Being Human: The Contemporary Relevance of Medical Heritage

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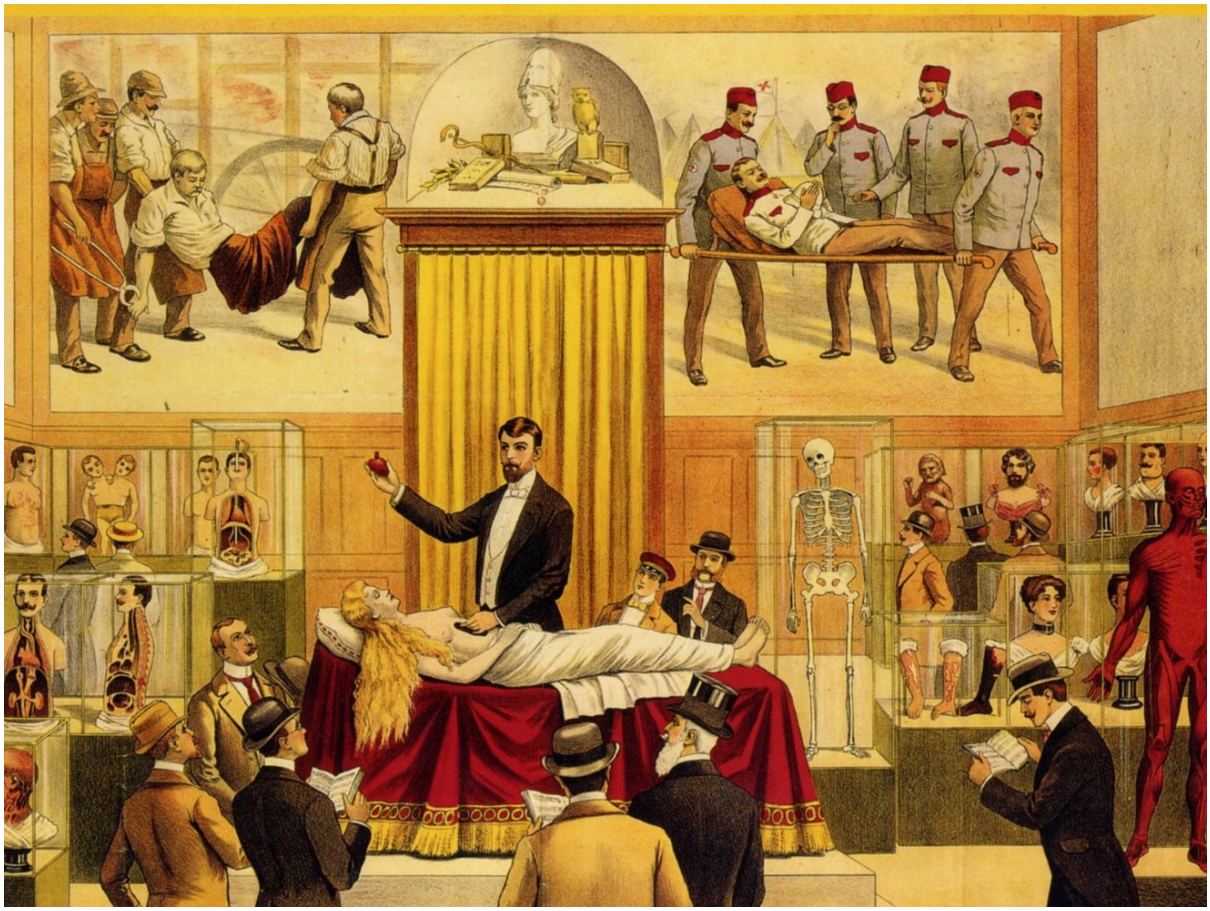

“Being Human: The Contemporary Relevance of Medical Heritage”

Inaugural lecture: Prof. dr. Manon S. Parry

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Abstract

Medical museums can play a major role in society by contributing to health and wellbeing. There are over 240 museums displaying historical medical collections in Europe, and more than 37 million visitors have attended anatomical exhibitions such as Gunther von Hagens’ Body Worlds. Clearly there is great public interest in these presentations of health and medicine, although there is also much disagreement about what should be shown, who should see it, and what audiences might gain from such encounters with the past. This presentation will demonstrate the importance of medical heritage for understanding history, but also in addressing contemporary public health problems, from the stigma of illness or disability, issues of sexuality and reproduction, or the challenges of the COVID-19 pandemic. Innovative uses of sounds, objects, images, and exhibitions will be examined to show how classrooms as well as cultural venues are introducing diverse groups to the material culture of the history of medicine, to promote health, as well as learning. The conclusion highlights the role of the VU MA in Medical and Health Humanities in this work, and the relevance of history and historical collections for engaging health professionals as well as broader audiences.

Introduction

In 2019, the Wellcome Collection, a museum and library in London derived from the Burroughs Wellcome pharmaceutical company, opened their new permanent exhibition on contemporary medicine, titled "Being Human."[1] The exhibition marks a new era in Wellcome's approach. Like their previous projects, art is included alongside historical artifacts, and medical issues are explored in ways that will appeal to a broad audience. "Being Human" goes further than previous exhibitions though - by combining music, smells, touch, and various media - bringing in different senses as well as a range of materials to express the interplay of social and cultural, as well as biological, dimensions of health and illness. The "epidemic jukebox," features songs related to disease, from music that only incidentally addresses the topic, including "He's Behind You, He's Got Swine Flu" by British artist The Streets, to songs produced specifically to slow the spread of an epidemic, such as "Ebola in Town," created by Liberian music producers, to share health information and to challenge myths about the disease.

