

Seen but not heard

A dazzling new exhibition is on show at London's Science Museum, called *The History of Medicine*. Marion Ferguson, director of nursing studies at Bedford College, and Jane Salvage paid a visit—and came away feeling very unhappy with the image it presents of health care and the role of nurses. They argue that what it depicts is not the history of medicine, but the current obsession with cure rather than care.

A unique exhibition is on show at the Science Museum in London's South Kensington. The Wellcome Museum of the History of Medicine, the largest of its kind in the world, is a vast collection of objects dating from prehistory to the present, some of them exquisite, some horrific, but all fascinating. What an opportunity it offers, to browse among those treasures and appreciate the concerns of medicine through the ages.

The exhibition's very title, *The History of Medicine*, suggests a panorama of images, of sick individuals and populations as both the victims and the causes of disease, with medicine in the role of victorious combatant. In the fight against illness, science is seen to emerge

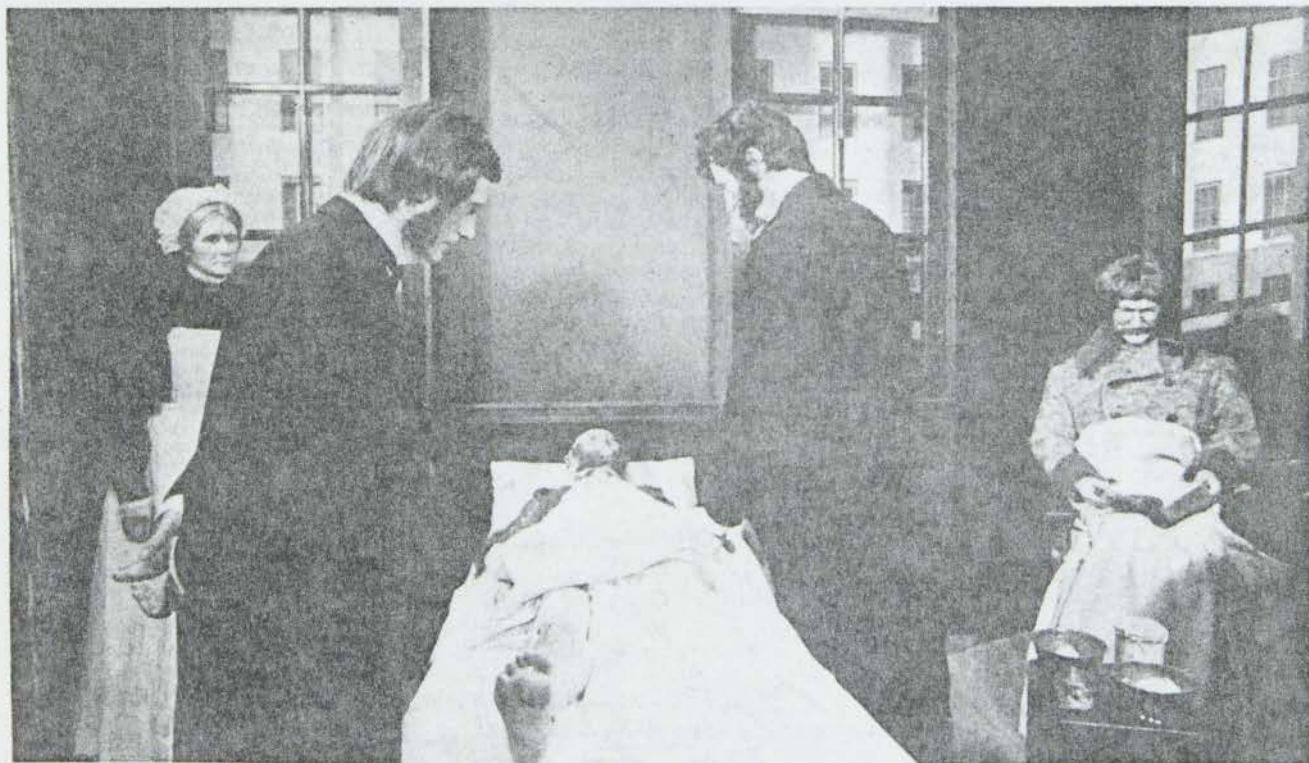
from the mists of ignorance and superstition as the unquestioned foundation of those victories, culminating in the glittering antiseptic palace of the modern operating theatre.

It begins by taking the visitor through pre-industrial times, discussing the central importance of the gods and their ministering priests, who like today's doctors act as interpreters of disease within their particular social framework. Natural events like fire, pestilence and the weather were seen to be beyond human control, so negotiations with gods and demons might ward off the worst calamities—and induce fatalistic acceptance of harm when all else failed.

