SOCIETAS INTERNATIONALIS
HISTORIÆ MEDICINÆ

43RD CONGRESS OF THE INTERNATIONAL SOCIETY FOR THE HISTORY OF MEDICINE

THE DEVELOPMENT OF MEDICAL SCIENCES
BETWEEN PAST AND FUTURE

LE DÉVELOPPEMENT DES SCIENCES MÉDICALES EN-
TRE LE PASSÉ ET L'AVENIR

LO SVILUPPO DELLE SCIENZE MEDICHE
TRA PASSATO E FUTURO

Padua - Abano Terme (Italy)
12-16 September 2012

Programme

ANATOMICAL THEATER
University of Padua

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Under the High Patronage of the President of the Italian Republic
Sous le Haut Patronage du Président de la République Italienne
Sotto l'Alto Patronato del Presidente della Repubblica

And under the auspices of

Regione del Veneto
Provincia di Padova
Comune di Padova
Comune di Abano Terme
Università degli Studi di Padova
Azienda Ospedaliera di Padova
Istituto Oncologico Veneto
Ordine dei Medici Chirurghi e degli Odontoiatri - Padova
Dipartimento di Neuroscienze SNPSSR dell'Università di Padova

Welcome Address

Dear Friends and Colleagues,

It this both an honour and a pleasure to welcome you in Padua to inaugurate the 43rd International Society for the History of Medicine Congress.
Its title *The development of medical sciences between past and future*, stresses the importance of the critical analysis of medical thinking; that is considering the entire medicine within the frame of an extended historical view, from a perspective of continuity with the past, in order to better understand modern progress and to forecast future challenges.

The main topics will focus on *The birth of modern medicine: the Padua University Medical School and the European Renaissance; The Republic of Venice and the fight against transmissible diseases in a global world; Past and future of thermal therapies: from Aponus to Abano and beyond; Plants, animals and minerals: the long journey towards present pharmacotherapeutics.*
Therefore we will debate, in the most appropriate and stimulating settings, themes of great relevance, such as the origins of contemporary medical knowledge, the infectious diseases, the therapeutic role of water, the intricate paths to the discovery of drugs. Indeed the topics above reflect the *Genius loci* of the Congress sites: of Padua University, recognized as *"the cradle of modern medicine"*, with its pioneering Anatomical Theater; of Venice, the capital of Saint Mark's Republic, the government of which besides promoting with great foresight the advancement of arts and knowledge, gave an example of the constant need for continuous cooperation between clinical medicine and health planning, playing for all the span of its history the role of guide for the measures adopted to prevent the diffusion of epidemics; of Abano Terme, a famous thermal site since antiquity up to today; again of Padua University, of which the *Hortus Simplicium*, the first to be devoted to the study of plants of medical interest, forecasted the modern pharmacological research.

The venue of the Congress in Padua/Abano Terme with an extended excursion to Venice and a rich social program will therefore be both historically meaningful and culturally exciting, since participants will be able to visit fascinating places so relevant in the history of medicine.

As from the tradition of our interdisciplinary Society, the Scientific Committee of this 43rd Congress has highlighted in the program different avenues of research and challenging ideas, one of the main goals of the International Society for the History of Medicine I am proud to represent. The critical exchange of different points of view will offer the opportunity to strengthen the relations amongst the new and old participants interested in the history of medicine, fostering international collaborations.

I invite you for your active participation and warmly welcome to Padua, a historical town of excellence for the progress of scientific research; to Abano Terme, a renowned thermal centre surrounded by the charming landscape of the Euganean Hills; and to Venice, the core of art and beauty, "the city of the spirit and dreams".

I wish all of you a very productive and enjoyable Congress.

Prof. Giorgio Zanchin, MD

President of the International Society
for the History of Medicine
Director, Headache Centre, Department of Neuroscience
Padua University Medical School

Chers Amis, chers Confrères,

C'est à la fois un honneur et un plaisir de vous accueillir à Padoue pour ouvrir ce 43ème Congrès de la Société internationale de l'Histoire de la Médecine.
Son thème, Le développement des sciences médicales entre passé et futur, souligne l'importance de l'analyse critique de la pensée médicale; c'est-à-dire, de considérer la médecine dans le cadre d'une vision historique étendue, dans une perspective de continuité avec le passé, afin de mieux comprendre le progrès et de prévoir les défis à venir.
Les thèmes principaux s'axeront autour de La naissance de la médecine moderne: L'École de Médecine de Padoue et la Renaissance en Europe; La République de Venise et le combat contre les maladies transmissibles dans un monde globalisé; Passé et présent des cures thermales: d'Aponus à Abano et au-delà; Plantes, animaux et minéraux: le long voyage vers la pharmacothérapie actuelle.
C'est dans les dispositions les plus appropriées et stimulantes que nous débattrons de thèmes de première importance, comme les origines du savoir de la médecine contemporaine, les maladies infectieuses, le rôle thérapeutique de l'eau, ainsi que le chemin complexe vers la découverte des médicaments. En effet les sujets précités reflètent les genius loci des sites accueillant ce Congrès: - l'Université de Padoue, reconnue comme "le berceau de la médecine moderne", avec son précurseur Théâtre Anatomique; - Venise, capitale de la République Saint Marc, dont le gouvernement, qui promut de manière visionnaire les avancées dans les domaines des arts et du savoir, donna aussi un modèle de la coopération entre la médecine clinique et la politique de la santé, avec les mesures adoptées pour lutter contre la propagation des épidémies; les thermes d'Abano, dont la réputation perdure à travers les siècles; pour revenir enfin à l'Université de Padoue, et a son *Hortus Simplicium*, premier jardin consacré à l'étude des plantes médicinales, précurseur de la recherche pharmacologique moderne.
Ce Congrès, qui se déroulera entre Padoue et les thermes d'Abano, avec également une visite prolongée à Venise et un programme social riche, s'annonce comme historiquement significatif et passionnant d'un point de vue culturel pour les participants, qui découvriront au gré des visites des endroits chargés de témoignages précieux sur le développement de la médecine.
Comme le veut la tradition de notre Société pluridisciplinaire, le Comité Scientifique de ce 43ème Congrès a mise en avant dans ce programme les différentes pistes de recherche ainsi que des idées innovantes, qui font partie des principaux objectifs de la Société Internationale de l'Histoire de la Médecine, laquelle je suis fier de représenter. Les débats des différents points de vue offriront la possibilité de renforcer les excellentes relations entre les nouveaux participants et les plus anciens, impliqués dans l'Histoire de la Médecine, tout en stimulant les collaborations internationales.
Je vous invite d'ores et déjà une participation active à ces échanges et vous accueille chaleureusement à Padoue, cadre historique d'excellence des progrès de la recherche scientifique, ainsi qu'à Abano, centre thermal renommé, entouré de cet éblouissant panorama que sont les Monts Euganéens; sans oublier Venise, noyau d'art et de beauté, « la ville de l'esprit et des rêves ».
Je vous souhaite à tous un Congrès très agréable et fructueux.

Prof. Giorgio Zanchin, MD

Presidént de la Société International d'Histoire de la Médecine

Cari Amici e Colleghi,

È un onore e un piacere darvi il benvenuto in occasione dell'apertura del 43th Congress of the International Society for the History of Medicine.
Il titolo *"Lo sviluppo delle scienze mediche tra passato e futuro"* intende sottolineare l'importanza dell'analisi critica dell' evolversi del pensiero medico; come l'intera medicina vada considerata all'interno di una visione storica estesa, partendo da una prospettiva di continuità con il passato, per comprendere meglio i progressi contemporanei e le sfide future.
Gli argomenti principali tratteranno *La nascita della medicina moderna: La Facoltà di Medicina dell'Università di Padova e il Rinascimento europeo; La Repubblica di Venezia e la lotta contro le malattie trasmissibili in un mondo globale; Passato e futuro delle terapie termali: da Aponus ad Abano e oltre; Piante, animali e minerali: il lungo viaggio verso la farmacoterapia contemporanea.*
Discuteremo quindi, nei contesti più suggestivi e coinvolgenti, su temi di grande rilevanza quali le origini del sapere medico contemporaneo, le malattie infettive, il ruolo terapeutico dell'acqua, i complessi percorsi nella conoscenza dei farmaci.
I temi sopracitati riflettono il Genius loci dei luoghi del Congresso: l'Università di Padova, riconosciuta come la *"culla della medicina moderna"*, con il suo innovativo Teatro Anatomico; Venezia, la capitale della Repubblica di San Marco, il cui governo oltre a promuovere con grande lungimiranza l'avanzamento delle arti e delle scienze, diede un esempio di costante cooperazione tra medicina clinica e pianificazione della sanità, assumendo nel corso della sua ammirevole storia il ruolo di guida nelle misure adottate per la prevenzione delle epidemie; Abano Terme, località termale famosa sin dall'antichità; ancora l'Università di Padova, il cui *Hortus Simplicium*, il primo ad essere dedicato allo studio delle piante di interesse medico, anticipava lo sviluppo della moderna ricerca farmacologica.
La scelta come sedi del Congresso di Padova e di Abano Terme con una prolungata escursione a Venezia è quindi ad un tempo storicamente significativa e culturalmente stimolante, dal momento che i partecipanti potranno visitare luoghi affascinanti e di assoluto rilievo per la Storia della Medicina.
Come nella tradizione della nostra Società, il Comitato Scientifico del 43th ISHM Congress ha messo a fuoco i diversi ambiti di ricerca interdisciplinare con le proposte più innovative, uno degli obiettivi principali della International Society for the History of Medicine di cui sono orgoglioso di essere Presidente.
Lo scambio critico dei diversi punti di vista offrirà l'opportunità di rafforzare i rapporti tra i partecipanti, promuovendo la collaborazione internazionale.
Vi invito ad una partecipazione attiva e Vi porgo sin da ora un caloroso benvenuto a Padova, una città con tradizioni storiche di eccellenza nel progresso della ricerca medica; ad Abano Terme, rinomato centro termale circondato dal dolce paesaggio dei Colli Euganei, così caro a Francesco Petrarca; e a Venezia, regina dell'arte e della bellezza, *"la città dello spirito e dei sogni"*.
Con l' augurio di un Congresso interessante e piacevole.

Prof. Giorgio Zanchin, MD

Presidente della International Society for the History of Medicine

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Final Programme

Wednesday 12 September					
Conference Centre, Abano Terme					
Foyer					
14.00 - 19.00	Registration				
Sala Mantegna					
16.30 - 19.00	ISHM Board and Business				
Foyer					
19.00 onwards	Welcome Cocktail				

Thursday 13 September

08.00 Transfer to the Bo Palace in Padua. Departure by bus from Abano Terme, in front of the Bristol Buja Hotel

Bo Palace, Old University, Padua

Aula Magna

Oral presentations - Session 1
History of Medical Education - I
Chairmen: EA Demirhan, MB Ramos de Viesca

09.15	S1-1 L'illustrazione anatomica: da Leonardo al Gray's Anatomy *R De Caro, A Coi, M Cimino*	S1-2 History of Medicine in the education of physicians at Peoples' Friendship University of Russia *T Sorokina*
09.45	S1-3 History of medicine as "Trojan horse": Russian variant *E Berger*	S1-4 Both the new and the old. How can Web 2.0 help the teaching of the History of Medicine *L Borghi*
10.15	S1-5 Health education as empowerment. A historical glance to principles and practices between Europe and Veneto *M R Zanchin, G Zanchin*	S1-6 *Narrative based medicine* and *Medical Humanities*. History and philosophy of medicine, essential instruments for Continuous Medical Education. *R C Forleo, D Forleo*

Plenary Session - Opening Ceremony

11.00 Welcome adresses

11.30 **Inaugural lecture**
L1 History of a gaseous signaling molecule
Louis Ignarro, Nobel Laureate
Presented by Giorgio Zanchin

Presidential lecture
L2 Padua. The colourful sunrise of the Nervous System imaging. Giorgio Zanchin

Ancient Archive

Oral presentations - Session 2
The long journey towards present Pharmacotherapeutics - I
Chairmen: AM Rosso, S Shvarts

09.15	S2-1 The use of mercurials from sixteenth to nineteenth centuries *M Lefas, G Papadopoulos*	S2-2 The "new remedy" in the history of pharmacotherapeutics *A Karenberg*
09.45	S2-3 Great Silk Road and Medicine: Comparative Analyze of Medical Cultures *R Shengelia*	S2-4 Insulin famine and first insulin-treated diabetic patients: The Banting and Best Myth regarding the discovery of insulin *A de Leiva, E Bruguès, A de Leiva-Pérez, M C Pérez-Aguado*
10.15	S2-5 The international pharmaceutical industry in the baltic states from 1920 until 1940 *J Salaks*	S2-6 Nosography and therapy in evolution. Menstrual migraine and triptans *L Savi, F Maggioni, C Lisotto, D Zava, D Pezzola, S Omboni, M D Ferrari, G Zanchin*

Aula Nievo

Oral presentations - Session 3
The Padua University Medical School and the Renaissance - I
Chairmen: P. Albou, F Paladin

09.15	S3-1 The Anatomy in Padua University Medical School before Vesalius *T J Drizis*	S3-2 Abraham de Balmes ben Meir (d. 1523): a physician-translator from Padua *A Ohry, R Eljashev-Shimshon*
09.45	S3-3 Jessenius´ plague tract and Fracastoro *F Šimon*	S3-4 Vesalius' teaching of Anatomy through *De humani corporis fabrica* *M Menéndez Motta*
10.15	S3-5 Un medecin de Crète a Padoue et son point de vue medical sur l'anatomie et la physiologie *E Ozansoy*	S3-6 La comunicazione umana: da Girolamo Fabrizio d'Acquapendente e Giulio Casserio al "vocal tract" *E M Cunsolo, E Genovese*

Thursday 13 September

12.45	**Lunch**							
	Oral presentations - Session 4 **The Padua University Medical School and the Renaissance - II** *Chairmen: D Baran, K Collins*			**Oral presentations - Session 5** **History of Medical Specialties - I** *Chairmen: R Forleo, J Pearn*			**Oral presentations - Session 6** **Neurosciences: old and modern Knowledge** *Chairmen: A Karenberg, L Lorusso*	
14.00	S4-1 Methods in medical and philosophical research: the Renaissance debate on editions of Galeno's Opera Omnia *S Ferretto, C Savino*	S4-2 Medical education in early modern anatomy of european centres of medical excellence, Padua and Leiden *F Zurlini*	14.00	S5-1 Breastfeeding and the role of wet-nurse in ancient Greece *T Boutsikou, D D Briana, P Volaki, A Malamitsi-Puchner*	S5-2 The birth of Andrology as a medical speciality *A de Leiva, E Bruguès, MC Pérez-Aguado, O Rajmil*	14.00	S6-1 Alzheimer before Alzheimer: Georges Marinesco and the early research in aging and neurodegeneration *O Buda, A M Zagrean*	S6-2 L'arteterapia precursore della moderna psicoriabilitazione *R Arnone, G Salomone*
14.30	S4-3 Little known Vesalius; versals in "De humanis corporis fabrica" *R Hilloowala*	S4-4 The discovery of lesser circulation and Michael Servetus's galenism *F J Gonzalez Echeverria*	14.30	S5-3 The change in maternal birthing positions through time *T Bracewell Milnes, G Araklitis, B Guimicheva, J Haider*	S5-4 A history of the obstetric forceps, a family secret *S Sukhera, A Tepchonghit, G Inithan, J Haider*	14.30	S6-3 Mouvements feministes et sante mentale: quels rapports? *S Pache*	S6-4 Acute food shortage and spastic paraparesis: scientific lessons of the Holocaust *P Manu, L M Rogozea*
15.00	S4-5 Antonio Scarpa and his "Saggio di osservazioni e di esperienze sulle principali malattie degli occhi" *R Neri-Vela*	S4-6 Digitizing Manuscripts of Medical History. A Case Study: the Padua Dioscorides *A Touwaide, E Appetiti*	15.00	S5-5 La biochimica per la clinica: Luigi Musajo, prorettore a Padova *L Musajo Somma, A Musajo Somma*	S5-6 The conceptual evolution of auxology *S Milani, E Spada*	15.00	S6-5 Surgical activity at Moscow Institute for Neurosurgery (1929-1941) *B Lichterman*	S6-6 The near-death experiences between science and prejudice *E Facco*
15.30	**Plenary session** **Lecture** *L3 Albert the great and his Paduan experiences.* Klaus Bergdolt							
	Oral presentations - Session 7 **The Padua University Medical School and the Renaissance - III** *Chairmen: K Bergdolt, A Musajo Somma*			**Oral presentations - Session 8** **The long journey towards present Pharmacotherapeutics - II** *Chairmen: R De Caro, A Touwaide*			**Oral presentations - Session 9** **History of Diseases - I** *Chairmen: A De Leiva, R Shengelia*	
16.00	S7-1 Remarkable memories on students and physicians from Hungary and Transylvania at the University of Padua (15-19th centuries) *R Offner*	S7-2 Presence of Pietro d'Abano in mexican sixteenth century medicine *C Viesca, M Ramos de Viesca*	16.00	S8-1 King Duarte of Portugal: a narrative of a personal experience of melancholy in the 15th century *D Oliveira Amarante dos Santos*	S8-2 *Materia medica* in the works of 17th-18th century Jewish physicians in Italy *H Paavilainen*	16.00	S9-1 The history of hemotherapy in Bolivia *M Garcia de Luna Orosco*	S9-2 The scientific community in the discovery of the Chagas disease *C Lorenzano*
16.30	S7-3 Justification of the anatomical research. The case of Johannes Jessenius (1565-1621) *T Nejeschleba*	S7-4 Stemmi di scolari e professori dello Studio di Padova (XVI-XVIII) *E Hellman Dalla Francesca*	16.30	S8-3 Leprosy policy in São Paulo: paradoxes of a prophylatic option *Y Nogueira Monteiro*	S8-4 A historical profile of *Angina pectoris* medical treatment *R Razzolini*	16.30	S9-3 La salute dentale dei bambini nel Rinascimento: notizie dal "*De morbis puerorum*" di Gerolamo Mercuriale (1583) *M A Riva, L Esposito, L Isaia, P Siviero, G Farronato*	S9-4 L'assassinat d'Henri IV (roi de France) en 1610: une nouvelle reconstitution de la scene de crime d'aprés l'autopsie de Guillemeau et le données de Pierre Matthieu *Patrice Le Floch-Prigent*
17.00	S7-5 Italian Contributions to the Anatomy and Pathology of the Heart *W B Fye*	S7-6 Nicolò Antonio Giustiniani founder of the Padua *Spedale Nuovo* in the Century of Enlightment *G F Natoli, C Bellinati, G Zanchin*	17.00	S8-5 The history of modern therapy for multiple sclerosis *P Gallo, F Rinaldi, M Calabrese, P Perini*	S8-6 A century after barbiturates introduction in clinical therapies *F Di Palma*	17.00	S9-5 The history of electrical stimulation of the inner ear, from the eighteenth century to the cochlear implant *R Marchese Ragona*	S9-6 Plague in Venice *A J Fabre*

Thursday 13 September

	Plenary session
17.30	**Project *Save a manuscript*** L4 *Libro dei cauteri. A codicological and paleographic note on an illuminated manuscript from the Pinali's Library* L Granata
17.45	**Lecture** *L5 Galen and the physician-patient relationship*. Carlos Viesca Treviño
	Botanic Garden at sunset
18.15	Meeting point near the Secretariat Desk, at the entrance of the Aula Magna. From here participants will be taken by a short walk to the Botanic Garden
18.45	**Plenary session**
	Lecture *L6 Padua Botanic Garden in 1545*. Alain Touwaide
19.30	Transfer back to Abano Terme. Departure by bus from Prato della Valle, in front of Foro Boario

Friday 14 September

Conference Centre, Abano Terme

Foyer

Poster Viewing and Discussion

Coordinators: G. Cobolet, K. Collins, A. Diamandopoulos

08.00	**Poster Session 1** *Chairmen: R Hiloowala, JEE Luna Orosco*	08.00	**Poster Session 2** *Chairmen : E Damiani, G. Ferngren*	08.00	**Poster Session 3** *Chairmen: L Borghi, L Rogozea*
	Posters from P1 to P17		Posters from P18 to P32		Posters from P33 to P48

	Plenary Room			Pietro d'Abano Room			Astrolabio Room	
09.30	**Plenary Session** **Lecture** *L7 Leonardo da Vinci and the Search for the Soul.* Rolando del Maestro							
	Oral presentations - Session 10 **Ancient Medicine** *Chairmen: A Diamandopoulos, C Viesca Treviño*			**Oral presentations - Session 11** **History of Medical Education - II** *Chairmen: N Marcu, Y O'Neil*			**Oral presentations - Session 12** **Preventative Medicine** *Chairmen: WB Fye, F Sabatè*	
10.00	S10-1 From the cradle of the Nile to the cradle of the lagoon: the sobek's priestess last travel *M Disarò, P Sartori*	S10-2 L'arte medica nell'opera di Esiodo *M Rossi*	10.00	S11-1 Role of schola medica salernitana in western medicine *J A Marcum*	S11-2 The final period of Islamic Medicine in the HAFSID kingdom of Tunisia *MRS Pak*	10.00	S12-1 Preventive medicine: the key to eternal life *M Esperânça Pina, S Couto da Rocha*	S12-2 The achievements od dr. Behçet in preventative medicine *H Ozturk*
10.30	S10-3 The asclepieion of Peparithos *G Tsoucalas, K Laios, A Doulgeri Intzesiloglou*	S10-4 The Ordinary Death of Alexander the Great E Damiani	10.30	S11-3 A symbol of the Romanian medical school: Two-star general doctor Carol Davila *A Keresztesz, F Leaşu, LM Rogozea*	S11-4 Messaggio e manipolazione: estetica del ciarlatano *O Galeazzi*	10.30	S12-3 The renewal of epidemiological inquiry: dr. Alice Hamilton, pioneer of industrial medicine in the United States, early 20th century *J Rainhorn*	S12-4 L'acqua: la fonte della salute. La situazione igienico-sanitaria della città di Bari durante il Regno d'Italia *S Veneziani*
11.00	S10-5 Artificial modifications of the body among ancient Maya *MB Ramos de Viesca*	S10-6 Ibn Rezwan and his rule in Islamic Medicine *SAR Khezri*	11.00	S11-5 Caucasian Medical Society and Formation of European Medicine in Georgia *N Khelaia, R Shengelia*	S11-6 L'axe méditerranéen aux XVI-XVIIe siècles: Italie-Portugal, quels liens? Quels échanges? Quelles réceptions? *H Baudry*	11.00	S12-5 The health service in Venice in the 17th and 18th century *L Lorusso, A Porro, AF Franchini, B Falconi*	S12-6 La politica sanitaria internazionale della Repubblica di Venezia *NE Vanzan Marchini*
11.30	**Plenary Session** **Lecture** L8 *Jewish Medical Students and Graduates at the University of Padua 1517-1739.* Kenneth Collins							
12.00	**Lecture** L9 *Davide Giordano, chief surgeon in Venice and first Italian President of the International Society for the History of Medicine.* Francesco Paladin							
12.30	Lunch-box distribution							

Social / Cultural Event in Venice

13.00	Transfer to Venice: departure by bus from Abano Terme, in front of the Bristol Buja Hotel
	To the island of *Lazzaretto Nuovo* in the Lagoon of Venice, visit to the Lazzaretto. Visit to Torcello island and to the Cathedral of Santa Maria Assunta; cocktail in the *Locanda Cipriani*. To *Piazza San Marco* for the guided visit to the mosaics (special opening of St. Mark's Basilica). Dinner on board the motorboat Patavium.
24.00	Arrival back in Abano Terme

Saturday 15 September

Conference Centre, Abano Terme

Foyer

Poster Viewing and Discussion

Coordinators: G. Cobolet, K. Collins, A. Diamandopoulos

08.30	**Poster Session 4** *Chairmen: L Lorusso, A Touwaide* Posters from P49 to P62	08.30	**Poster Session 5** *Chairmen: E Lev, N Marinovic Doro* Posters from P63 to P75	08.30	**Poster Session 6** *Chairmen: P Albou, E Appetiti* Posters from P76 to P89

	Plenary Room		Pietro d'Abano Room		Astrolabio Room	
10.00	**Plenary Session** **Lecture** *L10 Il termalismo nell'Italia romana: il caso di Montegrotto Terme* F Ghedini, M Bassani					
	Oral presentations - Session 13 **Past and future of thermal therapies: from Aponus to Abano and beyond** *Chairmen: F Cozzi, P Marson*		**Oral presentations - Session 14** **History of Medical Specialties - II** *Chairmen: J Blair, R Del Maestro*		**Oral presentations - Session 15** **Medical Biographies – I** *Chairmen: L Musajo Somma, A Segal*	
10.30	S13-1 Terme Euganee, dall'empirismo alla ricerca scientifica *F Caldara*	S13-2 Comments of Prof. Dr. Besim Ömer Akalin on sea baths at the beginnings of the twentieth century and its place in public health *AD Erdemir*	S14-1 L'art de la pratique du trou de trépan durant la période précoloniale en Algérie *M Bouaziz*	S14-2 Therapeutic application of heat. A historical view with reference to Unani (Greco-Arab) system of Medicine *Amanullah, A Sayeed, Z Ahmad, K Mahmud Siddiqui, S Shakir Jamil*	S15-1 Cleopatra and "Cleopatras" *G Tsoucalas, A Kousoulis, M Karamanou, G Androutsos*	S15-2 Al-Kindi, a humanist physician *M Volgersanger, B Guimaraes, MI Figueredo, FF M de Barba, FJ de Barba*
11.00	S13-3 One bath as health source from Anatolian Seljuk period to the present *N Değirmen, N Demirsoy*	S13-4 Tuzla hot spring-a hot spring center in Istanbul *O Usmanbas*	S14-3 A study of a valuable Arabic manuscript on Geriatrics written in 1536 AD named Ainul Hayat *A Ahmad, A Narayana, S Zillur Rahman*	S14-4 Radiology and its early practice in portoguese medical institutions *A Pereira, F Costa, E Jardim*	S15-3 La cefalea di Giacomo Casanova *G Cristofori, A Granato A, G Relja*	S15-4 Dr. Francisco Fajardo: 120 years of the discovery of Malaria in Brazil (1892-2012) *G Bruno Fonseca, F Maria Ignez, V Max Vinicius Gomes, DB Fabiana Figueredo Molin, DB Francisco José*
11.30	S13-5 History of the clinical studies and of the physiopathogenetic researches in the Euganean thermal area *F Cozzi, M Carrara, P Marson, S Todesco, L Punzi*	S13-6 Treatment of eczema in Turkish medicine (15.-19. centuries) *E Atici*	S14-5 From "bench to bedside" – The importance of Lord Joseph OM, FRS, FRCS (1827-1912), in modern day translation *P Chandak*	S14-6 A short history in mexican internal medicine teaching: the speciality hospital of the national medical center *XXI Century* *C Consejo y Chapela*	S15-5 Jean-Martin Charcot and his drawings *G Salomone, R Arnone*	S15-6 Professor František Pòr, MD. An outstanding internist from former Czechoslovakia *M Mydlík, K Derzsiová, O Rácz*
12.00	**Plenary Session** **Lecture** L11 *Medical practices of ancient romanian people in Francesco Griselini's letters from the Banat of Temeswar* Dana Baran					

Saturday 15 September

12.30	**Lunch and Poster Viewing**							
	Oral presentations - Session 16 **History of Medical Institutions** *Chairmen: A De Leiva, F Zurlini*			**Oral presentations - Session 17** **History of Medical Education - III** *Chairmen: D Baran, R Neri-Vela*			**Oral presentations - Session 18** **Medical Biographies - II** *Chairmen: CA Camargo, P Vanni*	
14.00	S16-1 L'ospedale romano di Santo Spirito in Saxia nel Medioevo e nell'etò moderna: un esempio avanzato di assistenza ospedaliera *G Iacovelli*	S16-2 Italian Hospitals in the Ottoman Empire: Istanbul, Izmir, Antalya *S Erer*	14.00	S17-1 The history of Japanese medical school in 18-19 century *M Ito*	S17-2 Philanthropy and medical education: An example from the Near East at the dawn of twentieth century *K Yurur, M Civaner*	14.00	S18-1 Was Dante a physician? Evidence supporting his training and unusual practice *JE Bailey*	S18-2 La tragicomedie de Charles Patin *P Albou, A Ségal*
14.30	S16-3 The rise and fall of three modern institutions – General hospitals, mental hospitals and prisons *R McCrie*	S16-4 Fratelli nemici: H. Dunant e G Moynier, nasce la croce rossa *R Ottaviani, MG Baccolo, D Vanni, P Vanni*	14.30	S17-3 Historical and medical infiltrations in the bulgarian-italian medical relations and influences over the centuries *Z Savova, K Lyubomirova, M Aleksandrova, T Dimitrov, S Petrova, M Apostolov*	S17-4 "Western Medieval Period and Disease Concept": An educational experience *B Arda*	14.30	S18-3 Introduction à la connoissance des médailles de Charles Patin ou le début de ses ennuis qui finiront à Padoue *A Ségal, P Albou*	S18-4 Frei Canuto Amann, his medical practices and contributions to the history of medicine in Brazil *N Marinovic Doro*
15.00	S16-5 The Hospital de la Santa Creu i Sant Pau during the Spanish Civil War: Civic Solidarity *M C Perez-Aguado, A de Leiva, E Brugues, A de Leiva*	S16-6 Victor Gomoiu's presidency of the International Society for the history of medicine as reflected in his letters to Jean-Joseph Tricot-Royer *D Baran*	15.00	S17-5 Hippocrates, Laennec and the Glass Stethoscope *M Roxanas*	S17-6 In between theory and practice – medieval notebooks from the Cairo Genizah *E Lev*	15.00	S18-5 A refugee who contributed to pathology science in Turkey; prof. Dr. Siegfried Oberndorfer *A Ankan, A G Dinc*	S18-6 Dr. Luigi Mongeri (1815-1882): *Pinel* of Turkish Psychiatry *F Artvinli*
	Oral presentations - Session 19 **Arts and Medicine** *Chairmen: C Lisotto, F Maggioni*			**Oral presentations - Session 20** **Public Health Problems in ancient and contemporary Society** *Chairmen: JE Bortz, AT Nadell*			**Oral presentations - Session 21** **History of Diseases - II** *Chairmen: G Ferngren, A Lellouch*	
15.30	S19-1 The death of Dante. A review of the literary, historical, and epidemiological evidence *J E Bailey*	S19-2 Maimonides and the historical novel "The Talisman" by Walter Scott *J Luna Orosco Eduardo*	15.30	S20-1 The cradle of white architecture. Sanatorium architecture as first prophylaxis and therapy for "consumptive" tuberculosis: the pioneer case of Madeira, Portugal (1856) *JCDR Avelãs Nunes*	S20-2 "Not in my skin": controversies on smallpox and smallpox vaccination in late 19th century Buenos Aires(1880-1900) *M de la Paz Martínez Klein , N Soledad Oviedo , G Mijal Bortz, JE Bortz*	15.30	S21-1 Le malattie congenite dell'antico Egitto *D Franceschetti*	S21-2 A victory over the plague in Moscow 1771–1772 *T Sorokina*
16.00	S19-3 The anatomical sculpture in the second half of XVIIth century: the artistic career of Giovan Battista Manfredini *E Corradini, M Cimino*	S19-4 Wax models in the history of diseases *N Nicoli Aldini, A Ruggeri*	16.00	S20-3 Fight against alcoholism in the early twentieth century in Romania *O Andreescu, A Neculau, I Pantea, L Rogozea*	S20-4 Commerce and religion in Zhangshu, the medical city of China *A Ishikawa*	16.00	S21-3 Socially indicated variability of the Spanish influenza (1918-1920) sex and age mortality rates *N Anusic*	S21-4 The "periodic syndrome" in children between past and future *D De Carlo, B Bolzonella, L Dal Zotto, M Nosadini, I Toldo, S Sartori, P A Battistella*
16.30	S19-5 La medicina del secolo XX attraverso la pittura di Roberto Fantuzzi *ER Soria*	S19-6 Vie et Mythe d'un célèbre Bléssé de guerre: le poète Guillaume Apollinaire (1880-1918) *A Prinzivalli*	16.30	S20-5 Public Health concern of princely state of British India: a case study health system of the Baroda state *R Sharma*	S20-6 The italian national health system and the management of public health on local level between the 19th and 20th centuries *L Meneghini*	16.30	S21-5 Romanian involvement in the surgery of pancreatitis – landmarks through time *S Octavia Ionescu, D Elena Mihaila, E Bratucu, D Straja, T Dan Poteca, C Daha, R Anghel*	S21-6 Photomicrography and portoguese medical thesis in the 19th-early 20th centuries *E Jardim, M Peres, A Pereira*

Saturday 15 September

	Oral presentations - Session 22 **Impact of social problems on Medicine - I** *Chairmen: G Iacovelli, R Mc Crie*			Oral presentations - Session 23 **The long journey towards present Pharmacoterapeutics - III** *Chairmen: A Fabre, MC Perez-Aguado*			Oral presentations - Session 24 **Philosophy and Ethics of Medicine - III** *Chairmen: G Cobolet, E Lev*	
17.00	S22-1 Chronicles of "Falcadina": public health interventions (1811-1826) for a venereal infection outbreak in a mountain region of North-East Italy *P Marson*	S22-2 Diseases and medicine in the period of Balkan Wars (1912-1913) *S Sevimli, E Atici*	17.00	S23-1 Antidotes and counter poisons in Ancient Egypt: onions (*Allium cepa* L. (*HDw*) the preferred antitoxic for snake bites *AM Rosso*	S23-2 Medicinal use of earths and minerals from Hippocrates to Sir Hans Sloane and beyond *S Retsas*	17.00	S24-1 L'importante contributo di Aristotele alla Medicina *S Martini*	S24-2 Euthanasia in Greek and Roman history *M Naccarato, I Rossetto*
17.30	S22-3 European psichiatry facing the Great War. A clinical observation point from the Piave Line. *G Padovan, G Zanchin*	S22-4 Impacts of social problems on medical practice in Bangladesh *N Mohammad*	17.30	S23-3 De Porta à Paracelse ou de la signature des plantes à l'aube de la chimie *P Forlodou*	S23-4 La "Materia Medica Vegetable del Orinoco" di Pehr Loefling *M Vannini*	17.30	S24-3 Le malattie dello Stato Leviatano di Hobbes *S Rosales y de Gante, L Rosales Báez*	S24-4 Exclusivism and truth of a "system" in the «medical philosophy» of Antonio D'Azevedo Maia (1851-1912). A history of physicians, for physicians *MA Duca*
18.00	S22-5 The rise of emergency medicine in the sixties: paving a new entrance to the house of Medicine *A Merritt*	S22-6 The sick poor: how do we define them and what should we do with them? *G Ferngren*	18.00	S23-5 Les remèdes contre la douleur. Thèse du Dr C Sommé, 1806 *JP Tricot*	S23-6 Doctors' Orchids *J Pearn*	18.00	S24-5 Medicine, philosophy, repression and present *FJ Gonzalez Echeverria*	S24-6 Hippocratism ad neo-hippocratism on the balkan peninsula: historical & medical retrospection *T Vodenicharov, V Borisov, M Apostolov*
18.30	**Plenary session** ISHM General Assembly							
20.30	**Social Dinner**							

Sunday 16 September
Conference Centre, Abano Terme

	Plenary Room		Pietro d'Abano Room		Astrolabio Room	
08.30	**Oral presentations - Session 25** **Impact of social problems on Medicine - II** *Chairmen: T Pearn, J P Tricot*		08.30	**Oral presentations - Session 26** **History of Medical Specialties - III** *Chairmen: P Gallo, C Lisotto*	08.30	**Oral presentations - Session 27** **History of Plastic Surgery** *In cooperation with the Italian Institute of Reconstructive and Aesthetic Surgical Sciences* *Chairmen: F Bassetto, G Ferronato, A Musajo Somma*
	S25-1 Georgian Traditional Dietary Products and Remedies containing Pre- and Probiotics *G Kvesitadze, R Shengelia*	S25-2 La mort apparente dans l'orient musulman classique *A Prinzivalli*		S26-1 Epilepsy in the scientific traditions of the Salerno medical school *D Cassano*	S26-2 Death in Venice, Christian Johann Doppler and his journey of hope *E Mampreso, M Bruno, M Bellamio, F Mainardi, F Maggioni, G Zanchin*	S27-1 Who invented sub-specialization or super-specialization in plastic surgery? *A Musajo-Somma*	S27-2 *Apud Gasparem Bindonum Juniorem*. Una stamperia illuminata per una pubblicazione provocatoria *F Bassetto, A Voltan, C Scarpa*
09.00	S25-3 Un piccolo manuale per la valutazione e scelta del medico curante da parte dei paziente ad opera di Joseph Frank (1771-1842) *M Aliverti*	S25-4 In the shadow of the midnight sun: a history of forced sterilisation in Sweden *A Sylvan, M Brown*	09.00	S26-3 Malaria, a medical problem in the Spanish Civil War *M C Pérez-Aguado, C Hervas Pujol*	S26-4 From Penfield's Homunculus to mirror neurons: from movement to action *A Meneghini*	09.00	S27-3 Cranio-facial and plastic surgery in the work of Girolamo Fabrici d'Acquapendente *G Ferronato, LGuarda-Nardini, M Rippa-Bonati*	S27-4 Štefan Šimko, MD, PhD, the founder of acute and reconstructive burns surgery in Slovakia *O Rácz, D Šimko, D Dušan, J Babík, M Jirošková*
09.30	S25-5 Social hygiene as technology policy in Argentina. The intervention on childhood as a state policy in the *Journal of the Child Hygiene* (1892-1902) *G Mijal Bortz, JE Bortz, AL Agüero*	S25-6 Use of the cereals, beans and flaxes in dietetics *N Khelaia, J Gurgenidze*	09.30	S26-5 Frontal lobe's clinics and functional models through history: keynotes *V Vianello Dri*	S26-6 History of Neuro-Oncology *R Del Maestro*	09.30	S27-5 Agli albori della chirurgia maxillofacciale: le prime resezioni dei mascellari *A Toffanin, G. Ferronato*	S27-6 2500 years of plastic surgery *RF Mazzola*
	Plenary session							
10.00	**Lecture:** *L12 The stance of Christianity towards sanitary and recreational bathing.* Athanasios Diamandopoulos							
10.30	**Plenary Session** **Joint Session ISHM – SISC: History of Headache** *Chairmen: LA Pini, C Viesca, G Zanchin*							
	S28-1 *De sedibus et causis morborum*. Morgagni on headache *F Maggioni, F Mainardi, C Lisotto, G Zanchin*	S28-2 Headache in the scientific traditions of the Salerno medical school *D Cassano*						
	S28-3 Toward specialized protection. Two Saints for the healing of primary vs secondary headaches *C Lisotto, G Cerasoli, G Zanchin*	S28-4 Historical profile of cluster headache pharmacological treatment *G Zanchin, C Disco, M Bellamio, M Bruno, M Margoni, F Maggioni*						
	S28-5 One hundred years of migraine attack therapy *M P Prudenzano*	S28-6 Airplane headache: from the pioneer of American aviators to the everyday passengers *F Mainardi, F Maggioni, G Zanchin*						
12.00	**Loris Premuda ISHM Prize and Awards - Closing ceremony**							
13.00	**End of the Congress**							

Friday 14 September						
Conference Centre, Abano Terme						
Foyer						
Poster Viewing and Discussion *Coordinators: G. Cobolet, K. Collins, A. Diamandopoulos*						
08.30 10.00	**Poster Session 1** *Chairmen: R Hiloowala, JEE Luna Orosco*		**Poster Session 2** *Chairmen : E Damiani, G Ferngren*		**Poster Session 3** *Chairmen: L Borghi, L Rogozea*	
	The Padua University Medical School and the Renaissance		**History of diseases**		**Arts and Medicine**	
	P1 - Scientific methodology in Padua University Medical School *TJ Drizis*	**P2 -** On the birth of Padua University Medical School *TJ Drizis*	**P18 -** Remedies for menstrual migraine. From instinctive maneuvers to a long-acting triptan *L Savi, F Maggioni, C Lisotto, P Martelletti, , LA Pini, S Omboni, D Zava, D Pezzola, MD Ferrari, G Zanchin*	**P19 -** A court record on leprosy from the Ottoman archives *N Kirimlioglu, O Elcioglu*	**P33 -** Artistic sources for the study of diseases and medical pratictes in colonial Brazil *B Ribeiro*	**P34 -** Percorsi storici tra cinema e scienze mediche *G Salomone, R Arnone*
	P3 - Andreas Vesalius: an innovator anatomist from Padua University and his revolutionary work De Humani Corporis Fabrica *EÖ Bulduk,B Akgün*	**P4 -** Doctors of Venice and Padova *AJ Fabre*	**P20 -** Ringworm of the scalp (tinea capitis) and the evolution of treatment methods *C Burstein, E Shachar, V Drori*	**P21 -** "To clean-up the children's Heads". The 1st campaign to eradicate ringworm in Israel 1920s *S Levi, E Shachar, S Shvarts*	**P35 -** La pietra tombale di Lucio e Mondino de' Liuzzi, sotto il portico di San Vitale a Bologna *EM Consolo*	**P36 -** The health-related visuals at byzantine period structures in Istanbul *G Dinc, T Gencer*
	P5 - Jewish students of Medicine in Padua (16th – 18th centuries) *S Kottek, K Collins*	**P6 -** Physician-anatomists of Italy mentioned in Şanizade Atatullah Mehmed Efendi's work, *Mir'ât al-Abdân (Mirror of Bodies)* *A Aciduman, B Arda*	**P22 -** The Israeli ringworm affair *S Levi, S Samchi, E Shachar*	**P23 -** Issues about "Head" in *Hazâinü's-Saadât* *N Demirsoy*		
	P7 - L'image du médecin et formation de l'image: le dilemme entre la philosophie et les sciences naturelles. L'influence de l'école de Padoue sur la médecine de Transylvanie dans la Renaissance *O Horber, K Zilahi*	**P8 -** Werner Rolfinck at the University of Padua *A Porzionato, V Macchi, A Cozza, C Stecco, R De Caro*	**P24 -** Historical review: to purpose of an unusual case of spontaneous elimination of a segment of small intestine by intussusception *J Luna Orosco Eduardo*	**P25 -** Historic review of health management of pesticides' intoxications *K Lyubomirova, I Miteva, A Yanakieva*		
	P9 - Memories of the Padua Medical School. Statues of physicians in Prato della Valle. First Part. *M Bellamio, M Bruno, M Margoni, C Disco, F Maggioni, G Zanchin*	**P10 -** Memories of the Padua Medical School. Statues of physicians in Prato della Valle. Second part. *M Bruno, M Bellamio, M Margoni, C Disco, F Maggioni, G Zanchin*				
	P11 - Skulls in the Aula Magna of the Padua school of Medicine: focus on Santorio Santorio(1561-1636) *M Margoni, M Bellamio, M Bruno, C Disco, F Maggioni, G Zanchin*					

Friday 14 September

	Philosophy and ethics of Medicine		History of Medical Specialties		History of Medical Institutions	
	P12 - The Contribution of Christianity for the development of medicine in Byzantine empire *TJ Drizis*	**P13 -** From history of concepts about influence of the way of life on health *Y Lisitcyn*	**P26 -** Romanian innovations in the domain of bilio-digestive anastomoses *DE Mihaila, SO Ionescu, E Bratucu, TD Poteca, D Straja, C Daha, R Anghel*	**P27 -** 60 years of diabetes research in Kosice – the legacy of professor Rudolf Korec *O Rácz, M Korecová, F Ništiar, R Beňačka*	**P37 -** Monastic gardens: the earliest pharmaceutical laboratories in Medieval Russia *MP Kuzybaeva*	**P38-** Doctors of Medicine at the University of Turin – graduates of the Bucharest National School of Medicine and Pharmacy, under director Dr. Carol Davila (1828-1884) *MG Suliman, A Marinescu Lucasciuc*
	P14 – Consent forms in judicial registers in the Ottoman period *O Elcioglu*	**P15 -** The position of Ibn-Maimoon in Islamic Medicine *SA Reza Khezri, E Bidhendi Hasan*	**P28 -** Emergence of Neurosurgery as an independent clinical discipline (1920s – 1930s) *B Lichterman*	**P29 -** An evaluation on epilepsy in ottoman medicine *H Ozden, N Demirsoy, S Kabay*	**P39 -** One bath, one myth *N Değirmen*	**P40 -** The establishment route of "theagenio" anticancer Hospital of Thessaloniki *P Dimitriadis, E Stamatopoulou, A Dimitriadou, P Tsiavi, K Photiadou, S Giatsiou, M Karamanou, G Tsoucalas*
	P16 - L'asimmetria: da Dioniso al neuroimaging *M Naccarato, I Rossetto*	**P17 -** De Lisbonne a Padoue – Saint Antoine et une possible liaison avec la Médecine *ME Pina*	**P30 -** Developments in the field of prosthetics and orthotics in the Ottoman period *N Demirsoy, N Degirmen*	**P31 -** Percorso storico della statistica psichiatrica Italiana *G Salomone, R Arnone*	**P41 -** Heybeliada Sanitarium: A center providing a successful fight against tuberculosis *MY Metintas, N Demirsoy*	**P42 -** The Forgotten University *S A Mahdavi Anari, A Fallahnajmabadi*
			P32 - Tashkent professors of medicine as founders of neurosurgery in Middle Asia *L Nazarova, B Lichterman*		**P43 -** The 90th Anniversary of the Sklifosovsky Hospital for Emergency Medicine (Moscow, Russia) *MP Kuzybaeva*	
					History of pregnancy and childbirth	
					P44 - Childbearing in ancient Sparta *T Boutsikou, DD Briana, P Volaki, A Malamitsi-Puchner*	**P45 -** The history of vacuum extraction in delivery *G Araklitis, B Guimicheva, T Bracewell-Milnes, J Haider*
					P46 - The history of the management of breech presentation. Past and current trends in avoiding vaginal breech delivery *B Guimicheva, T Bracewell-Milnes, G Araklitis, J Haider*	**P47 -** A history of the obstetric epidural anaesthesia *I Ganesaratnam, S Sheikh, T Aojanepong, H Jan*
					P48 - A history of caesarian section from BC to AD *T Aojanepong, I Ganesaratnam, S Sheikh, H Jan*	