Nearby, exhibition visitors can rub a bronze sculpture by artist Tasha Marks, to release a familiar smell that signals the action of a beneficial bacteria. The smell evokes breast milk, and the sculpture is intended to celebrate its role in nourishing the bacteria in a baby's stomach that contributes to their microbiome. As well as an array of body fluids featured in the exhibition, and the range of senses engaged, the breadth of issues addressed also extends Wellcome's usual scope, to include climate change and the impact of discrimination alongside infectious diseases and mental health. The sculpture *Refugee Astronaut*, by British-Nigerian artist Yinka Shonibare, is a space traveller he describes as "a post-apocalyptic figure, with his worldly possessions on his back, seeking conflict-free and environmentally clean, greener pastures."[2] While close by, in one of my favourite pieces, a film by a collective of Danish artists known as Superflex, shows a McDonald's fast food restaurant slowly filling with water. The gently rising tide in this symbol of consumerism reminds the viewer of the causes and consequences of the developing climate emergency.

In striking contrast to their previous long-term exhibition on contemporary medicine, "Being Human" challenges the medical model of disability that emphasises bodily difference or impairment and which prioritises its cure. The exhibition illustrates how people with disabilities have challenged this model to instead highlight how society's attitudes, infrastructure, and policies are often far more disabling. The gallery is light and spacious, with high ceilings, a wall of windows, and a warm wooden floor. The entire space is designed to be accessible to visitors with a range of disabilities and welcoming to diverse groups of different ages and backgrounds.

This new approach reflects a wider shift underway in medical museums across Europe, as these institutions attract rising numbers of visitors and accommodate new audiences. Medical heritage collected centuries ago is now being redisplayed in novel ways and for a variety of new purposes. Yet controversies surrounding *Body Worlds*, the plastinated anatomical exhibitions that debuted in 1995, have made some medical museum staff cautious about the materials they show, and wary of a potential backlash. Over the last four years of research, I have encountered diverging opinions on the usefulness of historical medical collections for general audiences, as well as concerns about objects and exhibitions that may

[1] Wellcome Collection, "Being Human," https://wellcomecollection.org/exhibitions/XNFfsxAAANwqbNWD. Accessed 23 October 2020.
[2] Laura Potier, "What an Urban spaceman Tells Us About the Human Condition," *The Observer*, 1 September 2019, https://www.theguardian.com/science/2019/sep/01/being-human-wellcome-collection-exhibition. Accessed 23 October 2020.

do more harm than good, perhaps risking audience well-being, or damaging the public image of scientific expertise.[3]

In what follows, I explore three key questions that have been raised: who are medical museums for? What should they collect? What can be shown? I argue that medical heritage remains highly relevant, for medical professionals as well as others, even as it calls into question some of the paradigms of the past. The provocative nature of much of this material is part of its appeal, offering opportunities to reconsider the lessons of history, its ongoing legacies, and the health challenges of the future.

Who are medical museums for?

Medical museums first flourished in the eighteenth century, intended primarily for the education of doctors and situated within universities, with access only for staff and students. "Popular" anatomical shows also displayed medical materials, in commercial traveling exhibitions open to the public for a fee. Although these were marketed as scientifically informative, they courted controversy—and drew in crowds of curious visitors—by focusing on salacious and gruesome topics. Displays commonly featured wax models of genitalia, illustrating the ravages of venereal disease, and gory depictions of surgical amputations. One of the most popular items commonly shown was a full-size female nude figure, known as an "Anatomical Venus," who could be "dissected" by removing pieces, right down to reveal a foetus in her womb. Although they were most successful in the nineteenth century, some popular anatomical exhibitions were still on tour as late as the 1970s.[4]

Medical school museums were intended to be a much more "scientific" project, although their collections reveal overlapping interests with their more "popular" counterparts. Alongside surgical instruments and diagnostic tools, for example, they also exhibited the Anatomical Venus as well as artistically creative arrangements of human remains. Surviving collections typically include additional curiosities, saved not for their educational or scientific value, but because of the fascination of the original collector, from tumours with teeth, to arts and crafts made with human hair, bone, or skin.[5]

While there are few remaining traces of the original popular exhibitions, many university collections still exist across Europe. As departments moved or hospital wards closed down, curators of campus museums have accumulated discarded objects, ranging from everyday items such as patient beds to the records or research tools of an esteemed former staff member. Departments of anatomy and pathology often retain shelves and cupboards full of instruments, models, or specimens no longer used in medical education. Over the last fifteen years, many of these collections, once intended only for the expert gaze of medical practitioners or students-in-training, have been opened up to a broader audience.

At the same time, public museums for the history of science, technology, and medicine have also enjoyed increasing interest and rising visitor numbers. The last few years

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[3] This research was funded by the Netherlands Organisation for Scientific Research (NWO) and will conclude with a book, "Human Curiosities: The Social Relevance of Medical Museums," to be published in 2021. For a further elaboration of the ideas discussed here, with an additional focus on the representation of race in medical museums, see Manon S. Parry, "Risky Histories and Social Relevance," *Science Museum Group Journal*, (forthcoming autumn 2020).

[4] Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton, NJ: Princeton University Press 2004); Joanna Ebenstein, *The Anatomical Venus: Wax, God, Death & the Ecstatic* (New York, NY: Distributed Art Publishers, 2016).

[5] Rina Knoeff and Robert Zwijnenberg (eds.), *The Fate of Anatomical Collections*: *The History of Medicine in Context* (Farnham, Surrey; Burlington, VT: Ashgate, 2015).

have seen an especially productive period, including renovations of major museums in Austria, Italy, the UK, and here in the Netherlands, where the redesigned Rijksmuseum Boerhaave won the European Museum of the Year Award in 2019.[6] There are also entirely new institutions showcasing historical medical collections, such as the Ghent University Museum, the first of its kind in Flanders, which just opened.[7] The appeal to a broader audiences beyond medical specialists has meant reconsidering traditional modes of display and the perspectives usually presented.

