sciences, anatomy, physiology and other basic studies have been cut back so far that our internes come into our hospitals with often a sadly inadequate knowledge of how the human body, which they will spend their lives administering to, is made and functions.

It has been our proud claim at Dalhousie, for many years, that we are not educating multi-faced specialists, but sound medical practitioners, men to whom we have imparted not only scientific lore, but, more important, the urge and the training to go on learning throughout their lives.

If we are to maintain this concept, and I believe it more essential now, in the maze of accumulating medical knowledge, than ever before, it is important that the Faculty review its curriculum with the aim of basing it more solidly on the general principles of medicine; and that, in its deliberations, Faculty accept Medical History as the welding agent to give the student a thinking comprehension of his diverse efforts.

In the presentation of Medical History I ask that Faculty consider a course of not less than twenty lectures, to be given preferably at a time when the student knows enough medicine to appreciate and weigh the significance of the developments of the past. The course might be directed from the Dean's office. A more progressive step would be to set up a department of history. But discussion of detail is secondary to the approval of the principle that the teaching of medical history is essential in our school.

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