Saturday 15 September						
Conference Centre, Abano Terme						
Foyer						
Poster Viewing and Discussion *Coordinators: G. Cobolet, K. Collins, A. Diamandopoulos*						
08.30 10.00	**Poster Session 4** *Chairmen: A Touwaide, L Lorusso*		**Poster Session 5** *Chairmen : E Lev, N Marinovich Doro*		**Poster Session 6** *Chairmen: E Appetiti, P Albou*	
	History of Medical Education		**Ancient medicine**		**Medical Biographies**	
	P49 - La médecine domestique au XIX ème Siecle. Le manuel du docteur Dehaut *B Torres, F Sabaté*	**P50 -** From the medicine at ottoman medreses to faculty of Medicine *H Ozturk*	**P63 -** Applications and reasons of castration in Assyrian, Hittite, Urartian and Phrygia civilizations *S Sevimli*	**P64 -** Ambiguità sessuale nel mondo antico *M Rossi, A Pellegrinelli*	**P76 -** A refugee scientist's contributions to the field of Turkish microbiology: prof. Dr. Hugo Braun *G Dinc, P Birler*	**P77 -** Antal Genersich an outstanding physician and pathologhist from the Zips region *O Rácz, A Tankó*
	P51 - Learning medicine from the history of medicine *F Sabate Casellas, C Perez Abadia*	**P52 -** L'ecole primaire de médecine d'Anvers (1804-1849) *JP Tricot*	**P65 -** Importanza degli scavi archeologici e degli studi paleopatologici per la comprensione delle malattie nella Grecia Antica *M Rossi*	**P66 -** At the table with the masters of the Salerno Medical School *D Cassano*	**P78 -** Prof. Wiliam Ganz, the coinventor of the Swan-Ganz cardiac catheter was born in Kosice *O Rácz, P Schweitzer, M Mydlík*	**P79 -** The founder of first aid: Friedrich Esmarch, his live and works *M Metintaş, H Ay, N Demirsoy*
	P53 - Scienza e cultura classica: un binomio inscindibile *M Rossi, A Pastore Stocchi, MG Caenaro, O Marzi, B Buranello*	**P54 -** The role of computed tomography in the imaging of the anatomical collection *V Macchi, A Porzionato, A Morra, C Stecco, G Sarasin, A Rambaldo, R De Caro*	**P67 -** The rediscovered manuscript of Marco Antonio della Torre *V Macchi, A Porzionato, A Coi, C Stecco, PH Abrahams, R De Caro*	**P68 -** Mesir Macunu/Mithridaticum: an ancient antidot from the past to the modern Turkey *F Şimşek*	**P80 -** Luigi Ciniselli e l'impiego dell'elettricità in chirurgia nel XIX secolo *G Fasani*	**P81 -** Health and International Brigades: JBS Haldane, science and commitment *MC Perez-Aguado, E Brugues, A de Leiva, A de Leiva*
	P55 - Avicenna medicine and medical training in medieval Europe *D Moosavi, H Ebrahimi*	**P56 -** About influence of the teaching schools on the formation of the profile departments of medical universities *VI Borodulin, KA Pashkov, AV Topolianskiy*	**P69 -** Kyala which was the symbol of supremacy; the perspective of aloeswood in the Yedo Era *H Uchino*		**P82 -** Un Maestro della pediatria italiana. Vitale Tedeschi *D Franceschetti*	**P83 -** Al-Biruni: the Arabian scientist *FM Ignez, GB Fonseca, VMV Gomes, DBF Figueredo Molin, DBF José*
	P57 - An anatomical model in wax by Tramond *PP Le Floch-Prigent, AC Buthiaux, P Barbet*				**P84 -** Doctor Martin Martinez and the first edition of his works: complete human anatomy (1728) *J Luna Orosco Eduardo*	**P85 -** European coordinates of romanian medicine in Iasi evidenced by professor Constantin Thiron's work *D Baran*
					P86 - Al-Biruni: Islamic medicine revolution by healing with animal magnetism *F Figueredo Molin De Barba, FJ De Barba, B Fonseca Guimarães, AR Soares Santos, M Ignez Figueredo*	**P87 -** Antonio Maria Valsalva: anatomico, scienziato, medico, chirurgo ed otologo *EM Cunsolo*
					P88 - A successful physician: Aretaeus of Cappadocia *EÖ Bulduk, S Bulduk*	**P89** - Radiology and its early practice in portoguese medical institutions *A Pereira, F Costa, E Jardim*

Saturday 15 September

	Preventative Medicine		Impact of social problems on public health			
	P58 - From History of the socially-preventive direction of medicine in Russia *T Zhuravleva, Y Lisitcyn*	**P59 -** History of social forms of fight against tuberculosis *E Sanikidze, K Mosidze*	**P70 -** Factors for the establishment and development of the civil Hospital in Stara Zagora - Bulgaria *I Pavlova, G Tabakov, J Marinova*	**P71 -** Social stress as a factor in worsening health status of the Russian Federation in the late XX century *A Khmel*		
	P60 - Quarantine measures in an archival document from the 16th Century related to epidemics *N Kirimlioglu, O Elcioglu, M Topal*	**P61 -** Investigating an ephemeral experiment of collaboration between physicians and industry workers on occupational health: old issues and new stakes in early 20th Century France *J Rainhorn*	**P72 -** Children breatfeeding in Argentina (1880-1914): medical perspectives *N Soledad Oviedo, M de la Paz Martínez Klein, G Mijal Bortz, JE Bortz*	**P73 -** L'impatto della Prima Guerra Mondiale sulla sintomatologia neuro-psichiatrica post-traumatica dei soldati. Uno studio retrospettivo su 1.121 militari ricoverati nel manicomio di Girifalco (Catanzaro, Calabria, Sud-Italia) *P Lagonia, A Piro, A Tagarelli*		
	P62 - Portogallo pioniere della regolazione dei medicinali come conseguenza del caso lipocina *M Figueira de Sousa, JR Pita, AL Pereira*		**P74 -** Focus on: "Health status in Stara Zagora region in 1935", report by D-R Nicola G Koychev, regional physician, Stara Zagora – Bulgaria *BM Parashkevova, J Krumov Marinova, KV Marinov*	**P75 -** Factors and difficulties for the emergence and development of professional health management in Bulgaria *D Sidjimova, V Borisova, R Zlatanova*		

General Information

Dates
September 12-16, 2012

Congress Venues

Wedn. 12 September
Registration from 14.00to 19.00
Welcome Cocktail at 19.00
Teatro Congressi "Pietro d'Abano"
Largo Marconi, 16 - Abano Terme

Thu. 13 September
Opening Ceremony at 11.00
Scientific Sessions from 09.15 to 19.30
Palazzo del Bo
University of Padova
Via 8 Febbraio 1848, Padova
Departure by bus from Abano Terme,in front of the Bristol Buja Hotel at 8.00
return from Padova - Prato della Valle in front of Forio Boario at 19.30

Fri. 14, Sat. 15, Sun. 16 September
Congress Sessions
Teatro Congressi "Pietro d'Abano"
Largo Marconi, 16 - Abano Terme

Language
The official languages will be English, French and Italian.

Access to the Conference Site
Participants should wear the identification badge in all conference sessions and events.

Certificate of Attendance
A certificate of attendance will be given to all registered participants.

Loris Premuda ISHM Prize and Awards
During the Closing Ceremony on Sunday 16 September the two best oral and the two best poster presentations will receive the Loris Premuda ISHM Prize. Moreover, an award will be given to the 10 most interesting oral presentations and to the 5 most interesting poster presentations.
Only posters for which at least one of the authors will be present during discussion will be considered for the Prize.

CME accreditation
The congress programme has been submitted to the European Accreditation Council for Continuing Medical Education (EACCME) and to the Italian CME Authority to obtain credits for medical specialists.

ECM Italy - Educazione Continua in Medicina
È stato richiesto l'accreditamento ECM per la categoria: tutte le professioni.
Codice evento: 211-37372.

La MEET AND WORK srl, Provider numero 211 con accreditamento provvisorio del 14/07/2010 (validità 24 mesi), è accreditata dalla Commissione Nazionale ECM a fornire programmi di formazione continua. La MEET AND WORK srl si assume la responsabilità per i contenuti, la qualità e la correttezza etica dell'attività ECM.
Verifica della partecipazione: L'effettiva presenza del partecipante all'attività formativa sarà verificata tramite la firma di frequenza all'ingresso e la compilazione di un Modulo di Autocertificazione attestante la presenza ad almeno l'80% dei lavori congressuali.
Verifica dell'apprendimento: nessuna.
Verifica della qualità percepita: L'indice di gradimento manifestato dagli utilizzatori verrà rilevato mediante il Modulo di Qualità Percepita.

European Accreditation (EACCME)
"MEET AND WORK SRL" is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists. The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net.
The "43rd Congress of the International Society for the History of Medicine: The development of medical sciences between past and future" (event no. 8214-G) is designated for a maximum of 18 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. The EACCME credit system is based on 1 ECMEC per hour with a maximum of 3 ECMECs for half a day and 6 ECMECs for a full-day event.
Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians may convert EACCME credits to an equivalent number of AMA PRA Category 1 CreditsTM. Information on the process to convert EACCME credit to AMA credit can be found at www.ama-assn.org/go/internationalcme.
Live educational activieties occurring outside of Canada, recognized by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.
Please note that UEMS requires a feedback on the educational activity offered by the congress organiser: delegates are therefore kindly requested to complete the evaluation form received at the Registration Desk and return it to the CME Desk at the congress counter on the last day of attendance.
The CME credit certificate will be handed out to participants at the end of the conference.
It will be up to the participants to contact their National Accreditation Authority (NAA) to have their ECMECs recognised and/or converted into national credits according to the regulations being in force in their country. (The National Board of Health will have to receive both the Certificate of Attendance and the EACCME credit certificate collected at the Congress Secretariat Desk).

Disclaimer
The Organisers cannot be considered responsible for the cancellation of the Congress or parts of it. In case of total cancellation, congress participants will be reimbursed for the Registration Fees they have actually paid. However, the Organizers are not liable for any other loss or inconvenience caused as a result of such cancellation.

Insurance
As regards personal insurance, insurance for luggage, valuables and for third party damages, congress participants should arrange an insurance policy on their own, as the Organisers will not be responsible for this. No responsibility will also be accepted for problems resulting from strikes, climate conditions or any other circumstances beyond the Organisers' control.

Social and Cultural Events

WEDNESDAY 12 SEPTEMBER 2012

- **14.00-19.00 Registrations,**
  Conference Centre Pietro D'Abano, Abano Terme
- **19.00 Welcome Cocktail**

THURSDAY 13 SEPTEMBER 2012

- **11.00 Opening Ceremony and Sessions,**
  Bo Palace, Old University, Padua – departure by bus at 8.00 hrs from Abano Terme, in front of Bristol Buja Hotel
- **15.00-17.00 Visit to the Anatomical Theatre,**
  Bo Palace, Old University, Padua
- **18.00 Botanic Garden at Sunset**
  departure by bus at 19.30 from Prato della Valle, in front of Foro Boario and transfer back to Abano Terme

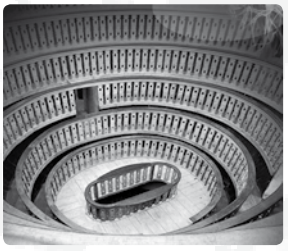
FRIDAY 14 SEPTEMBER 2012

Social/Cultural Event in Venice
departure by bus at 13.00 hrs from Abano Terme, in front of Bristol Buja Hotel

SATURDAY 15 SEPTEMBER 2012

- **Excursion to Praglia and Arquà Petrarca**
  departure by bus at 14.45 hrs from Abano Terme, in front of Bristol Buja Hotel
- **Excursion to Padova (Scrovegni Chapel, Basilica of St. Anthony, Palazzo della Ragione)**
  departure 14.30 hrs by bus from Abano Terme, in front of Bristol Buja Hotel
- **Excursion to Vicenza, city of Palladio (Villa Capra, Olimpic Thatre,)**
  departure 14.30 hrs by bus from Abano Terme, in front of Bristol Buja Hotel
- **20.30 Social Dinner**

ANATOMICAL THEATRE, UNIVERSITY OF PADUA
Thursday, 13 September – 15.00-17.00



Guided visit to the Anatomical Theatre (1595), the first permanent anatomical theatre in history, established by Girolamo Fabrici d' Acquapendente in the Palazzo del Bo, seat of the University of Padua. Here in the 18th century Gianbattista Morgagni established the anatomo-clinical method, the fundament of clinical medicine.
The visit is free of charge for congress participants.

BOTANIC GARDEN, PADUA
Thursday, 13 September – 18.00-19.30

Departure from Palazzo del Bo at 18.00 for a short walk to the Botanic Garden. Established by the Venetian Senate in 1545 as

Hortus Simplicium, it is the first garden to be devoted to the teaching and the study of plants of medical interest.
Departure by bus from Prato della Valle at 19.30 and transfer back to Abano Terme.

LAZZARETTO NUOVO AND TORCELLO, VENICE – HALF DAY
Friday, 14 September – 13.00

Departure by GT coach from in front of Bristol Buja Hotel, Abano Terme at 13.00 for Fusina terminal, Venice.
Boarding on Patavium motorboat.
Cruise down the Giudecca canal and St. Mark's basin to Lazzaretto Nuovo.
Situated at the very entry of the Lagoon (3Km north-east from Venice, just in front of St. Erasmo littoral) the island was used for strategic reasons, controlling the water ways to the inland since ancient times. In 1468 by decree of Senate of Serenissima, a lazaret was established and the island started to be used as a quarantine and decontamination site. The lazaret was named "Novo" (new) to distinguish it from the existing one (1423) called "Vecchio" (old), set close to the Lido, where evident cases of plague were admitted.
During the XVIII century, the island's medical use came to an end. Under Napoleonic rule, and later under Austrian control, it was used as part of the Lagoon military defence.

The trip continues to Torcello island with the visit of the Cathedral of Santa Maria Assunta. The basilica church is a notable example of Venetian-Byzantine architecture, one of the most ancient religious edifices in the Veneto.
Its foundation plate reads it was founded in 639 by the exarch Isaccio of Ravenna under the rule of the Byzantine Emperor Eraclio.
Cocktail at the world famous Locanda Cipriani, where Ernest Hemingway wrote his 'Across the River and Through the Trees'. On the way back from Torcello to St. Mark Square dinner will be served on board.

Arrival at St. Mark's square by 20.30.
Private and exclusive visit of the mosaics in the Basilica.
Return by boat to Fusina terminal and by GT coach to Abano Terme by midnight.
A contribution will be asked as follows:
Congress registered Participant: 30,00 Euro
Congress registered Students/Accompanying Persons: 60,00 Euros
Others (not registered for the congress): 120,00 euros
Places will be allocated on a first-come-first-served basis.

ARQUÀ PETRARCA AND PRAGLIA ABBEY, PADUA
Saturday, 15 September – 14.45

Departure by GT coach from in front of Bristol Buja Hotel, Abano Terme at 14.45 to Praglia.
Visit of the Benedictine Abbey including its renowned laboratory for the restoration of ancient books.
The abbey lies at the feet of the Euganean Hills, 12 Km from Padua, along the ancient road leading to

Este. Its name derives from Pratalea (a place covered by meadows), the name generally given in Medieval documents.

The trip continues to Arquà Petrarca for a visit to the Petrarca house on the Euganean Hills.
Arquà Petrarca is a municipality in the province of Padua. It is the place where the poet Petrarch (Francesco Petrarca) spent the last four years of his life (1370-1374) and was buried. The house where he lived is now a museum dedicated to the poet. The town has a medieval aspect. It is set in a picturesque location on the slopes of Monte Ventolone and Monte Calbarina, part of the Euganean Hills.

Return by 19.00.
Rate per person: 40,00 Euro
Reservation is compulsory. The excursion will only take place if the minimum number of participants is reached. In case of cancellation the fees received will be refunded.
Places will be allocated on a first-come-first-served basis.

BASILICA OF SAINT ANTHONY , SCROVEGNI CHAPEL, PALAZZO DELLA RAGIONE, PADUA
Saturday, 15 September – 14.30

Departure by GT coach from in front of Bristol Buja Hotel, Abano Terme at 14.30.
The trip will take the participants to Padova to visit the world famous St. Anthony Basilica. The construction of the Basilica probably began around 1232, just one year after the death of St. Anthony. It was completed in 1301 although several structural modifications took place between the end of the 14th and the mid 15th century. The Saint, according to his will, had been buried in the small church of Santa Maria Mater Domini, probably dating from the late 12th century and near which a convent was founded by him in 1229. This church was incorporated into the present basilica as the Cappella della Madonna Mora (Chapel of the Dark Madonna).

The trip continues with a short walk through the city center for a guided visit to Palazzo della Ragione and the Medieval town hall building of Padua. The Palazzo was begun in 1172 and finished in 1219. In 1306, Fra Giovanni, an Augustinian friar, covered the whole with one roof, which is reputed to be the largest roof unsupported by columns in Europe.

From Palazzo della Ragione the trip continues to the Scrovegni Chapel for a guided visit to the famous

Giotto frescoes. Because of serious problems of preservation the municipality of Padua has limited the accessibility to the Chapel for number of visitors (20 people any time) and length (15 minutes at a time). Visits last 30 minutes only, of which 15 minutes are spent in an air-conditioned waiting room the time needed to stabilise the interior microclimate and 15 minutes visiting the frescoes.

Rate per person: 40,00 Euro.
Reservation is compulsory. The excursion will only take place if the minimum number of participants is reached. In case of cancellation the fees received will be refunded.
Places will be allocated on a first-come-first-served basis.
Return to Abano Terme by 19.00

VILLA CAPRA, OLIMPIC THEATRE, VICENZA
Saturday, 15 September – 14.30

Departure by GT coach from in front of Bristol Buja Hotel, Abano Terme at 14.30 for a trip to Vicenza to visit Villa La Rotonda, a Renaissance villa designed by Andrea Palladio. The proper name is Villa Almerico Capra, but it is also known as La Rotonda, Villa Rotonda, Villa Capra and Villa Almerico. The name "Capra" derives from the Capra brothers, who completed the building after it was ceded to them in 1591.

The trip continues to the Olimpic Theatre. Constructed in 1580-1585, it is the oldest and first enclosed theatre in the world. The theatre was the final design by the Italian Renaissance architect Andrea Palladio and was not completed until after his death. The Teatro Olimpico is, along with the Teatro all'antica in Sabbioneta and the Teatro Farnese in Parma, one of only three Renaissance theatres remaining in existence. Both these theatres were based, in large measure, on the Teatro Olimpico.
Since 1994, the Teatro Olimpico, together with Villa Capra and other Palladian buildings in and around Vicenza, has been part of the UNESCO World Heritage Site "City of Vicenza and the Palladian Villas of the Veneto".

Rate per person: 40,00 Euro.
Reservation is compulsory. The excursion will only take place if the minimum number of participants is reached. In case of cancellation the fees received will be refunded.
Places will be allocated on a first-come-first-served basis.
Return to Abano Terme by 19.00

ABSTRACTS

EDITORS

G Zanchin, C Viesca, T Diamandopoulos, D Baran, A Musajo Somma

Lectures

Inaugural Lecture
L1
HISTORY OF A GASEOUS SIGNALING MOLECULE
Louis Ignarro, Nobel Laureate
New York, NY, USA

Presidential Lecture
L2
THE COLOURFUL SUNRISE OF THE NERVOUS SYSTEM IMAGING
Giorgio Zanchin, ISHM President
Department of Neurosciences, University of Padua Medical School, Italy

During his long life, devoted to research, teaching and clinical practice, Girolamo Fabrici d'Acquapendente (ca.1533–1619) planned a comprehensive anatomical treatise. It encompassed an atlas containing more than 300 hand-painted pictures representing in natural colour both human and animal structures. In his will Fabrici donated to the Signoria of Venice a rich collection of these anatomical paintings, called Tabulae pictae, which are today preserved in the Marciana Library, divided into eight volumes accordingly to the anatomical subject. He wanted this as a sort of reference book of anatomical coloured preparations, a support to his teaching, to be placed alongside the dissected part or to be used temporarily when this was not available. The third volume of the Tabulae pictae, entitled De Anatomia Capitis Cerebri Nervorum, deals with the Nervous System and contains the only known illustrations by Fabrici regarding neuroanatomy. Despite the realisation of this splendid series of 21 coloured paintings, neither a systematic description nor an iconographic record regarding nervous structures were found to be published by Fabrici. For this reason, a thorough study of these plates is pivotal to a better understanding of the contribution made by d'Acquapendente to the knowledge of the Nervous System. This work was realised as a document of high scientific value and of notable practical use: however, it should be noted that, until now, compared to aesthetic evaluations, paradoxically, neither descriptions of the morphological aspects nor analysis of the research contents of the Tabulae Pictae have ever been carried out. We previously proposed a detailed study of the anatomical structures of seven tables of this neurologic collection. A conclusive report on the entire neurological series is presented today. Fabrici deserves merit for having first established the outstanding relevance of the use of colour in anatomical images, realised in the only possible way then available, that is by painting. Thanks to the unprecedented realism given in this ways to the anatomical structures, these pictures represent the highest achievement in the iconography of Nervous System attained by the naturalistic approach the 16th-century Padua Medical School, and are to be considered the colourful sunrise of modern Neuroimaging.

L3
ALBERT THE GREAT AND HIS PADUAN EXPERIENCES
Klaus Bergdolt
Institut für Geschichte und ethik der Medizin, Universität zu Köln, Germany

Albert the Great (Albertus Magnus), "Alberto da Colonia", as Dante named him, had studied the liberal arts in Padua in 1222. In some of his later works he referred to this stay in Italy (also in Venice) which had a very lasting effect on his scientific interests. The topic of the paper focuses some concrete experiences and observations, especially on the field of medicine and the natural sciences, which Albert definitely associated with his Paduan rel. Venetian time. He became a Dominican friar and began to integrate Aristotelism and his Islamic commentators into the scholastic world of Western universites.

L4
LIBRO DEI CAUTERI*. A CODICOLOGICAL AND PALEOGRAPHIC NOTE ON AN ILLUMINATED MANUSCRIPT FROM THE *PINALI'S LIBRARY
Leonardo Granata
Università di Padova

The manuscript Fanzago 2.I.5.28 (end of 14th–beginning of 15th century) of the medical library "Vincenzo Pinali", Ancient Session, consists of a file parchment written in *littera textualis* by three different coeval hands. It originates from a 19th century reconstruction assembling the remains of an originally larger codex. It contains three vernacular texts of medical interest, including venetian and tuscan linguistic forms, and it is composed as follows: at f. 1r a nude male, combination of the *homo zodiaci* and of the *homo venarum*, with captions indicating the points of the veins system on which performing phlebotomy; at ff. 1v, 3r-10v the *Libro dei cauteri*, with sixteen nude figures and their captions; at f. 2r-v the fragment of a different, non identified manuscript of medical interest, headless and mutilated.
The name of the alleged author of the *Libro dei cauteri*, Bartolo Squarcialupi, a physician whose presence in Padua is documented between 1389 and 1403, is written on f. 1v in Hebrew by a fourth different hand pertaining to 15th century. However, the numerous peculiarities of this note cast doubts on the attribution. Text, decoration, language of the ms. appear to be probably of Paduan ambit, instead.
Furthermore, an accurate codicological analysis, has been made possible also thanks to the restauration realized within the project "*Save a codex*"promoted by the publisher Nova Charta. This allows to reenact the original structure of the manuscript and the proper order of the different texts it contains.

L5
GALEN AND THE PHYSICIAN PATIENT RELATIONSHIP
Carlos Viesca
Department of History and Philosophy of Medicine, Faculty of Medicine, National Autonomous University of Mexico (UNAM) - México City, Mexico

An historical approach to a very actual problem Galen is considered as a highly authoritary physician, working in a context where the physician knowledge about the disease was the only legitimate way to correlate it with natural processes. The real, objective knowledge of the *physis* was that contained in the medical tradition and subjected to the most exquisite logical analysis.
But in some of his books, Galen left us see a very refined professional of health care, working in a very complicated social world. His patients come from very different social stratus, from slaves to emperors and his professional concerns were to solve in the better possible way the health problems of his patients. Then, and only then, intervenes the *texné iatriké,* the medical art. How take the control of an emperor or a senatorial class patient health? How impose the physician authority? How negotiate the better way to conduct a treatment? In all of these contingencies, Galen acts with an imposing subtility and shows a deep knowledge of human nature, both physical and psychological.
In this conference (paper) it is analyzed the patient / physician relationship as observed trough Galen writings.

L6
PADUA BOTANIC GARDEN IN 1545
Alain Touwaide
Institute for the Preservation of Medical Traditions, Washington, DC, USA

The Padua Botanic Garden is usually analyzed as an instrument for teaching. Upon students' request to have living herbs for their classes of medical botany, the University decided to build a garden that allowed for direct observation of the plants in-situ. The Garden is actually much more than a didactic support: it resulted from a long tradition at the University of Padua and was also an instrument for new botanical explorations. In this view, when it was created, it was a nexus of past, present and future.
In 1545, the University of Padua already had a long history. One of its professors had been Pietro d'Abano (ca. 1250 - 1315 or 1316),who sailed to Constantinople, probably learned Greek and brought back a copy of the largest encyclopedia on Mediterranean medicinal plants then available, *De materia medica* by Dioscorides (1st century A.D.). The work was further studied in the area and also printed as early as 1499, generating a whole new field of study aimed to identify and recover Dioscorides' plants. Directly resulting from such activity, Padua Botanic Garden brought antiquity and Dioscorides' knowledge back to life in the 16th century.
However, if the Garden contained many of the plants studied in Dioscorides' encyclopedia thanks to the work done in the earlier centuries, it did not have them all, especially the species of the Eastern Mediterranean. The very existence of the garden and its lacuna stimulated new botanical investigations and explorations. It was the merit of Prospero Alpini (1553-1616) to sail through the Mediterranean, particularly Crete and Egypt, to complete the collections of the garden, and to describe the oriental plants that had been missing up to his time.

L7
LEONARDO DA VINCI AND THE SEARCH FOR THE SOUL
Rolando Del Maestro
Department of Neurology and Neurosurgery, Montreal Neurological Institute and Hospital, McGill University, Montreal Quebec, Canada

The location of the soul - the interpreter of our existence and the essence of our passions and intellectual life – has challenged the intellect of humans from the dawn of recorded time. During the Renaissance two conflicting hypotheses dominated philosophical discussion. Was the heart (cardiocentric soul) or the brain (cephalocentric soul) the location of this elusive entity? Leonardo Da Vinci was captivated by the problem and embarked on a personal search for the"*senso comune*"- the soul. He used a number of "scientific" approaches to attack this difficult anatomical problem including the accumulation of information from contemporary and ancient sources and discussion with acknowledged experts. Leonardo then sequentially employed a series of innovative research techniques based on his intimate knowledge of painting, sculpture and architecture. During his first Milanese period (1487-1489) Leonardo, predominantly for artistic purposes, initiated specific investigations focused on deciphering the physiology of brain function using animal experiments. This initial phase allowed Leonardo to further integrate and visually reconstruct information obtained from a number of printed sources. In the second phase, after 1489, Leonardo had access not only to a series of human skulls but with the publication of Mondino's anatomical thesis and in an Italian edition published in 1493- a human dissection manual. The third phase involved investigations conducted between 1508 and 1514 in which Leonardo concentrated his neurological studies on cerebral anatomy and in particular the brain's ventricular system. How the eye and nervous system relate to a visual image and how this impacts on the human mind continued to challenge his intellect. These anatomical studies and his explorations of human proportions, light and perspective were designed not only to aid Leonardo in the depiction of three-dimensional reality in a two-dimensional painting but to probe for a deeper human meaning. The search for the soul goes on.

L8
JEWISH MEDICAL STUDENTS AND GRADUATES AT THE UNIVERSITY OF PADUA 1517-1739
Kenneth Collins
Centre for the History of Medicine, University of Glasgow, Glasgow, UK

The attitude of university and ecclesiastical authorities to Jewish physicians in mediaeval Europe varied between self-interested endorsement to outright hostility with an absence of consistency on every measure between the two extremes. Jewish medical students first appeared at the University of Padua in the early fifteenth century and between 1517 and 1721 there were no less than 229 Jewish medical graduates. These Jewish students at Padua hailed not just from Italy but, like hundreds of others from various religious denominations, from other countries, clearly attracted by the level of tolerance. While encountering petty anti-Jewish prejudices which meant, for example, that costs for Jewish students far exceeded those for Catholics the opportunity to practise as qualified physicians could not be gainsaid.
This paper analyses the importance of the Jewish medical presence in Padua as medical education moved from training by apprenticeship into the universities. Further, it matches the Padua experience to change in the medieval and early modern Jewish world as migrations and exile shaped the ability of Padua to attract students from diverse communities. Padua was not just the first real European centre of intellectual exchange between Jews and Christians but gave Jews from varied national backgrounds the same opportunity. Padua thus provided a consistency of access to Jewish students unmatched elsewhere in Italy and beyond, where opportunities for medical studies had to wait for more enlightened times.

L9
DAVIDE GIORDANO, CHIEF SURGEON IN VENICE AND FIRST ITALIAN PRESIDENT OF THE INTERNATIONAL SOCIETY FOR THE HISTORY OF MEDICINE
Francesco Paladin
Department of Neurology, SS Giovanni e Paolo Hospital, Venice – Italy

Davide Giordano (1864-1954), chief surgeon of the Civic Hospital of Venice, was extremely versatile and could perform different types of surgery, be it neurological, abdominal, maxillofacial, urological, gynaecological or orthopaedic. He is renowned for his contributions to renal surgery, such as nephrectomy, the removal of the renal capsule, nephropexy, as well as for his semeiological maneuver known as *Giordano's sign*. Along with surgery, Giordano had another great interest, the History of Medicine. A prolific writer of many important papers on the subject and President of the *Società Italiana di Storia critica delle Scienze mediche e naturali* (to become later the *Società Italiana di Storia della Medicina*), he was also the first Italian to be elected President of the *International Society for the History of Medicine*, from 1930 to 1938 (followed by A. Pazzini from 1964 to 1968 and G. Zanchin from 2008 to the present day). In his late life he had frequent contacts with the young Loris Premuda, who later became Full Professor of History of Medicine in the University of Padua and, in turn, President of the *Società Italiana di Storia della Medicina*.
The precious collections of San Marco's Medical Library, located in the city's hospital of Ss. Giovanni e Paolo, are mainly due to donations given by the hospital's physicians and directors. In 1948, the *Scuola Grande di San Marco* hall was restored in order to host the medical library. A year later, on the anniversary of his 85th birthday celebrated in the renovated structure, Giordano announced the bequeath of his personal books collection to the hospital, the most important donation ever made to the library both in terms of quality and quantity. Among his most precious gifts are Hippocrates's writings 52 books of Galen, including the *Opera Omnia*, *Ars Parva*, *De Anatomicis Administrationibus* and *De Usu Partium*.

L10
IL TERMALISMO NELL'ITALIA ROMANA: IL CASO DI MONTEGROTTO TERME
Elena Francesca Ghedini
Dipartimento dei beni culturali Università di Padova

Nella prima parte della comunicazione sara' illustrata la documentazione relativa ai siti in cui e' attestato lo sfruttamento delle acque termali in Italia in eta' romana, illustrando la tipologia di stabilimenti in cui venivano praticate le cure termali e l'eventuale presenza di attestazioni cultuali attestanti la stretta connessione fra aspetti medici e sacrali.
Nella seconda si presenteranno le importanti novita' emerse in un decennio di ricerche nel comprensorio termale euganeo.

L11
MEDICAL PRACTICES OF ANCIENT ROMANIAN PEOPLE IN FRANCESCO GRISELINI'S LETTERS FROM THE BANAT OF TEMESWAR

Dana Baran
Grigore T. Popa University of Medicine and Pharmacy, Iasi, Romania

Between 1774-1777 the Venetian naturalist and writer Francesco Griselini (1717-1787) travelled to the Banat of Temeswar (Timishoara). In the XVIIIth century, this province -mainly placed in present-day South-Western Romania-, was governed by the Habsburgs, as happened with some Northen regions of modern-day Italy. This is why Griselini underwent his study journey on Maria Theresa ` s request and dedicated to the Austrian emperess his travel letters, first published in Vienna in 1780. In his notes, Griselini thoroughly described human and economic resources, anthropological, cultural and historical features of the lands he visited. Two medical practices were equally included. On the one hand, Griselini mentioned the ancient but ongoing tradition of natural hot water baths at Mehadia (Ad Mediam), formerly known as *Ad Aquas Herculi Sacras* or *Thermae Herculi*. These hot springs were characterized in tight connection with the Roman emperor Trajan ` s conquest of Dacia (101-106 AD). They were indirectly related to the renewed interest in hydrotherapy the naturopathic approach of the time promoted. Remarkably, some archeological data -the Italian scholar recorded- remained the only evidence that survived to nowadays. On the other hand, variolation resulted to be already a common "immunization" method against small-pox, among Romanians. Griselini reported two such variolation techniques. Once fresh secretions from pustules of *variola major* were collected in a small strong wooden box, they could be differently inoculated or "grafted" to children: either the pathologic fluid was put on the skin, in the most fleshy part of the arm, and that area was energetically rubbed with a rugged cloth, until it eventually got excoriated and inflamed; or, in the same area, a drop of pustular fluid was poured into a superficial scarification empirically performed on the skin, which was then bound up. Fever possibly occurred; death instead, never. Griselini ` s comments complement comparable details other researchers gave, too.
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L12
THE STANCE OF CHRISTIANITY TOWARDS SANITARY AND RECREATIONAL BATHING

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Bathing, either as a therapeutical or as a recreational activity has always been associated with the general social, cultural, and political ideas of the society that was taking place in. Religions were implementing it as a purifying mean or prohibiting it as a distraction from the abandonment of all carnal pleasures. Social customs were using it as a component in several rites de passage, e.g. entering manhood, nuptial and funerary ceremonies. Medicine recommended it in treating several diseases, and political establishments were exploiting it either to strengthen the vigor of their youths in cold river bathing (e.g. the Spartan State) or to indulge their citizens as an alternative to revolutionary urge (e.g. the Imperial Rome). The scope of this paper is to examine the attitude of the main Western religion, i.e. Christianity, towards bathing from its beginning in Israel to the modern times.
As material we used written sources including the Old and New Testament, Saints' Vitae, liturgical hymns and folklore stories, and archaeological evidence including Baptisteries, murals, icons and minor artifacts. Christ himself was bathed immediately after His birth, at least according to several works of art that are imitating the pagan bathing of Achilles, He was baptized in the Jordan River and was using water in several of his miracles as in the Pool of Siloam. Later, the Apostles and the lay priests were baptizing the faithful either in impressive buildings or in humble water holes and ceremonial vessels. Thermal baths were recommended and used by the higher clergy and were frequently combined with the miraculous properties of some springs. In many monasteries baths were erected for the use of the monks, the poor, the visitors and the sick. Several thermal baths have been in the property of religious establishments profiting from them. An abundance of works of art and literature testify on the Christian love of immersing in waters. Opposite to it stands the attitude of the early anchorites and their decedents, the zealot groups of all subsequent periods. They thought that bathing was an indulgence that had to be avoided. In the Middle Ages and Early Renaissance even the Popes had prohibited public bath houses as places of promiscuity. However, popular spas were combined with austere spiritual rules, and several letters of the French aristocracy of the Ancient Regime describe the details of those. All these, in contrast with the carnal pleasures of the majority of the affluent society in "taking the waters". During the influence of the Protestant Church and morals bathing was promoted in private houses but disapproved as mixed public bathing. Nowadays, according to the decline of religious authorities, the Church is avoiding any involvement in recreational bathing except some extreme forms, e.g. saunas for "specific" groups. It endorses thermal bathing in religious, e.g. Lourdes, and / or secular springs and continues to use water in its ceremonies, the most obvious example being baptizing.
From all the afore mentioned sources it becomes clear the favorable stance of the formal Christian authorities towards all forms of bathing and an ambiguous stance of the more strict sects of it.

Oral presentations

SESSION 1
History of Medical Education - I

S1-1
L'ILLUSTRAZIONE ANATOMICA: DA LEONARDO AL GRAY'S ANATOMY

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Durante il XVI e XVII secolo, con il Rinascimento e il Barocco, le illustrazioni anatomiche assumono una grande importanza grazie agli studi approfonditi fatti direttamente sul corpo umano, attraverso la dissezione e quindi la stretta collaborazione fra artisti e anatomici (Leonardo da Vinci con Marcantonio Della Torre e Michelangelo con Realdo Colombo). I disegni, le tavole e le calcografie, spesso opera di famosi artisti, mostrano la figura umana in un contesto drammatico, con sfondi naturalistici o esotici, in accordo con il pensiero filosofico e teologico del tempo: l'uomo è al centro della natura.
Nel XVIII secolo, la tradizione empirica inglese, rappresenta l'anatomia umana con realismo: si raffigura ciò che si vede, l'uomo per quello che realisticamente è, non l'idea dell'uomo.
Nel XIX secolo, Henry Gray e il suo famoso trattato di Anatomia, portano la descrizione anatomica a un semplice metodo descrittivo e funzionale all'insegnamento dell'Anatomia, evitando l'eleganza stilistica dei tempi passati e arrivando ad uno stile personale dell'illustrazione.
Nel poster, La rappresentazione anatomica passerà in rassegna i grandi nomi del passato, dal 1500 con Andrea Vesalio e Charles Estienne, al 1600 di Bidloo e Harvey; dal 1700 con l'uso didattico delle cere anatomiche e le tavole calcografiche di Albini e Hunter al 1800 del Gray's Anatomy, opera che, nel corso del tempo (dalla prima edizione del 1858 alla 40° del 2008) ha completamente rinnovato le sue illustrazioni, grazie anche ai progressi scientifici della medicina e dell'imaging.

S1-2
HISTORY OF MEDICINE IN THE EDUCATION OF PHYSICIANS AT PEOPLES' FRIENDSHIP UNIVERSITY OF RUSSIA

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In different countries, teaching History of Medicine (HM) differs by its aims, program, contents, methods, duration, schedule of lectures and seminars, and a place in curriculum.
In the Russian Federation a new Federal State Educational Standard (FSES) was been adopted in 2011. According to the new academic plan, History of Medicine (3 credits) is a compulsory subject for all medical students, taught during the first year. The curriculum includes lectures (36 hours), seminars (36 hours), course paper on selected topics and a final test. The course embraces all the periods of the World History (Early being of Mankind, Ancient World, the Middle Ages, Modern Time, Contemporary History) in different continents and main civilizations.
The Peoples' Friendship University of Russia (PFUR), a miniature model of the World, unites students from more then 140 countries. That is why teaching HM at the Medical faculty of PFUR takes into consideration international and national aspects connected with national history, culture, ethics and religion. Firstly, in our country, we include such topics as early types of healing, Arabic Medicine, Pre-Hispanic Medicine in America, etc. A special attention is paid to the Russian contribution in the World HM. All the lectures are accompanied by PowerPoint presentations with a lot of pictures on HM and culture. The teaching room is decorated with thematic wall exposition. Student's presentations and thematic films are widely used.
The Department for the HM at PFUR is a methodical centre for teaching HM in Russia – an All-Russian Program for teaching HM (2002, 2010), a text-book '*History of Medicine*' (nine editions, 1992-2009) and other methodical publications for teaching HM have been written at our Department and are being used in medical faculties all over the Russian Federation.

S1-3
HISTORY OF MEDICINE AS "TROJAN HORSE": RUSSIAN VARIANT

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What is history of medicine for medical students who do not want to become historians? Among the medical humanities it takes a particular place. Under the mask of history various problems can be hidden. It is a way to discuss the moral values associated with medical profession. The physicians are to be guided by examples of their predecessors including not only heroic ones but also the mistakes and disappointments.
In Moscow Medical University an attempt took place to create a course of medical history with large cultural background. We consider the history of medicine an integral part of world culture, stressing the strict connection and interactions between medicine and art, philosophy and religions. Russia is a multicultural country, that's why it is necessary for the physicians to know the main features of different religious systems, with their relation to body, to disease, to healing. It is also a chance for the students to get know various points of view on the relations between doctors and patients.
We also use to analyze the sources (texts and images) and this kind of work make students more attentive to narratives as well as to imagery.

S1-4
BOTH THE NEW AND THE OLD. HOW CAN WEB 2.0 HELP THE TEACHING OF THE HISTORY OF MEDICINE

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One of the main challenges in the teaching of the History of Medicine is to help our medical students to grasp the connection between historical facts and their current and future life and work. All of them belong to the generation of the so-called "digital natives": they are super-technological, hyper-connected and almost ever on-line. Even so, not many of them - at least, in the Italian environment - had real experiences of being active in the so-called Web 2.0, the new cooperative Internet in which you are expected not only to get information but also to bring in something new. Of course, they post many images and comments on Facebook but, for example, they almost never contribute to correct or enrich some article on Wikipedia (which is, by the way, their main source of primary information on every possible subject, academic and historical issues not excluded). Three years ago we decided to add to the general syllabus of the History of Medicine, the reading of a monograph or a biography on any historical-medical subject of interest for each student. Then, the candidate had to create or significantly improve one or more articles of Wikipedia related to the subject of her/his reading. In doing so, they have the opportunity not only of rethinking and synthesizing their subject, but also of undergoing for the first time a very peculiar and demanding "peer review" process by the community of Wikipedia. The results,

problems and possible development of this educational experience will be the object of this presentation.

S1-5
HEALTH EDUCATION AS EMPOWERMENT. A HISTORICAL GLANCE TO PRINCIPLES AND PRACTICES BETWEEN EUROPE AND VENETO

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This paper focuses on the concept of health and its evolution from the second world war to nowadays, together with educational principles, practices and methods, starting from the definition by WHO (World Health Organization) as complete physical, mental and social *welness* and not only as absence of disease or infirmity, till the recent idea of *empowerment*. Already present in the Alma Ata Declaration (1978) as a prerequisite for health, this term gradually takes shape in its complexity as a process as much as a result. It is present in the European context, in the Community action program on public health 2008-2013, in the policies of different States. It emerges in the Salonicco European Declaration by Health Promoting School – HPS 1997-, in projects by the Italian Ministry and in initiatives within Veneto region. The analysis also focuses the terms *prevention*, *determinants of health* and *healthy lifestyles* in their evolution from *treatment* and *risk*. It considers how the subject of health education, within the program established by italian central authority has developed over the last sixty years, introduces a comparison within the european contest and emphasizes the need of systematic integration of this important topic in its different aspects. The proposal of a plan regarding health education in Veneto, based on the joint action of the regional government, the school system and the healthcare system occupies the last part of the contribution. The autonomy of educational institutions and recent scholastic reform put emphasis on interdisciplinary training, active learning and development of life skills, helping in this direction.

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S1-6
NARRATIVE BASED MEDICINE AND MEDICAL HUMANITIES, FOCUSING ON HISTORY AND PHILOSOPHY OF MEDICINE, ESSENTIAL INSTRUMENTS FOR CONTINUOUS MEDICAL EDUCATION IN THE 21ST CENTURY

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Only during the twentieth century the concept of lifelong learning of a doctor has consolidated, interpreted at first essentially as Continuous Medical Education, often read as an "update" of clinical knowledge.
At the same time medicine has changed from being an organ and system medicine to being a person's medicine. Gynecology in particular has changed from simply being a medicine og genital apparatus to become the feminine gender's medical specialty, capable of surrounding in an holistic way a woman in her different stages of life, including her psychic world.
Today even this concept has been overcomed by what is called "*Medicine for Happiness*", a medicine which not only helps on preventing and curing a pathology, but also focuses on helping people to "Well-live", to be as happy as possible.
This last step requires to be followed by a cultural broadening with new pedagogical approaches for a permanent education of the adult stages of a doctor and, at the same time, there is the need to take on with the heritage of disciplines that were enclosed within the term "human sciences" (as if medicine was not "human"!), and today "Medical Humanities", moving away from the experimentalism of positivist brand. that had burdened medicine until the middle of the nineteenth century.
Project which finds in political economy its inspiration. An economy that is finally free from the "Homo Oeconomicus" vision, used by Adam Smith (who needed some time before getting Max Weber's ethical approval) and other liberal economists which followed him, and which proposes the substitution of GDP with "Happiness" (Aristotle's eudaimonia) as an evaluation of legislative action (UN Report 2012).
The authors will then present the urgent need of an introduction of "Medical Humanities" (especially history and philosophy of medicine, basis of bioethics judgment, economics, psychology, sexology, art, etc..) in a doctor's education, and to combine the rigor of evidence-based medicine with narrative based medicine as a lifelong education method. They will also focus on the history of medicine, cultural heritage which is crucial to uncover new paths in where to travel in the future.

SESSION 2
The long journey towards present Pharmacotherapeutics – I

S2-1
THE USE OF MERCURIALS FROM SIXTEENTH TO NINETEENTH CENTURIES

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The Arabs were probably the first to introduce Mercury in therapeutics. Against the great epidemic of syphilis, from the end of 15th century, Mercury, according to Galenic medicine a 'cold' agent, was widely used. The introduction of Mercury inunction-cure and sweating cure was, according to Sudhoff, the starting point of curative treatment of diseases in hospitals.
Paracelsus used to a great extent minerals, alchemically prepared, as specific remedies. He energetically opposed the mode of use (or abuse) of mercurials by his contemporaries. With his many mercury preparations he tried to minimize the deleterious effects of mercury and to enhance its therapeutic efficacy. Furthermore he was the first to introduce this metal as a diuretic. The widespread misuse of mercury during the sixteenth century induced protest also from other sides, including Fernelius. The same tendency continued during the next century, whereas Stahl condemned the use of mercurials against epilepsy, thinking of it as very harmful.
Samuel Hahnemann introduces Mercury (in the form of Mercurius Solubilis that he, himself, prepared) not only as a local remedy, but as an agent against syphilis and other diseases that occupy the whole organism (even the psychic and mental levels). He believes that the suppression of syphilis during the preceding centuries 'created' one of the three 'miasms', i.e. of the basic causes of all diseases. So, Mercury becomes the representative agent for the syphilitic miasm.
In the nineteenth century iatrogenic diseases were studied, and the famous German clinician Kussmaul dealt repeatedly with such problems related to Mercury.
At the end of 19th century, besides the use of various mercury compounds as antiseptics, quite widespread was the use of such compounds as diuretics, a use that was practically abandoned at about the middle of the 20th century.