Museums of the history of psychiatry were the first in the field to reimagine how their collections could be interpreted to engage broad audiences, including visitors who are highly critical of medicine's approach to mental illness. The history of mental health care presented in many of these venues focuses on abuses in the past as well as on-going debates over the positive and negative aspects of diagnosis and treatment. In recent years this trend has accelerated, with several leading museums no longer defining themselves as repositories of the history of psychiatry, but now taking a wider approach to mental health as it is explored in science, society, and culture. Broadening their interpretive framework beyond the practitioner perspective and the medical model, the Bethlem Museum in the UK was the first to rebrand as a "museum of the mind" in 2015, joined soon after by the Dolhuys in the Netherlands. In 2019, the Dr. Guislain Museum in Ghent reopened with a redesigned historical exhibition that shifts away from the iconic objects in the history of institutional care that were formerly on display. The new exhibition draws more heavily on contemporary art, addressing key themes, notably classification, and power and powerlessness, alongside an extensive collection of work produced by people living in psychiatric facilities or with lived experience of mental illness.[8]

Exhibiting the history of psychiatry is complicated by the damaging portrayal of mental illness and mental health care broadcast in popular culture and the news media. Examples include harrowing scenes of mistreatment, the depiction of asylums as filthy and chaotic, and the representation of mental illness as a cause of crime and violence. Although some of this draws on real elements of a difficult history, such as excessive uses of physical restraint and the incarceration of vulnerable people, these representations have mythologized certain practices, especially the use of straitjackets or electro-convulsive therapy.[9]

Museums have an important role to play in challenging these misrepresentations of the past. Exhibitions could, for example, explain the ideas behind particular practices and the historical context in which were they were used, and trace their legacies in adapted treatments today. Instead, they tend to exaggerate the differences between historical and contemporary activities in order to separate current practice from the most negative associations made about the past.[10] Some museums completely avoid discussions about the continuing use of infamous techniques, relocate objects that represent them to the margins of exhibitions, or

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[6] Renovated museums include the Narrenturm Museum (2018) and the Joesphinum Museum, Vienna (ongoing); Museum Ovartaci, Aarhus (2019); the Teknisk Museum, Oslo (ongoing) and The Thackray Medical Museum, Leeds (2019-).The Rijksmuseum Boerhaave was renovated in 2017 and the Dolhuys Museum of the Mind is due to open after renovation in November 2020.

[7] The Medical History Museum in Hamburg opened in 2010 and the Croatian Museum of Medicine and Pharmacy in 2015, RSU Anatomy Museum at Rīga Stradiņš University is scheduled to open in 2020. New museums are under consideration at Catholic University, Leuven (KU Leuven), and Complutense University of Madrid (UCM).

[8] Patrick Allegaert, Bart Marius and Andrew Scull (eds.) *Unhinged: Museum Dr. Guislain. On Jitterbugs, Melancholics and Mad-Doctors* (Lichtervelde: Kannibaal bvba / Hannibal, 2019).

[9] For a more expansive analysis of the representation of the history of psychiatry in museums see Carolyn Birdsall, Manon S. Parry, and Viktoria Tkaczyk. "Listening to the Mind: Tracing the Auditory History of Mental Illness in Archives and Exhibitions," *The Public Historian* 37, no. 4 (November 1, 2015), pp. 47–72,

[10] Op. cit., Birdsall et al, p. 51.

remove them entirely, over concerns about 'dark tourism' by visitors seeking out stories of human suffering for entertainment and the risk that some exhibits may fuel negative stereotypes and stigma.

Like most medical museum collections, the historical artefacts and archives of psychiatric museums primarily represent the practitioner view, and so art has become an increasingly dominant strategy to incorporate the perspectives of mental health service users, as well as to provide critical reflection on medical approaches. These are sometimes shown alongside oral histories or recordings of written accounts (which are much harder to find). These multimedia strategies have raised concerns among some curators and historians that the material culture of the history of psychiatry will be lost or endangered now it is fading out of favour for exhibition, along with a push by scholars to acknowledge the research potential of such artifacts.[11]

Why Should We Collect?

The potential loss of significant medical heritage is a risk, even for relatively recent histories. The material culture of HIV and AIDS, for example, has only been narrowly collected, as its reuse in recent exhibitions has demonstrated. The three main kinds of heritage saved include art, activist ephemera, and public health materials. Historians and curators have found the collections inadequate for analysis and exhibition, as they fail to document the full impact of the pandemic across diverse communities, nor the broad scope of local, national, and international action. In the Netherlands, valuable material has disappeared, including a scrapbook of photographs and postcards from one of the country's first hospital wards for AIDS patients, as well as the first handwritten version of a guide to caring for someone dying of AIDS, which was used to train carers in the Dutch Buddy system.[12]

This is a problem not just because archives and museum collections may then encourage misleading interpretations of the past, but also because these histories inform the response to disease in the present. Although academics and public health practitioners still debate the relevance of history for practice and policy, historical interpretations are already used in the management of health and illness. While they are not necessarily used as a conscious instrumentalisation of history, myths and legacies as well as lessons shape healthcare, from the attitudes of patients to the assumptions of healthcare professionals and policymakers.[13] We should be mindful, then, of the collections and interpretations housed in prestigious museums.

In 2017, the Wellcome Collection displayed a temporary exhibition curated by designer Lucienne Roberts and design educator Rebecca Wright, titled *Can Graphic Design Save Your Life?*[14] The exhibition storyline was largely celebratory and implied that it could.

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[11] Monika Ankele and Benoît Majerus (eds.), *Material Cultures of Psychiatry* (New York, NY: Columbia University Press, 2020).