We see a model of an idyllic

Aesculapian temple, where the sick and weary are lulled to sleep amid cool marble columns, and priests therapeutically interpret their dreams in an attempt to understand the meaning of disease. And we see bloody battlefield scenes, where medicine is the heroic life-saver, dressing terrible injuries and amputating limbs.

This dazzling display, from showcase to showcase and from century to century, seems to be trying to weave a single historical thread. Treatments which prefigure Western medical practices are presented as glimmerings of civilisation, with progress rushing forward almost without hindrance or deviation once the discoveries of Harvey and Lister are made. With an



The nurse—always in the background, as in this tableau from the exhibition

occasional acknowledging nod to the public health movement of the last century, or to 'alternative' therapies, we proceed breathlessly to high technology, with an open heart operation and, finally, the latest scanning equipment.

This is one view of history, and no-one would deny the benefits conferred by medical knowledge. But the exhibition's claim to be THE history of medicine must be challenged. It is, rather, a history of surgery or a history of medical instruments—or even of torture! But by claiming to be the history of medicine, it belittles the contribution of many others—particularly nurses.

The trouble is that the exhibition does not consider care as a part of medicine, and is therefore lopsided and incomplete. As nurses are increasingly coming to believe, care is not a complement or addition but a structural component of medicine, an integral part of it. Care and cure are, in fact, inseparable, but the exhibition fails to show this truth.

The organisers of the exhibition seem to have accepted uncritically the medical profession's considerably high estimation of its own merit and success. Medicine, and by implication here all health care, begins and ends with biology—and with the intervention of 'science', reaching its apotheosis in highly sophisticated modern technology.

Surprisingly, the value of technological intervention in health care is nowhere questioned, despite growing evidence of its misuse. Progress is seen in terms of ever more complex machinery, as though this were free of problems and, moreover, solely responsible for improvements in health.

Ill health

There is a second major reason why the exhibition's title must be challenged. It does not recognise that ill health is caused by social factors, and that those factors determine the nature of the treatment of ill health. There is no discussion here of a social model of disease.

The astute observations of commentators such as McKeown, showing that social and environmental factors such as housing, diet and education all make a vital contribution to health, nowhere receive the attention they deserve. And in an exhibition claiming to make a historical review of its subject—which will be taken as gospel by the thousands of school children and lay people visiting—such omissions are a serious drawback,

and potentially damaging.

Public health, it is true, is dealt with in displays on the late 19th and early 20th centuries. Photographs and posters show the effects on health of the industrial revolution and its consequences: overcrowding, migration to the city, hazardous work conditions and malnutrition. Displays show child welfare clinics, school health programmes and the work of district nurses and midwives.

But this is eclipsed by the development of the modern hospital, and the begged question is not answered—why has the public health movement, once important and powerful, sunk almost into oblivion? Why does medicine pursue with such determination its quest to repair and rectify the ravages of disease, at the cost of effective preventive measures and primary care?

Not surprisingly, we learn little about the nurse in all this—or perhaps we learn a lot from her absence. She appears in some of the tableaux, always standing while the doctor sits, always in the background, always the handmaiden. Almost invariably female, dressed in the comely trappings of a Victorian parlourmaid, she never initiates any action; she receives her orders and carries them out, always in a suitably demure and respectful manner. Nurses are only seen in this exhibition, never heard.

Well, it might be argued, the exhibition is about medicine, not nursing, so what can you expect? But it equates medicine with the maintenance of health, and with care. The casual visitor would have no suspicion that over half the NHS beds are occupied not by patients undergoing cures, but by long-term inmates, the elderly, the mentally handicapped and the mentally ill. By a careful selection of facts it distorts the image of what our health services actually do, and creates false notions about the choices our society can make to promote good health.

We shudder to imagine the image of nursing being created or reinforced in the minds of the exhibition's visitors—including the many children who may later choose or reject it as a career. What will they make of the poster which introduces the 20th century hospital, for instance? This is flanked on one side by a life-size picture of a tall, outward-looking male doctor, and on the other by a matronly nurse, placed lower than the doctor, holding a temperature chart and looking towards him.

One showcase tells a story all about nursing. It contains objects used by the nurse in the first half of this

century, which are thought to demonstrate her main function, then and now. These are two types of bedpan (a chamber pot and a porcelain pan), two urinals, two feeding cups, a pulsometer, a spirit lamp and an antiseptic gargle.

All we learn of the modern nurse's job is that it is interdependent with those of the doctor and technician, and that she earns less than the doctor. Other vital information—that hospitals depend almost entirely on nursing labour, that medicine's work could not take place without it, and that caring is a central function of curing—has no place.