S2-2
THE "NEW REMEDY" IN THE HISTORY OF PHARMACOTHERAPEUTICS

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Background: Considered historically, there have always been two groups of remedies: "old" and "new". While the "old remedy" always had a certain psychological attraction, with the growth of modern society and the glorification of the new its counterpart, the "new remedy", became more and more desirable.
Materials & Methods: Important primary sources such as Galen's "On the Therapeutic Method", the writings of Paracelsus, Withering's "Account on the Foxglove", as well as 20th century key innovations in pharmacology are reviewed.
Results: Various motives have accompanied therapeutic trends from the beginning, f.e. (a) empirical factors, i.e. knowledge of disease and of therapeutic and toxic effects of drugs; (b) general theories about how the human body works; (c) religious and moral connotations; (d) technological advances; (e) economic and social motives. Focusing on the development of innovative drugs, it is interesting to note that down through the centuries the very same patterns can be found over and over again: the involvement of innovation in a long tradition; the combination of magic aura and market analysis; and also the combination of a researcher's intellect with cultural influences which together foster innovation.
Conclusions: A thorough historical analysis demonstrates that a new remedy can be overrated – and also sometimes it can be underestimated. Insofar as pharmacotherapeutics depends on technological advances, it has progressed tremendously. Insofar as it depends on judgement – and it does so to a large extent – its problems remain the same. Thus the history of the new remedy will be of interest to almost everybody working in the health sciences.

S2-3
GREAT SILK ROAD AND MEDICINE: COMPARATIVE ANALYZE OF MEDICAL CULTURES

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Introduction and research aim. Silk Road was pawed in antic period. It tooks start from China and included almost whole Oikumena – Black Sea and reached the shores of the Mediterranean Sea. The Silk Road was not only the trade route but it was also an ideal mean of the cultural dialogue. Medicine is the integral phenomenon where the general religious dogmatic, philosophic view, scientific idea solidity and deepness are expressed, besides general characteristics of the country/nation development: agriculture and production, means of movement and information exchange. So, the comparative analyze of the medical cultures developed on the Great Silk Road gives us the availability to make an interesting conclusions.
Object of the research is the sources reflecting the medical traditions of China, Middle Asia, Persia, Mesopotamia, Georgia (Caucasus), Small Asia and Greece – Rome. Parallels are made with Indian and Egyptian Medicines as well.
Comparison is accomplished in accordance with the general criteria of the medical traditions:
a) Time of origin and historical preconditions;
b) Religious and psychological bases: points of views on life and death, health and disease;
c) Fundamental medical conception – etiopathogenesis of diseases, mechanisms;
d) Treatment methods and origin of the means and appliance;
e) Peculiaraties of ethic norms.
On the base of trans-disciplinary research the presumable means and dates of origin and interpenetration of the aforesaid characteristics are determined.As the most important result we should consider the conclusion which affirms the idea of the world medicine cultures united origination and which is confirmed as by the different epoch and separated geographic areas historic – chronological coincidence so by conceptual and philosophic base practical arsenal resemblance.

S2-4
INSULIN FAMINE AND FIRST-INSULIN-TREATED DIABETIC PATIENTS: *THE BANTING AND BEST MYTH REGARDING THE DISCOVERY OF INSULIN*

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On January 23,1922, Collip's pancreatic extract (insulin) was successfully administered to Leonard Thompson (LT) at the Medical Ward, Toronto General Hospital (TGH) (1). About mid-March, 1922, Collip could not make more insulin. L.T. and a few other patients were sent home without insulin and only treated with "a starvation diet".
The first case of insulin-treated ketoacidotic coma was admitted at TGH in February 1922. Although the young girl was rescued from coma in several occasions during the following weeks, she finally died when the supply of the extract was exhausted (2).
Prof. Duncam Graham denied Frederick G Banting an appointment at the Department of Medicine at TGH. Banting settled a private office and was also appointed Chief of a new Diabetes Clinic of the Department of Soldiers's Civil Re-Establishment. Personal interactions among the four main researchers involved in the discovery of insulin (Macleod, Banting, Best, Collip) became miserable, and Collip left Toronto, returning to Alberta. Once the Connaught laboratories were able to produce insulin again, clinical studies continued. Two thirds of the insulin produced was to be sent to Banting's use, and the last third to be shared by TGH and the Hospital for Sick Children.
We have accessed to the clinical records and personal reports on the fate of first early-insulin treated, which will be presented at this meeting, and we will also provide complementary data regarding the misbehavior and passion for glory of the discoverers, as well as the impact of the new treatment in related patients, their physicians and family, as well as in the media and general population.
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S2-5
THE INTERNATIONAL PHARMACEUTICAL INDUSTRY IN THE BALTIC STATES FROM 1920 UNTIL 1940

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The presence and activities of the international pharmaceutical industry in the Baltic States between the October Revolution of 1917 in Russia and the occupation and the annexation of the Baltic States of Estonia, Latvia and Lithuania by the Soviet Union in 1940 was not examined during the Soviet period because of ideological beliefs that this was an "uninteresting subject that is not in any demand." The subject was revisited, however, in 1991, when the Baltic market once again was opened to international pharmaceutical companies. Several well known companies returned to the market after more than 50 years. Among them was F. Hoffmann – La Roche from Switzerland. After the expropriation of its first branch in Petrograd (St Petersburg) in 1919, it established a well-developed and structured marketing branch in the Baltic States with a small manufacturing facility in Rīga. It remained open until 1940.
A newly rediscovered file of documents in the Latvian State Historical Archive (No. 6687) is titled "Basel Stock Company 'F. Hoffmann – La Roche & Co' Riga Branch; 1924-1944." The file contains 198 separate inventories which allow us to begin a study of this little-known period in Roche's history in the Baltic States. There are more than 20,000 documents in all, offering a vast, detailed and chronologically complete review of how plans were laid for the Rīga branch, of the economic activities of the branch, and of the turnover of products and chemicals at the branch. Many of the documents speak to marketing activities – protocols of visits to doctors and pharmacists, strategies for

distributing sample medicines, lobbying at government institutions, charity programmes, participation in medical conferences and exhibitions, as well as informational support for medics. Of particular interest are documents about the involvement of local university scholars in the testing of medications and the resulting publications in local and international scholarly periodicals in the field of medicine. Most of the documents are typed and in German. A corresponding archive about operations in the Baltic States has been preserved at the F. Hoffmann – La Roche headquarters in Basel, Switzerland. Taken together, these documents allow us to establish a precise idea about the operating model of an international pharmaceutical company in the Baltic States under a chronological framework.

S2-6
NOSOGRAPHY AND THERAPY IN EVOLUTION. MENSTRUAL MIGRAINE AND TRIPTANS

Lidia Savi[1], Ferdinando Maggioni[2], Carlo Lisotto[3], Dario Zava[4], Deborha Pezzola[4], Stefano Omboni[5], Michel D. Ferrari[6], Giorgio Zanchin[2]
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After a long history of empirical treatment the modern therapeutic approach to migraine (M) started in 19th century with the introduction of ergot derivatives, to be followed by NSAID's. During the 20th century, in the forthies Wolf in US demonstrated the vascular involvement, whereas in the sixthies Sicuteri in Italy and Lance in Australia put in evidence the role of serotonin. In the eighties, following the identification of serotonin receptors, sumatriptan was synthesized, the first of a series of $5HT_{1B/1D}$ agonists called triptans. Triptans are now recommended as first line treatment for M attacks, including menstrual M. This subtype, characterized by attacks occurring in coincidence with the menstrual period, despite being well known to clinicians, has received nosographic and therapeutic recognition only recently.
The efficacy of one of the newest second generation triptans, the long-acting frovatriptan 2.5 mg, has been assessed head-to-head with that of rizatriptan 10 mg, zolmitriptan 2.5 mg and almotriptan 12.5 mg, in a post-hoc analysis of three multicenter, randomized, double blind, cross-over, studies.
In 187 women with menstrual M, pain free rate at 2, 4 and 24 h was 23%, 52% and 67% with frovatriptan and 30%, 61% and 66% with comparators (p=NS). Pain relief episodes at 2, 4 and 24 h were 37%, 60% and 66% for frovatriptan and 43%, 55% and 61% for comparators (p=NS). Attack recurrence was significantly ($p<0.05$) lower under frovatriptan either at 24 h (11% vs. 24% comparators) or at 48 h (15% vs. 26% comparators). Number of attacks associated with drug-related adverse events was equally low (p=NS) between frovatriptan (5%) and comparators (4%).
Our analysis confirm the good efficacy of triptans in the treatment of menstrual M. According to our analysis of individual studies, frovatriptan is as effective as other triptans in the immediate treatment of menstrual M attacks, but exhibits a more sustained effect with a lower recurrence rate.

SESSION 3
The Padua University Medical School and the Renaissance - I

S3-1
THE ANATOMY IN PADUA UNIVERSITY MEDICAL SCHOOL BEFORE VESALIUS

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The aim of this work is to present the teaching of the Anatomy in Padua University Medical School before the Vesalius.
The material is various textbooks of History of Medicine and a treatise of History of Science.
Method is the critical analysis of the text.
The results are that on the teaching of Anatomy were 1) Gentile da Folinio (died in 1348 A.D) wrote the treatise "Consilia" and performed a dissection in 1341 A.D. 2) Gianmateo Ferrari, (died in 1472 A.D), was the first who gave the term "ovary". 3) Gabriele Zerbi (1568-1505 A.D) studied the anatomy of the infant and described the muscles of the stomach and the lachrymal ducts. 4) Alessandro Benedetti (1468-1525 A.D) successor of the Zerbi published a textbook of anatomy of five books and 138 chapters and described a dissection.
In addition to this, before the construction of the perennial amphitheatre of anatomy from Fabriccius, inaugurated in 1594 A.D, Alessandro Benedetti talks about an anatomical amphitheatre, that was established in 1446 A.D where himself had done public dissections in 1490 A.D, while Vesalius declares in his writing "On the construction"(first edition), that he taught, in Padua, in a temporary amphitheatre.
In conclusion, the Anatomy in Padua University Medical School was taught by pioneers Anatomists, before Vesalius, in a temporary amphitheatre.

S3-2
ABRAHAM DE BALMES BEN MEIR (D. 1523): A PHYSICIAN-TRANSLATOR FROM PADUA

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The printer-publisher was a novelty in intellectual and commercial life in the 15th century. The first books printed entirely in Hebrew letters, Rashi's commentary on the Pentateuch , were printed in Rome c. 1469, only 13 years after Gutenberg printed his Bible. Within a decade Hebrew printing had spread from Italy to Spain and Constantinople with the press of Gerson and Joshua Solomon at Soncino near Cremona . From 1484 – 1556 the Soncino family printed in Soncino, Naples, Brescia, Cassal Maggiore, Barca, Fano, Pesaro, Ortona, Rimini, Constantinople and Egypt .
In the 16th Century Venice, emerged as a major centre of printing in Hebrew , Ladino and Yiddish, and played a crucial role in the early history of Hebrew printing and publishing. One of the outstanding publishers of Hebrew books in Renaissance Italy, was Daniel Bomberg (d. 1549) a Christian from Antwerp. Other Italian Christian printers of Hebrew works, were Alvise Bragadini and his chief rival, Marc- Antonio Giustiniani, Lorenzo Pasquato and Gaspare (later Giulio) Crivellari of Padua. Bomberg's presses eventually published about 230 Hebrew books, and his innovations in Hebrew typography set the standard for later printers. Bomberg's edition of the Talmud later became perceived as the "uncensored" version. The Venice community had sent a copy to Henry VIII of England as a gift.
We would like to cast some light on another less-known Paduan physician: Abraham de Balmes ben Meir (d. 1523). He was an Italian Jewish physician and translator. He was appointed physician- in – ordinary to Cardinal Dominico Grimani at Padua and gained high reputation for his Latin translations of many Hebrew works on philosophy and astronomy. He dedicated two of these translations to Cardinal Grimani. In Padua, Abraham delivered philosophical addresses to Christian audiences and compiled a Hebrew grammar book. In this work Abraham was the first to treat the syntax as a special part of the grammar. The book was published, with a Latin translation, under the title *Mikneh Abram* by Maestro (Calo) Kalonymus Ben-David, a well-known translator. Presumably, the printer Daniel Bomberg (who is supposed to have learned Hebrew from Balmes) translated this grammar book. At his death, honours were paid to his memory by Jews and Christians.We may assume, that Frantsisk Skorina, [c1490 Polotsk -c1541 Prague] who became a printing pioneer in Prague and Vilnius, absorbed his ideas of humanism and the printing profession while studying medicine in Padua.

S3-3
JESSENIUS ' PLAGUE TRACT AND FRACASTORO
František Šimon
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Johannes Jessenius (1566-1621) studied medicine in Padua in 1588-1591 and performed the first famous public dissection in Prague in 1600. He also held the post of the Prague Charles University chancellor in 1617-1620. His plague tract **"**De cavenda tollendaque peste **(**On Avoiding and Removing the Plague" was published in 1606 in Prague and the supplemented edition entitled *Adversus pestem consilium* (*Advice against Plague*) was republished in Giessen in 1614. The small treatise contains all common parts of the plague tract, existing concepts of the plague, a divine punishment, a miasma of fumes that spoil the air, and three main precautions that were taken against the plague at that time, to prevent air infection and stop it, to strengthen an individual against the plague, and to avoid contact with infected persons. The influence of Fracastoro ' s theory of contagium is considered differently by various scholars. We tend to think that Jessenius ' plague tract was partly influenced by Fracastoro by adding new arguments: a similar definition of contagium in both Jessenius ' treatise and Fracastoro ' s work *De contagione et contagiosis morbis et curatione* (1546), and a mention of the new Fracastoro ' s remedy *diascordium*, which is found in Jessenius ' treatise together with Fracastoro ' s name.

S3-4
VESALIUS' TEACHING OF ANATOMY THROUGH *DE HUMANI CORPORIS FABRICA*
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This presentation will show three main methods Vesalius uses in his *Fabrica* to teach anatomy. The first one is directly related to the language and the use of analogies and similes to describe body structures better. The second method is the remembrance of ancient authorities and the significance they had for him and his time, and finally Vesalius' self-awareness of the importance of his work, his "confessions of ignorance" and the truth that dissection of human bodies held for his speech. Examples will be mentioned accordingly using mostly three chapters I have reviewed in the past: Chapter XVI and XVII from the fifth book (*De uteri acetabulis* & *De involucis foetum in utero tegentibus*) and Chapter XIV from the seventh book (*De oculo visus instrumento*). Both editions of the *Fabrica* (1543 and 1555) are considered. At the end this presentation will point out the thin line Vesalius drew separating him, and later his students, from the old way of understanding anatomy.

S3-5
UN MEDECIN DE CRETE A PADOUE ET SON POINT DE VUE MEDICAL SUR L'ANATOMIE - LA PHYSIOLOGIE
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Savant et médecin de grande réputation dont les origines remontent à Byzance, Kerykos Khairetes (1756-1841) est issu d'une famille de grand renom de Crète. C'est Leopoldo Caldani, physiologue renommé du 18eme siècle du professeur d'anatomie de la Faculté de Médecine de l'Université de Padoue qui a signé en 1797 le diplôme qu'il a reçu de la Faculté de Médecine de l'Université de Padoue.
Le livre de médecine rédigé par Kerykos Khairetes de Crète a été publié à Venise en 1798. Ses professeurs ont approuvé sa publication après l'avoir analysé et lui ont conseillé de faire sa traduction en italien. On observe dans la 2ème moitié du 18ème siècle une augmentation importante dans le nombre de manuels originaux de médecine écrits par les auteurs grecs. Les auteurs de ces livres étaient en même temps des docteurs. Khairetes était l'un de ces docteurs écrivains. Ces derniers se sont efforcés de transmettre au monde grec le savoir qu'ils ont acquis des facultés de médecine des universités européennes.
En 1805, une a Istanbul - Kuruçeşme pour les étudiants grecs et a la même époque une autre a l'arsenal de Taşkazık a Istanbul - Kasımpaşa pour les étudiants turcs deux écoles ont été inaugurées afin de fournir la formation de médecine. Avec l'inauguration de la première école de médecine a l'époque du sultan réformiste Selim III. (1789-1807), l'aspiration pour l'Europe prit un départ au sein de l'Empire Ottoman. Le Sultan Mahmud II.(1784-1839) a poursuivi les mouvements d'occidentalisation après que son oncle Selim III fut assassiné.
Kerykos Khairetes, qui est venu par la suite a Istanbul a pratiqué le métier de la médecine. Durant le règne du sultan Mahmut II.(1808-1839), il a été nommé docteur du sultan en 1811 et a maintenu cette fonction jusqu'en 1824.
Le livre de médecine de Khairetes, du fait qu'il contient des points de vue contemporains sur les trois systèmes importants du corps humain a savoir les système respiratoire, le système de circulation ainsi que le système digestif et du fait qu'il se relate a la structure anatomique de ces systèmes, est considère comme le premier manuel de physiologie écrit en grec durant l'époque de l'illumination grecque (1745-1799).

Bibliographie: Kerykos Khairetis, « *Enkheiridion tis ton zoon oikonomias, toutestin i peri anthropous kai peri ta aloga zoa aitia pou zin*, …., » Venice 1789.
Şânizade Ataullah Efendi, « *Tarih-i Şanizade* », t.1-4, İstanbul 1867-1875.

S3-6
LA COMUNICAZIONE UMANA: DA GIROLAMO FABRIZIO DA ACQUAPENDENTE E GIULIO CASSERIO AL "VOCAL TRACT"
Elio Maria Cunsolo, Elisabetta Genovese
Clinica Otorinolaringoiatrica dell'Università di Modena e Reggio Emilia, Policlinico di Modena, Italia

I professori dello studio di Padova Girolamo Fabrizio da Acquapendente (1537-1619) ed il suo allevo Giulio Casserio (1552-1616) sono figure di valore assoluto nella storia della medicina. In particolare, sono le discipline otorinolaringoiatriche, audiologiche e foniatriche che riconoscono questi due personaggi come veri e propri precursori. La portata storica e scientifica delle loro opere è condensata nei trattati "De visione, voce, auditu" di Girolamo Fabrizio e "Vocis Auditusque organis" di Giulio Casserio, entrambi pubblicati nel 1600. In questi trattati e nelle loro splendide iconografie, si pongono le basi per la definizione di quello che oggi viene definito "vocal tract", unità anatomo-funzionale complessa indispensabile per la comunicazione verbale umana. Le intuizioni di Fabrizio e Casserio si spinsero oltre, considerando l'integrazione tra vista, udito e sistema fonatorio, indispensabile per la strutturazione e l'attuazione del linguaggio visivo, uditivo e verbale. Nelle spettacolari tavole anatomiche di Jacques-Fabien Gautier-Dagoty (1716–1785), oltre due secoli dopo, si tradurranno iconograficamente i concetti di Fabrizio e Casserio. Attraverso il commento dell'iconografia originale di questi Autori si ripercorrerà il percorso di questa importante tappa della storia della medicina.

SESSION 4
The Padua University Medical School and the Renaissance - II

S4-1
METHODS IN MEDICAL AND PHILOSOPHICAL RESEARCH: THE RENAISSANCE DEBATE ON EDITIONS OF GALENO'S OPERA OMNIA
Silvia Ferretto[1], Christina Savino[2]
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The aim of this presentation is to investigate the theoretical and practical development of medical and scientific knowledge, the teaching planes, and the communication tools of medical knowledge at the University of Padua and in the Sixteenth century.

Recent studies have stressed the importance for the development of medical studies of the organisation of medical texts: since the debate on the efficacy of iconographic tables for medical knowledge between Vesalio and his french teacher, Jacques Dubois, it is possible to observe the changes that came about within the organisation of texts, paratextual devices, and forms of graphic and iconographic display; and the influence of these changes in publishing activity on the development of the methods of analysis and research on medicine. In this context we will analyze the Valgrisi's edition of Galeno's Opera Omnia (1562-1563) and the methodological debates on the correct order of galeno's books on medicine, with a comparative analysis of the contemporary Galeno's Opera Omnia published by Giunta (1541-1542), edited by Giovan Battista da Monte (*Montanus*, 1489-1551)
See:
Silvia Ferretto, *Maestri per il metodo di trattar le cose. Bassiano Lando, Giovan Battista da Monte e la Scienza della medicina nel XVI secolo*, Cleup, Padova 2012
Christina Savino, , *Dare un ordine a Galeno. L'edizione di Giovanni Battista Rasario 1562-1563*, in (a cura di), *Sulla tradizione indiretta dei testi medici greci*, Atti del II Seminario Internazionale di Siena Certosa di Pontignano, 19–20 settembre 2008, a cura di I. Garofalo, A. Lami, A. Roselli, Serra, Pisa – Roma 2009, pp. 139-152

S4-2
MEDICAL EDUCATION IN EARLY MODERN: ANATOMY OF EUROPEAN CENTRES OF MEDICAL EXCELLENCE, PADUA AND LEIDEN
Fabiola Zurlini
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The paper focuses on the topic of history of medical schools during Early Modern in Europe with particular attention to the centres of medical excellence. Why did Padua in Renaissance and Leiden in the Seventeenth century attract so many medical students from every European countries? Which were the aspects that made those universities renowned centres of medical excellence? And above all what did medical excellence mean in the point of view of medical students? The paper tries to reply to these main questions, focusing on the main scientific, cultural, educational and political traits that are peculiar to Padua and Leiden university centres and to their context. Both towns and universities offered theathers of anatomy, libraries, and botanical gardens as important teaching instruments of new medical knowledge and many students facilities to stay and study there. Moreover their excellence and modernity was related to formal and unofficial teaching methods to develop a new thinking and a new approach to medical practice for a new medical generation of European physicians.
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-Cinthya Klestinec, *Theaters of Anatomy: students, teachers and traditions of dissection in Renaissance Venice*, Baltimore, Johns Hopkins University press, 2011.

S4-3
LITTLE KNOWN VESALIUS; VERSALS IN "DE HUMANIS CORPORIS FABRICA"
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This study demonstrates the provenance of the versals in Vesalius' De Fabrica and the significance of the use of the putti. It is a common misconception that the versals, seen at the beginning of the seven Books of De Fabrica, primarily denote the content, anatomical and surgical, of the various Books. Majority of versals based on mythological and iconographic subjects pertain to the mode of execution of the condemned, prevalent at the time. These versals have little relevance to the actual content of the Books. In medieval manuscripts – the Book of Kells, the Book of Hours and the Dresden Galen – versals, are the illustrated first letters of the first words in a chapter. They show elaborate and ornamental animal and floral images. After the thirteenth century, with the advent of Humanism, human figures replaced images of flora and fauna. In Vesalius' De Fabrica the versals, with one exception, show putti (male babies). Utilizing putti, actions and emotions can be portrayed which if demonstrated by an adult would be considered objectionable. Donatello introduced putti into Renaissance art, followed by Titian and the utmost anatomical artist of all Michelangelo

S4-4
THE DISCOVERY OF LESSER CIRCULATION AND MICHAEL SERVETUS'S GALENISM
Francisco Javier González Echeverría
Hospital "Reina Sofía",Tudela, Navarra, Spain

Michael "Servetus," Michael de Villanueva (1511-1553) anonymously played a very important role in the discovery of lesser circulation in 1553. He had actually described it before in 1546 in his *Manuscript of Paris*. After his Judgment and condemnation by the University of Paris in 1538, his name did not appear on the cover of any *new* work. In 1539 in Basel, Andernach wrote about Vesalius and Michael, noting Michael's wisdom in humanistic sciences and his knowledge of Galen, which was "second to none." Neither of the two first Venice editions of the *Opera omnia* of Galen by Giunta, nor the first two Basel editions had anything to do with lesser circulation. In 1545, Michael de Villanueva published his *Syruporum universa ratio* second edition, with the Venetian printer Valgrise. In this work Michael wrote about Andernach and Du Bois, *Sylvius*. Later, in 1550, Michael published his *Dioscorides or Materia Medica* fifth edition, printed by Giglio (first edition Lyon, 1543, Frellon's) in Venice. He writes about Vienne Isère, Montpellier and G. Rondelet .One "original" and anonymous Opera Omnia of Galen was printed by Frellon in 1548-1551, in five volumes. It was the one Giunta-Opera Omnia of Galen printed in France. The words "added the numbers of the chapters and abstracts by Conrad Gesner," appear on the cover. This work is "original" with two prefaces that are "different from Venice and Basel editions". Research shows that Gesner's only contribution to the work is the numbers and one page of text (!) in the volume *Varia*. Jean Frellon described Michael as "his good brother and friend." Actually, it was only the galenist Michael de Villanueva who corrected and designed this *Opera omnia* during 1548-51, but without including his previous discovery on lesser circulation.
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S4-5
ANTONIO SCARPA AND HIS "SAGGIO DI OSSERVAZIONI E DI ESPERIENZE SULLE PRINCIPALI MALATTIE DEGLI OCCHI"
Rolando Neri-Vela
Departamento de Historia y Filosofía de la Medicina. Facultad de Medicina. Universidad Nacional Autónoma de México

In 1801 Antonio Scarpa, one of the greatest anatomists and surgeons of all time, wrote his ophthalmologic text about diseases of the eye, including his technique of iridodyalisis.
His book was translated into various languages, and was known in many countries.
I will speak about this text, and its influence in Mexican ophthalmology.

S4-6
DIGITIZING MANUSCRIPTS OF MEDICAL HISTORY. A CASE STUDY: THE PADUA DIOSCORIDES
Alain Touwaide, Emanuela Appetiti

Institute for the Preservation of Medical Traditions, Washington, DC, USA

Digitizing collections of historical documents is increasingly frequent in libraries across the world, including in the field of history of medicine. Manuscripts are unique pieces that suffer the irreparable damage of time. Furthermore, consultation by scholars in loco requires financial and time availability. Their digitization is particularly recommended for both preservation and accessibility. However, being documents of a particular genre, they present specific challenges and require special processing. The presentation will not engage in the technical component of manuscript digitization, but rather with the presentation of images of manuscripts, meta-data to be linked with images, and the text contained in manuscripts. It will use as a prototype the case of the Greek manuscript of Dioscorides preserved in the Seminary Library in Padua (14th century, Constantinople).

SESSION 5
History Medical Specialties - I

S5-1
BREASTFEEDING AND THE ROLE OF WET-NURSE IN ANCIENT GREECE

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In Greek Mythology breastfeeding was a common practice, being particularly mentioned in the works of Homer and Hesiod. Respectively, Gods Zeus and Asklepius had to breastfeed a goat, while the ancient tribe of single-breasted Amazons nourished with their milk only their female offspring.
In real life, mothers in Ancient Greece were expected to breastfeed their infants, while the role of wet-nurse was also fully acceptable by the society. Therefore, wet-nurses appear in epic poetry and drama. Ulysses' old wet-nurse Eurykleia recognized him from an old scar on his leg. In the drama "Choephori", Aeschylus refers to Agamemnon's wet-nurse, while Euripides makes wet-nurse Ypsipili his tragic heroine, when she- due to negligence- causes the death of the infant she was caring for.
Ancient doctors and healers, like Hippokrates, Galenus and Soranus strongly recommended breastfeeding, by providing their own special advice on the initiation, duration and termination of breastfeeding. They also commented on the characteristics of the perfect wet-nurse: she had to be stout, healthy, clean and Greek, in order to bring up the infant in the Greek language and culture. In addition, she also had to receive a proper diet and be in good physical condition, in order to produce excellent milk quality.
Finally, ancient philosophers like Aristotle and Plato have praised the significance of breastfeeding for the building, on the one hand, of robust bodies, and on the other for the spiritual development of every human being.

S5-2
THE BIRTH OF ANDROLOGY AS A MEDICAL SPECIALITY

Alberto de Leiva[1,3,4,5], E. Bruguès[1,4], MC Pérez-Aguado[1,4], O. Rajmil[2,4]
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In 1894, Arnold A. Berthold demonstrated that the administration of testicular extracts to castrated rooster prevented the atrophy of the comb. In 1889, Charles E. Brown-Sèquard reported the rejuvenating effect of testicular extracts from young to old animals. Serge Voronoff performed in 1920 the first testicular transplant from monkey to man. Although in the 1930s more than 500 men were subject of this type of *organ-therapy,* some years later David Hamilton reported the immediate graft-rejection in such cases.
In 1935, Ernst Laqueur isolated the active product of the ox testis, who named *testosterone*. Short after, Adolf FJ Butenandt and Leopold S Ruzicka sintetized testosterone, independently. Both received, for this reason, The Nobel Award in 1939.
In 1951, Antonio Puigvert was appointed Director of the Institute and Urology Service of Hospital de Sant Pau, in Barcelona. In 1961, Puigvert's Foundation was created as a non profit institution for the study of urinary and genital apparatus, located in the Hospital of Sant Pau complex. The Foundation became a University affiliated Postgraduate Specialization School. In January 1968, the Andrology Section was created; since then, it has been operating as a Clinical Service.
In 1970, A. Puigvert (Barcelona) and E. Mancini (Argentina) founded the International Committee of Andrology (CIDA), with site in Barcelona. In 1975, The American Society of Andrology (ASA) was organized, became affiliated with CIDA and both organization adopted *Andrologia* as their official publication. In 1978, it appears a new scientific publication, The *International Journal of Andrology*, also affiliated with CIDA. Finally, in 1981, the International Society of Andrology (ISA) was born, emerging from CIDA which then disappears.
Antonio Puigvert, pioneer in the organization of CIDA, created the Spanish Association of Andrology in 1980. He died in 1990, as a consequence of hepatic failure.
At present, Andrology is internationally recognized as a multidisciplinary area of knowledge, focused upon care, research and teaching of the male reproductive system in health and disease.

S5-3
THE CHANGE IN MATERNAL BIRTHING POSITIONS THROUGH TIME

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Giving birth is one of the most significant moments in a woman's life, and therefore effectively managing normal labours to provide women with as positive an experience as possible is very important. The most fundamental part of this process is the position in which a woman gives birth. Historically, records show the most common birthing position has been an upright one. In Western countries this changed in the mid-seventeenth century, when the role of the obstetrician increased, and a supine position was favoured. It is now generally accepted that this position became more popular because of its convenience for healthcare professionals, not for the convenience of women. In the last hundred years modern anaesthesia has further increased the use of the supine position.
Today this Western practise is in stiff contrast to the developing world, where surveys have shown 82 percent of women give birth in an upright position1. Indeed over the last few decades, the literature has implied the physiological advantages of labour and delivery in the upright position. Indeed we are now seeing a shift in pattern, where women and their families are exercising their rights to actively participate in the birthing experience. The normal parturient is encouraged and empowered by her midwife to find the positions that are most suitable for her, including pool births. Studies have shown that women value practical information on different birthing positions from their midwives during labour, and that their choice of birthing position is determined most of all by their midwife's advice2. Women who felt they were empowered by their midwives had a more positive experience of labour and better emotional well-being postpartum. The current challenge for modern obstetrics is in treating women who expect natural birthing positions and labours, when antenatal or intrapartum medical problems contraindicate this.
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2 A. De Jonge and A. L. M. Lagro-Janssen Birthing positions. A qualitative study into the views of women about various birthing positions. J Psychosom Obstet Gynecol 2004;25:47–55

S5-4
A HISTORY OF THE OBSTETRIC FORCEPS, A FAMILY SECRET
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Operative vaginal delivery has been described since the Middle Ages. During this time however, labour would be sustained over several days and intrapartum death common. In these circumstances, intervention involving the use of surgical instruments or even kitchen utensils would serve purely as an attempt to avoid maternal mortality. The establishment of forceps-assisted delivery as a means of avoiding both maternal and neonatal morbidity was initiated in the 16th century by the Chamberlen family. It was later developed over several centuries by leading obstetricians of the time including Simpson, Barnes and Keilland. The evolution of forceps is a fascinating story which is rich in history. Despite the development of Ventouse and the increasing use of Caesarean section for difficult delivery, forceps remain an integral part of obstetric practice. The striking resemblance of modern day forceps to the original instruments used by the Chamberlens is a testament to both the family's ingenuity and enterprise as well as the subsequent pioneering Obstetricians that followed in their footsteps.

S5-5
LA BIOCHIMICA PER LA CLINICA: LUIGI MUSAJO, PRORETTORE A PADOVA
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Gli AA. delineano il percorso di studi e ricerca intrapreso nell'Università di Bari dal biochimico pugliese Luigi Musajo (1904-1974) sul metabolismo e sulla funzione del triptofano, un aminoacido essenziale per la fisiologia umana. La lunga operosità di ricerca originale consentirà allo scienziato il conseguimento del premio Feltrinelli per la medicina. Il cursus universitario si completerà con la direzione dell'Istituto di Chimica Farmaceutica dell'Università di Padova che gli conferirà il ruolo di Prorettore.
Musajo e i suoi collaboratori hanno contribuito con ricerche originali all'evoluzione di alcune competenze specialistiche ed alla modernizzazione della medicina clinica: principalmente la neurologia (per gli studi su serotonina e vitamina B6)e la dermatologia (per melanogenesi e fotobiologia) svilupperanno nuovi dati sperimentali, ricevendo un impulso significativo per ulteriori percorsi di ricerca, diagnosi e cura.
Musajo testimonia l'interazione di discipline satelliti (chimica, farmacia) per concorrere alla globalità interpretativa di momenti di diagnosi e cura nell'esercizio della medicina.

S5-6
THE CONCEPTUAL EVOLUTION OF AUXOLOGY
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Auxology is the study of all aspects of human growth and, according to Tanner, the most prominent auxologist of the 20th century, is "the place where physiology, psychology and sociology meet". Actually, auxology involves also pediatrics, endocrinology, nutritional science, general practice, public health, economics, genetics, anthropology, anthropometry, allometry and biostatistics. Among the ancient Greek physicians who drew their attention on some striking aspects of growth, such as the appearance of pubic hair or the occurrence of menarche, Galenus (2nd century) was the first who distinguished growth, i.e. the increase in size, from genesis or, as we say now, maturation, i.e. the morphological change from a childish to an adult shape. Surprisingly, it was not until the age of Enlightenment that a growth process was quantitatively assessed, when the Count of Montbeillard measured the stature of his son every six months from birth (1759) to the eighteenth birthday: this seems to be the first longitudinal study of human growth. During the 19th century, Alphonse Quetelet developed the concept of "average man" (1835) and, within this theoretical frame, reported the mean values of height, weight and strength of girls and boys from infancy to adulthood. In 1891 Bowditch published "The growth of children, studied by Galton's method of percentile grades", a book which includes the first growth charts in the history of auxology. Although the first attempt to represent growth as a function of age dates back to Quetelet, only in the 20th century somatic growth began to be seen as a kinetic process describable with mathematical functions, suitable to trace an individual growth profile as well as a reference growth chart. Growth and rhythm at which growth occurs, defined by Tanner as "tempo", differ between individuals and populations, and are still regarded as a mirror of the condition of society.

SESSION 6
Neurosciences: old and modern Knowledge

S6-1
ALZHEIMER BEFORE ALZHEIMER: GEORGES MARINESCO AND THE EARLY RESEARCH IN AGING AND NEURODEGENERATION
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Dementia is a very concerning problem to date worldwide. The beginnings of defining and drawing insights into it belong to the late nineteenth century. Alois Alzheimer (1906) is considered, since Kraepelin, the unifying agent between clinical descriptions of dementia and specific structural alterations of the brain. However, even before him, the Romanian neurologist and neuro-pathologist Georges Marinesco (1863-1938) was the first to describe senile plaques in 1892. After Alzheimer' description, Marinesco still continued the research topic, making remarkable discoveries in this field. This study emphasizes on several very little recognized (or almost unknown) contributions of Marinesco in describing the neuropathology of neurodegeneration and relating it to clinical dementia.

S6-2
L'ARTETERAPIA PRECURSORE DELLA MODERNA PSICORIABILITAZIONE
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Nella pratica psichiatrica si ritrovano continui riscontri fra passato e presente, nel senso che metodiche riabilitative considerate moderne, innovative sono state applicate fin dagli inizi dell'ottocento nel così detto " Trattamento morale". Gli alienisti consideravano:
la follia una manifestazione sintomatica di un' affezione materiale del cervello;
che le facoltà della mente non si ammalano tutte, ma ne restano sempre alcune intatte;
che le parti sane possono essere inibite e/o turbate dall' abnorme attività delle funzioni pervertite del cervello;
che bisogna agire sulle parti sane, antagoniste delle inferme, che non debbono essere eccitate.
Tra i metodi morali vi erano:
L'EDUCAZIONE. Potente mezzo per riordinare, correggere le alterate facoltà cerebrali. Bisogna riconoscere le componenti cerebrali malate o abolite; educare le facoltà sane superstiti, che o per influenza morbosa delle parti inferme, o per mancanza di opportune circostanze non sono attive.
LE ARTI. Ricorrere a quelle che non stancano molto l'individuo, non sviluppano esalazioni nocivi. Poiché nelle arti agiscono più le facoltà intellettive che le affettive, non bisogna adoperarle nelle affezioni

interessanti le percezioni ed usarle nel pervertimento delle facoltà affettive.
LA MUSICA. Vi sono pareri discordi; secondo alcuni alienisti è da bandire perché nuoce ad alcuni tipi di ammalati e perché la ritengono incapace di poter destare sentimenti piacevoli e salutari in quelle menti pervertite ed inadatte a comprendere le dolcezze della melodia. Secondo altri la musica dovrebbe essere il più frequente divertimento dei folli in quanto fa sorgere sentimenti sublimi e distoglie dalle fissazioni mentali.
BIBLIOTERAPIA. Gli alienisti con questo termine non intendono la semplice lettura dei giornali ma una terapia specifica, da individuare per il singolo paziente. Nelle affezioni delle propensioni e dei sentimenti è indicata la lettura di quei libri dove tali facoltà non vengono affatto eccitate; nelle lesioni delle facoltà intellettive sono indicati libri sentimentali.

S6-3
MOUVEMENTS FEMINISTES ET SANTE MENTALE : QUELS RAPPORTS?
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Dans le contexte de la seconde vague des mouvements féministes, des militantes féministes ont entrepris un examen critique des savoirs et des pratiques en santé mentale. Par ailleurs certaines ont cherché à modifier les pratiques et à développer une prise en charge thérapeutique « féministe », qualificatif dont le sens évolue selon les contextes et les auteurs. Ma contribution constitue une histoire de l'émergence et du développement de ce mouvement féministe et thérapeutique. En particulier, je m'attacherai à présenter la déclinaison des critiques féministes et leur analyse des pratiques dans le champ de la santé mentale en les répartissant en trois catégories qui dessinent les propositions et soulignent les lieux où vont se mobiliser les féministes dans le champ de la santé mentale : les soins, l'université et les associations professionnelles.
La *première* se compose des attaques virulentes contre les pratiques des « psys ». Les pratiques thérapeutiques dominantes aux Etats-Unis dans les années 1960 et 1970 sont soumises à un double jugement des féministes : d'une part, elles tendent à psychiatriser plus facilement les femmes que les hommes et ainsi à les mettre sous l'emprise du pouvoir des « psys », d'autres part, elles sont dommageables, ou au mieux inefficaces, car elles ne prennent pas en compte les rapports hiérarchiques entre les sexes, tendant à reproduire ces rapports, voire à les renforcer activement, sans être d'aucun secours pour les femmes qui souffrent. Les théories et recherches en santé mentale sont la cible des critiques de la *seconde* catégorie. Les féministes s'attaquent ainsi au mode de production des connaissances en psychiatrie et en psychologie. Enfin la *troisième* catégorie de revendications féministes concerne le statut des femmes dans la profession – ou plutôt les professions – de thérapeute.

S6-4
ACUTE FOOD SHORTAGE AND SPASTIC PARAPARESIS: SCIENTIFIC LESSONS OF THE HOLOCAUST
[1]Peter Manu, [2]Liliana M. Rogozea
[1](Peter Manu, MD, FACP, Professor of Medicine and Psychiatry) Hofstra University, Hempstead, New York, USA; [2](Liliana M. Rogozea, MD, PhD, Professor)Transylvania University, Brasov, Romania

In September 1942, the Romanian government ordered the deportation of 1200 Jews to the Vapniarka concentration camp in southwestern Ukraine. The inmates received daily rations of bread (200 gm, baked of 80% barley and 20% chopped straw) and soup (400 gm of Lathyrus sativus "peas" boiled in water). By February 1943, 135 (11.2%) inmates had developed spastic paraparesis and a total of 600 had symmetric neurological abnormalities. After protests and hunger strikes, the L. sativus was replaced with boiled potatoes and no new cases were observed. The Vapniarka epidemic was produced by lathyrism, a toxic disease of the motor neuron which has historically affected individuals who rely on L.sativus (chickling pea) as an emergency food during drought, flood, war, pestilence and famine in the broad belt between 10 and 55 N latitude and 15 W and 105 E longitude. The toxic effect has been well described since antiquity. The major toxic component, identified in 1964, is beta-N-oxalyl-L-alpha, beta-diaminopropionic acid (ODAP) which acts as a glutamate agonist and inhibits the neuronal mitochondrial complex.
The analysis of the Vapniarka diet has indicated that the motor neuron degeneration is produced by 1 gm of ODAP, as long as the only other nutrition is a small amount of grain. These data have been used to design an investigation of lathyrism in Delanta Dawint, an Ethiopian district affected by drought in 1995-1999. Using the Vapniarka L. sativus intake as the toxic threshold, the Ethiopian experience indicated that daily intake of food prepared to contain not more than 500 mg of ODAP will save lives during environmental disasters in famine-prone areas.
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S6-5
SURGICAL ACTIVITY AT MOSCOW INSTITUTE FOR NEUROSURGERY (1929-1941)
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The Burdenko Neurosurgery Institute, Moscow, Russia

A 25-bed neurosurgery clinic was opened in January 1929 at the Roentgen State Institute in Moscow under directorship of Professors Nikolay Burdenko, a surgeon, and Vassily Kramer, a neurologist. A separate research neurosurgery institute was established there by a special decree of Soviet government (Sovnarkom) in October 1931 (decree N°1137 from 29.10.1931). This was followed by a decree of Russian Ministry of Health (NKZ RSFSR) in January 1932 (decree N°18 from 09.01.1932). Professor Burdenko was appointed the Institute director, and Dr. Efim Rossels and Prof. Kramer were his deputies. De facto the Institute was opened in Spring 1934 as Central Neurosurgery Institute. It was transferred into a separate four-storey building for 100 beds.
The aim of this presentation is to analyze surgical activity of the neurosurgery clinic and Institute from 1929 to 1941.
It is based on archival sources from Museum of the Burdenko Neurosurgery Institute including surgical logbooks and reports on surgical activity, and published materials.
Results. According to surgical logbooks there was a more than a threefold increase in number of surgeries (there were 120 operations in 1929 (not all of them were neurosurgical) and 369 operations in 1939). The mortality rate was high. For example, there were 34 cases of acoustic neurinomas operated on for 6 years (from 1929 to 1935); 13 of them died after surgery. Out of 28 patients operated on for cerebellar tumors only 11 survived. A detailed analysis of surgical activity from 1929 until 1941 will be provided.
Conclusions. Although postoperative mortality at the Central Institute for Neurosurgery in 1930-s was high, major surgeries for CNS tumors had been already performed there at this period.

S6-6
THE NEAR-DEATH EXPERIENCES BETWEEN SCIENCE AND PREJUDICE
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The near-death experiences (NDEs) are an intriguing and somewhat awkward topic in the scientific medicine. They can be defined as the memory of impressions occurred during life-threatening conditions, including a number of special elements such as out-of-body experience, pleasant feelings, seeing a tunnel, a light, deceased relatives, and a life review. Their transcendent tonality leads one to consider them *a priori* as doubtful or non-existent, not relevant or a matter of psychiatric disturbances at most.

The apparent incompatibility between NDEs and the prevailing opinions on physical reality and physiology of consciousness, has deep epistemological implications. In fact, knowledge is closely dependent on the adopted paradigm and errors leading to false conclusions may spring from both an *a priori* acceptance and refusal of apparently strange and not explicable facts: the latter causes the same alienation from reality as the former making the very history of science a wonderful story of new, at times looking paradoxical, facts able to disprove previous beliefs.
Our current paradigm springs form Cartesianism, Enlightment and Positivism, which have focused on the external, physical reality only, skipping *Psyche* in the attempt of saving natural science from Church's oversight; thus, the freedom of Galilean sciences was achieved at the cost of leaving consciousness, essential component of human kind and interface between mind and world, to the competence of religion and philosophy only. Fortunately, an increasing dissatisfaction has emerged in recent years with a merely organic medicine and a parallel interest has arisen on consciousness and subjectivity: perhaps it is now time to reappraise our paradigm and the still mysterious mind-brain-world relationship, while the physics of XX century has already overthrown the classic view of the world.

SESSION 7
The Padua University Medical School and the Renaissance - III

S7-1
REMARKABLE MEMORIES ON STUDENTS AND PHYSICIANS FROM HUNGARY AND TRANSYLVANIA AT THE UNIVERSITY OF PADUA (15-19th CENTURIES)
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Not only the relatively late establishment of the university education of physicians in Royal Hungary [1770 in Trnava (Tyrnau, Nagyszombat)] and in Principality of Transylvania, [1872 in Cluj (Klausenburg, Kolozsvár)] but also the excellent reputation and very high scientific standing of the northern Italian universities attracted a lot of young men, eager to know, to Padua, Bologna, Ferrara, Siena e.g. over many centuries. The highest levels of training in medicine, jurisprudence and philosophy were generally regarded to be available at Italian universities, especially in Padua and Bologna, at this leading cultural institution during the Middle Ages and Renaissance, till Early Modern Time. Recent studies will complement the existing knowledge about the *peregrinatio academica* and transfer of knowledge not only in medicine but also in other scientific disciplines and in excellent humanistic education.
The contribution will provide an overview of the studies of Hungarians and Transylvanians at Padua (1417-1863), the typical contemporary customs such as self-perpetuation by applying coats of arms and commemorative plaques in the famous Palazzo del Bo. It focuses also on the high proportion of medical students and medical doctors among of peregrines of the *Natio Hungarica* in Padua. Some prominent representatives of medicine are also highlighted: Paulus Kyr, Ladislaus Stuff, Thomas Jordanus, János Zsámboky, Vitus János Balsaráti, Johannes Hertelius, Carolus Rayger, Martinus Steer.
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S7-2
PRESENCE OF PIETRO D'ABANO IN MEXICAN SIXTEENTH CENTURY MEDICINE
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Pietro d'Abano was a figure present in most of the medical books published in Mexico in the second half of XVIth century. Frequently he is cited not by his own name, but as the Conciliator, due, as is well recorded, to his capital role as an intermediary between Arabic and scholastic medicine and the modernizing tendences developed after 1300. His opinion was highly valuated and related by authors like Alonso Lopez de Hinojosos in his *Suma y recopilación de Cirugía,* and Agustín Farfán's *Tratado breve de Anatomía y Cirrugía* and *tratado breve de Medicina*. We offer a short analysis on his presence and influence.