[12] Manon S. Parry and Hugo Schalkwijk, "Lost Objects and Missing Histories: HIV/AIDS in the Netherlands," in Joshua G. Adair and Amy K. Levin (eds.), *Activism, Unruliness, and Alterity: Gender, Sexuality and Museums*, Volume 2 (London and New York: Routledge, 2020), pp.113-126.

[13] I expand on this idea, and the discussion that follows here regarding the 2017 Wellcome exhibition *Can Graphic Design Save Your Life,* in Manon S. Parry, "Public Health Heritage and Policy: HIV and AIDS in Museums and Archives," special issue of *História, Ciências, Saúde-Manguinhos* on Global Health Histories, vol. 27, suppl.1 (2020), pp.253-262.

[14] Sarah Schrauwen, Lucienne Roberts and Rebecca Wright, *Can Graphic Design Save Your Life?* (London: Central Books, 2017); Oliver Wainwright, "Can Graphic Design Save Your Life? Review – Thrills, Pills and

Although the curators did address some unhealthy uses of design, such as tobacco advertising to promote smoking, the exhibition highlighted the beneficial power of persuasive media to convince people to act in ways that improved their own wellbeing and public health more widely. The exhibition also featured the UK health education campaign informally known as the "Don't Die of Ignorance" project after the main tagline of the television adverts and print materials. A short label text noted that the campaign was controversial but also very memorable. A newspaper article promoting the opening of the exhibition included interviews with the government minister for health at the time of the campaign, and one of the designers, both reflecting on its history. They commented on the difficulty of the project due to extensive opposition and argued that the menacing tone used was necessary and successful.[15]

Yet thirty years since this campaign, historians, public health practitioners, and policy makers still disagree on its effects (and on the use of fear more generally to promote behaviour change). The adverts have been blamed for frightening audiences, and potentially increasing prejudice against high risk groups. Critics argue that rather than serving as a serious public health effort to save lives, the campaign was primarily a public relations exercise for the government.[16] But now the politicians and graphic designers involved claim it was an unqualified success—and do so in a venue strongly associated with the cutting-edge medical research funded globally by the Wellcome foundation.[17]

An overemphasis on the visual culture can distract us from one of the most important lessons of the spread of HIV: the role of the "social determinants of health." Knowing how to protect oneself from infection is not enough, as risk factors for contracting the virus include inequality in sexual relationships, social and economic marginalization, mental health and addiction issues, low levels of education, and a lack of access to services or a safe place to live. All of these factors also contribute to the impact HIV infection will have on an individual's health and wellbeing, and all should be addressed in an exhibition claiming to represent the history of AIDS.

The narrow range of AIDS-related heritage collected in museums is particularly surprising because historians, curators, activists, and health professionals were aware of the historical significance of the new disease as the pandemic emerged.[18] My research suggests a range of very reasons why materials were not collected despite this awareness, including museums' lack of connections to marginalised groups, and narrow perceptions of what "counts" as activism, which privileged spectacular street protests rather than backstage lobbying, for example. Museums also struggled with the difficulty of collecting the interrelated social, cultural, and scientific dimensions of the pandemic. As each institution traditionally focuses on a specific domain, such as scientific innovation or national history,

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Big Pharma," *The Guardian*, 17 Sept. 2017, www.theguardian.com/ artanddesign/2017/sep/07/can-graphic-design- save-your-life-review-wellcome-collection- london. Accessed 1 July 2019.

[15] Tim Jonze, "'It was a life-and-death situation. Wards were full of young men dying': How We Made the Don't Die of Ignorance Aids Campaign," *The Guardian*, 4 Sept. 2017, www. theguardian.com/culture/2017/sep/04/how-we- made-dont-die-of-ignorance-aids-campaign. Accessed 1 July 2019.

[16] Virginia Berridge, *AIDS in the UK: The Making of Policy 1981-1994* (Oxford: Oxford University Press, 1996); Sarah Graham, "Don't Die of Ignorance AIDS campaign: Interview with Dr Sarah Graham," (2013), www.youtube.com/watch?v= OjW_ olEfNMw. Accessed 14 Dec. 2016.

[17] Wellcome, "About Us," https://wellcome.org/about-us. Accessed 23 October 2020.

[18] See, for example, Virginia Berridge, Review of Victoria A. Harden, *AIDS at 30: A History, Social History of Medicine* 27:3 (2014), pp.620-621; Victoria A. Harden, *AIDS at 30: A History* (Washington DC: Potomac Books, 2012), Ch. 6, "Communicating AIDS," and Judy Chelnick, "Collecting an Epidemic: A Curator on Preserving the AIDS Quilt," *The Atlantic*, 1 February 2012, https://www.theatlantic.com/health/archive/2012/02/collecting-an-epidemic-a-curator-on-preserving-the-aids-quilt/252190/. Accessed 13 February 2018.

they lack the mandate, as well as the space, to collect across these boundaries.[19] The Rijksmuseum Boerhaave only recently added their first object related to this history, with a piece of the Dutch AIDS memorial quilt, and are currently expanding their collecting on this topic.[20]

The Boerhaave also drew on their collection to contribute to the response to the current pandemic of COVID-19, making an old mechanical ventilator available to researchers who used it as a working model to design a new easy-to-produce version for use today.[21] The historical artifact and the design prototype it inspired are now displayed in the museum's current installation, *Infected!* This exhibition was originally intended to examine the risk of new epidemics and proved very timely given the global spread of COVID-19.[22] The project is accompanied by a variety of events and resources and has attracted extensive media attention as well as a steady stream of visitors. Such activities demonstrate how wrong it is to assume that a museum is a graveyard for the past, preserving only outdated techniques or technologies that are no longer useful. In fact, they house rich collections with potential uses we may not have even imagined.