The nurse's emphasis on health, the varied skills of patient observation, counselling, documenting and communication are underplayed. And her crucial contribution, recognising and meeting the patient's psychosocial needs, is not seen as part of the therapeutic process. Instead, she is a medical technician, monitoring and interpreting charts and handing instruments to the doctor. The reliance of successful medical therapy on the nurse-patient relationship is not discussed.

It may be the case that illustrating this role is more difficult in the conventional museum format, based on a collection of objects. What items can display the developing relationship with a mentally ill person, the painstaking rehabilitation of a stroke victim, or the simple but vital function of putting the doctor's jargon into comprehensible terms for the patient?

There is also the question of the purpose served by such exhibitions. Do they merely present a mirror image of what happens, and if so, what criteria are used for selecting the images? Certainly this exhibition will reinforce the dominant view today, which sees health as a medical and not a social responsibility and emphasises cure at the expense of prevention and care.

But surely an exhibition also has another educative function—to confront and raise issues which will encourage and broaden debate. Nursing could take a lead here, collecting documents depicting its own history (such as the material owned by the soon-to-be-defunct statutory bodies) and pointing to a future where its contribution to health care is fully acknowledged and analysed.

Who the nurse was, and what was and is the nature of her role in relation to society, must be integrated into a different exhibition—a history of health care.

Wellcome revisited

The new Wellcome Galleries at the Science Museum have been criticised for presenting a one-sided view of the history of medicine. Christopher Lawrence, historian to the Wellcome Collection, replies

The new Wellcome Galleries, to judge from the review by Marion Ferguson and Jane Savage (*NT*, June 16) present the medical profession's view of itself and its past as though it were the only story. Specifically the exhibition is accused of looking only at those events in history that prefigure modern discoveries, of valuing scientific theories at the expense of social models of disease, and of concentrating on cure and high technology rather than prevention. The reviewers also have some things to say about nursing. In the light of what actually appears in the exhibition it is hard to know if we are talking about the same galleries.

The exhibition visited by the reviewers was, they say, entitled *The history of medicine*, a phrase to which they strongly object. Neither of the two galleries is called this at all. The upper gallery, to which the reviewers largely refer, is called *The Science and Art of Medicine*. 'The organisers of the exhibition,' they complain 'have accepted uncritically the medical profession's considerably high estimation of its own merit and success.' A little care would have revealed to them that the modern medical profession was treated with no greater or less respect than any other group of healers. It does receive prominence, however, because modern medicine is largely controlled and run by a powerful group, that is, doctors. The panel on 19th century doctors reads, in large type: 'The new profession eventually gained almost total control of medical practice forcing out the familiar 18th century figures, such as the quack, bonesetter, or stone cutter.'

It is made quite clear that healing was virtually monopolised by one group, but no endorsement of its merit is ever suggested. This is hardly the account the medical profession would give of its own past.

This particular criticism is offered by the two reviewers as part of a more general one, that the exhibition supposes all worthwhile medicine 'begins and ends with biology, and with the intervention of science'. But

this is not asserted anywhere. What is made plain, as the main introductory panel says, is that in the 20th century, medicine 'has been transformed into a highly organised "science-based" profession, closely connected to government and employing thousands of people who never actually make contact with the sick person they are helping to treat'. This, they must agree, is a distinguishing characteristic of modern western medicine. But stating it is not the same thing as approving of it.

All the careful historian or curator can do . . . is to describe medicine in a culture, display its power relations, depict the meanings it gives to health and disease, portray its accounts of reality and document the practices that follow on from this

The same label also points out the consequences of this form of knowledge, that is, the 'biological concept of life and death led to a powerful understanding of the nature of disease'. This too seems hard to deny. But a 'powerful understanding' is not, as the reviewers seem to suggest, the same thing as useful, worthwhile and valuable understanding. A 'powerful understanding' can be the bedrock of powerful repression.

This misconception of Ms Ferguson and Ms Salvage is coupled with another; that the gallery presents a history of progress and success based on science and technology. Again, at no point is this claimed. But what is pointed out, often and clearly, is that this view is the one that is held by the medical profession itself. In the 20th century, it is stated, practitioners of medicine 'came increasingly to regard its progress as dependent on research

performed away from the wards'. This does no more than report the attitude of the medical profession towards change. It neither applauds nor condemns it.

From their failure to appreciate this distinction, the reviewers' next complaint inevitably follows: 'technological intervention in health is nowhere questioned despite growing evidence of its misuse'. In one sense at least they are correct, the gallery labels do ignore the simplistic use/abuse model of technology they approve of. Rather, the labels indicate the argument that technology itself contains values, and that medical hardware might need to be totally rethought, rather than merely used differently, in order for medicine as a whole to be reshaped. To take the most obvious example from the section on heart surgery: 'Economically heart surgery has been made possible by the funding of hospital orientated high technology medicine. Expensive highly skilled operations to alleviate disease related to the way of life are a feature of modern western medicine.'