S7-3
JUSTIFICATION OF THE ANATOMICAL RESEARCH. THE CASE OF JOHANNES JESSENIUS (1565-1621)
Tomáš Nejeschleba
Palacky University Olomouc, Philosophical Faculty, Department of philosophy, Czech Republic

The physician and philosopher Johannes Jessenius (born in Breslau in Silesia in 1565, executed in Prague 1621) studied at the University in Padua from 1588 till 1592. He himself mentions the renowned anatomist Girolamo Fabricius ab Aquapendente and the philosopher Francesco Piccolhomini as his most influential teachers. Consequently in Dresden, Wittenberg, Vienna and Prague (Jessenius was successively physician to the Saxon duke, professor of anatomy and surgery in Wittenberg, rector of the university in Wittenberg, physician in Prague, physician to Emperor Matthias in Vienna and finally rector of the university in Prague) Jessenius was renowned as a prominent physician who above all performed public dissections and mediated the knowledge of the Paduan anatomical tradition to the Central European region.
As an eager anatomist in Wittenberg he often had to defend his anatomical practice against ortodoxy as is apparent from the invitations he had written prior to single dissections. One can find his the most systematic defence in the introduction to the description of the first Prague public dissection which he carried out in 1600 providing three methods for justifying the anatomic research (Iohannis Jessenii a Iessen, Anatomiae, Pragae…historia. Witebergae 1601). The first method involves the employment of the ancient dictum "Know thyself" which in contrast to the original context should encourage research on the body. The second way is grounded in teleology as Jessenius adopts it from the work of Vesalius which is actually a pattern for his anatomy in general. The last method is actually derived from Renaissance philosophy as opposed to the medical tradition, as Jessenius makes use of the concept of the dignity of man with the anatomic research supporting the excellency of the position of man in the universe.

S7-4
STEMMI DI SCOLARI E PROFESSORI DELLO STUDIO DI PADOVA (SECOLI XVI-XVIII)
Elisabetta Hellmann Dalla Francesca
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Il complesso araldico-iconografico che ricopre le volte e le pareti delle logge del cortile antico, degli atri, delle scale e dei portici, e in particolare dell'Aula Magna del Palazzo del Bo, è la testimonianza di una lunga tradizione, quella di concedere l'onore e il privilegio di esporre le proprie armi agli scolari dello Studio che, all'interno delle *nationes* di appartenenza, avevano ricoperto cariche giurisdizionali e rappresentative. All'incuria dell'uomo, alle ingiurie del tempo, agli abusi degli studenti, ai lavori di restauro, della originaria documentazione sono sopravvissuti più di 3000 stemmi, tra i quali, ma solo dal 1591, anche quelli di alcuni professori che poterono, a proprie spese,

affiggere i loro stemmi sulle pareti delle aule nelle quali insegnavano. Saranno illustrati, sotto il profilo storico-araldico, alcuni stemmi di particolare interesse per la Storia della Medicina.

S7-5
ITALIAN CONTRIBUTIONS TO THE ANATOMY AND PATHOLOGY OF THE HEART
W. Bruce Fye
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This talk will include images from classic books published between the 16th and 19th centuries by Italian anatomists, pathologists, physicians, and surgeons that depict the heart. The authors whose works will be exhibited include Leonardo da Vinci, Giacomo Berengario Da Carpi, Bartholomeo Eustachi, Giovanni Borelli, Giovanni Lancisi, Antonio Valsalva, Antonio Scarpa, and Paolo Mascagni, among others. Famous anatomists who studied in Italy will also be included (William Harvey and Andreas Vesalius). This talk will include examples of different techniques of print making, such as woodcuts, copper engravings, and lithographs. The high quality images will reveal both the artistic beauty and the anatomical accuracy of the original illustrations that were published in books over a period of four centuries.

S7-6
NICOLÒ ANTONIO GIUSTINIANI FOUNDER OF THE PADUA SPEDALE NUOVO IN THE CENTURY OF ENLIGHTMENT
GF Natoli[1], C Bellinati[2], G Zanchin[3]
[1]V. Presidente Stampa Medica Italiana; [2]Presidente emerito Commissione diocesana Arte Sacra; [3]Department of Neurosciences, University of Padua Medical School, Italy

A Nicolò Antonio Giustiniani (1712-1796) la vita donò il privilegio di vivere da protagonista gli anni più colti del Settecento veneziano, ingentiliti dalla musica, dalla poesia, dalle belle arti; il *Secolo dei Lumi,* caratterizzato dalla vivacità dei fermenti intellettuali di un' Europa presto sconvolta dalle dirompenti note della Marsigliese. La storia di Giustiniani è legata a Venezia, ove nacque e visse in gioventù, e a Padova di cui resse la diocesi per oltre 24 anni. Se nel cuore della laguna il cognome Giustiniani significava secoli di aristocrazia, cultura, potere, Nicolò rappresentò l'essenza della *pietas* cristiana, come monaco benedettino, sacerdote, priore delle basiliche Felice e Fortunato di Vicenza e di Santa Giustina a Padova, e infine come vescovo di Torcello, Verona e Padova, dove lasciò le impronte più belle del suo passaggio terreno. Ultimo Vescovo patavino nominato dalla Serenissima, fu un uomo di grande sensibilità e cultura, amante dell'arte, rispettoso e fedele assertore dell'autorità papale, ma al tempo stesso capace di essere nei momenti più opportuni fine mediatore tra vecchie e nuove correnti di pensiero, innovatore attento alle trasformazioni sociali e ai bisogni del popolo. Alla sua generosa filantropia si deve la realizzazione di una struttura d'avanguardia, inaugurata nel 1798, due anni dopo la sua morte, lo *Spedale Nuovo*, che ne prese poi il nome, divenendo per tutti il *Giustinianeo*. Una monumentale edificio di impostazione neoclassica, molto funzionale per i tempi, modello per altre consimili istituzioni europee, finanziato per un terzo con il patrimonio personale di Nicolò Antonio Giustiniani. Grazie all'opera di questo Vescovo illuminato Padova si dota, proprio in un momento di gravissima crisi istituzionale, al tramonto della Repubblica, di una struttura che le consentirà di mantenere quella tradizione di sede privilegiata del sapere medico che la aveva sempre accompagnata nella sua storia.

SESSION 8
The long journey towards present Pharmacotherapeutics - II

S8-1
KING DUARTE OF PORTUGAL: A NARRATIVE OF A PERSONAL EXPERIENCE OF MELANCHOLY IN THE 15TH CENTURY
Dulce Oliveira Amarante dos Santos
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In his book Loyal Counselor (*O Leal Conselheiro*), the king Duarte of Portugal (1433-1438), a well-educated and conscientious ruler had created a singular narrative on his youth experience of melancholy during the period of three years (1413-1416). This work is composed of 103 Christian and moral essays focused on the capital sins and its effects on body and soul. The narrative significance is the self-evaluation of his illness that describes and analyses a posteriori the first symptoms till the cure (with few quotations from *auctoritates*). In some chapters it can be noted besides his religiosity, the familiarity of the author with some medical concepts of his time derived from galenism: health regimen, complexion, humours, black bile, plague and so on. This paper seeks to understand how health could be understand politically and personally by the king. For him the health of the kingdom was related to his own spiritual and corporeal health. His mother, Queen Philippa of Lencastre died of plague (1415) and he also died of one of the plagues (1438) that attacked Portugal.

S8-2
***MATERIA MEDICA* IN THE WORKS OF 17TH-18TH CENTURY JEWISH PHYSICIANS IN ITALY**
Helena Paavilainen
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Tuviyah Cohen, Philotheus Eliahu Montalto and Jacob Zahalon, three important seventeenth-century Jewish physicians connected to Italian universities, came from geographically different backgrounds. The purpose, style and potential readers of their medical treatises were different. At the same time, their education, though in different universities, was on the same level.
Tuviyah ha-Cohen, or Tobias Cohn (1652–1729), was born in Poland, studied medicine in Frankfurt an der Oder and in Padua, and traveled widely in the Orient. *Ma' ase Tuviya* is a mini-encyclopedia of science, concentrating on medicine, pharmaceutical botany and hygiene and discussing also the contemporary medical controversies. It was written in Hebrew mainly for the use of European Jewish students.
Philotheus Eliahu Montalto (1567-1616) was born in Castello Branco in Portugal as a descendant of a Converso family, and reverted to Judaism in Italy. He studied medicine at the University of Salamanca, taught at the University of Pisa and became the physician of Maria dei Medici in Paris. His book *Archipathologia* (1614) written in Latin, discusses psychiatric and neurological disorders in detail.
Jacob Zahalon (1630-1693) was born in Rome and studied medicine in the University of Rome. His only medical book, *Otsar ha-Hayyim* (1683), written in Hebrew, was meant to serve as a medical handbook for Italian Jewish communities. Avoiding medical controversies, it gives brief and authoritative advice for treatment.
How much did the differences of place and purpose influence the therapeutical choices of these physicians?
An examination of the *materia medica* they used for the treatment of headaches will show the therapies common to all three, the features special to each, and the possible reasons for both the similarities and the differences, and so throw some light on the 17th-18th century pharmacotherapy in general.

S8-3
LEPROSY POLICY IN SAO PAULO: PARADOXES OF A PROPHYLACTIC OPTION
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Health Institute of São Paulo, Brazil

Leprosy has existed in Brazil since the early days of colonization. The disease was first brought to this country by Portuguese settlers. Its incidence increased with the slave trade, as the slaves were brought from leprosy-endemic regions, and later, with the large immigration waves from the late 19th century to early 20th century. Studies show that the medieval ideas about leprosy and the leper have been firmly embedded in the Brazilian culture. This fact, coupled with fear of

contagion and the myth of preserving a healthy society, allowed highly discriminatory measures to be taken against leprosy-stricken individuals.
An excessively strict prophylactic model was developed in Sao Paulo, the richest State of the Federation, in the early 1930s. That model, also accepted by several other Latin America countries, was considered the ideal method for fighting leprosy, considering the absence of a proper treatment and the expectations for eradicating the disease in only a generation time. To that end, a system of leper colonies was established, where thousands of patients were compulsorily admitted to and remained under full control. Once the diagnosis was made, those patients were not allowed to leave the isolation facility, losing, at the same time, most of their civil rights. In this study we will demonstrate how a prophylactic model, although distorted, persisted for decades even after effective therapy had been discovered, and despite the country's regulations and scientific breakthroughs.
It is interesting to observe that in the 1960s, a decade marked by freedom and human rights movements, there are no records of any civil society organization moving against Sao Paulo's harsh leprosy policy, which lasted until 1967.

S8-4
A HISTORICAL PROFILE OF *ANGINA PECTORIS* MEDICAL TREATMENT
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A recognized treatment of Angina pectoris has been Nitroglycerin, but the reason why it worked was not understood until recently. Nitroglycerin is a powerful vasodilator, and was supposed to increase coronary flow in diseased segment of the left ventricle. The theory of increased flow prompted the use of another powerful coronary dilator, acting at the arteriolar level, Dipyridamol. Nitroglycerin is unable to increase flow across atherosclerotic coronary stenoses, and indeed it works by diminishing left ventricular end diastolic pressure and thereby lowering stress on the subendocardial surface of left ventricular cavity. Dipyridamol, on the contrary, lowers coronary arteriolar resistance, and increases flow in normal vessels and territories, while it decreases in diseased vessels. Therefore it induces ischemia, and now it is actually used as a pharmacological stress test. The rational treatment of angina pectoris began with the use of betablockers and calcium blocking agents (verapamil, diltiazem), which decrease pressure-rate product and reduce oxygen consumption of the heart. Other drugs act at metabolic level. In particular, Ranolazine reduces late sodium current, thereby improving diastolic function. In major clinical trials, the drug ranolazine has been shown to bring symptomatic relief to large numbers of patients who have chronic angina. Herein, we review the physiology of the sodium channel; the pharmacology of ranolazine; clinical trials that support use of the drug; recent evidence about ranolazine's therapeutic effect on diastolic heart failure; and avenues of future study.

S8-5
THE HISTORY OF MODERN THERAPY FOR MULTIPLE SCLEROSIS
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The era of modern Multiple Sclerosis (MS) therapy starts in the 1960s, when corticosterois and adrenocorticotropic hormons (ACTH) were tested in randomized, controlled clinical trials and licensed to reduce the severity of relapses. Over the last 50 years, an extraordinary improvement in the pharmacological treatment of this disease was achieved and the life for people with MS has steadily improved. At the beginning of the twentieth century, when MS was treated with herbs and bed rest, life expectancy was five years. By 1970, when steroids were the major available medication, life expectancy increased up to 30 years from time of diagnosis. After several decades of anecdotal therapies based on diuretics, anticoagulants and others drugs, whose use was lacking of any scientific basis, the year 1969 saw the first successful scientific randomized clinical trial (RCT) of a treatment in the history of MS. MS patients were treated with ACTH that proved to be superior to placebo in speeding recovery. Newly standardized diagnostic criteria and rating scales to evaluate the efficacy of treatment were introduced. In 1993, interferon beta-1b (IFNβ-1b) became the first therapy proven to be effective in altering the natural history of relapsing-remitting MS (RRMS). This was followed by successful trials with intramuscular and subcutis IFNβ-1a (1996), and glatiramer acetate (2000). Standardized immunosuppressive protocols, based on high-dose cyclophosphamide and mitoxantrone, became available in the late '90s. Thus, rescue therapies could be applied to treat malignant MS forms. Natalizumab, the first monoclonal antibodies approved for MS therapy, was available in 2004, making a significant step-forward in the treatment of severe forms of RRMS. Finally, in 2010, fingolimod was the first oral drug approved for RRMS. Thus, as of 2012, six disease-modifying treatments have been approved by regulatory agencies of different countries: interferon beta-1a, interferon beta-1b, glatiramer acetate, mitoxantrone, natalizumab, and fingolimod. An impressive number of new disease-modifying molecules are currently tested in RCT, thus making less dark the future of MS patients.

S8-6
A CENTURY AFTER BARBITURATES INTRODUCTION IN CLINICAL THERAPIES
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The history of barbiturates begins in 1864, thanks to the synthesis of malonylurea by Adolph Von Baeyer who combined malonic acid and cyclic urea together. He called this compound *Barbituric Acid*: possibly this name came from *Usnea Barbata,* a vegetable producing malonic acid, but it has been also suggested that the term was a combination between *Barbara*, the name of von Baeyer's wife, and *urea*. Von Baeyer was awarded in 1905 the Nobel Prize for chemistry.
In 1902, Emil Hermann Fischer and Joseph von Mering, who would be later awarded the Nobel prize, began their studies on the psychotropic use of the new compound, calling it *Barbital*. They described its hypnotic and anaesthetic properties; indeed, for years the main clinical indications of this drug was as a sedative in psychiatric disorders and for the induction of anaesthesia.
In 1911, Alfred Hauptmann discovered the anticonvulsant properties of a newly synthetized compound
that, being characterized by the addition of a phenolic ring, was named *Phenobarbital*; one year later, this derivative of barbiturate was commercialized by Bayer Co. as a hypnotic and antiepileptic drug with the name of *Luminal*.
These Nobel laureate pioneers opened the way to the effective, modern treatment of epilepsy. The year 2012 marks just the centennial of the revolutionary introduction of barbiturates into medical practice.

SESSION 9
History of Diseases - I

S9-1
THE HISTORY OF HEMOTHERAPY IN BOLIVIA
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The specialty of Hematology and Hemotherapy was formally created in Bolivia in 1941 by Dr. Jorge Ergueta Collao, following the death of a man caused by acute post-hemorrhagic anemia, leading to the need to perform a transfusion service which had resolved similar cases, unable to find a doctor who knew how to perform them. A born researcher, in several books he found details of the technique used with the Cerrutti syringe, used during World War I (1914-1918), acquiring the syringe with his own resources. In the early days of his hemotherapeutic

practice he turned to the empirical "drop by drop" method to detect blood compatibility, with quite a bit of success. Later he succeeded in obtaining the ABO blood groups and the H. Jouvelet apparatus, with which he initiated the installation of the first transfusion services in Bolivia on May 4, 1942, of which he was appointed Director, all the while only a seventh year medical student.
Over the years, and after his return from Buenos Aires and Spain in 1950, he created a school with novice students Ascarrunz Carlos Valdivia, Roland Fisher, Filiberto Oviedo Rhodes, Emilio Salgueiro, Mario Ergueta Solar, and others, who began research with large international contributions and the production of derivatives, expanding the specialty throughout the country and creating the magazine "Hospital Journals" for a period of more than 60 years until the present date.
Another great achievement of Jorge Ergueta Collao was the founding of the Institute of High-Altitude Biology in the city of La Paz, becoming its first director, which to this day merits recognition of Bolivians and foreigners alike for its important contributions to scientific research primarily related to the epidemiological profile of the so-called high-altitude diseases.
Finally, it should be noted that the specialty was continued by Professor Oscar Eguía y Eguia, who achieved the recognition and transformation of the First Transfusion Service in the Blood Bank of the Hospital de Clinicas in La Paz, establishing a program for voluntary blood donation that today is highly competitive at the international level, maintained by human resources which are actively deployed within the Safe Blood System in Bolivia.
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S9-2
THE SCIENTIFIC COMMUNITY IN THE DISCOVERY OF THE CHAGAS DISEASE
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In his famous book, The Structure of Scientific Revolutions, Thomas Kuhn showed us that the usual historial questions about "who" discover something, and "when" it happend has not an unique answer, and that these questions where mistaken, when we look with detail the historical facts. His example of the discovery of the oxigen became a paradigmatic one.
He walked after the steps of Ludwik Fleck, who studied the case of the syphilis.
I state that in a similar way, the question of who discovered Chagas desease and who discovered its main sign has not an unique answer.
It is well known that in the begining of the XX Century, Carlos Chagas discovered a new parasite disease. But he did not do it alone. Not only because he worked with others – Osvaldo Cruz for instance, or E. Dias- and a team of colaborators, but because the very existence of the desease was questioned for many years, and not accepted by the scientific comunity, who thought that it could be only a harmless parasitosis.
The Chagas desease, was named afterwards "Chagas-Mazza Desease" in honour of the argentine parasitologist Salvador Mazza, who continued the works of Chagas and transformed a harmless parasitosis in one of the most important parasite disease of the world.
It was needed the researchs and the efforts of a whole scientific comunity working for more than 30 years to construct the Chagas-Mazza Desease as a scientific fact. That is the story we are going to relate in our article.
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S9-3
LA SALUTE DENTALE DEI BAMBINI NEL RINASCIMENTO: NOTIZIE DAL "DE MORBIS PUERORUM" DI GEROLAMO MERCURIALE (1583)
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A partire dalla seconda metà del Cinquecento le malattie del bambino iniziarono ad essere studiate separatamente da quelle dell'adulto, come dimostrato dal "De morbis puerorum" di Gerolamo Mercuriale (1530-1606), una delle prime opere di pediatria e puericultura. L'autore, medico e clinico insigne, fu anche un grande umanista e un profondo conoscitore della letteratura medica antica, qualità per le quali gli venne affidata la cattedra di Medicina Pratica a Padova dal 1569 al 1587. Durante il periodo patavino vennero composte la maggior parte delle sue opere mediche, tra cui il trattato oggetto della presente indagine. Il "De morbis puerorum" (1583) è suddiviso in tre libri: il primo contiene un'introduzione e la descrizione delle malattie esterne, il secondo tratta delle malattie interne e il terzo è dedicato esclusivamente alla ossiuriasi, la quale era considerata, all'epoca, la principale patologia pediatrica insieme ai problemi di dentizione. Questi ultimi sono invece trattati nel quindicesimo capitolo, intitolato "De Dentitione". Sul modello dell'omonima opera appartenente al *Corpus Hippocraticum*, il medico umanista si dedicò al problema della dentizione dei bambini, chiedendosi inizialmente se i denti dovessero essere considerati ossa. Successivamente descrisse con precisione il numero e il periodo di comparsa dei denti decidui e permanenti, soffermandosi sui disturbi presenti nella fase di eruzione. Nella parte finale del capitolo, suggerì anche alcuni rimedi per ridurre il dolore nel bambino durante la comparsa dei primi denti. In conclusione, il "De morbis puerorum" costituisce uno dei primi testi esclusivamente dedicati alla patologia pediatrica. In particolare, in quest'opera Mercuriale, con estrema modernità e precisione, tratta di problematiche specifiche del bambino, tra cui anche quelle legate alla dentizione. Per tale ragione, tale opera può offrire delle informazioni importanti su quali fossero le conoscenze in questo ambito nel periodo rinascimentale, e può pertanto essere di interesse anche per chi si occupa di storia dell'odontoiatria.
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S9-4
L'ASSASSINAT D'HENRI IV (ROI DE FRANCE) EN 1610: UNE NOUVELLE RECONSTITUTION DE LA SCENE DE CRIME D'APRES L'AUTOPSIE DE GUILLEMEAU ET LES DONNEES DE PIERRE MATTHIEU
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Le roi de France, Henri IV est mort à Paris le 10 mai 1610, assassiné par François Ravaillac. La relation du meurtre est multiple, historique avec le livre de Pierre Matthieu : 1611, et nécropsique avec Le rapport de Jacques Guillemeau (1612 et 1649) bref, précis, réalisé par un chirurgien de terrain. C'est une sorte d'approche scientifique de grande valeur qui fait l'inventaire des lésions. Une première analyse de ce document (Le Floch-Prigent, Bonnichon, Pariente : Histoire des Sciences médicales 2009, XLIII, N°2, p. 177-184) avait apporté des éléments nouveaux. La physio-pathologie avec une mort quasi-instantannée en une à deux minutes, exclut définitivement un retour du roi au Louvre encore vivant, même agonisant.
Nous avons repris l'étude de ces deux documents. La mort d'Henri IV s'est produite après quelques systoles par hémoptysie massive et inondation parenchymateuse, pulmonaire avec hémothorax gauche. La suffocation et l'hémorragie massive ont entrainé une mort très rapide, probablement peu douloureuse. Les données de l'autopsie et la position d' Henri IV dans son carrosse privilégient une attaque de Ravaillac avec le premier coup de conteau (sous-cutané) tenu dans la main gauche, lame du côté ulnaire. Par contre, le deuxième coup

de couteau a été presque transversal avec un trajet légèrement ascendant et a été porté de la main droite, (lame du côté radial) ; il a été mortel par pénétration profonde jusqu'au tronc de l'artère pulmonaire. Notre estimation du décès est de 10 à 15 secondes au maximum après le deuxième coup de conteau. Le premier coup de conteau a duré deux secondes et le changement de main (immédiat et naturel pour Ravaillac gaucher et ambidextre) sur le manche laissé en place, une seconde; snfin le deuxième coup de conteau, deux secondes.

S9-5
THE HISTORY OF ELECTRICAL STIMULATION OF THE INNER EAR, FROM THE EIGHTEENTH CENTURY TO THE COCHLEAR IMPLANT
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The cochlear implant (bionic ear) is a device that bypasses a nonfunctional inner ear and stimulates the hearing nerves with patterns of electrical currents so that speech and sounds can be perceived by profoundly deaf people. The function of cochlear implant is today well known but its early development through the history of electrical stimulation of the ear is uncertain. The Count Alessandro Volta is generally qualified as the first to stimulate the ear with the electricity. Alessandro Volta, soon after developing the battery, carried out on himself in the late 1790s the first experiment on electrical stimulation of the auditory nerve. His results were read on June 26, 1800, before the Royal Society meeting in London. The report is recorded in the *Philosophical Transactions of the Royal Society of London* for the year 1800, part I, p. 427. Because of the unpleasant sensation experienced by the scientist, no further experiment was carried out over the next half century to study this effect.
Investigating exhaustively the available literature of the eighteenth century, we found an electrical stimulation of the ear carried out, half century before Volta, in 1748 by Giuseppe Veratti, a Bolognese physicist.

S9-6
LA PESTE A VENISE
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La gloire de Venise, porte de l'Orient fut aussi sa faiblesse car au fil des siècles se sont succédées de nombreuses épidémies de peste
Déjà au haut Moyen Age, un lazaret, qui allait devenir le "*Lazzaretto Vecchio*» avait été édifié sur une île proche du Lido pour y admettre les pèlerins suspects de peste au retour de la Terre Sainte.
En 1468, un nouveau lazaret; le «*Lazzaretto Nuovo*», fut construit, à l'est de la lagune, sur une petite île proche de San Erasmo.
A plusieurs autres reprises, 1348, 1462, 1485, 1506, la peste réapparut à Venise mais l'épidémie de 1575-1576, obligea de recourir à des mesures draconiennes instaurant un couvre-feu et l'interdiction à tous les titulaires d'une charge publique de quitter leur poste.
On dut construire un village flottant sur la lagune. Au-dessus de ce lieu spectral, baigné de fumigations destinées à purifier l'air flottait un drapeau signifiant l'interdiction de s'approcher et, tout à côté, un gibet pour ceux qui n'obéiraient pas aux ordres : «*Il ne se passait pas un jour, dit un chroniqueur de l'époque , sans que ne soient remorquées au moins cinquante barques pleines de gens mis en quarantaine et tous joyeusement acceptés et salués, à la grande exultation de chacun qui souhaitait aux arrivants de ne pas perdre courage, parce qu' ici on ne travaillait pas et qu'on était au pays de Cocagne.*" C'est cette épidémie qui va causer la mort duTitien.
En 1577, pour obtenir l'intercession divine et hâter la fin de l'épidémie, le Sénat fit construire à La Giudecca, sur les plans du Palladio, une église majestueuse dans sa simplicité, le *Rédempteur*
Encore plus dramatique fut l'épidémie de 1630 amenée par la Guerre de Trente Ans. Après la trêve du Carnaval, l'épidémie reprit au printemps. Là encore l'évolution va être très rapidement meurtrière : 46.000 des 94.000 habitants de Venise vont périr. En octobre 1630, le Sénat décide de la construction à l'extrémité sud du Grand Canal d'une splendide Basilique consacrée à la Vierge Marie, «Salut des malades», la «*Salute*».
Les sites funéraires du «*Lazzaretto Vecchio*» ont été l'objet de recherches archéogénétiques récentes menées par une équipe du CNRS de Montpellier : Ainsi, l'ADN de *Yersinia pestis* a pu être mis en évidence sur des restes de pulpe dentaire dans trois des sépultures, avec une datation du XIVème siècle dans deux cas et du XVIème siècle dans le troisième.

SESSION 10
Ancient Medicine

S10-1
FROM THE CRADLE OF THE NILE TO THE CRADLE OF THE LAGOON: THE SOBEK'S PRIESTESS LAST TRAVEL
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During one of his attempts in order to find the Nile source (1859-1861), the Italian exploratory Giovanni Miani (1810-1872) discovered a cave near the city of Manfalut, in the Middle Egypt, in which several human and crocodile mummies were buried. He brought to Venice three of them, respectively one human and two animals. They were exposed for the first time in 1862. Originally considered a pigmy, the human mummy underwent several restoration efforts and was definitively donated to the Natural History Museum of Venice. Recently, using modern restoration techniques, traces of golden powder were found in the face of the human mummy, as Miani himself wrote in his detailed diaries. The mummy was probably buried during the Tolemaic age (305-30 b.C.), as the 14-carbonium proof demonstrates. Furthermore, it was found a resin element (bitumen) covering the whole body, which confers to the skin a dark colour. The careful study of the Miani' diaries, the embalmed crocodiles, the 14-carbonium dating proof, and the presence of golden powder in the human mummy indicate that this latter should be belonged to a priestess of Sobek, the Egyptian god of the water as the crocodile was its incarnation.
We performed a CT study on the mummies to: (i) investigate the cause of the death, the approximative age and the gender of the human one; (ii) search jewellery inside the embalmed crocodiles.
The X-ray analysis of skeleton structure and its arthritic alterations indicated a 55-60 years-old woman; no jewellery were found inside the well preserved crocodiles.
The newborn branch of radiology, the archeo-paleoradiology, provides a modern approach to the study of ancient and delicate finds; the obtained information, integrated with the results from other techniques of detection, allow a multidisciplinary and more complete survey of archaeological finds.

S10-2
L'ARTE MEDICA NELL'OPERA DI ESIODO
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Introduzione. Esiodo (Asca 700 a.C-?), rappresenta un riferimento per chi vuole studiare la medicina del VII-VIII sec. a.C., periodo a cavallo tra la guerra di Troia, i filosofi della Natura ed Ippocrate. Nelle opere di Esiodo si possono trovare numerosi riferimenti di carattere medico. Analisi dei testi. 1) Le opere e i giorni: riferimento ai benefici della malva (sostituto del pane) e dell'asfodelo (mangiato mescolato con fichi) (vv 40-41). Malattia e sofferenza come conseguenza di una condotta empia da parte dell'uomo (Pandora e Prometeo) (vv 42 e segg). Terminologia medica in riferimento alle malattie: μυρία λυγρά, κακών, νουσοι (vv 100 e segg). Riferimento ai rigori dell'inverno, alla scarsa alimentazione e ai geloni (λεπτή δέ παχύν πόδα χειρι) (v 495); importanza di non bagnarsi vestiti durante l'inverno quando piove. 2) Lo scudo di Eracle: Eracle uccide Cicno squarciandogli il collo, sede anatomica nota per essere sede di strutture vitali (v 416). 3) Teogonia: Gea genera per partenogenesi Urano (v 126). Crono recide i genitali del padre Urano (v 154). Mito di Prometeo: riferimento alle capacità

rigenerative del fegato (ηπαρ αθανατον) (v 510 e segg). Nascita di Dioniso da Semele (v 941).
Salute e malattia in Omero ed Esiodo. In Omero le malattie e la morte sono scatenate dagli dei; si tratta di un mondo di eroi, forti e valorosi la cui esistenza è però effimera. Per Esiodo invece la vita dell'uomo è fatta di fatica, malattia, dolore, sofferenza, invecchiamento, morte. L'osservazione ed il rispetto dei fenomeni della natura permette all'uomo di vivere bene.
Conclusioni. La medicina nasce come scienza che origina dallo studio della Natura (physis). Le prime indagini in campo medico vennero condotte dai filosofi presocratici (Talete, Parmenide, Eraclito, Anassimene, Anassimandro, Democrito ecc). Con Ippocrate si assiste alla nascita della medicina come disciplina scientifica autonoma, separata dalla filosofia. Esiodo, poeta e contadino che trae dall'osservazione dei cicli della natura importanti insegnamenti, si pone a cavallo tra i filosofi del VI secolo e Ippocrate. Lo studio delle opere di Esiodo è utile per comprendere questo momento di passaggio.

S10-3
THE ASCLEPIEION OF PEPARITHOS
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At the beginning of the 1960's in the location called "Livadi – Abeliki" in the south of Skopelos Bay, came to light during a sea storm the Asclepieion of Peparithos (Skopelos). In later years excavations showed that the Asclepieion was surrounded by a lodge in the three or four of its sides and that the entrance was located in the North side having doorposts. The identification of the temple as Asclepieion is indicated by the shellfish stamped potter with the inscription [ASCL…],[ΑΣΚΛ…]. The findings of the temple include the headless statue of a naked boy, the head of a young girl, and the rectangular inscriptive column of the relief representation of human forms, most likely pilgrims- people in offering. In addition several marble basis for epigraphs, a plethora of coins and a large quantity of ceramics. These findings allow us to date the temple back to the fourth century B.C. There is a possibility that in the temple both Apollo and Artemis were worshiped respectively as therapeutic deities. There were also found springs of fresh water, a key element to Artemis' worship. We should bear in mind that the existence of fresh water, will not only be found in the mentioned springs but also the position of the temple by the sea, was a significant part of the worship of Asclepius, more specifically in the Asclepieions where the believers were subjected to purifications. Additionally, we should mention the shaft discovered inside the main room of the temple. This assumption of identification, in both hypotheses, either as storage of pots or as a grid of sacrifices, is clearly an element of chthonic cults which is related to the chthonic character of Asclepius. A characteristic element from which the god derives its regenerative and therefore therapeutic abilities. On the other hand, trained medical staff of the temple would provide the believers-patients services according to the rules of ancient Greek Medicine.
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S10-4
THE ORDINARY DEATH OF ALEXANDER THE GREAT
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Alexander the Great died in Babylon in 323 BC. According to the *vox populi*, his death still remains a mistery. Was he murdered? Did he die for excess of drinking? Valuable, ancient literary sources are Diodorus Siculus (1st BC), Plutarch (2nd AD), Arrian (2nd AD), and Justin (2nd or 3rd AD). Curtius Rufus (1st AD) is of no use, because of a lack. These sources are all late. Only Plutarch and Arrian cite their documentary sources, the «*Royal diaries*». Furthermore, their narrations are almost identical and richest of particulars concerning the last sickness of Alexander. Even though their descritions contain a sufficient refutation that this hero perished by poison, still this is the leading hypothesis in the vulgar opinion. A meta-analysis of historical literature from XVI to XX century demonstrated that the «*poisoning theory*» never gained much support among historical criticism. Starting form the XVII century, Scholars interpreted the death of the Macedon as due to natural causes (fatigues, excess of intemperances), later to fever and finally to miasmatic fever. The specific medical literature, that initiated at the end of the XVIII century, unanimously deemed fever to be the real killer of the King. Viceversa, the XX-XXI centuries medical literature displays a high degree of disagreement between the proposed diagnoses. A likely explanation for this phenomenon is that modern Authors do not read ancient sources. This hypothesis was put at test, by circulating through MDs in blind a case history based on the faithful translation of the reports of Putarch and of Arrian. 98 MDs of different gender, age, specialization and experience answered the questionary. 85% of them judged possible to put forward a diagnostic hypothesis. 97% of them considered an infectious disease as the most likely cause of death, thyphoid fever and malignant malaria being the most favoured diagnoses.

S10-5
ARTIFICIAL MODIFICATIONS OF THE BODY AMONG ANCIENT MAYA
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Mayan civilization, developed in southeast Mesoamerica from 500BC to middle sixteenth century AD, was a very sophisticated culture. They founded big cities in the middle of the jungle and also in the Chiapas and Guatemala highlands, and in the last centuries of their rich history migrated to the Yucatan lowlands. Acute observers, acquired important astronomical knowledge and developed a very precise calendar and predicted eclipses and planetary conjunctions for thousands of years.
Heirs of olmecs, they have a higher concept of jaguar people and, following the arrival of dolicocephalic people, maintain a direct relationship between aristocracy and rulership and jaguar facial and cranial features. Cranial artificial deformation was one of these distinctive tracts. Erect tabular deformations were common, searching an approximation to a jaguar skull and to have an elongated head becomes sign of power and beauty.
In the same way, convergent strabism was considered beautiful and was produced inducing ocular convergence to little children by means of a colored thing moving toward the nose base and going away.
In this paper are described the techniques employed to obtain those alterations, their symbolism and the beauty concepts among maya people.

S10-6
IBN REZWAN AND HIS RULE IN ISLAMIC MEDICINE
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Abulhasan Ali Ibn Rezwan Ibn Ali Ibn Jafar, astronomer, physician and philosopher was born in Jizeh, Egypt in 377 A.H.. When he was 6 years old, he began his studies. At the age of 10, he went to Cairo to complete his studies. When he was 14 years old, he began learning medicine and philosophy but due to poverty, he could not pursue his studies .So that he dealt with the predication of people's future through horoscope. In this very method, he tended to medicine and after acquiring sufficient experiences, he became a famous physician at the age of 32. His medical fame brought him to the court of al-hakem, the Fatimid caliph. Knowing the degree of his knowledge, Caliph appointed Ibn Rezwan as the head of Egyptian physicians. Also at the time of al-Mostanser, another Fatimid Caliph, he was known as the scientist of the Egypt. According to his autobiography, Ibn Rezwan is among the

rare scientists who were satisfied with his convenient and luxurious way of life. So that in order to maintain this ideal situation , he used to follow certain daily programs such as practicing medicine, sport, resting , eating , dealing with his health and meeting the needs of his house and household . Observing a equilibrium mood, each year he was reconsidering the programs in harmony with his age and following that consciously and carefully. However, as a result of certain difficulties, at the end of his life he was suffering from mental disturbance and finally he died about the age of 80.
As it was discussed, Ibn Rezwan did not study medicine before professors of this area.In order to complete his experimental knowledge, he tended to study the works of the previous scholars and explained or criticized their writings.
He was follower of Aristotle's views and used to take stand against the anti-Aristotle flow of that age and wrote a book in defense of it. The views of Ibn Rezwan were criticized by the physicians of his age such as Ibn Butlan. Their disputes led to the compulsory migration of Ibn Butlan from Egypt. Using existing sources and documents, this paper intends to review the life, time and contribution of Ibn Rezwan and his views in the Islamic medicine and to cultivate the outcome of his views in the scientific community of that age.

SESSION 11
History of Medical Education - II

S11-1
ROLE OF SCHOLA MEDICA SALERITANA IN WESTERN MEDICINE
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In this paper, the history and impact of the Schola Medica Salernitana on the development of western medicine is reconstructed, especially in terms of its Greek and Latin origins. The school's impact began in the ninth century when a Benedictine monastery hospital opened in Salerno, and by the end of that century physicians trained at the medical school were in demand. By the twelfth century, Salerno merited the title of *Hippocratica civitas*. One of the crowning achievements of the school was a poem, *Regimen Sanitatis Salernitanum*, which is a practical guide to procuring and maintaining health. The influence of Hippocrates and Galen are evident throughout the poem. During the twelfth century, however, a major shift in medicine occurred with the introduction of an Islamic medicine that emphasized the role of critical thought—based on *experimentum*—in evaluating medical knowledge and practice. Islamic medical practitioners were no longer simply interested in commenting practically on Hippocratic or Galenic texts but in evaluating them critically from a theoretical perspective. Nevertheless, the traditional position of Schola Medica Salernitana remained pragmatic. Indeed, the Salerno school faculty eventually rejected the philosophy of Islamic medicine and held to the practical instructions of Greek and Latin antiquity. The practical approach to medicine at Schola Medica Salernitana based on traditional Greco-Roman medical philosophy became antiquated in the light of a new theoretical approach to medicine. Irrespective of its allegiance to an outmoded philosophical approach to medicine, still the Salerno school occupies an important position in the development of western medicine. Specifically, it was one of the first precursors to modern medical pedagogy and practice. Although the impact of the Salerno school diminished over the centuries, beginning in the thirteenth century, the school did not officially close until 1811—certainly a testament to its importance in the history of medicine.

S11-2
THE FINAL PERIOD OF ISLAMIC MEDICINE IN THE HAFSID KINGDOM OF TUNISIA
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The Hafsids were a Berber dynasty of North Africa that ruled in Ifrighiyeh (Tunisia, west of Tripoli and eastern of Algeria) from 1200 to 1500A.D. The Hafsid period medicine, which was mixture of traditional Gheyruwan school and andalusian and Iranian medicine, became the highway for transfer of Islamic medicine knowledge to Europe; and in fact had been a final stage in the advancement of history of Islamic medicine. This article investigated, topic such as pharmacology, anatomy, description, anatomy and diagnosis of diseases, health care,and spa-therapy. also the onset of cholera and plague in Europe and west of Mediterranean coasts is important event that occurred during the Hafsid rule and that had scientific political and legal consequence.

S11-3
A SYMBOL OF THE ROMANIAN MEDICAL SCHOOL: TWO-STAR GENERAL DOCTOR CAROL DAVILA
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University professor and general, Carol Davila (1828-1884), of French origins, was a physician, a pharmacist and an organiser of the Romanian medical system. On his arrival in Romania, in 1853, he was employed by the Military Medical Service and assigned responsibility for reorganising this service. Moreover, dr Davila was involved in the organisation of the military education system which was meant to train and provide staff for infirmaries and ambulance services in case of military conflicts. For example, in 1955, he supported the establishment of the ‚Mihai Voda' Surgery School which, two years later, became the National School of Medicine and Pharmacy. Thus, owing to his vision and permanent support, many young people of underpriviledged backgrounds had the chance to study at universities from France and Italy and, later on, some of them even became professors at the Faculty of Medicine of Bucharest which was established in 1869.
Carol Davila was Chief of the Romanian Sanitary System during the unification of sanitary administrations in Wallachia and Moldova. On his own initiative, he perfected and regulated the public hygiene activity in the country's major cities and helped with the establishment of the County Physiscians' Institution. Importantly, he also contributed to the publishing of the first Romanian medical journals („Medicul român", 1859 and „Monitorul medical", 1862), the first Romanian Pharmacopoeia and the foundation of ‚Elena Doamna' nursing home.
Personality of high moral standing, dr. Davila was preoccupied with many domains of medicine such as: internal medicine, epidemiology, abdominal surgery and orthopedics. He helped hospitals with the introduction of modern treatements and medical laboratory tests and with the selection and training of their medical staff by initiating competitions for medical positions and compulsory internship.
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S11-4
MESSAGGIO E MANIPOLAZIONE: ESTETICA DEL CIARLATANO
Galeazzi Olivio
Società Italiana di Storia della Medicina / Roma / Italia

PEITHOS e PATHOS. Nella relazione tra la parola e la sofferenza si concretizza il momento fondamentale dell'atto risanante.L'Autore propone un'analisi del fenomeno storico e antropologico

della quackery tesa a metterne in luce gli aspetti di ambito prevalentemente semiologico e psicoterapeutico.

S11-5
CAUCASIAN MEDICAL SOCIETY AND FORMATION OF EUROPEAN MEDICINE IN GEORGIA
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Caucasian Medical Society was established on 5th April 1864, in Georgia, Tbilisi, administrative and cultural center of Caucasus at that time. Goal of the Society included: assistance to the Caucasian doctors in their medical practice; improvement of scientific knowledge; study of Caucasian region in medical and natural science point of view, in particular, working on the issues of balneology, medical statistics and geography, regional pathologies and therapies; introduction of sanitary-hygiene regulations; measures against epidemics; improvement of the doctors' qualification; import and improvement of medical equipment. The Society had its own periodical publication and library. The structure was composed of: full members – the founders; member-employees; opponent members; honorable members. Among the latter the European scientists: Th. Billroth, R. Virchow, M. Pettenkofer, R. Koch, J. Lister; L. Pasteur, M. Skłodowska-Curi, C. Alexis and the scientists of Eastern Europe.
The society was governed by the chairman, it had the secretary, treasurer and librarian. The income of the Society was provided by membership fees, revenues from the publications and private donations. The Society had introduced the money awards for the best works in medicine. For 50 years of existence of the Society 50 volumes of the minutes and 70 volumes of the collections of scientific works were published.
In 1872, Caucasian Medical Society had presented at the exhibition of nature scientists, anthropologists and ethnographers 35 varieties of medicinal plants and in 1873, at the international exhibition in Vienna – the "Medical Geographical Map of Areas Infected with Malaria and the Methods of Treatment". From the same period scientific study of the history of medicine and traditional medicine of Georgia (Caucasus) had commenced. Caucasian Medical Society contributed to structural formation of European medicine, as well as medical knowledge, the first signs of which emerged from 16th century. On this basis the idea of establishment of the faculty of medicine by the Society of Georgian Doctors and Nature Scientists emerged. This idea was implemented on 17th July 1918, after gaining of independence.

S11-6
L'AXE MÉDITERRANÉEN AUX XVI-XVIIE SIÈCLES: ITALIE-PORTUGAL, QUELS LIENS? QUELS ÉCHANGES? QUELLES RÉCEPTIONS?
H Baudry
Reserchер, New University of Lisbon, Portugal

Il s'agit d'analyser la situation des relations dans la stricte perspective de l'histoire de la médecine (idées, personnes, livres) sur la période 1550-1650. Le principal point de vue adopté se situe du côté de la réception au Portugal, l'autre versant (influence et présence portugaise en Italie) ne pouvant être ici pris en compte à titre principal puisqu'il relève avant tout des problématiques de l'exil (avec, par exemple, des auteurs comme Amato Lusitano et Estevão Rodrigues de Castro) .
Une telle étude, qui dépend fortement de l'histoire du livre et des problématiques qui lui sont liées, concerne les systèmes de diffusion des savoirs (réseaux d'enseignement et de contrôle) ainsi que la circulation des personnes.
La période retenue, dans le cadre de la Renaissance longue, permettra de mettre en lumière les tendances principales des courants et de leur réception à une époque marquée, dans les deux aires géographiques, par des contraintes analogues, l'appartenance à des sphères d'influence complémentaires (l'Espagne) mais aussi des différences d'orientation tout aussi significatives sur certains points (par exemple médecine coloniale du côté portugais).