A large number of online platforms have been launched to capture the impact of COVID-19 across different groups.[23] The surge in digital communication fuelled by bans on travel, the closure of workplaces and educational institutions, and the call for people to stay home, has made digital collecting a priority now that so much of life is lived online, as well as a necessity given these restrictions on movement and meeting up. The scale of stories that can be captured in this manner is impressive, and there is an array of projects targeting specific groups such as students, healthcare workers, and people with disabilities.

Unless this approach is supplemented by additional activities to collect objects, however, silences in histories will persist as they have for AIDS, especially for groups without easy access to digital tools, including the elderly as well as poorer people and those living in institutional settings including care homes, prisons, and mental health facilities. This is an especially important issue given that all of these groups face particular risks in this most recent pandemic. While we could mine digital collections for ideas for objects to be accessioned by museums in the future, some may disappear before curators can reach them. Although museum staff are discussing collecting strategies, a heavy emphasis has been placed on "ethical approaches" so as not to distract essential workers, in healthcare especially, from their core priorities, or to burden those dealing with grief.[24] Yet in the midst of a crisis, materials that are no longer medically useful may be discarded, and more personal items may be dismissed as insignificant rather than recognised for their historical value. A

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[19] Manon S. Parry, "Pandemics and National Pride: Exhibiting AIDS in Museums," in Matt Cook and Janet Weston, Comparative Histories of HIV in Europe (under contract with Manchester University Press, forthcoming 2020).

[20] Thanks to director Amito Haarhuis, and curators Bart Grob and Mieneke te Hennepe, for information on these developments. With Hugo Schalkwijk, Bart Grob also organized a Witness Seminar at the museum to search for potential objects in June 2014. Op cit., Parry and Schalkwijk.

[21] Arjen Kennis, "Museumstuk Boerhaave Basis voor Beademingsapparaat Studenten Delft," *Sleutelstad*, 17 April 2020, https://sleutelstad.nl/2020/04/17/museumstuk-boerhaave-basis-voor-beademingsapparaat-studenten-delft/. Accessed 23 October 2020.

[22] Rijksmuseum Boerhaave, "Besmet!", https://rijksmuseumboerhaave.nl/te-zien-te-doen/besmet/. Accessed 23 October 2020.

[23] See, for example, Amsterdam Museum, "Corona in the City," https://www.coronaindestad.nl/en/; Florence Nightingale Institute, "COVID-19 Verhalenbank," https://fni.nl/covid-19-verhalenbank; and for a global map of projects, Chiara Zuanni, "Museum Digital Inititaives During the Coronavirus Pandemic," https://digitalmuseums.at/index.html. All accessed 23 October 2020.

[24] See, for example, Science Museum Group, "Ethical Guidelines – Collecting Covid-19," https://www.sciencemuseumgroup.org.uk/wp-content/uploads/2020/04/SMG-Ethical-guidelines-Covid-19.pdf. Accessed 23 October 2020.

key strategy needed is the cultivation of "historical consciousness" to encourage people across different communities to see themselves as part of history in the making, and to reach out to those groups likely to be underrepresented in other kinds of initiatives.

These collections will form the basis of the histories we construct in the coming decades. AIDS powerfully demonstrated the interlocking social, economic, political, cultural, and historical factors that shape individual risk as well as the global management of infectious disease pandemics, and COVID-19 requires a similarly complex view. A focus only on the medical issues, highlighting the structure of the virus, the ways infections spreads, and the timeline of discoveries made, would obscure aspects of the early months that help to explain other important dimensions, such as why some communities were harder hit, how contradictory information muddied health advice and fuelled non-compliance, and how scientific conflict and cooperation played out across countries. A social history emphasising the range of community responses, such as banners supporting essential workers and pictures hung in windows to encourage positivity, might capture the most well-publicised activities, but misses less media-friendly efforts, those on a smaller scale, and more distressing experiences of isolation and loss. If we assume that the scale of this crisis is large enough to ensure its preservation in the historical record, and neglect the need to gather a broad range of materials to reflect the diversity of its impact, the end result, as with HIV and AIDS, may be a narrow picture of the past with limited relevance for preparing for the future.

What Can be Shown?

My final question arises from looking at the range of medical heritage that has been collected. Some worry that certain objects are too controversial, disturbing, or prone to misinterpretation to be effectively repurposed. Curators have concerns, for example, about skulls or body parts collected in colonial projects, and objects used to classify humans into racial hierarchies.[25] Such items may be removed from display altogether or exhibited in a way that shields them from casual encounters, visible only through a deliberate action such as turning on a light, or by looking over or under a barrier. Some of these objects have been removed from display while stakeholders debate the ethics and significance of presenting them to the public. Subsequently forgotten about by researchers and museum visitors, such removals may put these objects at risk, as declining use can lead to the de-funding or destruction of collections. Yet, I believe it is crucial that this "difficult heritage" of medicine be shown. These objects generate some of the most intense reactions among audiences, often provoking productive discussions of important issues.

For example, "babies in bottles," as they are commonly known among staff and visitors, are some of the most controversial objects displayed in medical museums, but also some of the most popular.[26] Part of the controversy surrounding them comes from the manner in which they were collected, often without the permission of the person whose body they

[25] Margareta von Oswald and Jonas Tinius. *Across Anthropology. Troubling Colonial Legacies, Museums, and the Curatorial* (Leuven: Leuven UP, 2020). For insights into potential uses of such collections, see Debbie Challis, "Creating Typecasts: Exhibiting Eugenic Ideas from the Past Today," *Journal Museum Management and Curatorship* 28 (2013), pp.15-33 and Geerte M. Savenije, Carla van Boxtel and Maria Grever, "Learning About Sensitive History: 'Heritage' of Slavery as a Resource," *Theory and Research in Social Education* 42:4 (2014), pp.516-547.