A more relativist, non-evaluative statement of the relations between technology, culture and disease could hardly be wished for. If it were desired the section on renal dialysis could have been examined. Here the cost of treatment and its relations to resources are made clear. But it is never given the seal of approval, let alone discussed in terms of success.

All this leads up to the most serious and most misguided criticism of all, that public health is 'eclipsed by the development of the modern hospital'. The second half of the gallery begins with the words: 'In the 20th century the position of the hospital in industrialised societies has been extended so that now all the population, rich or poor, receive any major treatment there'.

This, surprisingly, is true, and however much we may lament, deplore or possibly rejoice in it, no amount of denial will make it any different. From this fundamental failure to distinguish between what is, and what ought to be the case, Ms

Ferguson and Ms Salvage produce their most myopic complaint of all. That is that the gallery endorses cure not prevention. But the section on drugs begins:

'The major improvements in the life expectancy of people in industrialised western societies have followed rises in the standard of living.'

In contrast it points out:

'Curing disease by drugs has come to be central to medicine in western industrial society.'

We may tear out our hair in anguish at the difference we perceive between these statements. We may weep that cure is central and not prevention, but we should not be so overcome with rage at this discrepancy that we do not direct others to notice it.

Public health

To reinforce their misperception, the reviewers declare that the gallery makes only a 'nod to the public health movement', and that it 'does not recognise that health is caused by social factors'. But as they themselves in a later paragraph are forced to acknowledge:

'Photographs and posters show the effect on health of the industrial revolution and its consequences: overcrowding, migration to the city, hazardous work conditions and malnutrition. Displays show child welfare clinics, school health programmes and the work of district nurses and midwives.'

The gallery then deals—in great detail—with what they call 'social factors', though what sort of factors Ms Ferguson and Ms Salvage think are not mediated by society, I cannot imagine. The cases on industrial disease look at byssinosis or 'cotton dust' disease, asbestosis, and the

effects of noise. The sections on drugs take in iatrogenic disease, the thalidomide disaster and the scale and cost of tranquilliser prescribing. More important still, and this is ignored by the critics, there is an area devoted to Third World medicine. Here the relations between malnutrition, poverty and disease are spelled out in detail. The behaviour of western companies retailing dried milk, dangerous drugs and tobacco abroad, and the disastrous effects of these products on health, are all too clearly documented. The attempt of some foreign governments to build health programmes without the aid of high technology is also described.

Not surprisingly, the reviewers also had something to say about nursing. They say the nurse is always shown in the exhibition as 'demure and respectful', 'seen . . . never heard'. But it is the historical case that nurses have been subservient to doctors, they *have* been regarded by the medical profession as docile carriers of water and hewers of wood. This, after all, was the way Nightingale wanted them. The historical pictures are intended to depict the actual condition of nurses, they are not meant to approve a status quo.

In fact the photographs which show nurses at work today show them involved in many things, at clinics, in wards, at the bedside or on strike. But likewise, this too is merely intended to reproduce what is the case, not legitimate it. One particular criticism in relation to nursing needs refutation: 'that caring . . . a central function of curing has no place'. The *first* sentence of the main case on nursing begins: 'The objects used by nurses in the first half of the century demonstrate what is still the main function of the nurse, care of

the needs of the patient.'

Nurses, the authors also point out, do more than care for the acutely ill. They also tend the mentally handicapped and the aged. This too, they lament, is not shown. In the section on welfare and 20th century medicine is a panel, entitled, 'Old people and health'. Its subtitle is 'Care of old people'. Its principal constituent is a photograph of an old person being helped by a nurse.

Technology

There is much technology in the galleries, but the Wellcome Collection is a *museum*. It is a duty of museum curators to display objects. For most visitors the meaning they give to these objects is derived from our general cultural evaluation of high technology and then specifically from the media. This meaning in turn is almost always a high valuation of medical orthodoxy, cure rather than care, acute, not chronic, science not faith, and so on.

All the careful historian or curator can do by suitable text or photographs, and juxtapositions, etc, is to describe medicine in a culture, display its power relations, depict the meanings it gives to health and disease, portray its accounts of reality and document the practices that follow on from this. Such an account must evaluate equally the medicine of the Azande people, of Mediaeval Provence or 20th century Manhattan. Ms Ferguson and Ms Salvage do not want this. They want assymetry, they want an exhibition to describe the past and 'to confront and raise issues in the present'. They fail to see that description of the present as though it were another historical epoch does not preclude serious moral questions. If they had come with more care and less anger they might have seen some of this.

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