SESSION 12
Preventative Medicine

S12-1
PREVENTIVE MEDICINE: THE KEY TO ETERNAL LIFE
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«Known from years, showed in many ancient texts, and defended until today, Oriental medicine, specifically Chinese medicine, is fully based in Prevention methods. Throughout the symbolism and the holistic way of thinking, we can find many metaphors that defend equilibrium as the only key to be healthy and the only way to catch immortality.
From Chinese bibliography, equilibrium is achieved by correct proportions and shares between organs and energy paths. Analyzing the ancient subscripts we are able to be delighted by an amazing amount of receipts and formulas to keep mind, body and energy in the correct proportions, the only way to avoid symptoms and pathology.
Health can come from energy exercised by Tai chi, or mind cares from tonification and dispersion, and body balanced by formulas, for example. Nevertheless the classic book of phytotherapy called *Han Ben Cao Jing*, written on the 2nd century b.c., refers to a "Formula to live 1000 years" named *Yöng yuãn dí huó dè Yao*. The origin of this formula is curious and evolved in many controversial stories, some written others just told years trough years. This formula is composed by three fungus, in equal parts: *Cordyceps Sinensis*, *Coriolus versicolor* and *Lentinus edodes*.
History not only shows us the Past but much more let us understand Present habits and prevent Future actions, according to this: how is it possible to have this formulas being used nowadays? Is prevention actions possible to achieve from the past? Are they used in Ocidental pharmacology in the 21st century?
Many of this questions and possible answers are daily debated, taking part of our society journey as some of the biggest modern challenges and problems.»
Bibliography:
"Han Ben Cao Jing" and "Nei Ching"

S12-2
THE ACHIEVEMANTS OF DR. BEHCET UZ IN PREVENTATIVE MEDICINE
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Dr. Behçet Uz was born in Denizli in 1983. After graduating from Mekteb-i Tıbbiye-i Adliye-i Şahane (the Imperial Medical School), he worked as a pediatrician in Istanbul and in Izmir, and then served as the mayor of Izmir for ten years. During his term of office, he made great contributions to Izmir and marked the recent history as one of the legendary mayors of the city. He served as the Minister of Commerce, and as the Minister of Health first between August 7, 1946 and June 10, 1948 and then between May 18, 1954 and December 9, 1955.
After the collapse of the Ottoman Empire and the years following the building of the Turkish republic, Refik Saydam, had enforced many health policies. One of the most important health practices was protecting the young republic and it's population, for that purpose expanding the health protection services nationwide. Although many ministers worked to expand the health services after him, the work of Dr. Behçet Uz who is the preceding mayor of Izmir has been incredibly impressive.
Dr. Behçet Uz, during his period as the minister of health he carried on an intensive work trying to forward the health policies of the Turkish Republic with the 1st and 2nd decennary health plans. In both first and second decennary plan, the most emphasized point was expanding the

Health Protective Services nationwide and preventing people from being sick and keeping them healthy.
In our study, personality of Dr.Behçet Uz, trustworthiness and medical skills which have made a great impact on Turkish Medical history, have been included along with his work on preventative medicine.

S12-3
THE RENEWAL OF EPIDEMIOLOGICAL INQUIRY: DR. ALICE HAMILTON, PIONEER OF INDUSTRIAL MEDICINE IN THE UNITED STATES, EARLY 20th CENTURY
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In the early 20th century context of economic growth in the United States of America, Dr. Alice Hamilton (1869-1970) introduced a new discipline: industrial medicine. Through varied sources, among which are her official publications and her reports of visits in various plants, mine shafts and quarries, this contribution highlights Hamilton's new approach: shoe-leather epidemiology.
The fundamental elements of the investigator's toolbox were manifold: walking around plants, workshops and construction sites in order to go to the source of the information, observing workers movements and postures, interviewing all the local stakeholders and taking into account the large variety of discourse about the workplace. Reinventing in her own way a past medical practice (the 19th century epidemiological inquiry) while creating a new clinical field (the industrial plant), Hamilton put the worker-patient and his relationship to the physician at the core of her methodology in occupational health and safety.
The surveys Hamilton conducted in the Arizona copper mines in 1919 hold an important place in this process. Seeking for the "dead fingers disease" caused by the vibrating tools of the miners, she made oral interviews of all the actors in and around the mine (miners and union leaders, engineers and managers, company doctors and actors of the social life of the mining district). Doing so, Hamilton gave birth to contradictory views about vibrations and dust in the workplace, between managing expertise, medical knowledge and lay knowledge of the workers. Along with a vivid picture of the mining district, she offered a new focus on health in the workplace and struggled for the recognition of occupational diseases. Thanks to her strengthened institutional position at Harvard University, she encouraged young American practitioners to commit themselves into the newly born industrial medicine.

S12-4
L'ACQUA: LA FONTE DELLA SALUTE. LA SITUAZIONE IGIENICO-SANITARIA DELLA CITTÀ DI BARI DURANTE IL REGNO D'ITALIA
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L'acqua è sempre apparsa nell'immaginario collettivo come elemento vitale, salvifico ed unificatore. Tra la fine del XIX secolo e l'inizio del XX il volto della città di Bari è stato radicalmente modificato proprio dalla disponibilità di risorse idriche. Tale improvviso rinnovamento ha avuto un profondo effetto sulla vita della popolazione barese e sulle abitudini sociali legate all'utilizzazione dell'acqua, nonché sulla condizione igienica generale della città e sull'incidenza epidemiologica di certe malattie. Prima della diffusione delle fontanine e degli idranti cittadini riforniti dall'acqua del Sele, l'acqua da bere veniva raccolta in pozzi e cisterne, pubbliche o private, o, in casi di grave siccità, distribuita da acquaioli che attingevano da pozzi o piscine dell'entroterra. La scarsità di acqua e la precarietà dei mezzi di raccolta e fornitura avevano creato nella città di Bari una situazione igienicamente pericolosa, con endemie di tifo e colera, e picchi elevatissimi di malattie non strettamente legate al consumo di acqua, ma al problematico stato igienico della città e delle abitazioni civili, come tubercolosi e tracoma. La ricerca, dunque, tende ad evidenziare, sulla base dei documenti originali e inediti dell'epoca, oltre ai dati epidemiologici, la percezione dello stato igienico che le amministrazioni locali avevano della città di Bari e la visione che, a causa della carenza di acqua, dall'esterno si aveva de "la famosa città, nido di tutte le malattie infettive", e come la disponibilità allargata di acqua abbia mutato in poco tempo questa percezione.

S12-5
THE HEALTH SERVICE IN VENICE IN THE 17th AND 18th CENTURY
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Venice was a famous European city during the Renaissance, especially in its role as cultural and economic centres and it was the capital of the Republic of Venice or "Serenissima".
The "Serenissima" was the first state in Europe to institute Healthcare Boards, as a transitory measure in 1348 and on a permanent basis a century later, to deal with recurring epidemics. The cities had been under the rule of the Venetian Republic since 1405 and adopted Venice's healthcare policy. The purpose of these institutions was to prevent infectious diseases, particularly syphilis and plague. Medical services were provided to the entire population, irrespective of economic status. This model of the Health Boards, with all the limits of the scientific knowledge of the time, controlled the spread of many diseases, especially infectious ones but also to know which were the diseases that interested the population to adopt suitable health care. In Venetian Republic, physicians, who had graduated from the medical faculty of Padua, worked in the various districts in cooperation with the local parishes, caring for a population of approximately in 135 –150,000 inhabitants in Venice. In Venice epidemiological data shown that the causes of death were: fever, lung diseases and neurological disorders. This healthcare service was adopted by various European countries and became the model on which the modern public national health service is based.
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S12-6
LA POLITICA SANITARIA INTERNAZIONALE DELLA REPUBBLICA DI VENEZIA
Nelli-Elena Vanzan Marchini
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La civiltà veneziana si organizzò all'interno di un ambiente inaffidabile, in un habitat umido potenzialmente patogeno in cui la percezione della salute come bene comune ha costituito la base dell'assetto istituzionale repubblicano. Le scelte mercantili di Venezia la posero in situazione di rischio in un Mediterraneo flagellato dalle epidemie perciò la politica sanitaria della Repubblica si incentrò su una strategia di isolamento del contagio con la creazione del primo lazzaretto della storia (1423) cui ne seguì un secondo detto "Novo" (1468) per la prevenzione e la convalescenza. La dispendiosa e articolata gestione di queste due strutture statali richiese l'istituzione nel 1486 di un Magistrato alla Sanità con specifiche competenze tecniche e con grande potere, da esso infatti dipendevano i capitani di tutte le magistrature tranne quelli del Consiglio dei Dieci. L'attitudine mercantile veneziana a monitorare i mercati per valutare merci, cambi, pesi e misure, si esplicò in campo sanitario per reperire a livello internazionale ogni informazione sui flussi epidemici tramite i rappresentanti diplomatici e commerciali, spie, capitani e passeggeri. Il Magistrato riuscì ad organizzare il monitoraggio dei porti mediterranei e la rilevazione metodica dei focolai di peste ordinando la sospensione dei commerci con i paesi contagiati e la diffusione delle informazioni anche agli altri stati gettando le basi di una embrionale organizzazione internazionale. Il cordone sanitario stretto attorno a Venezia si rivelò efficace dal momento che dal 1630 la peste non

entrò più in città, mentre continuò a imperversare in tutto l'Occidente. Il Magistrato alla Sanità della Repubblica costituì una insostituibile fonte di informazioni e un modello per l'organizzazione sanitaria dei paesi mediterranei che dotarono i loro porti di lazzaretti per l'espurgo di merci e passeggeri.
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SESSION 13
Past and future of thermal therapies: from Aponus to Abano and beyond

S13-1
TERME EUGANEE, DALL'EMPIRISMO ALLA RICERCA SCIENTIFICA
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Le virtù delle *Acquea Aponiae* sono note e apprezzate fin dall'antichità. Le testimonianze sono molteplici, da quelle epigrafico-monumentali ai richiami degli autori latini, Lucano nei Pharsalia dice: "*romita euganea rupe/ donde deriva il salutevol fonte che fuma e bolle*". Di efficacia curativa parla Claudio Claudiano, forse ultimo degli antichi: "*o fonte che d'Antenore ai nepoti/ spegni i rei morbi*". Nel basso medioevo, membri della famiglia De' Dondi e il celebre Pietro d'Abano, cercheranno nella diversificazione della componente chimico-minerale delle acque le ragioni dell'efficacia terapeutica. La stessa Università di Padova nel XIV° secolo include nei suoi indirizzi di ricerca quello idro-crenoterapico, e Andrea Bacci *Medicus Elpidianus,* nel "*De Thermis*" indica un preciso protocollo di applicazione dei fanghi curativi.
Nel '500, medici pratici come Francesco Frigimelica e teorici come Oddo degli Oddi, testimoniano un rinnovato interesse per le cure balneoterapiche aponensi "prossime alla rovina", perso tuttavia nel secolo seguente. Ma è l'epoca dei lumi a portare un cambiamento radicale nello studio delle terapie termali, dai lavori praticati ai "*Balnea Patavina Aponi*" dallo scienziato Antonio Vallisneri, a quelli del celebre anatomista Giovan Battista Morgagni. Con la cattedra "*Ad exercedam Medicinam practicam in Thermis Patavinis*" ci si affaccia all'epoca moderna, che porterà ad una evoluzione della letteratura scientifica mai più interrotta. La ricerca del Centro Studi Termali Pietro d'Abano ha permesso in questi anni di uscire dall'empirismo con l'identificazione di principi attivi antiinfiammatori, oggi brevettati, prodotti dai cianobatteri termofili che si sviluppano nel processo di maturazione dei fanghi in acqua termale (es. ETS-03, ETS-05, ETS-08). L'efficacia terapeutica del mono e del di-galattosildiacilglicerolo (MGDG, DGDG) sono state confermate, anche a livello biochimico, sia "*in vivo*" che "*in vitro*". L'MGDG in particolare, più efficace e meno tossico del farmaco di riferimento, l'indometacina, sembra coinvolto nella risoluzione dell'azione infiammatoria attraverso un circuito metabolico legato alla COX-2. Gli effetti della fangoterapia e non le già documentate inalazioni, sono oggetto di uno studio clinico sull'azione sistemica della cura nella Broncopatia Ostruttiva Cronica, e allo stesso modo sarà oggetto di indagine clinica l'efficacia riabilitativa post-traumatica dell'ambiente balneo-termale confrontato con quello tradizionale.

S13-2
COMMENTS OF PROF. DR. BESIM ÖMER AKALIN ON SEA BATHS AT THE BEGINNINGS OF THE TWENTIETH CENTURY AND ITS PLACE IN PUBLIC HEALTH
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Besim Ömer Pasha (1863-1940), is a scientific man of the Turkish medicine and he served in the field of obstetrics and gynaecology. Moreover , he was the founder of modern paediatrics.Dr.Besim Ömer also founded Çocuk Esirgeme Kurumu (Child Protection Institution in English) and developed Midwifery School in Turkey . Prof.Dr.Besim Ömer Akalın who studied on tuberculosis became the president of the Society of Fight Against Tuberculosis in 1918.
Besim Ömer Akalın who died in 1940 published 61 books and 400 papers.Three of them is in French.He was a popular author of the health topics . Nevsali Afiyet is his encyclopaedic book and is 4 volumes. Nevsali Afiyet means Health Yearbook in English. Akalın's paper with the name of Sea Weather-Sea Bath (Deniz Havası-Deniz Banyosu in Turkish) in the second volume of Nevsali Afiyet contains the knowledge on the importance and uses of sea baths and sea water at the beginnings of the twentieth century from the point of public health.
In this paper , the comments of Prof.Dr.Besim Ömer Akalın on sea baths have been pointed out and some original results have been obtained.

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S13-3
ONE BATH AS HEALTH SOURCE FROM ANATOLIAN SELJUK PERIOD TO THE PRESENT
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Water means modernizm and essential of the life. During the past decades, each culture was established near the water. Turkish Civilization as it accepted water as the reason of the life, they have given the main importance to the water constractions. İf there isn't water, there wasn't be life. People and all creatures will be extinet together. Cleaning the body and environment would be possible by the help of water. There comes new diseases where there isn't enough water. Water looks beautiful to eyes and hears well to ears. Water is a symbol of cleaning. The people who made Kütahya's thermals began their way with this opinion.
Near their spectacular and artistic structure, they have each a historical story. Yoncalı Thermal is 16 km far from Kütahya. It consist of 500.000 m2. It had been many years as a mud near the Mount Kirazlı. In Anatolian Selçuk times, the daughter of Alaaddin Keykubat II, Gülümser khatun got an ilness in her going age and they couldn't evre her ilness. People said that a fox got better there and than, she washed herself in the water. Eventually she got better although she had come there paraliysed. After that, The Sultan build a thermal in 1233 there in order to people can use it. It was announced in 17/09/1993 as a "Thermal Tourism Centre" by the Turkish assembly. Yoncalı Thermal's water thermometre level is between 32 and 33, and it has about %80 radyoaktivity level. İt is good for livers, kidneys and it also makes body more younger and heathier.
Thermals are the reflection of Turkish Civilization that symbolize the unity of beathless and fertility. It is belived that water helps the patients to get well. The historical thermal in Kütahya is still going on to be a resorce of health today.

S13-4
TUZLA HOT SPRING-A HOT SPRING CENTER IN ISTANBUL
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Turkey is a famous and rich country from the point of hot springs and mineral waters.
It is an alternative treatment of many ilness (especially romatismal disorders) as a supplementary treatment.
Tuzla hot springs are located in the side of Asia Continent of İstanbul as a modern complex in order to serve people of our country and also to the foreign patients.
There are 3 hot springs nearby distance to İstanbul:

1 - Kuzuluk Hot Spring is located at near city of Sakarya which takes 90 minutes to İstanbul
2 - Yalova Hot Springs are the most famous which nearby distance to İstanbul by ferry.It takes 50 minutes.
3 - Tuzla Hot Springs are located at Tuzla it takes about one hour by bus or train from Kadıköy of İstanbul. And also these hot springs are located in aproximately 70 acres (one is 0,404 hectare) with pine-forest.They are known from 13.Century. And founded in 1927. It is an alternative treatment for many illnesses and it can be applied to good purpose of detox.
In this paper, Tuzla hot springs will be let known from all aspects.

S13-5
HISTORY OF THE CLINICAL STUDIES AND OF THE PHYSIO-PATHOGENETIC RESEARCHES IN THE EUGANEAN THERMAL AREA
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Since ancient times mud packs and thermal baths have been used as a treatment of many musculoskeletal disorders in the Euganean Thermal Area, in the north-east of Italy. Anyway, only in the last 30 years controlled clinical trials have been performed by the researchers of Padova University to demonstrate the efficacy of spa therapy in patients with degenerative and inflammatory rheumatic diseases.
The earliest clinical studies proved the beneficial effects of mud-bath applications in groups of patients with specific localizations of osteoarthritis such as knee, hip and cervical spine. Then, the efficacy and tolerability of mud-bath treatments were demonstrated in primary fibromyalgia: the favorable effects were evident at the end of the spa therapy and remained stable after 4 months. In the last decade, patients affected with chronic inflammatory rheumatic diseases (ankylosing spondylitis, psoriatic arthritis, spondylitis associated to chronic inflammatory bowel diseases) have undergone cycles of thermal treatment, and long-term clinical improvement has been observed, without disease relapse, in all these trials.
Besides the studies concerning effectiveness, researches on the mechanisms of action of mud packs and thermal baths in the Euganean Area have been performed. The main evidences resulting from these studies were:
- a specific neuroendocrine reaction follows the thermal stress of "full body" mud pack, that is characterized by a significant increase in serum levels of pituitary hormones and opioid peptides such as endorphins;
- serum concentration of metalloproteinases, enzymes involved in cartilage degradation, are lower in osteoarthritis patients that undergo regular cycles of mud-bath therapy;
- in an experimental model of chronic inflammation, that is the adiuvant-induced arthritis in rats, pro-inflammatory cytokines TNF-alfa and IL-1-beta diminished when the rats were treated with mud-bath applications.
To a certain degree, these results have explained the beneficial effects of Euganean spa therapies in both degenerative and inflammatory rheumatic diseases.

S13-6
TREATMENT OF ECZEMA IN TURKISH MEDICINE (15.-19. CENTURIES)
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Eczema as a morphologic (histopathological and clinical) case is considered as an example of skin inflammatory response. In Greek eczema as a word consisting of *ec* (external, over), *zeein* (boil) and *ma* (result of) means emanating with boiling suddenly, eruptive, bubbling. It is thought that the naming was first used by Aetus D'amado in BC 550. Considering of any lesion seen on skin as an eruption and naming as eczema was continued until the first limitation of eczema by the English dermatologist Willian in 1808. When the resources are examined it is seen that herbal, animal and mineral drugs, blood-letting, cauterization, acupuncture, diet and balneotherapy methods have been used in the treatment of eczema till the 19. century based on the theory of humoral pathology. The concept of the theory of humoral pathology underlying the sence of medicine since antiquity will be rejected with Hebra's histological classification of skin diseases in 1845 and discovery of synthetic drugs following this.

In this presentation, application of prescriptions, blood-letting, cauterization, acupuncture, diet and balneotherapy in the treatment of eczema is examined in the studies of *Ishak bin Murad* (Edviye-i Müfrede), *Hacı Pasha* (Müntehab al-Sifa), *Ibn Sherif* (Yadigar), *Serafeddin Sabuncuoglu* (Mucerrebname, Cerrahiyyatu'l Haniyye, Translation of Aqrabadhin), *Eşref bin Muhammed* (Haza'inu's Sa'adat), *Nidai* (Menafi un-Nas), *Salih bin Nasrullah* (Gayet al-Beyan fi Tedbir-i Beden al-Insan), *Omer Sifai* (Cevher al-Ferit fi Tıp al-Cedit), *Besim Omer Pasha* (Grape and Treatment with Grape) and *Serafeddin Magmumi* (Kamus-i Tıbbi) which have an important place in medical history of the Turkish medicine between the centuries 15 and 19. As a result, we can see that the treatment approach was in accordance with the theory of humoral pathology and some drugs, methods which were used in the treatment of eczema in the past have also been used in the medicine of today.

SESSION 14
History of Medical Specialties - II

S14-1
L'ART DE LA PRATIQUE DU TROU DE TRÉPAN DURANT LA PÉRIODE PRÉCOLONIALE EN ALGÉRIE
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Où en est-on de la trépanation en Algérie durant la période précoloniale française?
Si on se réfère au livre publié en 1865 par le Docteur Amédée PARIS, ancien médecin en chef de l'hôpital militaire de Biskra. Il rapporta cette pratique médicale dans la région des Aures où il a séjourné quelques temps durant son service actif.
Cette pratique a été confirmée par le Docteur Mohammed Seghir BELARBEY soutenue le 16 juillet 1884, (Thèse traduite en arabe par Ali BOUCHOUCHA en1891 et enregistrée sous le numéro 4256 à Tunis). Nous rapportons cet art de guérir en s'appuyant sur des ressources primaires et secondaires sur cette pratique. Notre objectif est d'essayer de répondre à deux questions en absence de document écrit par ces praticiens :
- Est-elle un héritage de savoir et de savoir faire de la civilisation musulmane ?
-Est-elle la transmission d'une pratique ancestrale?

S14-2
THERAPEUTIC APPLICATION OF HEAT- A HISTORICAL VIEW WITH REFERENCE TO UNANI (GRECO-ARAB) SYSTEM OF MEDICINE
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The philosophy and theoretical framework of Unani (Greco-Arab) System of Medicine is predominantly based on the concepts of elements (Anasir-i Arb'a), Temperament (Mizaj) and Humours (Akhlat-i Arb'a). Elements are the building material of everything, animate or inanimate, that exists in the universe. In humans, elements constitute humours which in turn lead to the development of Temperament (Mizaj). All the above three factors are expressed in terms of four qualities (Kayfiyat) i.e. heat, cold, wetness and dryness. The humours

(carrying all four qualities) have to be in perfect balance for the body to remain healthy.
The application of heat to treat certain conditions has a long history. Ancient Greeks, Romans, and Egyptians used heat to treat tumours. In pre-islamic period, the Arabs were experts in cupping and cautery that involved heat. They used to heat their surgical instruments before use, to make them sharp and more effective.
Unani physicians used heat in the form of cupping, cautery, hot fomentation, hot oil massage and hot bath as an important therapeutic measure for reducing pain; relieving muscle spasms; reducing inflammation/edema; decreasing joint stiffness; increasing blood flow and rapid healing. They not only defined its uses but also described the ways and techniques of its performance.
Credit should go to the medieval Unani physicians who presented the classical methods and techniques for heat therapy that persisted up till now and formed the basis of many recent medical discoveries.

S14-3
A STUDY OF A VALUABLE ARABIC MANUSCRIPT ON GERIATRICS WRITTEN IN 1536 AD NAMED AINUL HAYAT
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In recent period Geriatrics has been given so much importance which is a sub-specialty of internal medicine and family medicine that focuses on health care of elderly people. It aims to promote health by preventing and treating diseases and disabilities in older adults.
Two most important things regarding death and ageing are described in *Unani Tibb*:
- Preservation of *Ratubat Ghareezia* (Innate Fluid) and
- Strengthening of *Hararat Ghareezi* (Innate Heat)
Understudy Manuscript of *Ain Al Hayat* was written by a distinguished Arab *Tabeeb* Mohammad Ibn Yousuf Al-Harwi around 1532 AD. It is written about foods and drugs that enhance life span, maintain vitality, and prevent aging. It was intended to impart knowledge regarding such types of drugs which also contains health points.
It is great honor for the author that the book was written on the modern subject of Geriatrics nearly 500 years ago when Geriatrics as a subject was yet to come into being.
It contains three sections: *Maqsad* 1: The truth of *Hararat Ghareezi* (Innate Heat). *Maqsad* 2: The factors which strengthen *Hararat Ghareezi* and promote longevity. *Maqsad* 3: The factors which weaken *Hararat Ghareezi* and decrease life span
It is explained in the book that life, its increase and decrease depend primarily upon basic fluids and basic heat. The drugs, foods and regimen affecting *Hararat Ghareezi* are cited in detail. Moreover measures like mental, psychological, ethical and spiritual to enhance the life expectancy are also illustrated in this book.
Similarly the author advocated applying all possible resources for *Istifragh*, *Tanqia* and excretion of waste products along with strengthening of physical powers, preventing the fall of normal body temperature, power of self-preservation or adjustment called *Quwwate-Mudabbira* (*vis medicatrix naturae*) in the body, immunity and instigating internal powers of the body to fight against different kind of diseases.
Details of study will be presented at the congress.

S14-4
RADIOLOGY AND ITS EARLY PRACTICE IN PORTUGUESE MEDICAL INSTITUTIONS
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Since the discovery of X-Rays by William Röentgen (1845–1923) in 1895, Radiology has probably been the field of Medicine with a more spectacular evolution.
From the very beginning the Portuguese Medical School got a strong interest in the medical application of X-Rays; just after one month of its discovery, the first essays on X-Rays, some on clinical diagnosis, were performed at the University of Coimbra by the Physics professor and physician Henrique Teixeira Bastos (1861-1943). Several radiographies of outstanding quality were obtained by this physician.
The previous existence at this university facility of instrumentation adequate for this type of experiments was fundamental; this was due to the scientific contacts already established with the European scientific community by Antonio Santos Viegas (1835-1914) which led to the early study of electric discharges in gases at the University of Coimbra.
Similar experiments were also done in Lisbon in the same year by the physician Virgilio Machado (1859-1927) with whom collaborated a professional photographer, Augusto Bobone (1852-1910), and by other ones in Oporto.
Despite this pioneering work, the first equipment for radiology was only installed in Portuguese hospitals in 1901, at the *Hospital de S. José* in Lisbon. The following year, a radiology department was installed at the University Hospital of Coimbra and only in 1908 at the *Hospital de S. Antonio* in Oporto.
It will be discussed the contributions of Portuguese scientists and photographers for the improvement of the instrumental technique in the medical applications of X-Rays.
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S14-5
FROM "BENCH TO BEDSIDE" – THE IMPORTANCE OF LORD JOSEPH LISTER *O.M, F.R.S, F.R.C.S (1827-1912),* IN MODERN DAY TRANSLATION
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This year marks the Centenary Celebration of Lord Joseph Lister (1912-2012). What can we learn from this remarkable individual – the "Father of Modern Surgery?" Indeed, there is a direct palpable resonance of Listerian ideology with modern day clinical medicine.
Lister was a true surgical innovator and scientific thinker. He managed to elevate and steer his craft into a respected critical scientific discipline of the highest integrity. His multi-dimensional vision has influenced various aspects of improvement in health standards from antisepsis to medical industry, pathology, clinical surgery and education. Lister's dedication represents a direct application of science into clinical practice which has managed to infiltrate every operating theatre and hospital worldwide. His clinical laboratory was the ward, the patients were his motivation and his prepared, open, logical mind his strength. Such qualities are important now, as they were then, for advancing health standards.
Lister's passion for science coupled with ability for pattern recognition and meticulous observational skills would define him in modern terms to be a Clinician-Scientist. Having studied the works of Pasteur on fermentation, Lister proceeded to demonstrate that putrefaction could be prevented by exclusion of germs or by their destruction. This led to the development of the carbolic spray and a system of barrier dressings that resulted in reduced mortality and hospital infections. Surgical practice was thus revolutionised into an era of safety. Subsequently, the antiseptic principle began to develop global appeal in Europe and the USA resulting in an exciting "surgical explosion" of operative repertoire. However the antiseptic legacy represents only one aspect of Lister's legacy. His contribution to industry (antimicrobial sutures), surgical education (systematic lectures and scientific experimental reasoning) and operative surgery (auditor and creative technical aspects) will also be considered in this presentation and how this can be translated into modern day practice.

S14-6
A SHORT HISTORY IN MEXICAN INTERNAL MEDICINE TEACHING: THE SPECIALITY HOSPITAL OF THE NATIONAL MEDICAL CENTER *SXXI*

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Mexican Internal Medicine teaching comes from three streams of medical practice: First, the rich mixture of colonial and Pre-Hispanic knowledge that ended up defining nineteen century academical medicine. Second and third, The German school of Teodoro Billroth and the William Halsted's American school of Internal Medicine. Although some of the fathers of Mexican internal medicine studied among the first internists in Vienna and at The John Hopkins hospital, the speciality was shaped from its own historical context and local necessities.
While Internal Medicine, and post graduate medicine studies were evolving in Europe and the United States of America, Mexico faced deep political transitions that transformed health and teaching institutions. Consolidation of Mexican residency systems, did not take place till the second half of the 20th century. This is a short account of an Internal Medicine Department struggle that had to face adversity to be recognised as necessary, and made a difference in specialist formation at a main speciality hospital of the Mexican Institute of Social Security.

SESSION 15
Medical Biographies – I

S15-1
CLEOPATRA AND "CLEOPATRAS"

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Our aims are to register the ancient and antique women doctors bearing the name Cleopatra, as well as attempt to decipher between fictional or non fictional figures and distinguish their works. The authors have systematically searched through the ancient Greek, Latin and Egyptian bibliography, including original resources from as early as the 1st century BC. Each person who was denominated as Cleopatra and is mentioned to have medical knowledge has been registered in our study. Cleopatra is a female figure widespread in Greece (especially in Macedonian territory), Egypt and Syria during the Hellenistic era. Queen Cleopatra of Egypt, the physician assistant of Galen, the outcast Metrodora, in addition to Cleopatra the Alchemist and the Gynecologist compose a story of medicine and name-giving which confuses the researchers of the past and intrigues the ones of the present. Upon the hearing of the name "Cleopatra" one's mind initially imagines a beautiful queen, a fatal woman. In reality though, as much as Cleopatra of Egypt is concerned, her occupation with medical science ranks her in the pioneers of aesthetics and cosmetic medicine, as well as gynaecology and pharmacology. The rest of the Cleopatras enlighten mostly the field of female diseases, gynaecology and maternity. The authors suggest that Queen Cleopatra of Egypt, Cleopatra Galen's assistant and Cleopatra the Alchemist could be one and the same person despite the three centuries which seemingly divide them. It should be mentioned that Cleopatra Metrodora, according to some researchers, as mentioned above, lived in the 2nd century AD, a theory that implicates her in the intrigue. Finally, the name of Cleopatra for the Alchemist could even be a pseudonym, in an attempt to hide her true identity and avoiding persecution, or, as it was common then, more than one person could work under the same pseudonym.
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S15-2
AL-KINDI, A HUMANIST PHYSICIAN

Max Vinicius Gomes Vogelsanger, Bruno Guimaraes, Maria Ignez Figueredo, Fabiana Figueredo Molin De Barba, Franciosco José De Barba
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Abu Yousuf Yaqub Ibn Ishaq Al-Sabbah Al-Kindi, was born on 805 A.C. in Kufa (Iraq nowadays). He was a philosopher, known until today as the philosopher of the Arabs, though al-Kindi was not only interested in the fields of philosophy, he was the author of nearly 280 books, 22 about medicine, besides he also had many studies on the dosage of drugs correlating to it's effects.
Although al-Kindi lived on the ninth century, he left a amount of knowledge is very important today, above everything the most important for al-Kindi was the human being. As a physician he really made the difference with his humanitarian philosophy, as a philosopher al-Kind always defended the idea of humanism, many of his biographers affirm that.
"Al-Kindi was a noble character unlike many of his contemporaries and was guided to a worthy person, dedicated and impartial. Some of the anecdotes in al-Muntakhab showed a new side to her personality. (...) It was once insulted by a man she was having an argument, Al-Kindi did not lose his temper, but he smiled and said: 'It is not surprising to find that truth concerns a mentally ill person and makes him insulting his loved and esteemed doctor. A good doctor, however, should never give up your patient, or stop giving him the medicine.' The man had to apologize." (ATIYEH apud Al-Kindi, 1994, p.8)
Al-Kindi being also a philosopher, not only a physician, learned the importance of being humanitarian. And that's why al-Kindi is not just a great physician, brilliant philosopher, a observant scientist, he is a humanist physician.
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S15-3
LA CEFALEA DI GIACOMO CASANOVA

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Introduzione. La presenza di cefalee ricorrenti è descritta nelle biografie di numerosi personaggi illustri del passato. Scopo dello studio è l'analisi delle caratteristiche cliniche delle cefalee riportate da Giacomo Casanova (1725-1798), nella sua autobiografia "Histoire de ma vie".
Caso clinico. Dall'età di 20 anni descrive ripetuti episodi di cefalea, "a cui andavo soggetto", scatenati da "inquietudine, arrabbiature, viaggi", di intensità "forte" o "violenta", che lo costringono, "salutata la compagnia", in "camera" o " a letto" da uno a tre giorni. Presenza di "squassamento dello stomaco" e vomito, intolleranza a profumi. Miglioramento con digiuno e sonno, non beneficio da salassi e farmaci imprecisati. A 18 anni disturbo visivo caratterizzato dall'insorgenza di un immagine descritta come "…fiamma piramidale… strano fanale… alta sul terreno… che pareva mi accompagnasse…", localizzata a destra, durata "dall'alba alla piena luce del giorno", non seguita da cefalea.
Discussione. Il paziente presenta numerosi attacchi di cefalea, di forte intensità, con nausea e vomito, di durata compresa tra 4 e 72 ore. Limitazione delle attività fisiche da 1 a 3 giorni. Dolore verosimilmente pulsante. Le caratteristiche soddisfano tutti i criteri diagnostici della Classificazione Internazionale delle Cefalee per emicrania senza aura. Elementi aggiuntivi a favore della diagnosi sono l'osmofobia ed i fattori facilitanti ed allevianti. L'episodio di percezione transitoria e reversibile di una immagine luminosa, a margini indistinti e tremolante,

localizzata nel campo visivo di destra, di durata stimabile intorno ai 60 minuti, è suggestivo per aura visiva tipica senza cefalea
Conclusioni. Nella sua Autobiografia, Giacomo Casanova descrive in più occasioni aspetti e sintomi della sua cefalea. Sorprendentemente, dopo due secoli e mezzo, le caratteristiche cliniche sono in completa sintonia con gli attuali criteri diagnostici, per cui possiamo fare al paziente diagnosi di 1) emicrania senza aura e 2) episodio di aura visiva senza cefalea.

S15-4
DR. FRANCISCO FAJARDO: 120 YEARS OF THE DISCOVERY OF MALARIA IN BRAZIL (1892-2012)
G. Bruno Fonseca, F. Maria Ignez, V. Max Vinicius Gomes, D.B. Fabiana Figueredo Molin, D.B. Francisco José
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Francisco de Paula Fajardo Júnior was born February 8th, 1864 in the city of Santa Maria Madalena, Rio de Janeiro. In 1882 he entered into the Medical School of Rio de Janeiro. In 1890 was nominated a commission made up of Drs. Domingos Freire, Chapôt Prevóst, Francisco Fajardo and Virgilio Ottoni, sent by de Brazilian government to Germany, to be introduced and to study tuberculin, developed by Dr. Robert Koch, which was being tested to fight against Tuberculosis.
Arriving in Europe he had contact with the microbe and the bacteriologic world. He attended courses given by the highest names of the time such as Dr. Paul Ehrlich and Virchow.
Fajardo was a fantastic pioneer in the Microbiology researches in Brazil. At the time where science was mysteriously concentrated in the hands of rare adepts – bacteriology, he was one of the first promoters amongst us. In April 20th 1893 he was elected to the National Academy of Medicine with the memorial "The Malaria Microbe". He is considered the discoverer of Malaria in Brazil, thus he was the first to identify and prove the hematozoan in the country, identified by Laveran, in 1880.
In 1893 Dr. Laveran communicates with the Biology Society of Paris confirming the preparations sent to him by Fajardo. After analyzing them, he confirmed that in fact it was the malaria hematozoan.
He also maintained close research relations with other scientists: Patrick Manson, Giovanni Grassi, Camilo Golgi e Frederick Theobald.
He passed away in November 6th 1906 when taking anti-plague serum that provoked an anaphylactic shock. That is what history says. Great loss to Brazil, from those times until today, because Dr. Fajardo was, overall, a humanitarian and a "man of good".

S15-5
JEAN-MARTIN CHARCOT AND HIS DRAWINGS
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Jean-Martin Charcot (Parigi, 29 novembre 1825 - Nièvre, 16 agosto 1893) ha usato il metodo anatomoclinico per le sue acute osservazioni neurologiche: descrittivo, analitico, osservazionale e, poi, il dato post-mortem per rapportare le osservazioni in vita con quelle anatomopatologiche. In tal modo si evidenziavano chiaramente la sede, gli aspetti, la natura delle lesioni per cui era possibile descrivere le grandi patologie neurologiche in maniera accurata e reale. Un aspetto molto particolare e non sempre indagato di Charcot è il suo senso artistico e la sua attitudine a disegnare. Gli autori hanno cercato proprio di approfondire tale aspetto, che riesce a evidenziare ancora di più le sue sagaci capacità osservazionali. Dalle lezioni *"Du mardi alla Salpetriere 1887-1888"* sono tratti disegni di Charcot con le relative accuratissime descrizioni cliniche e semeiologiche di alcune segni e patologie quali i diversi tipi di tremori con le specifiche caratteristiche illustrate, distribuzione dei deficit sensitivi nei casi di isteria sia maschile che femminile, aspetti di patologie muscolari, ecc.
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S15-6
PROFESSOR FRANTIŠEK PÓR, MD – AN OUTSTANDING INTERNIST FROM FORMER CZECHOSLOVAKIA
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Professor František Pór, MD, was born in Zvolen, April 15th, 1899. In 1918 he became a medical student at the Faculty of Medicine in Budapest, Hungary. Professor Pór's family repatriated to Czechoslovakia in 1920 and he continued his medical studies at the German Medical Faculty of Charles University (GMF-CHU) in Prague, where he graduated on February 6, 1926. From February 7, 1926 until 1932 he was a clinical asistant of the 2nd and 3rd Internal Clinic of GMF-CHU in Prague. On January 26, 1945 he was captured together with his wife by Gestapo and they were deported to the concentration camp to Sereď and later to Terezín. They were liberated by the Soviet Army on May 8, 1945. After the 2nd World War, on July 3, 1945, he started his work as a head of Internal Department of the State Hospital in Košice. He was a founder and the head of the Internal Clinic of the new Medical Faculty in Košice, from October 1, 1948 until 1971. He developed the various partial divisions in internal medicine (cardiology, nephrology, gastroenterology, haematology, rheumatology, roentgenology and others). Professor F. Pór, MD created a real school of internal specialists in Eastern Slovakia. From his co-workers three became doctors of medical sciences (DrSc), 7 professors of internal medicine, 13 associated professors of internal medicine and 7 became the heads of Internal Clinics in this country. Professor Pór was the founder of Eastern Slovakian Medical Meetings in Nový Smokovec, the High Tatras, in 1961 (the 50th was held last year). Professor F. Pór, MD, died in Košice in September 8, 1980, at the age of 81. Since 1994 every year the Medical Society in Košice is organizing Memorial Meetings of professor F. Pór, MD. The last one (the XIXth) was organized on April 16th, 2012.

SESSION 16
History of Medical Institutions

S16-1
L'OSPEDALE ROMANO DI SANTO SPIRITO IN SAXIA NEL MEDIOEVO E NELL'ETA' MODERNA: UN ESEMPIO AVANZATO DI ASSISTENZA OSPEDALIERA
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L'ospedale di Santo Spirito in Saxia è il più antico nosocomio di Roma. Esisteva già nell'VIII sec. come *Schola Saxonum*. Nel 1204 fu rifondato dal papa Innocenzo III che affidò a Guido di Montpellier la sua ristrutturazione tecnica e assistenziale.
La Congregazione degli Chevaliers Ospitaliers du Saint Esprit diffusero le sue *Regulae* innovative nelle strutture ospedaliere di tutta l'Europa.
Fu ampliato da Sisto IV con le due "corsie sistine", che hanno al centro un tabernacolo con altare, probabile opera di Andrea Palladio.
Un altro papa, Alessandro VII, costruì l' "ospedaletto dei feriti", l'attuale aula magna dell'Accademia di Storia dell'Arte Sanitaria, una specie di Pronto Soccorso in cui si praticava la chirurgia d'emergenza.
Con Giovanni Maria Lancisi, anatomico e clinico del '700, professore a La Sapienza e primario dell'Ospedale, il Santo Spirito diventò un centro per la formazione tecnico-professionale del medico.
La storia del Santo Spirito costituisce un esempio significativo dell'evoluzione dell'assistenza ospedaliera attraverso i secoli.

S16-2
ITALIAN HOSPITALS IN THE OTTOMAN EMPIRE: ISTANBUL, IZMIR, ANTALYA

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The relations between the Turkish and Italian people goes back to the era before Christ. This relation established by means of sea trade has further advanced with rental of Genoese and Venetian ships to Ottoman state. By the end of the nineteenth century, after the establishment of the Italian Union, the relations has improved and the population of the Italian people has increased. With the increase of the Italian population, various institutions such as religious, health and educational etc. have been established in order to meet the needs of this population. Rapid population growth, widerights given to minorities by Ottoman Empire and capitulations have major impacts on acceleration of these institutional studies. In addition missionary activites are also among the main reasons of the increase in these institutions of minorities.
The main purpose of the hospitals was to provide health care service to Italian merchants in the Ottoman Empire. In time, because of epidemic diseases and wars, these hospitals began to provide health care service also to Ottoman people. These hospitals were especially established at major port cities. Istanbul with its strategic importance, İzmir and Antalya with their importance in trading have Italian hospitals. Hospitals were built in Istanbul in 1820, in Izmir in 1710, in Antalya in 1913. But unfortunately only the one at Istanbul has still been providing health care service.
In this paper, Italian hospitals built in Istanbul, Izmir and Antalya will be analyzed with their historical developments according to Turkish Republic Prime Ministry Ottoman Archive documents and their importance will be discussed throughout Ottoman health services.

S16-3
THE RISE AND FALL OF THREE MODERN INSTITUTIONS—GENERAL HOSPITALS, MENTAL HOSPITALS AND PRISONS

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From earliest evidence of urban society, the sick and injured, the mentally alienated, and the offender of social norms have been confined, at least temporarily. However, only by the turn of the 19th century did modern institutions emerge in the service of the larger community.
These modern institutions came from an expression of religious humanitarianism. Religious orders operated general hospitals and those for the mentally ill. The modern prison is related to Quaker ideology and was started at Eastern State Penitentiary at Cherry Hill near Philadelphia.
By the 20th century, these now state operated institutions had contributed significantly to modernism. General hospitals grew attracting specialized staff and equipment. Mental hospitals the second quarter of the century turned to drugs and physical treatment for cures. Even prisons adopted a medical model for treatment of inmates.
However, this paper will argue that all three of these institutions are in decline as outmoded, dysfunctional, costly, and distorted remnants of their earlier promises.

S16-4
FRATELLI NEMICI: H.DUNANT E G. MOYNIER, NASCE LA CROCE ROSSA

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Ufficio Storico CRI regione Toscana, Firenze, Italia

Dopo il successo ottenuto dal suo "un Souvenir de Solferino" H.Dunant fu contattato dall'astro nascente della societa' di pubblica utilita' G. Moynier che era rimasto profondamente impressionato dall'opera, i due uomini della Ginevra bene che si erano gia'conosciuti in gioventu', si trovarono d'accordo per portare all'attenzione internazionale le proposte di Dunant per l'assistenza ai malati e ai feriti sui campi di battaglia. Dal 1862 al 1864 nacquero le socita' nazionali di Croce Rossa e la prima convenzione di Ginevra.A seguito della banca rotta di H. Dunant ma anche
precedentemente il "clima" tra i due membri del comitato dei 5 si guastò e non si ricompose mai, neanche con l'assegnazione del primo premio Nobel per la pace a H. Dunant nel 1901. R. Durand e Francois Bugnion ci hanno fatto l'alto onore di poter realizzare la versione italiana delle loro due importanti biografie rispettivamente su H.Dunant e G. Moynier che tra breve usciranno in Italia per l'edizione di M. B. Firenze.
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S16-5
THE HOSPITAL DE LA SANTA CREU I SANT PAU DURING THE SPANISH CIVIL WAR: CIVIC SOLIDARITY

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The General Hospital de la Santa Creu was founded in 1401 when several existing municipal and religious hospitals merged. Thereafter, the hospital not only catered to the population of Barcelona, but also to all Catalonia, and even to foreigners arriving to the port of Barcelona, one of the most active in the Mediterranean. Cervantes, in his *Don Quixote*, wrote that Barcelona was an "archive of courtesy, refuge for foreigners, Hospital for the poor (…)".
From then on, private benefactors - in general wealthy families - have contributed furniture and real estate for maintenance and renewal of the hospital, currently known as the Hospital de la Santa Creu i Sant Pau (Hospital of the Holy Cross and Saint Paul).
The Spanish Civil War began in Barcelona on July 19, 1936. The insurgents were defeated in Catalonia. On July 26, 1936, the HSP was seized by the Government and changed its name to Hospital General de Catalunya. By then, the Hospital had already changed its location from the medieval building to the modernist complex.
Unlike other areas loyal to the Republic, in Barcelona power was in the hands of revolutionary armed groups, especially anarchists who even occupied the governing bodies of the Hospital. Wealthy donors stopped providing legacies to the Hospital. By contrast, the general population began giving humble donations to the institution, as proof of their appreciation towards the Hospital's activity.
Our communication is based on the study of the documents we've found in the historical archive of the HSP, which also include the donations given by foreign organizations during the three years of war.

S16-6
VICTOR GOMOIU'S PRESIDENCY OF THE INTERNATIONAL SOCIETY FOR THE HISTORY OF MEDICINE AS REFLECTED IN HIS LETTERS TO JEAN-JOSEPH TRICOT-ROYER

Dana Baran
Grigore T. Popa University of Medicine and Pharmacy, Iasi, Romania

The famous Romanian surgeon and medical historian Victor Gomoiu (1882-1960) founded the Romanian Royal Society for the History of Medicine, Pharmacy, Veterinary Medicine and Medical Folklore (RRSHM) in 1929, along with the National Institute and Museum of History of Medicine within "HRH Princess Elena" Establishments he directed in Bucharest since 1925. Gomoiu was also an active member of the International Academy for the History of Science. The RRSHM was soon included in the International Society for the History of Medicine (ISHM) whose IXth Congress was held in Bucharest in 1932, in keeping with the decisions taken in Rome, in 1930. Consequently, Dr. Gomoiu was elected ISHM vice-president (1933), president (1936) and eventually honorary president (1944). Victor Gomoiu was very close to the ISHM founding president, Professor Jean-Joseph-Ghislain

Tricot-Royer (1875-1951), as it results from their private correspondence. Victor Gomoiu's letters have been donated by Professor Jean-Pierre Tricot, Professor Tricot-Royer's grandson, a prominent ISHM personality himself. Covering a significant period between 1928-1949, Gomoiu's texts point out his enthusiastic and constant interest for accurate medical historical investigations, revealing his complex personality, eager to limit dilettantism and improve ISHM functional structures, to update and diversify research and publishing activity. Concurrently, Dr. Gomoiu tried to develop history of science as a whole, in Romania, and encouraged Romanian students' European integration and exchanges with renowned Universities, such as that of Louvain (Belgium). Towering Italian representatives of the ISHM proved to be excellent coworkers and supportive friends. Some of them were awarded honorary memberships of the RRSHM: Davide Giordano, Pietro Capparoni, Arturo Castiglioni, Adalberto Pazzini. Committed to justice and truth, Gomoiu sacrificed his life for his ideals. He was twice imprisoned by both fascist-type (1934) and communist (1949) governments, in a dramatic lifetime which "couldn't always be a bed of roses", as his letters and memoirs testify.