[26] Karin Tybjerg, "Curating the Dead Body: Between Medicine and Culture," in Malene Vest Hansen, Anne Folke Henningsen, and Anne Gregersen, eds. *Curatorial Challenges: Interdisciplinary Perspectives on Contemporary Curating*. Routledge Research in Art Museums and Exhibitions, Volume 4 (London; New York, NY: Routledge/Taylor & Francis Group, 2019), pp. 35-50.

were originally growing within. Although we know very little about the origins of most specimens, historians have found evidence both of doctors secretly keeping remains for their research use and of parents donating a dead embryo or foetus to their doctor specifically for preservation in a museum collection. An additional complication with their display, arises from the very pronounced deformities evident in some foetuses. Discussions about whether these are suitable for general audiences focus on the possible responses generated – whether viewers will react "appropriately" or with fear or revulsion; the potential distress they could cause, especially to pregnant women; and whether people with disabilities and other critics will see such exhibitions as a modern day "freak show," cloaking spurious entertainment in the guise of education.[27]

Curators I have met with often refer to the pressure they are under to remove such objects from display. This pressure often comes from marketing or educational staff, who assume the items are too upsetting to show, despite the obvious interest of many visitors. Assumptions, often couched as a concern for school-aged visitors, are based on an adult sense of the diseases and deformities the materials may represent. In fact, youngsters are less likely to be distressed and more likely to be intrigued, as curatorial staff often report. Some have expressed concern, however, that for adolescent girls especially, such exhibits may negatively impact their views on having children by creating an exaggerated sense of the risks of pregnancy.

The narrow representation of pregnancy and childbirth in mass media, as well as broader cultural silence on reproductive health issues including prenatal screening, abortion and infertility, exacerbates this problem. While sex, and the history of sexology, are popular exhibition themes, reproduction is not. Although infertility, pregnancy, pregnancy loss, abortion, or childbirth may seem less inviting topics than the history of research on sexual behaviour, they are just as important in the lives of potential visitors.[28]

In wider society, representations of the sexualized female body are common, seen everywhere from advertisements to art galleries, while in contrast, her *reproducing* body is hardly shown. Graphic depictions of childbirth are rare, as are realistic images of the physical changes accompanying pregnancy and post-partum. Even in medical museums, human embryos and foetuses are the most common materialisations of pregnancy. In fact, women are literally "cut out" of the picture in anatomical illustrations and models of reproduction and childbirth, which might be shown alongside practitioner tools, such as forceps.

Curators and tour guides have reported nevertheless that such displays can lead to powerful responses from some visitors, especially women, who sometimes share their personal experiences with prenatal testing, having a miscarriage or difficult birth, or raising a child with a disability. Parents and people trying to conceive navigate these, yet they are marginalised in culture and public debate. As 20% of known pregnancies end in pregnancy loss, the silence surrounding miscarriage is especially problematic.[29]

Women who have terminated a pregnancy due to foetal abnormalities, or experienced a miscarriage, are also known to visit medical museums to learn more about a particular condition, or as part of their grieving process. At one museum I visited, where there is an on-

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[27] For a more detailed discussion of the representation of reproduction in specific museums see Manon S. Parry, "Museums and the Material Culture of Abortion," in Rachel Hurst, *Representing Abortion* (Routledge, forthcoming 2020), pp.61-74 and Manon S. Parry, "Babies in Bottles: Encountering Fetal Bodies in Medical Museums," in Elisabet Björklund and Solveig Jülich (eds.), *The Coming of Age of the Public Fetus: Exploring Pregnant and Fetal Bodies in Visual Culture* (forthcoming 2021).

[28] I expand on the ideas in this section and propose some solutions for the challenges of display raised here in "Risky Histories and Social Relevance," *Science Museum Group Journal*, (forthcoming autumn 2020).

[29] Krissi Danielsson, "Making Sense of Miscarriage Statistics: What Conflicting Research Really Means," *Verywell Family*, 20 April 2020, https://www.verywellfamily.com/making-sense-of-miscarriage-statistics-2371721. Accessed 23 October 2020.

going collaboration with genetics researchers, a doctor even advises pregnant women to view the foetal specimens while they wait for their results from prenatal testing. Yet even this very limited entry point to engaging with these issues is under threat as some museums remove such materials from display.

Even curators who advocate showing such items acknowledge difficulties that accompany such a policy. Firstly, of course, there are the problems associated with the display of unusual anatomies or deformities, creating an exaggerated sense of the risks of pregnancy in a culture of ableism, which undervalues and restricts the lives of people with disabilities. Secondly, some visitors may interpret foetal specimens through the lens of contemporary abortion politics, but often without an understanding of the shifting landscape of health risks in the past or the current complexities of prenatal testing. As critical disability scholars discuss the "new eugenics" of contemporary medicine and public health policy, especially genetic testing or the allocation of limited health resources (as occurred during the peak of hospital admissions for Covid-19 for example), these collections offer valuable opportunities to provoke visitor curiosity and engage with these issues.[30]

In my view, the important role that these collections play in generating conversations around, and prompting reflection on, reproduction is underestimated by the stakeholders who argue against their display. Instead, I advocate for the continued use of these collections, but crucially, that they need to be shown alongside a much wider representation of the realities of human reproduction than is commonly seen. In fact, given the cultural silence on these issues, medical museums have a responsibility to address them. There is a growing call for more attention to women's reproductive health, to challenge stigma, abuse, and commercial profit, all influenced by ignorance and shame surrounding the female body.[31] The topic has been so overlooked that medical museums often have very limited materials however, as the Science Museum, London, recently realised when reviewing their expansive holdings of more than 7 million objects. To address the underrepresentation of women's reproductive health there, they have now launched a new collecting project to gather artifacts and have asked the public for suggestions of possible items to include.[32]

There is also strong opposition to public displays about reproduction, from some unlikely sources. The artists who created the Birth Rites project, currently displayed at King's College, London, for example, have faced criticism from the obstetricians and gynaecologists on campus who feel threatened by these displays, as they question, very gently in my opinion, the dominance of medicalised approaches to normal childbirth. Such objections, at a site where future health professionals are trained, indicate a damaging divide between practitioners and patients, and between medical ways of viewing the world and other forms of knowledge that are also valuable for managing health, illness, and being human.

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[30] Judith Darr, *The New Eugenics: Selective Breeding in an Era of Reproductive Technologies* (New Haven, Connecticut: Yale University Press, 2017); Ivan Brown, Roy I. Brown, and Alice Schippers, "A Quality of Life Perspective on the New Eugenics,"16:2 (2019):121-126. David M. Peña-Guzmán, Joel Michael Reynolds, "The Harm of Ableism: Medical Error and Epistemic Injustice," *Kennedy Institute of Ethics Journal*, 29:3 (September 2019: 205-242; Elliot Kukla, "My Life Is More 'Disposable' During This Pandemic," 19 March 2020, https://www.nytimes.com/2020/03/19/opinion/coronavirus-disabled-health-care.html. Accessed 25 September 2020. For a discussion of the value of disability history, see Manon S. Parry, Corrie Tijsseling, and Paul van Trigt, "Slow, Uncomfortable, and Badly Paid: The Benefits of Doing Disability History," in Bernadette Lynch, Sarah Smed, Adele Chynoweth, and Klaus Petersen (eds.), *Museums and Social Change: Challenging the Unhelpful Museum* (London and New York: Routledge, Museum Meanings Series, July 2020), pp.149-159.

[31] Maya Dusenbery, *Doing Harm: The Truth about How Bad Medicine and Lazy Science Leave Women Dismissed, Misdiagnosed, and Sick* (New York: HarperOne, 2019); Jen Gunter, *The Vagina Bible: The Vulva and the Vagina - Separating the Myth from the Medicine* (New York, NY: Citadel Press, 2019).

[32] Jack Davies and Laura Humphreys, "Tampons to Mooncups and Pads to Period Pants: Modernising Menstruation at the Science Museum," paper presented at the workshop "Material Culture of Health Activism," Science Museum, London, 19-20 June 2019.

Conclusion

Bridging such divides, and putting medical heritage to use, are the cornerstones of my vision for the future of Medical and Health Humanities, and the MA program and track that I am coordinating here at the Vrije Universiteit. Health Humanities is the emerging term for approaches to health and medicine which incorporate the methods and sources of media and cultural studies, history, and the arts, formerly known as "medical humanities." The replacement of "medical" with "health" is intended to convey the field's expansion beyond medicine to also include a wider array of caregivers, as well as the perspectives of patients, and to acknowledge that for most health challenges, biomedical factors interact with social and cultural dimensions to determine who is most at risk and how their illness will be managed.[33]

As the current pandemic vividly illustrates, the progress of a virus through a continent, country, community, or within an individual is shaped by everything from cultural norms and national priorities, to local services and family finances. While research funding and media attention swells around the search for effective vaccines, health humanities scholars are drawing attention to the wider range of responses that will be needed—to increase public confidence in expert advice, to help policy makers sift between competing scientific conclusions, and to devise and test a diverse array of strategies to heal trauma, ease loneliness, and build resilience for future challenges.

Such activities are examined in the VU curriculum, with courses open to students enrolled in Health Sciences, Medicine and Pharmacy, Social Sciences and Humanities programs, as well as to practitioners working in related fields. Teaching takes up the innovations emerging in medical museums to activate all the senses and highlight the role of smell, taste, sound, and touch in gathering information and building knowledge. Sessions draw on a wide array of sources, including museum objects, archival documents, posters, songs, photographs and films. The course "Knowing by Sensing," led by Caro Verbeek, provides an introduction to sensory studies. Drawing on a team of collaborators, sessions train students' sensory gaze, and teach them to use their senses analytically. Students learn how to put taste and smell into words, and experience how the senses can heighten the imagination, enhance knowledge, and help memorization.

In the course "Objects of Knowledge," which I teach in collaboration with museum curators, students learn through material culture. In object-handling sessions and exercises "curating" a specific topic or collection, students learn how objects were used by their original owners, what they reveal about history that other sources may obscure, and how their collection and reuse shapes our understanding of the past as well as contemporary approaches to health and medicine. My colleague Ab Flipse organizes a series of special lectures by leading researchers in medical history and the health humanities, where students can see how new methods are being used to uncover hidden histories, and how humanities approaches can be useful for managing health and illness today. Curriculum materials and reports on the results of these activities will be made available on the Pulse Network website, where I am

[33] Medical Humanities has also become dominated by literary studies and bioethics in medical schools, with history and other approaches pushed to the margins or into humanities faculties, often with few opportunities for interaction with the medical faculty. Scholars promoting the health humanities aim to draw attention to a wider range of methods and activities crossing disciplinary boundaries and to promote collaborative work between healthcare professionals, patients, and humanities researchers. See Therese Jones, Delese Wear, and Lester D. Friedman, (eds.), *Health Humanities Reader* (Rutgers, NJ: Rutgers University Press, 2014), especially "Introduction."

aiming to build a broad community of experts and enthusiasts for this work. I invite all of you to join the network to receive updates or share news of your own activities in this field.