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SESSION 17
History of Medical Education - III

S17-1
THE HISTORY OF JAPANESE MEDICAL SCHOOL IN 18-19CENTURY

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Natural history has had a wide appeal not only in Europe but also in Asia in the 100 years from the mid-Eighteenth century. In Japan there was a prohibition by the Shōgun, the feudal lord of Japan, which forbade voyaging overseas and allowed only Chinese and Dutch merchants into the ports. Because of its status as a "closed country," Japan remained political stable. It allowed for a flourishing of culture and hobbies. One aspect of this was an interest in natural history. It spread not only among intellectuals, but also among the general public. They enjoyed gardening (cultivating bonsai) and breeding (fanciers of goldfish).
Natural history became popular as a scholarly pursuit as well. Ranzan Ono was a great herbalist and a head master of the national medical school. His herbalism developed came to be extensively known, which attracted pupils from all over Japan, and more than 1,000 people graduated from his school.
In the first half of the Eighteenth Century, the government adopted new policy: the development of domestic pharmacopeia. For a long time, most of the materials used to make chemical substances had been imported, so a large amount of silver and copper flowed out of the country. Therefore, new species or subspecies were sought. Scholars met to identify between things and names elaborated in books. In time, they brought rare articles together and organized exhibitions. In 1757, scholars nationwide attended the exhibition in Edo (old Tokyo) showcasing rare articles, and if they could not come to Tokyo, it was possible to send items through the network of the pharmacies. This is the origin of the modern exhibition in Japan.
This paper will examine the history of medical school/group in Japan and argue that how the Japanese herbalism and natural history flourished under the closed country.

S17-2
PHILANTHROPY AND MEDICAL EDUCATION: AN EXAMPLE FROM THE NEAR EAST AT THE DAWN OF TWENTIETH CENTURY

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In the so-called "developing countries", medical education was generally used as a tool for transforming new generations into members of a modern, local elite. At the same time, it has created the healthcare workers needed in order to implement practices of public health, and therefore to maintain labour forces needed for the growing needs of industrial production.
The process of building modern institutions of medical education has already began in the mid-19th century in Ottoman lands. The first institutions were set up by the government, mainly for supplying the healthcare worker needs of the army. On the other hand, it is possible to say that some French and American medical schools contributed greatly to the production of new cadre for the medical profession. As it is generally known, those schools were founded mainly by missionaries. But what is lesser mentioned in the literature is the relationships between those schools and companies seeking investment opportunities in foreign lands.
In this presentation, we will investigate the cooperation between the American Board for Foreign Missions(ABCFM) and the Rockefeller Foundation Health Board, to set up a medical school for girls in Istanbul. This project has failed due to historical circumstances, but a closer look at this project might reveal patterns about the relation between medicine and big capital. What were the operations carried out on Ottoman soil by companies belonging to the Rockefeller Trust? Why was a high-ranking manager of Standard Oil interested and active in setting up a medical school for girls in Istanbul? What were the expected functions and outcomes of supporting medical education in a foreign land? Answering these questions, we will try to understand the goals and methods deployed through medical education, for transforming those parts of the world, which still had local systems of health and healing.

S17-3
HISTORICAL& MEDICAL INFILTRATIONS IN THE BULGARIAN-ITALIAN MEDICAL RELATIONS AND INFLUENCES OVER THE CENTURIES

Zaharina Savova, Karolina Lyubomirova, Magdelena Aleksandrova, Teodor Dimitrov, Staniela Petrova, Miladin Apostolov
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The authors aim at covering the most significant phenomena and precedents in the centuries-long history of Bulgarian-Italian medical relations and influences. The authors focus special attention on: 1) The presence and activities of medieval surgeons, disciples of the Salerno medical school on the Balkan Peninsula; 2) The composition of "Practica Petricelli" by John Petricius (13th century) at the Monastery of Bachkovo near Plovdiv city (Bulgaria), its translation into Latin and use as a manual at the Salerno medical school; 3) The successor of A.Vesalius in Padua, Prospero Borgarucci (16th century); 4) The phenomenal Ivan Raev (1876-1938) born in Sopot (Bulgaria) and his contribution to the treatment of lethargic encephalitis in Italy; 5) The contribution of the Bolognian surgeons and orthopedists, and the impact of the Italian surgery and orthopedics on Prof. Dr. Boycho Boychev (1902-1971), who was the leader of the Bulgarian orthopedics and traumatology. B.Boychev gained the recognition of the Italian medical scientists, who elected him a honorable member of the Italian Society of Orthopedics and Traumatology (1948). However, the one who was most recognized, was Dr.Ivan Raev, a Bulgarian herbal healer, with no medical background, who was invited by the Queen Elena di Savoia to treat encephalitis patients in Rome. Following a successful treatment of more than one thousand patients, Dr.Ivan Raev's therapeutic method *Cura bulgara* was recognized in Italy, Bulgaria and all over Europe. Dr. Ivan Raev was included in the list of foreigners with merits for Italy, he was awarded a PhD degree in Medicine, and the Royal Crown Order. The authors regard Ivan Raev as a great synthesis of scientific and popular (alternative) medicine.
Key words: historical, medical relations, influences.

S17-4
"WESTERN MEDIEVAL PERIOD AND DISEASE CONCEPT": AN EDUCATIONAL EXPERIENCE
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A selective course has been conducted in the 2nd year of Ankara University, Faculty of Medicine during spring semester in 2010-2011. The whole second year students, totally 198 ones, were registered to that course.
The course idea has been based the PhD thesis of the instructor which accepted in 1993 and at the meantime a published book in 1997(1).
Course duration was 16 weeks; one hour per week. Just not lecturing, an interactive method enrichment with group studies, group presentations and discussions by the students theirselves. was selected; One mid term and one final examination were done, feed back was also obtained.
This paper has been devoted to reflect the main features of this unique educational experience with a class of second year medical students.
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S17-5
HIPPOCRATES, LAENNEC AND THE GLASS STETHOSCOPE
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The search for external means to diagnose internal pathology has exercised physicians since antiquity. The ancients used observation, palpation, measurement, uroscopy, succussion, the pulse, percussion and even astrology but it was not until Théophile Hyacinthe Laennec (1781-1826) discovered the stethoscope that this aim was achieved. The first truly non-invasive method for determining internal pathology. Breath sounds are mentioned in the Ebers Papyrus (c.500 BC), the Hindu Vedas (c.1400-1200 BC) and the Hippocratic writings. Laennec ascribes to Hippocrates the idea of listening for breath sounds by putting his ear to the chest and describing them as "boiling vinegar".
Josef Leopold Auenbrugger (1722-1809) watched his father, an inn keeper, tap barrels of beer to determine fluid levels and applied this method to the chest and described it in his book. This book was translated into French by Jean-Nicholas Corvisart (1755-1821) who went a step further and used direct auscultation by putting his ear to the chest and taught this to his pupil Laennec.
Laennec became frustrated while examining an obese, female patient, took a quire of paper from a student, rolled it up and listened to the heart. He made stethoscopes out of paper, wood, glass, metal and goldbeaters skin (calf intestine). He sold one with each book.
Few glass stethoscopes survive but it is difficult to say whether few were made or most lost because of their fragility. The writer could only find three. There is one in the museum of the Royal College of Physicians and the writer has acquired two others. The two glass stethoscopes in my collection are about 40cms long, one is finely sculpted and ornate whilst the other is sturdier. These will be illustrated and discussed. These stethoscopes are sometimes known as "epidemic" or "pauper" stethoscopes.

S17-6
IN BETWEEN THEORY AND PRACTICE – MEDIEVAL MEDICAL NOTEBOOKS FROM THE CAIRO GENIZAH
Efraim Lev
University of Haifa, ISRAEL

This work presents fragments of medical notebooks found in the Cairo Genizah (mainly 11th-13th century) that comprise a unique source of historical data for scholarly study and for a better understanding of the ways in which medieval medical knowledge in Egypt was transferred from theory to practice and vice versa.
Learning and analysing the medical fragments of the Cairo Genizah led me to devise a method to distinguish different groups of information emanating from the fragments: theoretical professional medical writings, mainly contained in medical books, and authentic practical medical knowledge, customarily found in prescriptions, lists of drugs, and letters. The seventy fragments of medical notebooks do not perfectly match either of the above groups of fragments owing to their unique characteristics.
In my presentation I claim that these documents provide the most direct evidence we have for preferred practical medical recipes because they record the choices of medical practitioners in medieval Cairo. Since the language most commonly used in the Genizah's medical notebooks was Judaeo-Arabic, they were evidently written by Jews. The medical genre in the notebooks was primarily pharmacopoeic, consisting of apparently original recipes for the treatment of various diseases. There are also a few notebooks on *materia medica*.
The subject matter of the Genizah medical notebooks shows that they were mostly of an eclectic nature, i.e. the writers had probably learnt about these treatments and recipes from their teachers, applied them at the hospitals where they worked, or copied them from the books they read. Foremost among the subjects dealt with were eye diseases, followed by skin diseases, coughs and colds, dentistry and oral hygiene, and gynaecological conditions. The writers of the Genizah notebooks apparently recorded the practical medical knowledge they wished to preserve for their future use as amateur physicians, students, traditional healers, or professional practitioners.

SESSION 18
Medical Biographies - II

S18-1
WAS DANTE A PHYSICIAN? EVIDENCE SUPPORTING HIS TRAINING AND UNUSUAL PRACTICE
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Dante Alighieri (1265-1321) became a member of the physician and apothecaries guild in Florence in order to participate in public affairs. Florentine law passed in 1295 required enrollment in one of the Corporazioni delle Arti e dei Mestieri (lit. Corporations of the Arts and Crafts) as a prerequisite for election to office. Dante was elected as one of Florence's priors in 1300 as a representative of the physician and apothecaries guild and wears the garb of a physician in contemporaneous artistic representations.
Several lines of indirect evidence suggest that Dante's interest in medicine was more than passing. First, his beloved Beatrice's father Folco Portinari was the main benefactor for the innovative Santa Maria Nuova Hospital in the center of Florence near the probable site of the Alighieri home. The Santa Maria Nuova Hospital was known throughout Europe as one of the most scientifically organized, beautiful, and effective hospitals in the world. Literary evidence suggests that Dante studied medicine using popular medical textbooks of the time such as Dioscorides's Materia Medica and understood contemporary concepts of medicine and physiology. Dante may have formally studied with Taddeo d'Alderotti who is described in the Paradiso and was the founder of the Florentine school of Medicine. Additional literary evidence suggests that he may have even studied medicine in nearby Bologna and/or Padua.
Literary evidence from The Divine Comedy indicates that Dante was well aware of the common diseases of his region and knew the prominent hospitals in Italy. The Divine Comedy itself can be viewed as a recounting of Dante's own path to healing and the path that he saw all men must take to gain the true health of their souls.
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S18-2
LA TRAGICOMEDIE DE CHARLES PATIN
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Gui Patin (1601-1672), qui fut doyen de la Faculté de médecine de Paris, est surtout connu pour avoir écrit de nombreuses lettres à quelques amis de provinces, lettres regroupées et publiées par la suite, qui donnent une image originale de l'état de la médecine à Paris au XVIIe siècle. Charles Patin (1633-1693), troisième fils de ce dernier, fut un personnage brillant, à la fois écrivain, avocat et médecin, qui était promis à la plus belle des carrières dans la capitale française.
Mais les hasards de la vie l'ont conduit à s'éloigner de Paris et de la France dans des circonstances rocambolesques, avant de finir sa vie à Padoue où il devint un Professeur de médecine reconnu et aussi l'un des membres les plus marquants de l'académie littéraire des Ricovrati.
Mêlé à une affaire de contrebande de livres en provenance de la Belgique et de la Hollande, il dut en effet s'exiler de France à la fin de 1667 ou au début de 1668, avant d'effectuer un long périple dans divers pays d'Europe : Allemagne, Angleterre, Suisse, Italie... jusqu'à son arrivée à Padoue en 1676. C'est cette histoire exceptionnelle, que l'on peut considérer comme une véritable *tragicomédie*, que les auteurs racontent dans cet exposé, où l'on verra que Charles Patin fut la victime indirecte de plusieurs évènements marquants de l'histoire de France, au début du règne de Louis XIV.

S18-3
INTRODUCTION A LA CONNOISSANCE DES MEDAILLES DE CHARLES PATIN - OU : LE DEBUT DE SES ENNUIS QUI FINIRONT A PADOUE
Alain Ségal, Philippe Albou
Société française d'histoire de la médecine

Les auteurs voient dans cet ouvrage une opportunité saisie par l'éminent numismate et brillant docteur-régent Charles Patin pour instruire plaisamment sa majesté Louis XIV d'autant que Charles Patin lui avait déjà rédigé un ouvrage sur les devises et emblèmes de la maison royale avec son appréciable *In Stirpem Regiam Epigrammata* rédigé entre 1662-1665.
Son *Introduction à la connoissance des médailles* est parue suite au transport vers le Louvre en fin d'année 1660/début 1661 des collections léguées au roi par Philippe d'Orléans celui que l'on nommait Monsieur, mécène aussi généreux que collectionneur fin et cultivé. Déjà, sitôt la parution de l'ouvrage majeur de Charles Patin que fut le *Familiae romanae in antiquis numismatibus ab urbe condita ad tempora,* il y eut d'emblée des attaques injustes et partisanes. Alors, observe-t-on en 1665 pour la sortie de son *Introduction* des attaques identiques, malhonnêtes et méprisantes émanant en particulier du Sieur Denis de Sallo dans le tout récent *Journal des sçavans* tout comme il en fut aussi pour son ami le savant grammairien Gilles Ménage. Ce personnage qu'est Denis de Sallo n'est pas quelconque car c'est un conseiller au Parlement de Paris mais aussi le Directeur de ce Journal des scavans qui est de plus un homme entièrement à la botte du ministre Colbert. Cela explique bien l'attaque immédiate dès la sortie de l'I*ntroduction à l'histoire par la connoissance des médailles* avec une franche malhonnêteté intellectuelle comme le montre la page 87 du *Journal des sçavans* de 1665 ce qui ne sera pas d'ailleurs sans réponse! À cela, s'ajoute chez le père et le fils non pas seulement une passion de bibliophile mais aussi une indéniable bibliomanie qui finira par perdre Charles Patin, l'obligeant à quitter en urgence la France pour le conduire après un long périple européen à Padoue où l'éminent professeur de médecine et chirurgie resplendira et deviendra même une personnalité marquante hautement protégée par la Sérénissime, trop heureuse d'indisposer le Roi Soleil! Malgré la grâce du roi Louis XIV et son insistance renouvelée pour un retour en France, Charles Patin ne reviendra jamais car la blessure subie ne cicatrisa jamais et il restera à Padoue couvert d'honneur jusqu'à sa mort. Les diverses et nombreuses rééditions de son *Introduction à l'histoire des médailles* relatent indirectement toute cette aventure étonnante, reflet d'une impitoyable censure royale conduite par le Lieutenant de la police Nicolas de La Reynie, sous les ordres attentifs du ministre Jean-Baptiste Colbert.

S18-4
FREI CANUTO AMANN, HIS MEDICAL PRACTICES AND CONTRIBUTIONS TO THE HISTORY OF MEDICINE IN BRAZIL
Norma Marinovic Doro
Federal University of State Mato Grosso Sul History Tres Lagoas – Mato Grosso Do Sul, Brazil

This communication presents the life story of the Franciscan friar Canuto Amann, a religious missionary of German origin and his contribution to the knowledge of Brazilian medicinal plants and methods of treatment. The small Brazilians villages do not have access to academic medical centers or large hospitals. Country of many contrasts, Brazil has always lived since the beginning of its colonization to the present, a dichotomy between the isolation of populations scattered throughout the tropical and semi-arid areas of the savanna and the existence of populous and developed cities, possessing large medical centers. Frei Canuto had an university degree in Natural Sciences from the University of Tubinge, Germany, as well as philosophical and theological studies obtained in the Order of St. Francis. Having arrived in Brazil in 1937, he settled in the Midwest, living with simple and helpless people. In his role as pastor and rescuer he has faced a region of exuberant nature from which he extracted valuable knowledge. This related to his academic background gave him a medical know-how of practice to help patients and to write the book *"Help for the sick of the countryside: the miracle of its healing flora"*. His work contributed to the knowledge of medicinal plants and healing methods of popular origin. It provided economic and emergency solutions that were not available to these populations. In mid-twentieth century Canute Friar has highlighted the importance of prevention and health maintenance: *"to feel energy and vigor is to keep the elasticity of both mind and body, is to have the desire to be active, is to feel free from fatigue; is to have vitality"*. As if a slogan of the modern medicine nowadays, it is an essential message for healthy living and disease control.

S18-5
A REFUGEE WHO CONTRIBUTED TO PATHOLOGY SCIENCE IN TURKEY; PROF. DR. SIEGFRIED OBERNDORFER
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Turkey has witnessed a university reform in 1933, where most of the academicians were laid off from their institutions. Around the same period, Hitler's regime came into power with Nazi Party in Germany and many anti-Nazi scientists were called "non-Aryans", suffered from cruelty, arrestment and forced to leave the country. Turkey was a safe sanctuary for those scientists, who were trying to escape from a depressional environment. Among many others all around the world, Istanbul University was one of the universities that welcomed those scientists and gave support to conduct their studies. Such scientists, who came and started to work at the universities in Turkey, made valuable contributions in the field of science (1).
Prof. Dr. Siegfried Oberndorfer (1876-1944) was one of the renowned foreign scientists that was recognized for his successful studies in the Pathology field. He lived in Turkey between 1934-1944 and conducted his research as the director to the Institute of Pathology at Istanbul University. During this time, he published many articles and trained a number of students and specialists in this field (2).
We aim to put forward Prof. Dr. Oberndorfer's valuable contributions to Turkish Pathology science in this presentation.
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S18-6
DR. LUIGI MONGERI (1815-1882): *PINEL* OF TURKISH PSYCHIATRY
Fatih Artvinli
Yildiz Technical University, History of Modern Turkey Department, Besiktas, Istanbul, Turkey

It was not until the 18th century that psychiatry began to emerge and define itself as a medical discipline. The most prominent figure in the history of psychiatry is Philippe Pinel (1745-1826) who removed the chains from patients and put "moral treatment" into the scene. Moral treatment and non-restraint movement spread to all Europe during the 19th century. The pioneer of modern psychiatry in the Ottoman Empire was Dr. Luigi Mongeri, an Italian physician described by some as "Pinel of Turks" or "the father of modern psychiatry in Turkey".
Dr. Luigi Mongeri was born in Milano and after receiving a degree from the faculty of Medicine in Pavia, he studied for a short time in the faculty. He moved to İstanbul in 1839. Dr. Mongeri worked in different cities at Anatolia and Crete until 1856 when he was appointed as a chief psychian to *Suleymaniye Bimarhanesi,* the central lunatic asylum of the Ottoman capital in the nineteenth century. Dr. Mongeri attempted to improve the conditions in the asylum and established the practice of modern psychiatry in the Empire. The main transformations took place after the transfer of the mentally ill patients from Suleymaniye to Toptaşı Asylum at the end of 1873. Dr. Luigi Mongeri, who became the administrative chief of the Toptaşı Lunatic Asylum, declared the *Bimarhaneler Nizamnamesi (The Regulations on Asylums)* in 1876. It was the first Law of Lunacy that included detailed regulations about the administration of asylums and insanity in the Ottoman Empire. Dr. Mongeri was also the first psychian who published articles about modern psychiatry, forensic psychiatry, different types of mental illnesses and conditions in asylums. Focusing on the biography of Mongeri, this paper aims to discuss Dr. Mongeri's reform attempts to institutionalize modern psychiatry in Turkey and their consequences.

SESSION 19
Arts and Medicine

S19-1
THE DEATH OF DANTE: A REVIEW OF THE LITERARY, HISTORICAL, AND EPIDEMIOLOGICAL EVIDENCE
James E. Bailey
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The untimely death of Dante Alighieri (1265-1321) at age 56 has been the subject of extensive discussion and controversy. Dante fell sick and died rapidly in Ravenna in 1321. It is commonly suspected that he died of malaria. Direct evidence regarding Dante's cause of death is scant. But reviewing the circumstances of his death from the perspective of a travel medicine physician familiar with the common ailments of the period and geographical area provides helpful insights. This paper will review the literary, historical, and epidemiological evidence regarding the cause of Dante's death.
The basic historical context of Dante's death is fairly clear: After a several Venetian sailors were killed as a result of an altercation between Ravenna and Venice, Dante was sent to Venice as part of an embassy to the Doge of Venice. Toynbee reports that the embassy was not given permission to return to Ravenna by sea and was forced to journey overland along a "malarious seaboard". This resulted in Dante contracting a fever "on the way" and dying not long after his return to Ravenna on September 14th, 1321 near the ides of September. Epidemiological evidence suggests that Dante's rapidly progressive illness developing during a long overland trip through was most likely caused by falciparum malaria. Onset of symptoms is rapid with *P. falciparum*, usually within 6-14 days, consistent with the course of Dante's illness. Most severe and deadly malaria is caused by *P. falciparum* and can progress rapidly to coma and death. Historical and archeological evidence suggest that *P. falciparum* was endemic in the Veneto and Emilia Romagna coastal regions of Italy in the middle ages. Involvement in politics led to Dante's exile and resulted in a terrible journey that ended in his death.
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S19-2
MAIMONIDES AND THE HISTORICAL NOVEL "THE TALISMAN" BY WALTER SCOTT
Javier Luna Orosco Eduardo
Chair of the History of Medicine-University Our Lady of La Paz, Bolivia. Bolivian Academy of History of Medicine

The result of a happy discovery and reading of a literature curiosity, as it turns out the first edition in Castilian of the historical novel "The Talisman," originally written in English by the Scottish novelist Sir Walter Scott and translated by D. Joaquin de Mora in 1837 for publication in Paris by the American Library, recalls the venerable figure of the philosopher-doctor Moses Ben Maimon, also known as Maimonides; who according to some medical historians corresponds to the character of The Haquim of said novel, appearing as the Arab doctor of Sultan Saladin, who provides medical care to King Richard the Lionhearted of England, during the time of the Third Crusade, between 1189 and 1192.
Maimonides, born in Cordoba, Spain in 1135, died in Cairo, Egypt in 1204 and buried in Tiberius, Israel, is considered one of the leading medical figures of the Arab world despite his Jewish background, with a very unique and intense life who, after the death of his father and brother - the latter a wealthy merchant in precious stones and supporter of the family who drowned along with his fortune in the Indian Ocean - decided to pursue medicine, coming to hold such importance that Saladin put his trust in him, equally as a family physician, counselor and friend, even writing a work dedicated to the eldest son of the Sultan entitled "Book of Advice" where he admitted that true happiness is only found in the things of the spirit.
Both in the medical and philosophical fields, Maimonides wrote many works, among which doctors can cite his "Treatise on Poisons," "Aphorisms according to Galen," and "Causes and Nature of Disease," where he shows his wisdom by advising the use of simple drugs before complex mixtures and his opposition to all forms of magic and astrology.
Sentenced to exile for his advanced ideas and for not accepting the Muslim faith, Maimonides went to Morocco and Cairo where he displayed all his talent, creating his main work the "Guide for the Perplexed," where he reconciles religion with medicine, considering the patient as a human being and not merely a clinical case, in addition to his "Commentary on the Mishna," "The Religious Code," and numerous writings on Aristotle, bringing him into harmony with Moses, who held great influence on European theologians such as Alexander of Hales, William of Auvergne, Albertus Magnus, Thomas Aquinas, Vincent of Beauvais and Duns Scott, who similarly tried to adapt the philosophy of Aristotle to Christianity.
Finally, it is worth noting the Oath of Maimonides, which together with the Hippocratic Oath, constitute the principal ethical references for the professional work of a physician.
This summary of the work is submitted for consideration by the organizers of the International Congress of History of Medicine in the city of Padua, nevertheless it should be added that the final elaboration and presentation will be nuanced with various visual images related to the subject.
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S19-3
THE ANATOMICAL SCULPTURE IN THE SECOND HALF OF XVIITH CENTURY: THE ARTISTIC CAREER OF GIOVAN BATTISTA MANFREDINI
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Some researches have been started within a collaboration project between the University of Modena and the University of Padua and about the anatomist Antonio Scarpa (at the conference of UNIVERSEUM - June 2011 http://www.musei.unipd.it/eventi/doc/universeum/Book_Abstracts.pdf), who graduated at the University of Padua and had his first teaching appointment in Anatomy and surgery in 1772 at the University of Modena,
to provide an in-depth overview on how in the second half of XVIIIth century the progress of the study and of the teaching of Obstetrics determined the realization of a considerable "suppellex obstetricia", that is to say obstetric models in wax or clay for educational purposes.
It was fundamental the activity of Giovan Battista Manfredini (1742-1789), a bolognese sculptor who had been very active in the production of anatomical models: his activity as a sculptor was recognized by his contemporaries who in 1785 appointed him effective member of the Accademia Clementina, in the Class of Anatomical Sculptors, not less important than his Bolognese forerunners, Giovanni Manzolini and Anna Maria Morandi Manzolini.
The researches aim at first at comparing the documentation on Manfredini with the works that have been attributed to him also according to stylistic comparisons, starting from colored wax and clay anatomical models that have been attributed to him, with specific in-depth researches for those that at present are preserved at the University of Padua (Department of Woman and Child Health – Obstetrical Clinic) and at the University of Modena (Anatomical Museums) in comparison with those preserved in Bologna (Museum of Palazzo Poggi) and Rome (National Museum of Medical History of Art), trying to define those stylistic and fabrication peculiar features that characterize his anatomical production.
At second to re-discover and recognize other models created by Manfredini, not only for other Italian towns, like those of Mantua, but also for other European countries, like Poland or Russia, for which it is necessary to deepen the researches and, however, testify the close connection of the expertise of Manfredini with the progress of the studies of Obstetrics in Europe.

S19-4
WAX MODELS IN THE HISTORY OF DISEASES
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"Luigi Cattaneo" Anatomical Wax Model Museum, University of Bologna, Italy

During the XVIII century the ancient craft of wax casting had become a widespread and effective documentation tool in medicine and the natural sciences in general. In the medical field, wax models of normal anatomy, flanked by obstetric wax models, wax replicas of microscopic specimens and pathologic preparations gained increasingly popularity as teaching tools in universities and hospitals. In the XIX century wax moulding broadened from normal to pathological anatomy, depicting myriad morbid conditions. Wax models of diseased body parts solved the problem of conserving pathological materials, and gave students an immediate and effective grasp of illnesses, much better than chemically fixed organs and tissues, particularly in terms of color and a three-dimensional view. In addition, the most interesting cases could be preserved in museum collections that burgeoned all over Europe. The pathologic wax models can be grouped into three main classes: teratology and congenital malformations, samples from autopsy findings, and clinical pictures of diseases. The models on display in the Luigi Cattaneo Wax Models Museum at the University of Bologna are mainly the work of Giuseppe Astorri (1795-1852) and Cesare Bettini (1814-1855), but also other lesser-known wax modelers. They constitute documentary material not only of common morbid conditions but also of rarer diseases. These rare illnesses were often depicted because of the lack of effective treatments at that time able to modify the clinical course until advanced or terminal disease presentation, currently a very difficult and unlikely observation.
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S19-5
LA MEDICINA DEL SECOLO XX ATTRAVERSO LA PITTURA DI ROBERTO FANTUZZI
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Dall'antichità, l'esercizio medico è stato utilizzato come ispirazione da artisti di diverse discipline come scultori, scrittori, musicisti o pittori. Di questi ultimi, qualcuni sono rimasti nella storia; i loro cognomi sono associati ad alquni oli che ricreano l`atto medico, cosí succede con Rembrandt, Goya, Simonet o Jan Steen, alcuni di essi, anche, autori di una quantità di quadri su questo tema. È possibile, anche, identificare alcuni artisti come referenti di quest`epoca (vale a dire, la reappresentazione dell`atto medico), secondo il secolo in cui è vissuto ciascuno. Ma non si associa nessun pittore del secolo XX, con rilevanza internazionale conosciuta, a questo tema, sebbene in testi trovati in differenti paesi, si legga su collezioni di quadri realizzati da uno stesso artista: Roberto Fantuzzi.
Fantuzzi è stato un artista italiano che ha fatto molte opere pittoriche che si caratterizzano per ritrattare gruppi di medici. Ogni quadro è di molta importanza per essere testimonianza di un momento nella storia della medicina. Intanto che questi quadri possono trovarsi in scuole di medicina, ospedali o accademie di medicina in alcune parti del mondo, i dati biografici dell`autore di solito sono difficili da trovare.
Questo lavoro è la presentazione di un frammento di una ricerca che quest`autore porta avanti da otto anni, cercando i quiadri che Fantuzzi ha fatto e che pochi conoscono. A mio avviso, è autore di una delle principali collezioni di pitture che seguono uno stesso tema.

S19-6
VIE ET MYTHE D'UN CÉLÈBRE BLÉSSÉ DE GUERRE: LE POÈTE GUILLAUME APOLLINAIRE (1880-1918)
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L'écrivain Guillaume Apollinaire (1880-1918) a participé à tous les mouvements d'avant-garde de sa génération: ses deux principaux recueils poétiques – *Alcools* (1913) et *Calligrammes* (1918) – témoignent de son audace, de sa ferveur lyrique et de sa sensibilité douloureuse. Il a contribué à orienter la poésie française vers des voies inexplorées et a annoncé le mouvement surréaliste d'entre les deux guerres.
La correspondance de guerre de l'écrivain, ses écrits divers ne sont largement connus ou rétablis que depuis quelques années.
C'est la mémoire de guerre du soldat-poète combattant – l'apatride né à Rome d'une famille polonaise, le patriote sincère de la France et de son patrimoine intellectuel – qui s'engage volontaire et fait de l'apologie de la vie dans la mort.
C'est surtout la douloureuse expérience du bléssé de guerre (éclat d'obus dans la région temporo-pariétale droite): une histoire médicale et chirurgicale prolongée et tourmentée, avec des séquelles représentées par des signes fonctionnels (paralysie de l'hémi-corps gauche) et comportementaux (agressivité, dépression), secondaires à un hématome infect sous-dural traité enfin auprès de l' "Hôpital Militaire Italien" à Paris – le dit "Hôpital complémentaire n° 11 du Val-de-Grâce" – distribué en deux édifices: la *Villa Molière* à Auteuil, et l' *Hôpital de l'Ambassade d'Italie* ou *Hôpital du Gouvernement Italien* au Quai d'Orsay.
La mémoire de l'engagement et de la blessure au crâne du poète ont ensuite hanté des générations d'artistes et d'écrivains, français ou étrangers, tout le long du XXe siècle et jusqu'à nos jours.

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SESSION 20
Public Health Problems in ancient and contemporary Society

S20-1
THE CRADLE OF WHITE ARCHITECTURE. SANATORIUM ARCHITECTURE AS FIRST PROPHYLAXIS AND THERAPY FOR "CONSUMPTIVE" TUBERCULOSIS: THE PIONEER CASE OF MADEIRA, PORTUGAL (1856)

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In the mid-nineteenth century, tuberculosis projects itself as the disease of the twentieth century: its treatment and its prophylaxis is, to date, a prognosis of imminent death. In 1850, cases of death in the world are catastrophic, and the hecatomb will continue until the 1940s, when the first treatments for the disease feature relative results.
Architecture, as design and construction of typified "sanatorial" structures systems will operate, alongside the obvious hygienic and bacteriological progress of scientific knowledge, as the only functional therapy of this disease, interpellating the black world of „consumptives" with palliative indications and architectural and construction systems to allow air, rest and feed (the famous triad of Brehmer), as a meaning to reduce or mitigate the symptoms of a foretold death.
The island of Madeira (Portugal) saw the birth of the first buildings for the treatment of pulmonary tuberculosis, even before the widely known Hermann Brehmer and Falkenstein sanatoria, after extensive studies by renowned climatologists and international medical doctors. From the construction of the first sanatorium (1856), the island becomes a stage where tuberculosis desperate attempts an unusual cure: the experience of architecture in all its synchronicities, climate and tectonics, the languor of experiences. The sanatorium architecture system is, as happens at the level of medicine more developed countries, a system where palliation is the premise to survive, before taking contours of safeguard of contamination „container".
This article attempts to analyse the architecture of these early asylums, along with the medical program that has always accompanied and challenges the discipline of architecture, both nationally and internationally, together with the Portuguese case - pioneer – of these architectural systems.

S20-2
"NOT IN MY SKIN": CONTROVERSIES ON SMALLPOX AND SMALLPOX VACCINATION IN LATE 19TH CENTURY BUENOS AIRES (1880-1900)

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Smallpox was a disease that deepened the gap that divided the elite and workers in Argentina in the late 19th century. The population experienced not only an intense fear and rejection of the disease, but also to prophylactic measures such as vaccination.
But was this rejection homogeneous? How did the different social groups signify smallpox and anti-smallpox vaccination? How were the prophylactic measures undertaken in spite of this rejection? What roles did physicians play in this discussion?
This paper explores how different social groups attributed to smallpox and vaccination different meanings. On the one hand, the economic and intellectual elite regarded smallpox as a disease of the poor, and blamed them for their presence and permanence in the country. They sustained the idea that vaccination should be imposed only on the working class and not on the wealthiest classes. On the other hand, lower social strata refused to undergo vaccination, mistrusting the procedure since it was synthesized, distributed and administered by elite members.
The physicians who joined the movement of the hygienists took for themselves the task of convincing the different groups to accept anti-smallpox vaccination. In this process, they dealt with prejudices relative to the disease and the vaccine, and with the influence on lower classes of popular healers, who were opposed to the procedure.
This paper aims to analyze how different social groups signified smallpox and anti-smallpox vaccination, the resources available for disease prevention and the measures taken by the Argentinean government to control and eradicate the disease.
The study is based on a documentary analysis of primary sources from the revision of theses and memoirs of Baldomero Sommer, Juan José Díaz and José Penna, prominent physicians of the time who held different views of the problems and solutions related to smallpox in late 19th century Buenos Aires.

S20-3
FIGHT AGAINST ALCOHOLISM IN THE EARLY TWENTIETH CENTURY IN ROMANIA

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Swedish physician Magnus Huss introduced in 1852 the term alcoholism in the medical vocabulary, a word that appears since 1866 in encyclopedic dictionaries.
In the same period, Ch. Darwin said: *„From my father and my own observations, I believe that alcoholism brought more human losses than the plague and cholera combined".*
In the late nineteenth century and early twentieth century, when most peasants lived in conditions of misery and poverty, the problem of alcoholisma, problem closely related to socio-economic conditions, was increasingly felt. In Romania in 1924, for example, 60% of corn produced was converted into alcohol, peasants buying because of this *„bread of poor quality from fairs".* It contributed to higher prices of main basic foods (bread and polenta).
In this period the first antialcoholic manifestations movements appeared, led by the most important personalities of medicine at that time: Phd.Md. Babes, Marinescu, Obreja, Parhon, Minovici, Proca, Felix etc.
In 1897 the first antialcoholic society was established – *The Romanian League against Alcoholism* - founded in Iasi. Later, in 1927, *The Temperance Society* was established.
In parallel, several associations were functioning such as the *Association for Civil and Political Emancipation of Romanian Women*, publications were issued in order to achieve health education for masses (eg. *Antialcoolul* - Antialcoholism), conferences, congresses (in 1900, for example, the *General Association of Physicians Congress* was dedicated in totality to the problem of alcohol and alcoholism).
During these manifestations the doctors argued the need for extensive social measures to solve this problem. But neither the state nor the individual at that time wanted to give up alcohol. Fashion, tradition, financial interests were stronger than probable health hazards from heavy drinking.

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S20-4
COMMERCE AND RELIGION IN ZHANGSHU - THE MEDICAL CITY OF CHINA
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Throughout the Qing dynasty (from A.D.1644 to A.D.1912), the commodity economy and domestic distribution developed dramatically in China. Under this circumstance, the Chinese medical market also expanded rapidly. During that period, the traditional Chinese medical merchants in Zhangshu, a small town in Jiangxi Province, took the initiative in this market. (1) This research will study the activities of traditional Chinese medical merchants, and the level of their success or failure according to their trade activities, as well as to discover their economical impact to Zhangshu society.
Geographically speaking, Zhangshu was benefited from its special location between the two essential rivers-Gan jiang river and Yuan jiang river, which made the trade much more convenient. Moreover, the technical proficiency in pharmacy made Zhangshu a mature market compared with the other cities in China. That's the reason why at that time, Zhangshu became an emporium of medicines.
Developed in such background, a Taoism shrine called Sanhuang Palace was established at the end of Qing Dynasty, donated by those medical merchants, to worship the 12 gods who were related with the Chinese traditional medicine or agriculture. Each year in this shrine there was a grand temple fair, and many merchants came back from all over China to participate this annual festival for their medical trade. This phenomenon in Zhangshu society perfectly shows the close integration of traditional Chinese medical commerce and its medical belief.
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S20-5
PUBLIC HEALTH CONCERN OF PRINCELY STATE OF BRITISH INDIA: A CASE STUDY HEALTH SYSTEM OF THE BARODA STATE
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The importance of public health is being gradually recognised by state governments, social scientist and medical scientists. It has been realised that many of today's health problems are attributed to food habits, surrounding environment, attitudes, beliefs, customs and value system of society. Thus public health is closely associated to social pattern.
The magnitude of health education, a newly emerging speciality, has been realised during last few decade, but not much emphasis has been laid by the health administrators for its application in preventive and control strategies laid down in various national health programmes. The public health and sanitation in the Baroda state is a study to gather an idea or lesson from history for number of present states of India. This research work is an inquiry into the Gaikwad house pertaining to the health concern of its mass. The study of primary sources of Gaikwad period suggests that the state had taken number of measures to deal with this issue and they paid great attention to improve public health.. The question of the settlement of public health and sanitation was the most difficult one at that time. The energies of the best thinkers, financiers and statesmen were utilised to tackle the issue. This research is an introspection into hygiene and sanitation condition of people and efforts of the state to improve it.

Primary Sources:
- Gazzeteers of India
- Baroda Medical Code 1930 and 1940

S20-6
THE ITALIAN NATIONAL HEALTH SYSTEM AND THE MANAGEMENT OF PUBLIC HEALTH ON LOCAL LEVEL BETWEEN THE 19TH AND 20TH CENTURIES
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Public health was one of the thorniest issues in the context of the process of Italian national unification. During the second half of the 19th century many attempts were made to give to the new State a homogeneous system for the "government and administration" of diseases, public hygiene and medical assistance; but it resulted harder than expected, as equally hard proved to be the introduction of an organic code.
Bearing in mind what where the most significant issues related to the sanitation of the peninsula between the two centuries, this work aims at highlighting the fundamental aspects of the great reform promoted by Francesco Crispi and will try to analyze the basis of the system of management and control of diseases in its articulation at local level.
We will try to examine in particular, taking into account the positive and negative impacts they had on the system, two key figures that to our judgment are strategic in the comprehension of the relations between central sanitary structures and peripheral ones: the province doctor and the health officer.
The first one is an eclectic figure, who required a considerable preparation and efficiency in order to cover every sector of public health but at the same time subject to the authority of the prefect and almost entirely without any real autonomy of initiative. The health officer instead represented the means by which the capillary work of introduction of the health system at local level was conducted and the guarantee that the health measures adopted would be taken on the basis of the real needs of the population. As a technical organ, however, the health officer shared the strong dependence by the central administration.
The research was conducted consulting documentation from the Central Archive of the State in Rome, specific legislation and manuals dating back to the years examined.

SESSION 21
History of Diseases - II

S21-1
LE MALATTIE CONGENITE NELL' ANTICO EGITTO
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Nell' ambito dell' interazione tra uomo ed ambiente è interessante valutare quale incidenza abbiano avuto le malattie congenite e quanto queste abbiano influito sull' evoluzione biologica e sociale delle popolazioni: a tal proposito può diventare utile una loro revisione al tempo degli antichi Egizi, che biologicamente ben si prestano a questo tipo di indagine (storicamente hanno coperto un lungo periodo di tempo dall' era predinastica all' epoca romana e, accanto ai resti ossei, attraverso la mummificazione, hanno tramandato anche i corpi). Essi curavano la perfezione fisica ed interpretavano le malformazioni come segni o di degenerazione o di divinità, con limiti molto sfumati tra le due classi. L' esempio classico è fornito dall' acondroplasia: nella civiltà egiziana il nano assume sempre un ruolo dignitoso nell' ambiente di corte come Seneb o Khnoum-Hotep, o addirittura divinizzato come il dio Ptah-Pateco. Tra le malformazioni scheletriche sono segnalate le anomalie di fusione quali le disostosi craniche, l' oxicefalia, la sindrome di Apert; riferiti anche casi di microcefalia e idrocefalia. Comuni erano le anomalie degli arti: piede cavo, piede torto, piede equino e la lussazione congenita dell' anca evidenziabili in raffigurazioni come quelle di Beni-Assan o El-Amara e repertati in numerose mummie. Frequenti pure l' osteogenesi imperfecta, la palatoschisi e, a livello della colonna vertebrale, spondilolisi, iatus canalis sacralis, sacro con sei elementi, spina bifida, sindrome di Klippel-Feil. La possibilità di poter disporre delle parti molli ha permesso di acquisire dati più significativi: mediante preparati istologici si è dimostrata la presenza

di emoglobina fetale in emazie a bersaglio o malformazioni dell' apparato genitale femminile in una mummia. Nuovi orizzonti si sono aperti recentemente, da quando nuove metodiche hanno permesso di isolare il DNA dalle mummie, fornendo ulteriori prospettive allo studio della paleogenetica.

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S21-2

A VICTORY OVER THE PLAGUE IN MOSCOW 1771–1772

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In December 1770 during the first Russian-Turkish war (1768–1774) in spite of a very cold winter a plague was brought to Europe and then to the Russian capital Moscow. In the struggle against these evil epidemic, the new and original anti-plague measures were used and practiced by the Russian authorities and doctors. The main measures were the following: (1) the government planning, financing and controlling hospitals, quarantine houses, trade, police, burial-service; (2) everyday statistics of mortality and morbidity; (3) health education for the public (leaflets, explanatory works); (4) financial incentives for the people who came to hospitals and quarantines of their own accord, and new clothes for them on discharge from the hospital, free of charge; (5) food supplies for Muscovites by the State treasury; (6) State care of a Children's home established for orphans; (7) special places for beggars at the Ugresh Monastery supported by the State treasury; (8) organization of burials financed by the State treasury and carried out by special groups of sentenced people, with special horses, in special places outside the city; (8) planned sanitary works all over the town after the epidemic.

As a result of all measures mortality was decreasing and in November 1772 the epidemic was stopped. In this great victory doctors Afanasiy Shafonsky and Danilo Samoylovich should be given a special credit.

In 1775 Afanasiy Shafonsky published the fundamental work summarizing the experience of this great victory over the plague (with supplement of all 212 official documents). This presentation, based on the original publications of that time, resurrects the forgotten role of Russian nobles, the Senate, Empress Catherine the Great and Count Gregory Orlov in the successful organization of the struggle against this evil epidemic of the plague.

S21-3

SOCIALLY INDICATED VARIABILITY OF THE SPANISH INFLUENZA (1918-1920) SEX AND AGE MORTALITY RATES

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A comparison of global and national mortality rates of the Spanish influenza pandemic (1918-1919) shows significant differences, which have not been closely studied. We believe that this geographic variability in pandemic mortality might be attributed mostly to regional social conditions, since socio-economic aspects of life inevitably intermediate between man and disease. Therefore, differences in the level and dynamics of social development should influence epidemiological and demographic diversity of the pandemic, including variability of pandemic mortality rates. Starting from this assumption, we will analyze the role of tuberculosis, a socially indicated disease closely related to social background, on the Spanish influenza mortality rates in Croatia, comparing these results with those of some western European countries and the United States.

S21-4

LA "SINDROME PERIODICA" IN ETÀ EVOLUTIVA TRA PASSATO E FUTURO

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La "Sindrome periodica" (SP) è stata descritta per la prima volta nel 1933 da Wyllie e Schlesinger [1]. Tale termine è oggi utilizzato per alcune condizioni cliniche, ad esordio nell'infanzia o in adolescenza, caratterizzate da sintomi ricorrenti, stereotipati e completamente reversibili [2]. Queste entità vengono considerate espressione di una predisposizione emicranica e sono, pertanto, definite "Precursori Emicranici" (PE) o, in altri casi, "Equivalenti Emicranici". Il vomito ciclico (VC), descritto per la prima volta da Heberden (1806), è caratterizzato da episodi ricorrenti, stereotipati, autolimitantesi di grave nausea e vomito, associati a pallore e letargia e intervallati da periodi di benessere. Nel 1921 Buchanan ha descritto per la prima volta degli "attacchi di dolore addominale in assenza di cefalea" e l'anno seguente Brams li ha classificati come emicrania addominale (EA). Descritta per la prima volta da Basser (1964), la vertigine parossistica benigna (VPB) è un evento parossistico non epilettico caratterizzato da vertigini soggettive o oggettive in bambini neurologicamente sani, che si manifestano senza segni premonitori e a spontanea risoluzione.

Il torcicollo parossistico benigno (TPB), infine, è una rara discinesia, descritta per la prima volta da Snyder (1969) e caratterizzata da attacchi ricorrenti stereotipati di inclinazione e rotazione della testa da un lato, a risoluzione spontanea e prognosi favorevole. I primi 3 quadri clinici (VC, EA, VPB) sono raggruppati tra le SP al punto 1.5 dell'attuale classificazione ICHD-II (2004), mentre il TPB è riportato nell'appendice della medesima (A1.3.5). Di queste 4 entità cliniche la VPB era già presente nella prima classificazione IHS 1988, accanto all'emiplegia alternante che nella revisione ICHD-II è citata solo in appendice (A1.3.4). In letteratura, tuttavia, vi sono altre manifestazioni cliniche periodiche del bambino che, pur non incluse nell'ICHD-II, sono considerate da molti autori tra i PE: i dolori ricorrenti agli arti e la chinetosi. Vengono quindi analizzati i diversi pattern clinici della SP e le loro relazioni con l'emicrania.

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S21-5

ROMANIAN INVOLVEMENT IN THE SURGERY OF PANCREATITIS – LANDMARKS THROUGH TIME

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Mortality in acute pancreatitis is constantly decreasing from age to age thanks to the global effort of worldwide surgeons. The objective of the present paper is to underline the key moments of the Romanian involvement in this process.

Pancreatic pathology, mostly acute pancreatitis, and, secondly, chronic pancreatitis, were intensely studied by Romanian physiologists and surgeons.

In 1927, Popescu offers details on "Hemorrhagic acute pancreatitis".

In 1930 Iacobovici and Muresan publish "Considerations on acute pancreatitis ". In 1933, Hortolomei underlines "The opportunity of intervention in acute pancreatitis".

In 1957, Juvara published "Surgery of the pancreas" in which he underlines the surgical indications in acute pancreatitis.

Burlui indicates novocaine perfusion in the root of the mesentery, and in 1968 Setlacec establishes the role of infection in the second week of pancreatitis. Turai and Ciurel made experimental studies on the surgery of the pancreas, and in 1985, Juvara underlines the importance to identify all expansions of the peri-pancreatic collection.

In the '90 ties, G. Crisan and P.Martin debate on the theme of peri-pancreatic infections.

S21-6
PHOTOMICROGRAPHY AND PORTUGUESE MEDICAL THESIS IN THE 19TH-EARLY 20TH CENTURIES

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Early attempts to record medical microscopic images by photographic processes were done as soon as the technique was invented.
In 1840, Alfred Donné took some photomicrographies adapting a daguerreotype camera to the microscope. With his assistant the physicist Léon Foucault, Donné published in 1845 a medical course "*Cours de Microscopie*" to be used by his students at the Faculty of Medicine in Paris. An Atlas, engraved by Oudet, accompanying this publication, contained microdaguerreotypes of human fluids and tissues.
Despite this pioneering work it would be another 10 years before photomicrography became implemented as an important tool in medical illustration and research.
The invention of the gelatin dry plates by the physician Dr Richard Maddox, himself a keen microscopist, and improvements on optical equipment and artificial lights, led to an adequate use of photomicrography in medicine; by the 1870s bacteria was being photographed by Robert Koch. At the end of the 19th century the microscope had become a fundamental tool in medical research. Atlas, books and papers on the subject of photomicrography were then published and printed using mainly the half-tone process.
In Portugal the physician May Figueira who studied in Paris, introduced microscopy and photomicrography in 1862 to his students at the Lisbon Medical School. From the end of the 19th century, students at the Portuguese medical schools of Oporto and Lisbon used photomicrographies to illustrate their final course thesis.
In this paper we will discuss the role of the photomicrographic technique in the illustration of these Portuguese scientific publications, analyzing its impact in the development of several medical disciplines like pathological anatomy and histology.
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SESSION 22
Impact of social problems on Medicine - I

S22-1
CHRONICLES OF "FALCADINA": PUBLIC HEALTH INTERVENTIONS (1811-1826) FOR A VENEREAL INFECTION OUTBREAK IN A MOUNTAIN REGION OF NORTH-EAST ITALY

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Beginning from 1790 and probably transmitted by a woman coming from the Istrian city of Fiume (Rijeka), a venereal infection spread in the mountain valley of Falcade, lying to the north of Belluno (North-East Italy). Thus, it was then known as just "Falcadina". The spread of such a disease, transmitted by direct contact and not necessarily by sexual intercourse, was facilitated by poor hygienic conditions besetting the rural population in these mountain areas. In terms of clinical and epidemiological aspects, "Falcadina" was not unlike than others outbreaks that struck some people in the past times, such as "Sibbens" (Scotland)[1] and "Skerlievo" (Hungary, Istria and Dalmatia)[2]. Indeed, "Falcadina" was generally considered a kind of propagation of "Skerlievo" in the Venetian region. In the treatise "Della Falcadina" (Venezia, G. Antonelli, 1840) by Giuseppe Vallenzasca, i.e., the medical director of the mining center of Valle Imperina (near Agordo), by recording all original documents, public health interventions which since 1811 were arranged to prevent the spread of the infection and to heal the sick population, are described. In 1824 a hospital at Noach, a village close to Agordo, was also set up to isolate the population affected by "Falcadina", according to criteria taking into account many variables, including climatic features, such as ventilation and air purity. Such a hospital was closed in 1826, when ending of epidemic illness was officially declared. Analysis of documentary sources testifies to the care and attention with which the institutions responsible for public health planned organizing interventions and sanitary measures related to the complexities of the mountain region.
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S22-2
DISEASES AND MEDICINE IN THE PERIOD OF BALKAN WARS (1912-1913)

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War and disease have been very closely friends with each other for centuries. During Balkan wars, like all of the other wars, epidemic diseases emerged which caused death of so many people who were civil and soldiers. This loss ended up with the death of approximately 350.000 soldiers and number of civilians. These wars are very important for Ottoman Empire since it began to lose its own lands in Balkan during this wars period. Therefore, new states were emerged and the maps of the states were changed. This change caused different situations; for instance Big States Wars forced people to flee their homes. During the migration, hygiene problem arose and people lost or torn their clothes, besides they could not find food. All of these poor conditions emerged epidemic diseases. On account of this, people who were exposed to war began to fight with hunger, thirstiness, cold, rain, infectious diseases, etc... And they also tried to find accommodation. In this reason, a lot of immigrant began migrate from Balkan and Rumeli to Istanbul. Therefore panic arose in Rumeli and so, people migrated miserably, hungry, and naked with Ottoman soldiers to Istanbul and Anatolia. In this period, these immigrants and soldiers were ill; different kinds of diseases emerged and that these diseases were epidemics such as cholera, dysentery, and flower. Analyses of some medical records kept during wars provide us unique perspective about what the disease-microbes power. As it is understood from these records, diseases are as important as wars and weapons. Therefore health organization is significant not only during civil periods but also during wars. Diseases were emerged in Balkan, Rumeli and Istanbul were emerged. In this paper, these diseases and struggle of doctors and people against diseases will be evaluated in the frame of Balkan Wars period.

S22-3
EUROPEAN PSYCHIATRY FACING THE GREAT WAR. A CLINICALLY PRIVILEGED OBSERVATION POINT FROM THE *PIAVE LINE*.

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In Europe, the century following the French Revolution was a period of big and rapid changes for Psychiatry, and an important role was paid by military conflicts as social stressors.
But if during the 19th century continental wars changed deeply psychiatric nosology in Europe, industrial wars of the 20th century were able to act not only on psychopathologic categories and etiologic theories of psychiatric disorders, but also to influence the mental disease itself. In fact starting from the Russo-Japanese War (1904-05) the heavy industrialization of military conflicts unfolds fully, carrying out a new disproportion between human and weapon power, and determining a new epidemiology of diseases of war with a new important incidence of psychic illnesses. Focusing on the First World

War, from a clinical psychiatric point of view above all one diagnostic label ruled those years: the *war neurosis*.
Though neither a shared psychopathologic approach nor a consensus on acceptable treatments of *war neurosis* was found by the scientific community at that time, the impact of war on society and culture upset the balance between those who trust that psychiatric disorders were substantially inborn and/or hereditary and those who believed that environment played a fundamental role in the genesis of mental diseases. The importance of the last theoretical position grew up during the Great War, even in clinical practice. But also other basic questions of European Psychiatry were much modified by that turning point of history, and some ideas were born or rediscovered to face new problems posed by war.
This paper tries to notice these elements moving from a particular, remarkable observation point: the archives of "*Sant'Artemio*" Psychiatric Hospital in Treviso (Veneto, Italy), the closest to the *Battle of the Piave river*, one of the grimmest and bloodiest episodes of the whole war.

S22-4
IMPACTS OF SOCIAL PROBLEMS ON MEDICAL PRACTICE IN BANGLADESH (ISPMPB)
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Wellness is a lifestyle in which we strive to enhance our level of health. Achieving wellness is a continuous, never-ending journey but in the way of life diseases is not consent to stay healthy forever. Disease prevention is the recognition of a danger to health that could be reduced or alleviated through specific actions or medical practice in the present era of modern science; otherwise it may leads to more severe condition for affected person. The number of population worldwide with several life threaten diseases is increasing, and also people are facing a number of obstacles, burdens, and finally death every day for not getting quality treatment. It needs to be concerned about several social impacts of medical practice such as social beliefs; religious faith, fear; personal dissatisfaction or disliking, ignorance and income are most common.
The incidence of not engage in medical practice in Bangladesh is growing gradually due to bad behaviors or poor practice of some doctors and nurses. It is found that although rural people are generally uneducated and very poor, the doctors are too much cruel to treat them by taking huge money from patient party with full of disrespect. It is highly notice that there is insufficient of proper health care facilities in Bangladesh, doctors are not qualified enough and they absent in job place mostly which impact badly to the patient this is why people practice mostly folk medicine which is greater risk for their health too. In addition, some religious beliefs avoid taking medication in some certain reason, for instance to control population, people do not take birth control pill or any barrier e.g. condom. As a result population is growing in high density level and also people suffering different transmissible diseases. However, while performing medical procedure sometimes health care professional do not maintain protective barrier due to lack of resources and poor knowledge regarding transmissible diseases.
Although Bangladesh government and some NGOs like SEDAD is fighting to reduce these issues to take small steps through community education, awarness campainge and working on making national policy to reduce these issues but it is essential to come up more NGOs for making quality programs, given the competing demands from existing thess problem which will be ensured for their human rights.
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S22-5
THE RISE OF EMERGENCY MEDICINE IN THE SIXTIES: PAVING A NEW ENTRANCE TO THE HOUSE OF MEDICINE
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Emergency medicine evolved into a medical specialty in the 1960s under the leadership of physicians in small communities across the United States. This paper uses three case studies to investigate the political, societal, and local factors that propelled emergency medicine along this path. The case studies, Alexandria Hospital in Alexandria, VA, Hartford Hospital in Hartford, CT, and Yale-New Haven Hospital in New Haven, CT, demonstrate that the changes in emergency medicine began at small community hospitals and later spread to urban teaching hospitals. These changes were primarily a response to public demand. The government, the American public, and the medical community brought emergency medical care to the forefront of national attention in the sixties. Simultaneously, patients' relationships with their general practitioners dissolved. As patients started to use the emergency room for non-urgent health problems, emergency visits increased astronomically. In response to rising patient loads and mounting criticism, hospital administrators devised strategies to improve emergency care. Drawing on hospital archives, oral histories, and statistical data, I will argue that small community hospitals' hiring of full-time emergency physicians sparked the development of a new specialty. Urban teaching hospitals, which established triage systems and ambulatory care facilities, resisted the idea of emergency medicine and ultimately delayed its development.

S22-6
THE SICK POOR: HOW DO WE DEFINE THEM AND WHAT SHOULD WE DO WITH THEM?
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I propose to describe two historic changes in the pattern of providing care for the sick poor. The first change, which occurred in the fourth century A.D., identified the poor as a discrete group that deserved private charity. The second followed the reorganization of hospitals after the Protestant Reformation, which for the first time distinguished between the deserving poor, who merited medical charity, and the undeserving, who did not.
Organized care of the poor was unknown in patterns of civic beneficence that existed in the classical world, in which aid was distributed by public benefactors to all citizens alike without regard to wealth or status (euergetism). In the cities of late antiquity, the traditional ideological basis for euergetism came to be replaced by a new ideology of private charity, in which one group within society (the poor) was elevated above the rest as recipients of philanthropy. The poor, given a specific identity and defined for the first time as collectively deserving the assistance that had previously belonged to all citizens, replaced all citizens as beneficiaries of assistance. This little-noticed movement constitutes a significant feature of the transition from classical to mediaeval Christian societies.
The reorganization of hospitals in the sixteenth century marked a transition from mediaeval views of medical charity to a civic and secular social policy that produced a change in the way that early modern society came to view the poor. They became divided into the 'deserving' and the 'undeserving' poor. The undeserving poor were perceived as disease-ridden vagabonds and beggars, who refused to work and who introduced infection into the city, thereby posing a threat to the social order. But society also recognized the deserving poor as a separate category, made up of children, widows, and the aged, who were thought to have suffered misfortune and therefore to be deserving of public assistance.

SESSION 23
The long journey towards present Pharmacoterapeutics - III

S23-1
ANTIDOTES AND COUNTER POISONS IN ANCIENT EGYPT: ONIONS (*ALLIUM CEPA* L. (*HDW*) THE PREFERRED ANTITOXIC FOR SNAKE BITES
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Toxicology, a therapy to reduce noxious effects produced by intoxication, went trough several degrees of perfection, because the creation of the antidotes and counter poisons took a long time. In Antiquity lacked a proper theory to explain empirical phenomena. However, according to a late Papyrus Brooklyn, the ancient Egyptians, had classified the local snakes, their noxiousness, their poisonous symptoms and established a method to investigate causes and remedies. Nevertheless they knew little about the preparation of safe remedies and the measures for post-attack cure. In these cases, they mimicked the behavior of animals to protect themselves and certain substances for antitoxic remedies had thus been found, based on two axioms: '*Similia similibus*' and '*contraria contraris*'.
The modern theory of immunity follows the first principle and also the tolerance to a poison by its gradual presence in the body. In brief, the variable effects depend of the dose (Dioscorides, III, 45) of certain substances and their therapeutic or toxic uses, distinguishing between poisons by type and by quantity. The second homeopathic axiom, based on the rule of natural oppositions and antagonisms, includes substances with contrary properties. Nowadays it is currently applied in the case of antibiotics: living substances destructive to other living beings. Therefore, the knowledge of poisons encouraged the development of pharmacology, and "*For the Egyptians poisons are substances that may be offset by antidotes or substances with opposite properties*".
An extremely common food, the Egyptian species of onion *Allium cepa* L. seemed to be the preferred alexipharmic in ancient times to repel all snake evils. Its characteristic odour comes from a volatile, tear- and fragrant sulphide gas and, through recent chemical investigations, scientists have reported its antibiotic properties, since it contains *allium*, transformed by an enzyme in *allicin*, key ingredient responsible for its broad-spectrum and anti-bacterial activity. Useful for all kinds of treatment in the Egyptian pharmacopoeia, its defensive power also became known abroad.

S23-2
MEDICINAL USE OF EARTHS AND MINERALS FROM HIPPOCRATES TO SIR HANS SLOANE AND BEYOND
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In 1931 two pharmaceutical drawers containing mineral specimens belonging to Sir Hans Sloane, the 18th century collector, Royal Physician, President of the Royal Society and of the Royal College of Physicians of London, were found in the Department of Botany of the Natural History Museum (NHM) of London. The drawers, each divided into 49 compartments, contained a total of 107 mineral pharmaceutical specimens, some labelled as mercury or white arsenic. Their registration, identification with the Sloane Manuscript Catalogues and subsequent transfer to the Mineralogy department of the NHM where one of these drawers is now on public display, had been documented by 1935.
In antiquity therapeutic empiricism attributed medicinal properties to animal products, plants and minerals, including the soil of specific geographic locations.
This communication traces the medicinal use of certain earths and minerals, listed in Sir Hans Sloane's Manuscript Catalogues, to classical antiquity with a reference to Arsenic compounds, which in our time are finding application in the treatment of acute promyelocytic leukaemia and to Terra Lemnia, a celebrated antidote of repute spanning twenty centuries, also included in the Sloane collections.

S23-3
DE PORTA À PARACELSE ou DE LA SIGNATURE DES PLANTES À L'AUBE DE LA CHIMIE
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Avant l'ère de la chimie, les remèdes étaient tirés des animaux, de la terre et des plantes. Les plantes étaient sensées posséder des vertus ou « divins secrets » qui étaient « la signature des idées divines ». Ainsi les plantes étaient des « livres et des signes communiqués par l'infinie miséricorde de Dieu ».
Pour reconnaître les bonnes plantes utiles dans le traitement d'une maladie particulière ou pour traiter un organe en particulier, les médecins de l'Antiquité jusqu'à la fin du Moyen âge avaient construit une théorie fondée sur la ressemblance de forme, des herbes, des légumes, des fleurs et des fruits avec les organes du corps ou sur l'analogie de la couleur d'une fleur et d'un symptôme cutané particulier. Chaque chose portait à sa surface, imprimée en son corps « la signature » par laquelle les médecins pouvaient apprécier les propriétés, les forces qu'elle recelait, et qui déterminaient, à travers la similarité des formes le paradigme des correspondances entre tout être et toute chose, leurs mutuelles sympathies. (JJ Courtine)
A partir de la Renaissance, la vision astrobiologique et divine de la période médiévale tendra à s'effacer au profit de la science naissante et aux seules vertus physiques des plantes, les savants chercheront à déterminer où se situent leurs qualités en analysant par les méthodes chimiques leur composition.
Et jusqu'à l'orée du XXe siècle, les médecins ne disposaient environ que d'une vingtaine de médicaments tels que nous les connaissons de nos jours c'est-à-dire un assemblage de molécules chimiques. La pharmacopée était encore assise sur l'emploi de plantes en décoction ou en tisanes par exemple ou sur l'utilisation de certains animaux tels les abeilles.

S23-4
LA "MATERIA MEDICA VEGETABLE DEL ORINOCO" DI PEHR LOEFLING
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La "MATERIA MEDICA VEGETABLE DEL ORINOCO " di Pehr Loefling nel corso del 1754 ebbe luogo la spedizione dei limiti o spedizione Orinoco (1754-1761), voluta da Fernando VI, re di Spagna, per consolidare la soluzione diplomatica delle differenze tra le potenze iberiche. L'obiettivo principale era il tracciato della linea divisoria fra i territori coloniali di Spagna e Portogallo, ma furono aggiunte attività informative, politiche, economiche e scientifiche. Come risultato dell ' interesse per le scienze utili caratteristico del pensiero illuminista, la Corona aggiunse alla spedizione una breve squadra di naturalisti, guidati dal botanico svedese Pehr Loefling, (1729-1756), discepolo di Linneo. Loefling fu il primo botanico professionale che realizzó collezioni di piante nel territorio dell ' Orinoco, descrivendole secondo il sistema binario di nomenclatura proposto dal suo maestro, e il primo a inviarle in Spagna. Nel campo della botanica americana sono valutati i suoi studi sulla flora della Cumana, la formulazione del *Iter hispanicum* e le sue osservazioni sui pesci tropicali. Tuttavia, negli archivi del Reale Orto Botanico di Madrid sono conservati manoscritti di Loefling che non sono stati pubblicizzati né studiati. Tra questi, noi vogliamo riferirci agli *Apuntamientos*, brevi note abbozzate durante il suo percorso dalla cittá di Cumaná alla regione dell ' Orinoco, per redigere posteriormente un "Trattato di Materia Medica Vegetale di quelle province americane in cui pellegrinó" Non riuscí a farlo. La sua morte avvenuta nella Missione San Antonio del Caroní a soli ventisei anni, e la mancanza di attenzione e diligenzaper il suo lavoro hanno fatto sí che le sue ricerche siano state dimenticate. Alle piante che riuscí a descrivere e studiare nel territorio dell ' Orinoco evidenziando le loro proprietà medicinali, e alla personalità del giovane botanico, ci riferiamo nella nostra comunicazione.

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S23-5
LES REMEDES CONTRE LA DOULEUR (THÈSE DU DR C.-L. SOMMÉ, 1806)
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Claude Louis Sommé naquit à Paris en 1772. Après des études chirurgicales entre 1790 et 1792 il embrassa avec succès une carrière militaire dans les armées napoléoniennes sur divers fronts et dans plusieurs hôpitaux. En 1806 il démissionna de l'armée impériale pour devenir chirurgien en chef de l'hôpital Ste Elisabeth à Anvers, poste qu'il occupa jusqu'à sa mort en 1855.
Cette même année 1806 il présenta à l'Ecole Spéciale de Médecine de Strasbourg (en fait la Faculté) sa thèse de doctorat en médecine : « Dissertation sur la douleur ». Dans la première partie il décrit la nature de la douleur, les différentes sortes, l'effet sur l'économie animale, les effets locaux, l'action sur les nerfs seuls et la douleur considérée comme pronostic.
Suit un chapitre sur les remèdes généraux contre la douleur, en relation avec les éléments repris ci-dessus : l'interruption du fluide nerveux par une section du nerf ou par une compression de celui-ci, la prescription de narcotique ou de jusquiame dont le dosage varie d'après les tempéraments des patients, la saignée au cas ou la douleur provoquerait une accumulation d'humeurs, etc..
Le début du 19° siècle était en effet un moment charnière en médecine: d'une part le système humoral n'avait pas encore complètement disparu et d'autre part le modèle mécaniste de Descartes et les études anatomophysiologiques de Magendie et de Bell gagneraient de plus en plus de terrain.

S23-6
DOCTORS' ORCHIDS
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The heritage of medicine is written in many forms. One repository is to be found in the history or orchids, the world's largest family of flowering plants. Orchids were so named by Theophrastus (c.372-288 BC) recording their medicinal use as an aphrodisiac and the promoter virility, in the context of the Doctrine of Signatures. Such use endured for millennia, and was recorded both by Paracelsus (1493-1551) and Linnaeus (1707-1778). The history of orchidology and medicine are entwined in three domains: (a) extensive medicinal and culinary use of orchids such as *Vanilla* and salep extracts of *Orchis*; (b) the role of doctors as orchidologists; and (c) the heritage of more than a hundred doctors' names in the scientific etymology of the Orchidaceae family. Doctors were prominent as orchidologists, including the doctor-soldier and botanist, Robert Brown (1773-1858); and the Director of the State Herbarium at Leyden and the Rijks Museum, Carl Ludwig Blume (1796-1862). Among the 1250 genus names (and 20,000 species) of orchids are the names of more than a hundred doctors, their lives and works perpetuated in the scientific etymology of this family of exotic, beautiful, flamboyant, intriguing and often expensive flowers. Generic names record the lives and works of such as Aristotle (384-322BC) in *Aristotelia* Loureiro 1790, Cadet de Gassicourt (1769-1821) in *Cadetia* Gaudichaud 1826; Sir Joseph Dalton Hooker (1817-1911) in *Sirhookera* O. Kuntze 1891; and Dr Theodore Daniel Zynen in *Vrydagzynea* Blume 1858.
The first orchid bred as a hybrid, *Paphiopedilum harrisianum* (by John Dominy [1816-1892], at Exeter in England) was named after his Devon surgeon, Dr Harris (1782-1855). One of the principal horticultural genera of orchids, *Brassavola*, records the life and work of the Ferrara and Padua physician and botanist, Antonio Musa Brassavola (1500-1555). This paper explores and documents this historical and enduring nexus between two interdependent domains – medicine and orchidology.

SESSION 24
Philosophy and Ethics of Medicine - III

S24-1
L'IMPORTANTE CONTRIBUTO DI ARISTOTELE ALLA MEDICINA
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Il geniale filosofo Aristotele fu altresì straordinario scienziato. Figlio del medico Nicomaco, non abbandonò mai l'interesse per le scienze naturali, anche nel loro rapporto con la medicina, alla quale diede un notevole contributo scientifico. Di lui più spesso si ricordano gli errori, anche clamorosi; vorrei proporre, invece, alcune sue eccezionali intuizioni e osservazioni, talora vere e proprie scoperte, confermate in certi casi dopo molti secoli.
S. Martini, *Aristotele e il senso dell'udito. Anatomia, fisiologia e patologia dell'orecchio nel* Corpus Aristotelicum, Omega Edizioni, Torino 2010;
S. Martini, *Il senso dell'udito nel* Corpus Aristotelicum, Peter Lang, Bern [etc.] 2011.

S24-2
EUTHANASIA IN GREEK AND ROMAN HISTORY
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According to Posidippo (third century BC) «the most valuable thing mortals might receive from deities is *euthanasìa*». In this first appearance, the term did not mean "good death" (literal translation of ευ-θανατος), the desired "*Kalos Thanatos*" of the young heroes, but "merciful death", better related to the Greek idea of self-determination and dignity. The best example of the initial Greek concept of *euthanasìa* is, probably, at the end of Sophocles' Trachiniai, when Heracles begged his son Hyllus to end his sorrow by burning him alive. Sophocles also stated: «Death is not the worst illness; a wish of dying that cannot be accomplished is even worse». The death of Epicurus is in line with Sophocles' statement, as the philosopher, while bathing in boiling water and drinking pure wine, said: «living in necessity is awful, but there is no necessity to live in necessity» (Sentenze Vaticane 9).
Romans had a similar approach to the topic: Suetonius, talking about Augustus' wish of a quiet and painless death, reaffirmed the idea of "merciful death" (*The Twelve Caesars*; Augustus' life 99,2). Seneca emphisezed the need of «persons that help to die and cannot be punishable, if it is true that the dying person really wants to, according to a free choice» (*Epistulae morales ad Lucilium* 77,5-9), in opposition to the Hippocratic Corpus («even if requested I will never administer or prescribe a lethal venom to anybody»). Greek and Roman armies behaved according to these precepts: physicians, or people with medical knowledge, used to walk along the battlefields looking for soldiers in need of cures and administering a "merciful death" to the suffering and lethally wounded ones.
During Greek and Roman ages the term *euthanasìa* assumed a positive meaning that the incumbent birth of Christianity will reverse.

S24-3
LE MALATTIE DELLO STATO LEVIATANO DI HOBBES
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Il "Leviatano" del filosofo inglese Thomas Hobbes (1597-1679) è il primo grande trattato sulla teoria dello Stato. In esso l' Autore sviluppa le sue teorie sul governo. L'opera è influenzata dalle dottrine mediche dell'epoca, in particolare dalle teorie iatromeccaniche avanzate da Descartes. Nel capitolo "Delle malattie dello Stato o delle cause che debilitano o tendono alla disintegrazione di uno Stato" Hobbes sottolinea che gli Stati, pur destinati a vivere più a lungo dell'uomo, possono anch'essi perire e a causa del disordine interno. Elenca poi una serie di *malattie dello Stato* con le loro caratteristiche e gravità.
Nel corso della presentazione saranno considerate le analogie avanzate da Hobbes tra le malattie dello Stato e le malattie umane.
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S24-4
ESCLUSIVISMO E VERIDICITÀ DI UN "SISTEMA" NELLA «FILOSOFIA MEDICA» DI ANTONIO D'AZEVEDO MAIA (1851-1912). UNA STORIA DEI MEDICI, PER I MEDICI
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Antonio D'Azevedo Maia (1851 - 1912), è medico clinico e cattedratico. A 23 anni si laurea in Medicina e, dal 1875, tiene un *Corso di Patologia generale* per la *Cattedra di Medicina Legale* della *Scuola Medico-Chirurgica di Porto*. A 26 anni, vi figura tra i "lentes substitutos" del "corpo cathedratico". Nel 1877, sposa la nobildonna Norberta Cândida Pereira de Sousa, dalla quale, l'anno dopo, avrà un figlio, Adriano, poi brillante uomo politico. Nel 1888, esegue la prima ovariectomia per fibrosarcoma della storia medica portoghese. Nel 1880 è ordinario di Fisiologia; nel 1891 di Clinica medica. Nel 1908 figura tra i "lentes jubilados" per la *Sezione medica*. Nel 1897 è tra i soci fondatori della *Società di Medicina e Chirurgia di Porto*.
Maia è autore di una "Dissertação Inaugural" (Porto, 1874), dal titolo *Nem o organicismo nem o vitalismo exclusivos são verdadeiros*, opera di grande interesse scientifico, per il valore delle tesi sostenute e per la loro "modernità". Ivi, sono trattati due "sistemi medici": l'*organicismo* e il *vitalismo*, cui il Maia rimprovera le pretese di esclusività e di veridicità. Vi scrive, inoltre, di un'«evoluzione organica della medicina nell'ambito della filosofia», considerando «ogni sistema come il riflesso di una caratteristica filosofica dominante in una determinata epoca»; interrogandosi pertanto sulla «legittimità della filosofia medica». Così, il «sogno dorato di tutti i sistematici», ovvero «semplificare la medicina» per «ridurla» a «scienza esatta», equivarrebbe a «negare l'esistenza scientifica della biologia».
Qui, si presenta l'opera del Maia, per la prima volta tradotta in lingua italiana, al fine di far conoscere alla comunità scientifica un autore originale, facendo "una storia dei medici, per i medici": una storia della medicina biografica, che consenta l'adozione di prospettive privilegiate per lo studio di un fenomeno; nella fattispecie, della ideologia scientifica dei sistemi medici e della "scienza medica", più in generale.
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S24-5
MEDICINE, PHILOSOPHY, REPRESSION AND PRESENT
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In 1553, during the Geneva Judgement, Michael Servetus names Andernach, Sylvius and Fernel as his teachers. They were, in a way, his friends in Medicine. Andernach said that Vesale and Michael de Villanueva, in some way, represented progress in Medicine. But in 1538, Dean of Medicine at the University of Paris, Dr. Jean Tagault and others brought charges against Michael de Villanueva, an ordinary medical student. One can see the suppression of freedom.
In Paris, from 1530 to 1540, there were people with ideas of great relevance to the present, and the city itself held great importance for these concepts. Ignatius of Loyola, Francis Xavier and other future Jesuits, Jean Calvin and Michael de Villanueva (Servetus) all were in Paris in those years. Many of them had lived or published in Italy. The Calvinistic view on work, predestination and science acquired important followers in the USA, Switzerland, Holland, South Africa and other countries. Jesuits are very important in the Catholic world, lately with remarkable social engagement in South America, Asia and other regions. Both Calvinists and Jesuits were expansionist.
On Michael Servetus, even Melanchthon wrote to the Venetian government against Servetus and his works in 1539. After Servetus' death, some Italians such as Fausto and Lelio Sozzini founded Socinianism. Dr. Giorgio Biandratta, Matteo Gribaldi, teacher in Padua, Goniadz, Valentino Gentile and others founded Unitarianism, which defended tolerance in several countries such as Transilvania and Poland and breathed it into the US, French and other national constitutions. Hence Socinianism and Unitarianisml contributed to the freedom of conscience .
From that Paris, Loyola & Xavier, Jean Calvin and Michael de Villanueva are still with us today.
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S24-6
HIPPOCRATISM AND NEO-HIPPOCRATISM ON THE BALKAN PENINSULA: HISTORICAL & MEDICAL RETROSPECTION
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This study aims at enriching the essential characteristics of Hippocratism, emphasizing the most significant Hippocrates' postulates, motivating his theories on temperaments and humoral ingredients of the human body from modern scientific perspectives, and proposing a new approach to the Hippocratic oath.
The authors support the hypothesis by M.Apostolov and P.Ivanova, presented at an international SHIM congress held on the Cos Island (Greece), according to which one of the principles by the father of scientific medicine (about the unity of bodily and spiritual functions in the human, and considering and treating the organism as an integral whole) is based on the Thracian theoretical healer Salmoxis' doctrine (13^{th}- 12^{th} century, BC).
The study follows the evolution of the Hippocratism in Ancient Greece and on the Balkan Peninsula over tenths of centuries.
Neo-hippocratism is regarded as a *condition sine qua non* for the healthcare under reform in Eastern Europe and on the Balkan Peninsula, especially for the dehumanized and commercialized Bulgarian healthcare system.
The paper also includes brief information on the scientific and congress activities of the Balkan Association of History and Philosophy of Medicine (BAHPM), which was created to unite the work of Balkanic medical historians in the domain of theory and philosophy of medicine and healthcare, with a special focus on hippocratism and neo-hippocratism.
Key words: Balkanic medical historians, Hippocratism,Neo-hippocratism

SESSION 25
Impact of social problems on Medicine - II

S25-1
GEORGIAN TRADITIONAL DIETARY PRODUCTS AND REMEDIES CONTAINING PRE- AND PROBIOTICS

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Objectives: Textual and comparative investigation of resources of Georgian Traditional Diet (GTD) and Georgian Traditional Medicine (GTM); Estimation of effectivness and reasonability of GTM remedies and diet schemes using known datas and results of current laboratory research.
Research design: Georgian medical manuscripts (GMM) of the X-XIX centuries containing conceptual and actual materials of GTM and GTD have been studied. The above mentioned manuscripts clearly demonstrated multi-factor and individual approach in the basic conception of GTM/GTD. More than 40 expeditions, devoted to studying of medicinal folklore (GMF) and Traditional Cuisine, were arranged beginning from 1960. The results of the investigation showed, that typical nutrition was based on traditional national feeding character and peculiarities. Feeding of investigated population was quite conservative. The nutrition ration was formed during centuries in the process of selection products supporting optimal adaptation of human to the regional ecology and prolongation of life. National nutrition was gene protective, anti-atherosclerotic, with preventive and curative effect, especially rich with pre- and probiotics. It was rich with plant and diary products, with reduced calories due to deficit of animal fats and simple carbohydrates, containing optimal amount of proteins (cheese, nadugi - like cottage cheese, matsoni - national analogue to yogurt), corns, beans, greens, fruits, vegetables; antioxidant protection with vitamins of groups E, B and C (walnut, maize, plum sauce).
Result of research: From the big amount of resources obtained from manuscripts and expeditional materials was separated and systemized the diversity of lactic acid products and medicinal herbs previously estimated as a prebiotic bearing sources, was created comprehensive catalogue of medicinal herbs and food products containing pre- and probiotics used in GTM and GTD.

S25-2
LA MORT APPARENTE DANS L'ORIENT MUSULMAN CLASSIQUE

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Pour éviter les coutumes paiennes antérieures à l'Islam, le Profète Muhammad ordonnait d'enfouir rapidement les cadavres, une donnée recueillie et acceptée ensuite par la plupart des juristes sous forme de *hadìth* – terme arabe désignant l'ensemble des récits qui relatent les propos et les actes du Profète. Dès lors, on recommande les funérailles précipitées, habitude qui a tenu une grande place dans les croyances populaires, du moins jusqu'à l'arrivée des peuples asiatiques Mongols (XIIe siècle).
Toutefois dès le début de l'Islam, l'observation empirique de certaines formes de mort apparente suivies de "résurrection" spontanée a conduit juristes et médecins à conseiller d'attendre deux ou trois jours avant d'inhumer les cas suspects de mort apparente. Ce qui a engagé les médecins à examiner les signes du trépas et, dans les cas passibles de mort apparente, pratiquer les moyens les plus divers pour rappeler à la vie les faux morts, avant de procéder à l'ensevelissement précipité voire immédiat recommandé par les juristes, et accepté par la population aussi bien que par le cérémonial de cour.
Par le biais des historiens, des juristes et des biographes, la littérature arabe nous a transmis des cas de mort apparente ranimés avec succès par les médecins, grâce à des procédés les plus divers. Ces mesures parfois dangereuses ont pourtant sauvé nombre d'individus d'un ensevelissement anticipé. Un médecin cultivé et habile préférait traiter, et parfois soumettre à des sévices, un individu considéré décédé, plutôt que de l'acheminer toujours et de façon anticipée aux honneurs de la sépulture, et la littérature ne nous a pas fait manquer aussi la mémoire des cas terminés tragiquement. On examine ici les récits les plus populaires de l'Orient musulman classique raccontés par les historiens et les chroniqueurs de langue arabe.

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S25-3
UN PICCOLO MANUALE PER LA VALUTAZIONE E SCELTA DEL MEDICO CURANTE DA PARTE DEI PAZIENTI AD OPERA DI JOSEPH FRANK (1771-1842)

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Il lavoro si propone di analizzare e commentare un volumetto scritto e pubblicato sul finire del settecento da Joseph Frank (1771-1842). In tale opera l'illustre medico, figlio dell'ancor più rinomato Johann Peter Frank (1745-1821), si assume il compito di educare il pubblico a ben valutare i medici per scegliere il professionista più idoneo e capace per salvaguardare la salute dei cittadini. La figura del medico viene considerata sotto diversi angoli di visuale: dall'aspetto esteriore alla costituzione fisica, dalle qualità morali a quelle intellettive, dal comportamento verso gli altri medici a quello verso i chirurghi-barbieri e verso i farmacisti. Un corposo capitolo finale è dedicato all'atteggiamento del medico nei confronti dei pazienti.
Il libro del Frank si inserisce in quel filone della letteratura medica settecentesca che aveva l'evidente scopo di educare medici e pazienti ad un corretto svolgimento dei reciproci ruoli nell'interesse della salute del singolo e nella tutela del benessere psico-fisico della popolazione.

S25-4
IN THE SHADOW OF THE MIDNIGHT SUN: A HISTORY OF FORCED STERILISATION IN SWEDEN

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In accordance with Swedish sterilisation laws of 1935 and 1941, some 60,000 individuals were sterilised before the repeal of the laws in 1975. While it is known that 93% of the sterilised were women, the proportion of forced sterilisation is contested. National and international interest in this 40-year period was reignited in 1997 by a series of articles in a Swedish broadsheet, associating the sterilisations with the lauded Swedish "welfare state." Had a dark side of the celebrated "Swedish model" been revealed?
In recent months, the issue of Swedish sterilisation has returned once more to popular controversy with the announcement that the final remnant of these laws, which makes sterilisation a requirement to undergoing sex change and dubbed "a crime against humanity" by Human Rights Watch, will remain.
While drawing parallels to the modern day and opening for ethical discussion, this presentation will examine the how's and why's of past policies and look particularly at the degree of compulsion and the overrepresentation of female victims in an attempt to uncover the extent of and explanations for the so-called "Crispbread Holocaust" of 1935-1975.

S25-5
SOCIAL HYGIENE AS TECHNOLOGY POLICY IN ARGENTINA. THE INTERVENTION ON CHILDHOOD AS A STATE POLICY IN THE *JOURNAL OF CHILD HYGIENE* (1892-1902)

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In Argentina, children and childhood became after 1880 -and under the influence of the hygienist's movement- a focus of state intervention from various fields: medical intervention, immunization, mental health, nutrition and education (intellectual, moral, physical). Thus, the fledgling state through its various agencies came to promote knowledge generation and technology development (process technologies, organizational technologies and artifacts) for the intervention on individual bodies and the social body as a whole. The development and promotion of these technologies at a national level could be thought of as a case of development and implementation of strategic technologies: cognitive and technological fields identified as priorities by nation-states and signified as key instruments to promote strategies for economic development, state legitimacy and geostrategic position, aligning and coordinating around them material and human resources and creating networks linking heterogeneous elements (knowledge, technologies, ideologies, regulatory frameworks, institutions, funding, practices).
One may ask: what was the discourse from which the state legitimated intervention technologies on children's health? Which were the motivations for such intervention? In a context of large immigration flows arriving to the country at the end of the 19th century and major concerns on the construction of a homogeneous national identity from the heterogeneity, what place was assigned to children and children's health in the discourse about "nation"? This paper aims to explore the construction of state intervention on children's health in Argentina as a technology policy in the discourse of the *Journal of Child Hygiene - Annals of the Children's Committee* (1892-1902), in the first decade of its founding. Through document analysis on primary sources, this study incorporates theoretical and methodological tools of sociology of technology to the socio-historical-political analysis of the intervention on child's health, and explores how, in the process of construction of the "national being", technologies and knowledge are politically built.

S25-6
USE OF THE CEREALS, BEANS AND FLAXES IN DIETETICS
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From the ancient times the cereals and beans are at the most important place in certain nourishment regime and diet. In Georgia, representatives of the ancient traditional medicine – healer dietitians often used them. This is evidenced from Georgian medical ethnological materials and Georgian manuscripts with medical contents studied by us. The prescriptions in these sources provide the recommendations for diets of both, sick and healthy people. In decoding of the receipts there were identified as wildly growing also cultivated plants of Poaceae, Fabaceae and Linaceae, We have proved and identified contemporary botanical nomenclature of these plans, determined their synonym names, centers of origin, period of their introduction into Georgia, the endemic varieties and cultivated species were identified and their biochemical and pharmacological properties were determined. In Georgian medical documents maintained up to present the nature of these plants is described in details with strict caution that each person shall use the individual diet developed personally for him/her, regarding the principles of Humoral Theory and Contraria contrariis curantur. Based on all this, we systematized these plans in the presented scheme.
It is clear that the meals were prepared from these plants and using various ingredients the properties of the central plants were changed, weakened or strengthened and this was associated with the technology of preparing of these meals. Some ancient relicts maintained up to present in Georgia (Linum usitatissimum, Paniculum miliaceum, Setaria italica, Triticum macha and Triticum monococcum) are endangered. It is time to develop the measures to place these plants on the adequate place in agriculture and dietetics both, in Georgia and foreign countries.

SESSION 26
History of Medical Specialties - III

S26-1
EPILEPSY IN THE SCIENTIFIC TRADITIONS OF THE SALERNO MEDICAL SCHOOL
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Referring to the XII century, defined "the golden period" for the Salerno Medical School, rich with pathological and therapeutical manuals, the Masters considered epilepsy – also knows as *falling sickness*, *moon disease* or *sacred disease* – as caused by the blockage of the brain's ventricles with consequent loss of conscience, loss of sensitivity and convulsive muscular movements.
According to this theory, the meaning of the word *epilepsy* derives from latin "*epi lesio, id est superiorum lesio*" [1]: therefore, the Doctors don't allude to the sudden fall but to a damage of brain ventricles (in particular *the superiors*) considered at that time the centre of the conscious integration.
The Master Salerno, in his *Catholica* [2], distinguishes between *major epilepsy* due to a blockage of the cerebral ventricles, accompanied by limb movement, trembling of the whole body, sense of constriction and slobbering at the mouth and *minor epilepsy*, characterized only by movements of some parts of the body.
Recalling to Galen, the link with the phases of the moon was also considered important: the seizures are influenced by the different phases of the moon, a scientific debate still actual and unresolved. It is worth noting that *Valeriana* was considered by the School to be effective in the treatment of epilepsy. Also a variety of roots, herbs, plants were used, many of which had diuretic properties.
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S26-2
DEATH IN VENICE. CHRISTIAN JOHANN DOPPLER AND HIS JOURNEY OF HOPE
Edoardo Mampreso[1], Martina Bruno[2], Matteo Bellamio[2], Federico Mainardi[3], Ferdinando Maggioni[2], Giorgio Zanchin[2]
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On the well known Doppler effect are based very relevant applications also in the medical field. Its name comes from the physicist Christian Johann Doppler. Born in Salzburg, in 1803, to a family of master stonemasons, he had to take over the family's business, but due to his poor health he was prevented to do so. Doppler had a great talent in mathematics. He studied at the Vienna Polytechnic Institute. Teacher in the secondary Technical School in Prague since 1835, in 1841 he became full professor of Mathematics and Practical Geometry at the Polytechnic of Prague.
The Czech period was the most important and creative for Doppler. The discovery that allowed him to enter the history of science was presented in 1842, at the 25th meeting of the Natural Sciences Section of the Royal Bohemian Society in Prague, with the paper "Concerning the coloured light of the double stars and certain other stars of the heavens". In 1849 he was appointed professor at the Vienna Polytechnic, but sadly he began to suffer from pulmonary tuberculosis. Doppler's health progressively worsened. In November 1852, attracted by the hope that the warmer climate would bring some improvement, and probably searching for the original Venetian Theriaca, an ancient panacea still in use in those years, Doppler went to Venice. We are not aware of the exact course of his disease. On the 17th of March 1853 Doppler died, and was then buried in San Michele Cemetery, in the homonymous island. A personal search on the Doppler' places in Venice will be presented.

S26-3
MALARIA, A MEDICAL PROBLEM IN THE SPANISH CIVIL WAR
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Malaria, one of the most prevalent vector diseases in the world, , spread by the Anopheles atroparvus and the Anopheles labranchiae was an endemic disease in Spain until 1964, when it was officially eradicated.
Historically wars, the lack of agricultural development and the movements of a large number of people favour the development of the vector. During the Spanish Civil War, soldiers, who were forced to live outdoors, increased the risk of human-vector contact in abandoned agricultural lands that favoured the habitat of insect vectors.
Recently we have accessed, through the Archives of the Republic in Barcelona, two Reports of the General Directorate of Public Health of the 18th Corps of the Army of the Spanish Republic. The reports date back from September and November 1918.
By the accuracy of the data and the detailed tables and graphics, these reports constitute rare documents. We do not know the existence of any similar volumes in the Archives of the Spanish Civil War.
What strikes us is the greater prevalence of malaria among the cases treated, even greater than other highly prevalent contagious diseases in situations of overcrowding, poor nutrition and bad hygienic conditions.
In this communication, we present data from the originals as well as epidemiological data.

S26-4
FROM PENFIELD'S HOMUNCULUS TO MIRROR NEURONS: FROM MOVEMENT TO ACTION
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Sixty years ago during the celebrations for the conferment by the King George VI of the Red Cross, second order for importance in the scale of the British honours, echoed this phrase: "He would have been a great football player if he was not devoted oneself to neurosurgery…"
The celebrated Dott Wilder Penfield, indeed, coached the Princeton football team, in order to finance himself in medical education, and was voted "Best all-around Man" before be awarded at Oxford University.
The famous Homunculus, which he described in 1950 as a result of his experiments on human brain during his neurosurgeries to treat epilepsy, today is still the mainstay sensorimotor map of neurology because provides a simple and immediately understandable explanation of motor, sensory and associative functions of the brain.
This year marks the twentieth anniversary of the publication of a study done by the Prof. Rizzolatti Research Group: "*Understanding motor events: a neurophysiological study.*" (Experimental Brain Research). The study brings out the evidence that the motor areas of the cerebral cortex are not designed to carry motor activity without perceptual and cognitive value, as imagined by Penfield.
Some groups of neurons have been identified as neurons that activate themselves in response to acts aimed engines (eg. Grasping, mouthing, etc..) not correlated to simple movements but to actions. The finalistic acts and not simple movements allow us: to form relationships with the world all around; to construct our relational experience and to correlate the observed movements to those we can found in our store of knowledge and to recognize its significance.
These neurons have been called "mirror" for their ability to imitate gestures observed in play. Anyway other interesting features, in these years, have been attributed to these undisputed protagonists of the neuroscience of the third millennium.