I hope to have demonstrated today that medical heritage and medical history hold special potential to address topics of great importance and wide societal relevance, from illness and caregiving, to gender and sexuality; from bodily difference to mental health; and from emerging infectious diseases to medical technologies and public health policy. As museums reimagine the stories they can tell and the communities they can speak to, they are expanding notions of what counts as medical history (and so what should be collected); who is interested in this past or should see it, and notions of what audiences can gain from engaging with medical heritage. These collections offer a stunning array of provocative materials to attract diverse audiences, and to bring people together to address some of the most significant issues across the life cycle. Medical heritage is valuable for historical research as well as for addressing contemporary issues and engaging with these collections can be of benefit to patients and users of healthcare services, as well as to medical practitioners. With the potential to uncover forgotten lessons of history, to generate novel collaborations between the disciplines, and to create new approaches to contemporary challenges, the health humanities have a crucial role to play in the future of health and medicine.

Thanks

It only remains for me to thank those involved in installing me in this professorship and supporting my work. Firstly, sincere thanks to the university and to the Stichting Historia Medicinae, for creating this role, and thanks to the University of Amsterdam, for allowing me to take it up. I am especially grateful to Inger Leemans for her advice on my ideas and her energy and enthusiasm to put them into action, and to VU Fonds and the Comenius Teaching Fellowship for funding to develop new courses in Medical and Health Humanities. My colleagues in the VU history programme have been so welcoming and have provided crucial help as I have settled into my new role. My UvA colleagues, particularly Ruud Janssens, have been enthusiastic supporters of my activities, and I am grateful to enjoy such a dynamic intellectual environment across both universities, especially in the networks of CLUE+, ASH, and ARIAS. I am also thankful for the wider community of scholars across the Netherlands working on the history of health and medicine, and my museum colleagues, especially Richard Sandell of Leicester University's Research Center for Museums and Galleries; Katherine Ott, curator at the National Museum of American History; and Elizabeth Fee and Patricia Tuohy of the National Library of Medicine, where I began my career as a pubic historian.

The research I have presented here draws on four years of visits to medical museums across Europe and more than fifteen years of thought-provoking conversations with the people caring for these incredible collections. I would like to thank everyone who has shared their insights along the way, and to acknowledge all of the museums who have provided me with the images shown here and a wealth of information about the challenges and rewards of exhibiting medical heritage.[34]

[34] Josephinum Museum; Museum of Contraception and Abortion; The Narrenturm, Vienna (AUSTRIA); Museum Dr. Guisain, Ghent; Ghent Univeristy Museum; Museum of Medicine, Brussels (BELGIUM); Pathology Museum, University of Zagreb; Croatian Museum of Medicine and Pharmacy (CROATIA); The Danish Welfare Museum, Svendborg; Middelfart Museum, Middelfart; Museum Ovartaci and Steno Museum, Aarhus; Medical Museion, Copenhagen (DENMARK); Museum of the History of Medicine and Dupuytren Collection, Paris; Hôpital Sainte Marguerite, Marseille (FRANCE); Berlin Museum of Medical History; Hamburg Medical Historical Museum; MuSeele, Göppingen; German Hygiene Museum, Dresden

I have been lucky to be involved in inspiring collaborations with various groups including, in the past, Queering the Collections, and currently, the BIB Network for Disability History, and I look forward to the new plans emerging in the Historical College of V&VN where we are working to bring history into nursing education and policy-making. I also appreciate the chance to exchange ideas and develop practical projects with such a broad range of students from different backgrounds and disciplines. Much of the learning we do together has taken us out of our comfort zones and into difficult topics, unfamiliar communities, and challenging ways of working. I am immensely proud of the accomplishments of past and present students and pleased to see so many of them taking a new interest in medical history and heritage out into the world.

I would like to acknowledge three of my own teachers for their role in shaping my interests and approach: Richard Canning, who introduced me to the field of medical humanities with his course on AIDS Literature when I was an undergraduate; Roberta Bivins, who was one of my MA teachers and is still a source of advice and inspiration; and Sonya Michel, a stellar dissertation supervisor and an exceptional role model for academic citizenship.

Finally, I am thankful to my family for the many years they indulged me as a "perpetual student" as I worked my way through different universities and degree programs. Especially my mother, who warned me to find a career I was really interested in, given just how much of our lives we spend at work… indeed. And lastly, sincere thanks to my partner, Michael Austin, who looked after our children and has kept them happy while I have been so frequently away for research. Thank you.

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Cover Image: "A. Friedländer, Plakat für ein anatomisches Museum, Hamburg, 1913, Münchner Stadtmuseum, Puppentheatremuseum," in Georges Didi-Huberman, Thomas Schnalke, Charlotte Trümpler, Anja Zimmermann u.a., Hans Belting, Hartmut Böhme, Dietrich Wildung (Berlin, Germany: Hatje Cantz Verlag, 2002), photographed by Joanna Ebenstein for Morbid Anatomy Blogspot, http://morbidanatomy.blogspot.com/2008/01/wonderful-depiction-of-popular.html. Accessed 23 October 2020.

(GERMANY); Museum of Palazzo Poggi, Bologna; La Specola, Florence; Cesare Lombroso's Museum of Criminal Anthropology, Turin (ITALY); Rijksmuseum Boerhaave, Leiden; University Museum, Groningen; The Dolhuys Museum of the Mind, Haarlem; Utrecht University Museum; Museum Vrolik, Amsterdam (The NETHERLANDS); Leprosy Museum and The Armauer Hansen Memory Room, Bergen; Teknisk Museum, Oslo (NORWAY); Hospital de Sant Pau, Barcelona; Museum of Hygiene and Public Health, Museum of Medical and Forensic Anthropology, and Museum Olavide, Madrid (SPAIN); Museum of Medical History and Gustavianum; Uppsala University Museum, Uppsala **(**SWEDEN); International Red Cross and Red Crescent Museum, Geneva (SWITZERLAND); Bethlem Museum of the Mind; Science Museum, London; Wellcome Collection (UNITED KINGDOM).