S26-5
FRONTAL LOBE'S CLINICS AND FUNCTIONAL MODELS THROUGH HISTORY: KEYNOTES
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The frontal lobes do occupy a special heuristic position in contemporary neuroscience. Being largest and most recently evolved among the cerebrum's four lobes, these regions have long been regarded as harboring unique properties most specific to the human mind.
Although strong anatomical and functional knowledge about these areas has been steadily developed, a unitary function that captures the role of the frontal lobes is still elusive.
In antiquity, Hippocrates and Galen speculated that mental activities were located in the brain; in the Renaissance important advances were made in brain neuroanatomy, not only by Vesalius. The 17th century witnessed Willis recognizing frontal brain regions. Defined neuroanatomically by Chaussier in 1807, the frontal lobes were soon assigned higher faculties by Gall and Spurzheim, and later, the case of Phineas Gage and the work of Broca clarified peculiar behavioral and linguistic dimensions ascribed to the frontal lobe functions. Ferrier's Gouldstonian Lectures in London represents probably the first systematic essay on this complex subject.
The 20th century observations of frontal lobe injuries are based first on Luria's work and derived from the effects of the psychosurgery era (first half of the century). Later followed by contributions of behavioral neurology, neuroimaging, and neuroanatomy, which helped delineate frontal regions, circuits, and networks relevant to specific cognitive and emotional operations, as Damasio's work greatly resumes.
Today the frontal lobe clinics continues to enrich functional brain models, knowledge and research.

S26-6
HISTORY OF NEURO-ONCOLOGY
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The word Neuro-Oncology, a term coined in the twentieth century, describes a discipline that takes as the object of its study tumours of the central and peripheral nervous system and the influences of systemic cancer and its treatment on the central and peripheral nervous system. In the 1681 edition of *Cerbri Anatome*, Thomas Willis first used the word *Neurologie* derived from the Greek words *neuro* (sinew, tendon or bowstring) and the word *logos* (word thesis). In the corpus of Hippocratic writings the word *onkos* referred to a swelling and Galen would employ the world *Kinos* to refer to a non-inflammatory tumour swelling and is the root for the word oncology. Malignant tumours were referred to as *Karkinos* in the writing of Hippocrates and Celsus would translate this word into Latin as cancer. The history of Neuro-Oncology is thus intimately associated with the historical development of both Neurology and Oncology. The goal of this presentation is to outline some of the personalities, volumes and ideas that have shaped the discipline of Neuro-Oncology. The concept of black bile dominated the concept of the biological origin of cancer for 2000 years only giving way to the modern understanding of the genetic origins of cancer in the last 40 years. The understanding of the function of the human brain was essential for any attempt to treat disorders like cerebral tumours and the control of pain, bacteria and enhanced surgical and scanning technology essential for successful operative intervention and radiotherapy treatment. The development of chemotherapy by Paul Ehrlich and its application in controlled Phase III clinical trials has resulted in the first significant advances in the treatment of malignant brain tumours. Molecular profiling and the era of personalized medicine along with neurosimulation will soon revolutionize treatment and training paradigms bringing us closer to effective treatments.

SESSION 27
History of Plastic Surgery

In cooperation with the Italian Institute of Reconstruction and Aesthetic Surgical Sciences

S27-1
WHO INVENTED SUB-SPECIALIZATION OR SUPER-SPECIALIZATION IN PLASTIC SURGERY?
A. Musajo-Somma
Prof. Agg.Chirurgia Plastica, Dipartimento A.C.T.I., Università degli Studi "Aldo Moro", Bari, Italy

Much of the future of plastic surgery waits on the bridging of gaps between different disciplines. As plastic surgeons,we must be ready to make contact with not-conforming minds, since this helps us to see our established techniques through non-committed eyes. As medicine historians we learn from the life and work of so called leaders of medicine, like Antonio Scarpa - born in the Padua cradle -, what is worth to teach to our scholars both in surgical competencies and our obligation towards patients and society.

S27-2
"APUD GASPAREM BINDONUM JUNIOREM" UNA STAMPERIA ILLUMINATA PER UNA PUBBLICAZIONE PROVOCATORIA
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"APUD GASPAREM BINDONUM JUNIOREM" is the inscription written on the title page of the world famous edition, dated 1597, of the "De curtorum chirurgia per insitionem" published by Gaspare Tagliacozzi. The typographic mark that comes with the inscription represents the angel Gabriel keeping in his hand the young Tobia. From the analysis of the inscription and of the typographic mark we have tried to trace the origin of Gaspare Bindoni the Young, of his famous and complex family of typographers (that may surely considered among the most influential and renowned of the whole XVI century), and of his printing studio. Gaspare Bindoni the Young was likely the son of Francesco Bindoni, brother of Gaspare Bindoni the Old from who he had inherited the march. Novel sources, information and clues have addressed us along the most prestigious historical landmarks of the city of Venice in order to reconstruct the history behind the figure of Gaspare Bindoni the Young, the foundations and the role of his studio inside the Republic of Venice and the collaboration with Tagliacozzi for the "De curtorum chirurgia per insitionem" in order to provide an additional point of view on the relationships between editorial, typographic and scientific entourages of the Padua University Medical School and the European renaissance.

S27-3
CRANIO-FACIAL AND PLASTIC SURGERY IN THE WORK OF GIROLAMO FABRICI D'ACQUAPENDENTE
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Girolamo Fabrici D' Acquapendente (1533-1619) , one of the most famous representative of Padua Medical School, was at the same time a skilled surgeon, a highly considered anatomist, an ecletic individual, builder of surgical and orthopaedic instruments, and a firm beliver in the importance of anatomical knowledge for surgeons. In XVI century Padua was the main town of the territories of the Venician Repubblic outside Venice, Padua for its well-deserved fame of political, religious and intellectual freedom and also for its university , was attracting students from all over Europe. Fabrici , in his almost 50 years as a teacher, educated entire generations of future physician, including William Harvey. Fabrici started to publish his anatomic observations and surgical experience , only in 1600 when he was almost 70 years old, and after a thirty-years activity. A particularly important item of his production is a large anatomical Atlas Totius Animalis Fabricae Theatrum, unfortunately unpublished. In the National Marciana Library in Venice there are more than 200 figures of this monumental text which reproduces in colours and in natural size the anatomy of man and of the most important animals. Several of the large images are a true iconographic asset of the printed Fabrici's work. This paper aims at presenting the technical surgical descriptions of the cranio-facial district Fabrici had learned from the classic Greek and Roman physicians or had invented, critically analysed and divulged in tha academic world of the 17th century. Morover will be presented the techniques used for craniotomy, to cure epilepsy and vertigo, to correct lagophtalmus and ectropion, nasal polips, lip and palatal clefts, tongue and tonsils surgery and the methods used to reduce jaw dislocation.

S27-4
ŠTEFAN ŠIMKO, MD, PHD, THE FOUNDER OF ACUTE AND RECONSTRUCTIVE BURNS SURGERY IN SLOVAKIA
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Štefan Šimko (1914 – 2002) was the son of the othorynolaryngologist surgeon, Ľudovít Šimko in Košice (Eastern Slovakia). He studied medicine in Prague (1936-1938) and Zürich (graduated 1940). After his return home he met Kovinka Čurić, a Serbian girl from Vojvodina who later became his wife.
After the occupation of his hometown Košice he obtained false documents from the father of the first author of this paper and with Kovinka's help escaped the concentration camp, and the young couple joined Tito's partisans in Bosnia to fight against the Nazis.
After the war they returned to Kosice where their two sons were born. Colonel Simko served as surgeon in different garrisons in Slovakia and as the commander of the Military Hospital in Kosice. Later he left the army and joined the Hospital of the East Slovak Steel Mills where he in 1970 founded the first burn clinic in Slovakia. In addition to everyday practical care he was active in scientific research (hyperbaroxia, extracorporal circulation), introduced modern treatment methods, organized congresses and published papers, textbooks and a monograph on burns [1]. He also founded catastrophe medicine in Slovakia.
Under his direction the burn clinic became one of the most prestigious institutions of this kind in Europe, and his former colleagues continued his work successfully after his retirement. In over 40 years almost 25,000 patients were treated at the Burn and Reconstructive Surgery Clinic, 1st Private Hospital Ltd. Košice – Šaca, which is now also a teaching department of the medical faculty.
After the change in the political situation in Slovakia Štefan Šimko was appointed to the rank of major general in retirement. When he died in September 2002, he was honored with a state funeral.
Šimko Š, Koller, J (Eds): Popáleniny (Burns). Osveta Martin, 1992

S27-5
AGLI ALBORI DELLA CHIRURGIA MAXILLOFACCIALE: LE PRIME RESEZIONI DEI MASCELLARI
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In seguito alla realizzazione delle prime "ambulanze volanti", feriti di guerra con gravissime amputazioni maxillo-facciali vengono salvati dal servizio sanitario dell'armata napoleonica, guidato da Dominique Larrey.
La loro osservazione offre a Guillaume Dupuytren lo spunto per progettare arditi interventi di chirurgia resettiva dei mascellari, con tecniche che in breve tempo si diffondono ed evolvono in Europa e nel mondo.
In Italia numerose scuole chirurgiche, dal Nord alla Sicilia, contribuiscono all'affermarsi di questa importante matrice della chirurgia maxillo-facciale e la scuola chirurgica di Padova, con

Bartolomeo Signoroni arriva a realizzare la resezione e disarticolazione totale della mandibola senza incisioni cutanee.
La documentazione di tali attività chirurgiche, riportata mediante rendiconti sui giornali scientifici e monografie illustrate, offre una testimonianza vivissima della personalità dei protagonisti, del desiderio di scoprire nuove soluzioni terapeutiche e del vivace e costruttivo dibattito scientifico finalizzato sia a moderare eccessi terapeutici dovuti all'ansia di aprire nuove vie, sia a valorizzare le soluzioni e le tecniche più valide.

S27-6
2500 YEARS OF PLASTIC SURGERY
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The birth of Plastic Surgery is strictly correlated with the art of reconstructing noses. The nose was cut off to adulterers and prisoners of war. To erase this disfigurement surgeons invented different solutions over the centuries. In India, probably about 600 B.C., it was replaced by local cheek flaps. Then the forehead skin was used.
In the Western world attempt to restore the nasal pyramid dates back to the 15th century and was performed by the Sicilian Brancas. Antonio used the arm as donor site to avoid facial scars. The technique continued in Calabria with the Vianeos who established a flourishing clinic in Tropea. Gaspare Tagliacozzi (1544-1599), newly appointed Professor of Surgery at Bologna University, successfully applied the technique and wrote an illustrated textbook "*De Curtorum Chirurgia*" published at Venice in 1597. Thus Gaspare Tagliacozzi is considered the founder of Plastic Surgery.
Modern Plastic Surgery developed during the First World War for treating devastating facial wounds. European countries established specialized centers to manage these injuries. The key to the success was the cooperation between plastic and oral surgeons, who used dental appliances to stabilize facial fractures facilitating wound healing.
By the end of WW1, plastic surgery had reached unexpected heights. Between the two wars the constitution of training centers in Paris and London (Lemaître and Gillies), along with the creation of new units in major European and U.S. cities facilitated the development of the specialty.
Scientific Societies to improve the level of the discipline were established. The first specialized Journal, *Revue de Chirurgie Plastique*, appeared in 1931.
Conclusions - Originally Plastic Surgery was strictly correlated with the art of reconstructing noses. With the advent of WW1, it expanded its boundaries to different reconstructive clinical applications. Treatment of facially disfigured soldiers and their adjustment to the society, showed the social role of the discipline.

SESSION 28
Joint Session ISHM – SISC: History of Headache

S28-1
***DE SEDIBUS ET CAUSIS MORBORUM.* MORGAGNI ON HEADACHE**
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The first diagnostic step when a doctor is facing headache consists in the recognition of its benign, essential nature (*primary headache*) vs its potentially dangerous cause due to an underlying pathology (*secondary headache*).

We carried on an original, careful search on *De sedibus et causis morborum per anatomen indagatis* (1761) of Giovanni Battista Morgagni, in the edition (1765), actually a reprint of the first edition, available in the library V. Pinali, Ancient Section, Padua University Medical School. Composed by seventy letters divided in five books, this pivotal work, that introducing the anatomo-clinical method laid down the fundament of modern medicine was examined with the aim of considering its reports on headache.
We found 50 cases quoting headache. Of them, 8 result to be possibly primary headaches: cluster headache 1 case; migraine 2; not classifiable 5. Among the 42 conditions recognizable as secondary headaches, there are cases due to fever (12), trauma (6), meningitis or encephalitis (5), ictus (4), syphilis (2), hepatic encephalopathy (2), meningeal tuberculosis (1), echinococcosis (1), hypertension (1), tumour (1); in 7 cases it was not possible to define the primary underlying pathology.
Therefore, in *De sedibus* references to primary headaches are limited. Instead, the secondary headaches are treated not only in the *First Letter*, entitled *On the pain of the head*, but also elsewhere, as a secondary symptom of various diseases. The anatomo-pathological description of the underlying lesions made by Morgagni is instrumental to put forward pathogenic hypotheses on the secondary origin of the pain.
Nowadays, the way we diagnose a secondary headache continues the anatomo-clinical method first proposed by Morgagni. Indeed, guided by symptoms, we carry out a sort of "virtual autopsy" on the suffering organ, using modern radiological techniques; we have in this way the possibility to see inside the living body the organic lesion, just like Morgagni looked to find it into the cadaver. Our investigation confirms, also within the headache chapter, the utmost relevance of Morgagni's heritage, which permeates modern medicine.

S28-2
HEADACHE IN THE SCIENTIFIC TRADITIONS OF THE SALERNO MEDICAL SCHOOL
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The XII century represents for the Salerno Medical School the "Golden period", when the School reached its peak by outshining all others in teaching, studies and research.
Master Bartolomeo in the *Practica* considered migraine to be a painful affliction to one half of the head: "*emicrania est passio capitis in media parte aut in destra aut in sinistra*" [1]. In his book *Catholica*, Master Salernus defined as *monopagico* the pain which affects only one half of the head, (from latin *mono* meaning "one" and *pagus* meaning "part"), distinguishing it from diffused, "total" pain [2].
Pathogenesis can be explained by the humoral theory: a lack of balance of humours caused by various external and internal factors such as stress, alcohol, indigestion and medicinal abuse. In some cases migraine was considered caused by "blood", sometimes by others humours imbalance.
Masters described a "*blood headache*" whose distinctive characteristics were: sensation of burning in the head, heaviness of the forehead, pulsation of the temples and dilatation of the veins. The attacks could follow one after the other or could be separated by days or even weeks. The qualitative distinction of pain was given attention: acute, periodic, irregular, persistent, continuous and grave.
The diagnosis was aided by a rich urinary semeiology while different strategies were adopted to cure different headaches: head bandage for the "*blood headache*"; blood-sucking leechs located on painful points of the head; the use of purging agents, which "purge" the humours of the brain. Particular diets were also advised, according to the type of headache as as well the remotion of any factor retained as trigger for the attacks. Among the remedies, they used coffee and other "simples" such as rose, antimoro, diacastoreo and blanca (for chronic headaches).
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S28-3
TOWARD SPECIALIZED PROTECTION. TWO SAINTS FOR THE HEALING OF PRIMARY VS SECONDARY HEADACHES

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In Italy two Saints are considered patrons of headache patients, S. Pietro from Verona (who lived in the 13th century) and S. Ellero (who lived in the 6th century). S. Pietro was a monk who struggled with the heretics and was murdered with a stroke of pruning hook on the head. In the traditional iconography he is represented with the bill hook plunged into the middle of the head. His sepulchre is placed in S. Eustorgio basilica in Milan. In 1341 the archbishop of Milan donated a silver tabernacle to contain the Saint's head, which was consequently removed from the rest of the body. The tabernacle was subsequently taken to the bishop's chapel. After this event the bishop started suffering from extremely severe headaches, which suddenly ceased when the tabernacle was brought back to the basilica. Since the occurrence of this phenomenon the headache sufferers have started to visit S. Eustorgio basilica on April 29th, the patron's day, to treat their headaches. Still nowadays the patients use to hit their head on the sepulchre or to scrub on the Saint's tomb a cloth down, that afterwards they wrap around their head in case of headaches during the rest of the year. S. Ellero was a hermit and he decided to build his praying chapel on a mountain in the northern Apennines, near the today's town of Galeata. Afterwards he became a cenobite, founding a monastery, whose order can be considered a precursor of that established later by S. Benedict. S. Ellero became very popular, due to his magisterial activities and his thaumaturgist's powers. Over the years the headache sufferers have started to visit Galeata abbey on the patron's day (May 15th) and they put their head in roof hole of the crypt, near the Saint's sarcophagus, to treat their headaches.
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S28-4
HISTORICAL PROFILE OF CLUSTER HEADACHE PHARMACOLOGICAL TREATMENT

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Therapeutic approaches to possible Cluster Headache (CH) cases appear in the medical literature since 17th century, when Tulp reported the use of suction cups applied to occipital area. In 1745 Van Swieten described in his *Commentaria* another possible case of CH, prescribing quinine.
Since 1909, Harris treated a considerable number of "Migrainous neuralgias" (probable CH) with "*alcohol injection of either the supra-orbital or the infra-orbital nerves*". In 1939, Horton et al. introduced a "desensitization treatment" with increasing doses of s.c. histamine. In the forties, first ergotamine and later an association of ergotamine and caffeine by oral route were used as acute treatment; suppositories were made available after a few years and an ergotamine nasal spray was introduced in 1986. A first open study about efficacy of oxygen inhalation was presented by Kudrow in 1981. A real breaktrough occurred when , in 1991, a double bind, placebo-controlled study demonstrated the efficacy of sc sumatriptan.
The first CH prophylactic treatment was proposed in 1963 by Curran with methysergide, a serotonin receptor antagonist. In the seventies, the first placebo controlled study was published about prednisone efficacy and Ekbom introduced lithium in the treatment of Chronic Cluster Headache (CCH).
In the following years the positive effect of the association between prednisone and lithium was demonstrated in CCH patients. In 1989 verapamil was tested in an open study on a limited number of CH patients; its efficacy was confirmed years later in a double blind placebo-controlled study. More recent papers deals with the efficacy of topiramate.
Nowadays thanks to this long lasting path, we can assure to our CH patients in most cases a substantial relief, due also to innovative use of doses and proper timing of medical treatment we will briefly illustrate.

S28-5
ONE HUNDRED YEARS OF MIGRAINE ATTACK THERAPY

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Significant milestones in the treatment of migraine attacks have occurred within the past 100 years keeping pace with the development of several experimental migraine models, based on vascular and neuronal involvement.
The belief that migraine was due to increased sympathetic activity and vasodilation led Maier to propose the use of ergotamine in 1925.
In the years between 1948 and 1953, serotonin, a serum ("sero") vasoconstrictor ("tonin") factor, was identified. The role of serotonin in migraine was well established by Wolff et al in the fifties and in the sixties.
In 1961 Sicuteri found an increased urinary excretion of 5-hydroxyindoleacetic acid (5HIAA), the principal catabolite of serotonin,during migraine attacks. Successively serotonin subtypes receptors were identified. Sumatriptan, a selective 5HT1 receptor agonist was discovered in 1988 by Patrick Humphrey and his coworkers and became available in Europe in 1991. In the following years the second generation triptans were introduced in migraine therapy. The triptans represents a real revolution in migraine attack therapy.
In 1992 a new methodological approach began spreading: the Evidence Based Medicine (EBM) that tries to specify the way in which physicians should make decisions by identifying scientific evidence and rating it according to scientific strenght. In 2000 Burnstein stressed the role of central and peripheral sensitization and the importance of early treatment to prevent it. In animal studies also COX1/COX2 inhibitors, ketorolac, indomethacin, and naproxen, have shown to inhibit the central trigeminovascular neurons and suppress central sensitization in rats.
Today, CGRP is thought to play a prominent role in migraine by facilitating the transmission of migraine pain in the brainstem, and drugs acting as GGRP antagonists seem to promise well for the future.
The continuing evolution of migraine models explaining the complex pathophysiology of migraine is the best guarantee for the development of more selective and effective antimigraine drugs.
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S28-6
AIRPLANE HEADACHE: FROM THE PIONEER OF THE AMERICAN AVIATORS TO THE EVERY-DAY PASSENGERS

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The American pioneer aviatress Amelia Earhart (1897-1937), the first woman who flied solo the Atlantic Ocean, contracted the Spanish influenza in 1918 and since that time she suffered from recurrent sinusitis episodes that significantly affected her flying activities in

later life (1), probably favoring the onset of flight-related pain. Sinus barotrauma has been described since the development of aviation medicine. It received particular attention during World War II, when fighter pilots, subjected to rapid altitude changes, were exposed to an increased risk of sinus barotrauma (2). The improvement of the techniques for cabin pressurization gradually reduced but not completely avoided the possibility to incur in sinus barotrauma.

Indeed, a recent survey on reports from people worldwide who experienced severe pain during the flight, particularly during landing, allowed us to describe and propose to introduce in the forthcoming new edition of the International Classification of Headache Disorders a new nosographic entity, we called *Headache attributed to airplane travel* (3), in which sinus barotrauma could concur to the pathogenetic mechanisms. Characterized by a severe pain, which provokes disability and anxiety, exerting negative influences on possible future flights, this headache does not appear to be an infrequent disorder. At present, each year approximately 1 billion people/year travel by air on domestic and international airlines, and AH will increasingly become a more common and relevant clinical condition in the future. Preventative strategies we observed to be effective include NSAIDs, taken 60-30 min before the flight time, usually landing, triggering the attack.

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Posters

POSTER SESSION 1 – Part I
The Padua University Medical School and the Renaissance

P1
SCIENTIFIC METHODOLOGY IN PADUA UNIVERSITY MEDICAL SCHOOL
Theodore J. Drizis
Kalamata, Greece

The aim of this work is to present the scientific methodology that was founded and was practised in Padua University Medical School in the beginning of its function.
The material is various writings of History of Medicine, of Science and of Philosophy.
The method is the critical analysis of the text.
The result is, that was a philosophical tendency for the renaissance of a demonstrative science on the teaching and research based on the Latin averroism that however was modified from the same averroists as Pietro D'Abano(1310A.D), Agostino Nifo (1506), Jacopo Zabarella (1533-1589), and Jacopo da Forli (1413A.D) who studying logically the methods of Aristotle and Galen, i.e. the observation and the induction, they modified them presenting the method of "regressus" (the double procedure of the analysis and of the composition on a natural event), and suggesting finally an experiment for verification. This method they followed at their autopsies and for the study of their clinical cases. And this method, acted upon, in a latter time, Vesalius, Harvey and Galilei yet.
In conclusion, the Medical School of Padua University was, from its birth, a pioneer on the tracing and application of new scientific methods, which contributed at the renaissance of the medical research.

P2
ON THE BIRTH OF PADUA UNIVERSITY MEDICAL SCHOOL
Theodore J. Drizis
Kalamata, Greece

The aim of this work is to give historical aspects about the birth and foundation of Padua university medical school.
The material is textbooks of History of Medicine, of Science and of Philosophy.
The method is the critical analysis of the text.
The results are that, firstly, the birth of Padua University medical school became during the year 1222 A.D by transference of students from Bologna University.
Added to this, the manner of its function, administration and management was the same with that of Bologna, always under the auspices of the Most Serene Republic of Venice. Furthermore, the medical teaching was based on various writings of Hippocrates, Galen, Dioscurides, Hebrew and Arab physicians, as writings of the Byzantine monkey Theophilus Protospatharius. In addition to this, between the first who teached were 1) Bruno da Longoburgo who wrote a Textbook of Surgery(1252 A.D) and 2) Petrus d' Abano(1250 A.D), a physician, alchemist and philosopher, who wrote, between other, the treatises "Conciliator differentiarum philosophorum et praecipue medicorum" and "De venenis". Finally, together with teaching and training medical school of Padua developed a philosophical tendency in the scientific methodology which opened the road in practice of the experiment in medical research.
In conclusion the birth of the Padua University Medical School was been a positive and decisive event for the development of medical science.

P3
ANDREAS VESALIUS: AN INNOVATOR ANATOMIST FROM PADUA UNIVERSITY AND HIS REVOLUTIONARY WORK "DE HUMANI CORPORIS FABRICA"
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Belgian anatomy master Andreas Vesalius was born on 31 December 1514 in Brussels. He started his medical career in Louvain and Paris. Later, Vesalius moved to the University of Padua where he found scientific freedom. At this age, University of Padua in Italy, was an important and attractive center for physicians. In 1543 Andreas Vesalius published a masterpiece called "De Humani Corporis Fabrica". It was an revolutionary work which changed the medical world forever. In his work, he systematically arranged and illustrated bones, veins, arteries, organs and muscles. He brought a systematic approach to human anatomy. Conclusion: Vesalius was an innovator in the way of presenting human anatomy. By publishing his book "De Humani Corporis Fabrica" a new era started in the universe of medicine. Physicians who followed his traces played crucial roles in the development of human anatomy.

P4
CES MEDECINS QUI ONT FAIT LA GLOIRE DE VENISE ET DE PADOUE
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Dans tous les domaines des sciences medicales, les médecins de Venise ont tenu une place prépondérante. Ainsi, dans le domaine de la santé publique si l'on considère les nombreuses mesures edictées par la République de Venise au cours des siècles, du *Capitolare dei Medici* de 1258 jusqu'à la fondation du premier *Lazzaretto* en 1423 et l'institution du *Magistrato alla Sanità* en 1486.
Dans le domaine de la médecine, Venise, ainsi que Padoue, sa demi-sœur toute proche, siègent, depuis toujours, au premier rang. Bien des noms pourraient être cités:
Leonardo da Vinci (1452 1519) passionné d'anatomie qui fit un long séjour à Venise en 1499.
André Vesalius (1514-1564) le fondateur de l'anatomie moderne.
Gabriele Fallope (1523-1562), qui occupa en 1551 la chaire de chirurgie, d'anatomie et de botanique à l'Université de Padoue
David de Pomis (1525-1593), médecin, philosophe et linguiste du Ghetto de Venise
Cecilio et Batista Fuoli, médecins de l'épidémie de peste à Venise en 1630
William Harvey (1578-1657) qui, à l'âge de 22 ans, fut appelé par la République de Venise à devenir Professeur d'anatomie à l'Université de Padoue.
Antonio Vallisneri (1661-1730) un des fondateurs de l'Histoire naturelle.
Charles Patin (1633-1693) : fils d'un médecin célèbre, il fut banni de France par Lous XIV et vint s'établir à Padoue. Il y fit, ainsi qu'à Venise, une brillane carrière.
Dans la foule immense des voyageurs à Venise, bien des médecins ont laissé de leur visite un récit fascinant :
Friedrich Schiller (1759 1805) le grand poète et dramaturge allemand laissa en 1825 un long récit de son séjour vénitien.

Louis Frank Louis (1761-1825) : transfuge de l'expédition de Bonaparte en Egypte, vécut longtemps à Venise en 1805 avant d'émigrer en Albanie.
Adrien Proust (1834-1903) vint à Venise au Symposium International Epidemeiologique de 1892 pour y défendre les positions sanitaires de la France dans la lutte contre le choléra.
Anton Tchekhov (1850 1904) qui fit un long périple européen en 1891, a laissé dans sa correspondance le témoignage de son emerveillement pour les beautés de Venise.
Sigmund Freud (1856 1939); autre "amoureux de Venise" y fit entre 1895 et 1913 plusieurs voyages, dont le dernier en compagnie de sa fille Anna.
Arthur Schnitzler (1862 1931) témoigna dans ses livres d'une grande passion pour Venise jusqu'au jour de 1928 où sa fille Lilli s'y suicida.
Leon Daudet (1867-1942) fit en 1896 avec sa famille une voyage mémorable à Venise, malheureusement gâté par une typhoïde contractée en mangeant des coquillages du Lido.
Chez tous ces médecins, Venise et Padoue ont laissé une trace ineffacable...

P5
JEWISH STUDENTS OF MEDICINE IN PADUA (16TH – 18TH CENTURIES)
Samuel Kottek, Kenneth Collins
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From the fifteenth century the Medical School of the University of Padua was almost the only university medical school in Europe which was open to Jewish students to study and to graduate as physicians. This poster presentation illustrates some of the scenes in Padua and Conegliano which would have been familiar to the Jewish students between the 16th and 18th centuries, namely the University itself, and the synagogues of Padua and Conegliano. It documents a selection of its best known Jewish graduates and provides a short bibliography for further study. Tuviya Cohen (1652-1729), one of the best known Jewish medical graduates of the University of Padua and author of the influential Maase Tuviya honoured an early tutor of the Jewish medical students, Solomon Conegliano (1642-1717), in the preface to his work, writing "that his wisdom quenches the thirst of numerous students from Italy, Germany and Poland".

P6
PHYSICIAN-ANATOMISTS OF ITALY MENTIONED IN ŞANIZADE ATATULLAH MEHMED EFENDI'S WORK, *MIR'ĀT AL-ABDĀN (MIRROR OF BODIES)*
Ahmet Aciduman, Berna Arda
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Şanizade Ataullah Mehmed Efendi (1771-1826) is one of the pioneers in the history of Turkish medical education with his work on medicine, *Khamsa-i Shānīzāda (Five Works of Shānīzāda)*. The first one of these works, entitled *Mir'āt al-abdān fī tashrīh-i a'żāi'l-insān (Mirror of the Bodies in the Dissection/Anatomy of the Members of the Human Body),* was written on anatomy in 1816. *Mir'āt al-abdān* consists of 267 pages, with 131 pages of text, 80 pages of explanation for illustrations, and 56 pages of illustrations. *Mir'āt al-abdān* is composed of two main chapters. The first is "osteology" and the second is "sarcology." The anatomy book was presented to Sultan Mahmud II. After completion of *Usūl al-Tabī'a,* which is about physiology, these three books were printed in the Matba'a-i Āmire (the Great Imperial Printing Office) in 1820. Şanizade's *Mir'āt al-abdān* is accepted as an important milestone in the teaching of anatomy in the Ottoman Empire and also, it was the first book on anatomy both written in contemporary manner and printed in Ottoman Empire.
As stated by Şanizade in the prologue, the book was summarized from the works of masters of anatomy with careful arrangement and correction and translation of important and required issues in proper manner, especially in reduction and expression and completed in perfection in study and research.
Names of European masters of anatomy that Şanizade informed us were mentioned either in text or in plate explanations. These names and plates show us important physicians and masters of anatomy whose works were examined and quoted by Şanizade, writing his work. Contributions of Italian physician-anatomists such as Bartolomeo Eustachi, Gabriele Fallopio, Costanzo Varolio and Padua-educated but not Italian physician-anatomists such as Andreas Vesalius and Adriaan van den Spiegel mentioned in Şanizade's book will be presented in this study.

P7
L'IMAGE DU MÉDECIN ET FORMATION DE L'IMAGE : LE DILEMME ENTRE LA PHILOSOPHIE ET LES SCIENCES NATURELLES. L'INFLUENCE DE L'ÉCOLE DE PADOUE SUR LA MÉDECINE DE TRANSYLVANIE DANS LA RENAISSANCE
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Au Moyen- age en Transylvanie, en l'absence des facultés de médecine, les docteurs étrangers viennent en cette région pour pratiquer leur profession ou les jeunes transylvains font ses études aux universités de l'Europe (Peregrinatio academica). À cette époque, entre 1400-1526 vingt-six étudiants de Transylvanie ont été immatriculés aux cours de la faculté de Padoue. Est-ce que le docteur de Renaissance-ère a été un philosophe ou un bon connaisseur du corps humain et des sciences naturelles?
Petrarca a satirisé la scolastique et a encouragé le médecin à l'observation de la nature."Quid est opus verbis? Cura, semper dixi, medice".
Pietro d'Abano („Conciliator") a promu la méthode scientifique. Pomponazzi, Elie del Medigo(Elijah Delmidigo), Jacopo Zabarella ont apporté une grande contribution à la formation d'une école néo – aristotélicien significative à Padoue. L'influence de l'École a été profonde sur la médecine et sur la création d'une nouvelle image du médecin de Transylvanie. Le docteur-philosophe a été remplacé par le médecin bien-formé, humaniste, connaisseur des sciences naturelles. Les étudiants diplômés à Padoue s'entretenaient une correspondance intense, les relations professionnelles et intellectuelles entre eux et les médecins étrangers étaient remarquables. Les uns ont fait des vrais collections de codex et des Imprimés, les autres ont été collectionneurs numismates ou ils ont écrit des travaux botaniques.
C'est l'époque du développement des études des sciences naturelles. Les médecins transylvains découvrent les Carpates et s'occupent de minéralogie. Apaczay Csere, humaniste de Transylvanie, propose aussi la création d'un jardin botanique,mais il se réalise seulement des siècles plus tard.
La composition présente la route de la formation de l'image professionnelle du médecin, de l'origine des centres scientifiques(en particulier Padoue mais parallèlement aussi les centres allemandes et de Pays-Bas), en passant par des activités intellectuelles des médecins retournés en Transylvanie jusqu'à la professionnalisation et la naissance de la médecine moderne en cette région.

P8
WERNER ROLFINCK AT THE UNIVERSITY OF PADUA
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One of the most prestigious rooms in the ancient building of the University of Padua is the *Sala dei Quaranta,* so called because of the portraits of forty prestigious foreign scholars of the University of Padua among which is Werner Rolfinck (1599-1673). He was born in Hamburg and studied medicine in Leyden, Oxford, Paris and Padua. He was inscribed in the *Natio Germanica artistarum* on September 26 1622. In October 1622, he was elected Procurator of the *Natio Germanica* and in 1623, he was made Anatomic Councillor. In 1624 he also became librarian of the *Natio Germanica*. Rolfinck performed private anatomical dissections in the Contarini Palace. In Padua he mainly studied anatomy under Adriaan van den Spiegel, who died

on April 7 1625, the same day in which Rolfinck took his doctorates in Philosophy and Medicine. After graduating in Padua he practiced medicine and taught anatomy in Venice. In 1628, he returned to Wittenberg where he was appointed professor of Anatomy. A request to become ordinary professor of medicine at Padua probably reach him too late after his return to Germany. In 1629, he became professor of anatomy, surgery and botany in the University of Jena. In the same year, he established here the first anatomical theatre, on the basis of the Paduan model. In 1631, he became director of the Botanical Garden and in 1641 had the professorship of chemistry. He was for six times Rector of the University of Jena. He has been reported to be the first to identify the eye lens as the location of cataracts in 1656. Rolfinck supported the new ideas by Harvey about the blood circulation. He separated chemistry by alchemy, rejecting the possibility to transform metals into gold. He died in Jena on May 6 1673.

P9

MEMORIES OF THE PADUAN MEDICAL SCHOOL. STATUES OF PHYSICIANS IN *PRATO DELLA VALLE*. FIRST PART

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Prato della Valle is an elliptical square, one of Europe's largest. Situated in the historical part of Padua, it is a monumental space of extraordinary visual impact, with a green island at the center, surrounded by a canal bordered by statues representing personalities of the past who honoured the town. Among the 78 statues we can see today, nine represent physicians. Here we describe the first five of these statues, in chronological order.

Pietro D'Abano (1250 ca – 1316 ca). His statue, commissioned by the Paduan professors in 1777, was carved by Locatelli, friend of Canova. D'Abano was a physician and astrologist, as evidenced by the symbolic objects portrayed with him: a quadrant, a globe with the zodiac and a snake. Professor in Padua, he is considered the father of its Medical School. In his work *De venenis* he described the first anatomical dissection carried on in Padua.

Giovanni Dondi (1318 –1389). A work by Rizzi, this statue was erected in 1778 by the will of his descendants. Dondi was professor of astronomy and medicine in Padua. A pioneer in this art, he constructed the *Astrarium* , a highly complex astronomical clock; a later version can be admired today in the old square *Piazza dei Signori*. In the work *De fontibus calidis agri patavini* he deals with the local thermal waters.

Michele Savonarola (1385 ca –1466 ca). Made by Rizzi, Savonarola's statue was commissioned in 1777 by his descendants. Professor of medicine in Padua, among his works we quote *Pratica maior*, the result of his experience in the clinical practice; *Tractatus de vermibus*, the first monography on the subject; *De balneis*, a treatise on the thermal springs of Abano; *De regimine pregnantium et noviter natorum*, devoted to obstetrical and pediatric issues.

Bernardo Trevisan (1506 – 1583). His statue, made by Verona, was erected in 1784 at the expense of the nobleman Giacomo Nani. Trevisan laid down the foundation for the establishment of the *Hortus Simplicium*, later promoted by Francesco Bonafede.

Fortunio Liceti (1577 – 1657). In this statue, erected by the will of Marquis Spinella in 1777 by Rizzi, Liceti is portrayed with a typical XVI century suit of a professor of the Paduan Medical School. He wrote several works on natural philosophy and medicine. We quote *De monstruorum causis, nature et differentiis* and *De spontaneo viventium ortu*.

Individual profiles of these characters will be inserted in the historical frame of the Paduan School of Medicine.

P10

MEMORIES OF THE PADUAN MEDICAL SCHOOL. STATUES OF PHYSICIANS IN *PRATO DELLA VALLE*. SECOND PART

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Since antiquity this open space had recreational and economic functions. In Roman times the area was occupied by a theatre called *Zairo*. Prato della Valle as can be seen nowadays, was promoted in 1775 by Andrea Memmo, at that time Governor of the Serenissima Republic of Venice. On the project of the abbot and architect Domenico Cerato, he ordered a radical drainage of the area, remodelling the space as an island bordered by a circular canal. In order to make the square more attractive, Memmo decided to adorn it with a double ring of statues representing personalities relevant for the history of Padua. Among the statues we can admire today, nine are dedicated to physicians. We will focus on the four statues referring to 18th century characters.

Giulio Pontedera (1688 –1757). Sculpted by Ferrari, this statue was erected in 1785 by the will of the Duke Theodore of Bavaria. Professor of botany at the University of Padua, Pontedera discovered almost 300 new plants.

Giovanni Battista Morgagni (1682 –1771), the great physician and anatomist, founder of the anatomo-clinical method, is represented as a bust being sculpted by Pietro Danieletti (1712 –1779), author of many of the Prato della Valle's statues. Done by Verona, this statue was erected in 1780 by the will of the Count Ercole Sanbonifacio.

Stefano Gallini (1756 –1836). This statue was sculpted by Petrelli in 1838. Gallini graduated in medicine in Padua. Professor of physiology and of *anatomia sublime* (nowadays, histology), he was Rector of the University. His skull is part of the collection of nine notable craniums preserved in the ancient palace of the Padua University, called Bo (cfr. the poster *Skulls in the Aula Magna of the Paduan School of Medicine. Focus on Santorio Santorio (1561-1636)*).

Francesco Luigi Fanzago (1764 –1836). A work of Petrelli, Fanzago's statue was erected in 1838 by the will of colleagues and students. Graduated in medicine in Padua, Fanzago was professor of pathology, to became later director of the hospital. Among his works , the *Istitutiones pathologicae* were used as a text book in several Medical Schools all over Italy.

Individual profiles of these characters will be inserted in the historical frame of the School of Medicine of Padua.

P11

SKULLS IN THE AULA MAGNA OF THE PADUAN SCHOOL OF MEDICINE: FOCUS ON SANTORIO SANTORIO (1561-1636)

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In the Aula Magna of the School of Medicine, located in the ancient palace of the Padua University called *Bo*, are exposed nine skulls. Collected by Francesco Cortese (1802-1883), professor of anatomy from 1838 to 1848, they belong to former professors Caldani, Conti, dal Negro, Gallini, Giacomini, Mabil, Meneghelli, Signoroni, Santorio. Santorio's skull was saved from public dump following napoleonic confiscation of the ecclesiastical goods, after the destruction in Venice of the church of the *Serviti Friars*, where the Paduan professor had been buried. Santorio was born in Capodistria, near Trieste in 1561 and graduated in medicine in 1582. His attitude toward the professional practice is well documented. For this reason, when the king of Poland requested a good physician, Santorio was indicated by the Paduan Medical School as an excellent doctor. When back to Padua, after years in Poland, his acquaintance to the noble family Morosini of Venice put him in contact with personalities such as Galilei, Sarpi, Bruno, d'Acquapendente.

Since his first publication, *Methodus vitandorum errorum* (Method to avoid errors, 1602), Santorio stresses that medical knowledge must be laid upon the solid fundaments of systematic clinical examination, whereas abstract reasoning may address toward diagnostic errors: "*Sine anatomia non sciemus*" ("Without Anatomy, we cannot understand"). In keeping with his reputation as a reliable physician, he was charged, along with d'Acquapendente, to take care of the friar Paolo Sarpi, *consultore in iure* (legal consultant) of the Republic, when he was stabbed in 1607. Santorio was appointed in 1611 professor of theoretical medicine *primo loco* (i.e. to the first chair) at the University of Padua. In his main work *De Statica Medicina*, he applies for the first time the quantitative method of Galilei to the study of medical

conditions. Inventor of the thermometer, he is recognized as the pioneer of the studies on metabolism.

POSTER SESSION 1 – Part II
Philosophy and ethics of Medicine

P12
THE CONTRIBUTION OF CHRISTIANITY FOR THE DEVELOPMENT OF MEDICINE IN BYZANTINE EMPIRE

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The aim of this work is to present the contribution of Christian Church on the training, fitting and development of medicine in Byzantine Empire (4th-15th century A.D.)
The material was the Literature of Greek and Latin Patrology of this era and various writings of History.
The method was the critical analysis of the text. The results are that Christian clergymen in Byzantine Empire accepted the medical science, defended the attainments and the deductions of medicine and used them as examples on the training of their spiritual work. In addition to this, they established infirmaries, equip them with instructive physicians, studied themselves medicine, some became distinguished physicians and wrote medical treatises. Furthermore, Christian clergymen copied and propagated writings of ancient Greek physicians; other reproduced in their writings treatises or phrases of famous older physicians and finally kept them in codices in their monasteries. In conclusion, Christianity contributed decisively, positively and with a leading role for the development of medicine in this era. And this one could not become otherwise, because these clergymen would be against their doctrine which says "Honor physicians for their services, for the Lord created them"(Old Testament- Sirach 38,1).

P13
FROM HISTORY OF CONCEPTS ABOUT INFLUENCE OF THE WAY OF LIFE ON HEALTH

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The thoughts close to understanding of a way of life value and its influence on health, were expressed by physicians long time ago. Generalizing the experience of medicine of the past, S. Kovner wrote, that representatives of ancient civilizations had saw illness causes in a way of life conditions, in influence of natural factors and in intervention of supernatural demiurge forces.
Alexandrines, such as Heraclit, Emidocl, were close to understanding of influence of an environment and especially of the person's behavior on illnesses occurrence and development. It is possible to tell the same about Pythagoras who has defined health as constitution continuation: «constitution Continuation (habitus) - is health, its infringement - is illness; Health is harmony, balance, illness - harmony infringement». To avoid illnesses, he recommended a diet, gymnastics, treatment by chanting and so forth (in essence, illness avoidance is an observance of a healthy way of life though such term was not applied). Hippocrates among main principles of medicine believed «to help the nature, to correlate actions with its efforts to get rid from illnesses». He recommended, both to the healthy person, and the patient, a diet, physical exercises, periodic exsanguination, application of laxative, emetic means, etc. And great Roman doctor K. Galen, understood, that environment, the nature can be not only the reason of illnesses, but also a protection from them. He widely applied gymnastics to strengthening of health, baths, massage and a diet, giving recommendations depended on features of the person, his habits and seasons.
The whole set of councils and advices about maintenance of health and diseases non-admission can be found in «the Canon to a medical science» by great Ibn Sina. He paid attention to a psychological condition of the person, recommending in every possible way to avoid fears, the despondency, fear and other negative emotions. As well as its predecessors, Ibn Sina recommended gymnastics, body cleanliness, massage. He asserted, that medicine - «is a science which learns a structure of a body to keep health». Especially Ibn Sina underlined an observance role of a balanced nutrition and a diet.
A lot of examples of a healthy way of life can be find in customs of national medicine. A culmination of Russian national medicine are steam baths which were constructed at monasteries and private houses Though baths were not invented in Russia (so-called terms were used in Ancient Rome), but in Russia baths are special constructed (wooden houses) and people practiced different procedures in it, such as brooms massage, in the winter - contrast of a heat and a cold and also common massage, grinding and even exsanguination. Excavations in Great Novgorod, Pskov and other cities show high hygienic culture and healthy behavior. Wooden and ceramic water pipes and other sanitary constructions were also found out.
The whole set of requirements to the doctor was formulated by well-known armenian medieval doctor Mhitar Geratsi. In the book «the Consolation at fevers» he wrote: «the First - it is necessary, that the doctor has found out the reason of a pain and illness».
About necessity of strict hygienic rules execution was spoken by a number of brilliant russian doctors - E.I. Djadkovsky, G.I. Sokolsky, M.Ya. Mudrov. In speech at solemn meeting in the Moscow university (which was titled «the Word about a way to learn and study in medicine by practical or active treatment at beds of patients» (1820)), M. Ya. Mudrov has stated the whole program of not only treatments, but, first of all, preventive maintenance of diseases, reasonable, healthy behavior. He said: «we should not treat the illness for which we frequently do not find a name, should not treat the reason of illnesses which is frequent not known, we should treat the patient, his structure, body and strength». M.Ya. Mudrov learnt: «it is good to supervise over the patient for the sake of health, to care about healthy for the sake of that they were not ill, to care about health for the sake of safe behavior.» And it is necessary to underline words about a healthy way of life: «It is better to take care of healthy people, to protect them from illnesses hereditary or menacing, to give them an appropriate way of life. And that is easier to protect from illnesses rather than to treat them».
Also F.I. Inozemcev paid attention to the characteristic of a healthy organism and conditions of its preservations. G.V. Arkhangelsky wrote in the book about him: « F.I. Inozemcev has resulted following characteristic of a healthy organism: 1) healthy structure of body (a cell); 2) correct action (regulation) of the central nervous system which leads stimulus to body (cells) 3) the healthy vascular device which also is under the influence of the central nervous system which helps body to receive a nutrition; 4) not broken trophic influence of knotty nervous system which raises blood and a cell of each body (a place).
Domestic and foreign physicians paid exclusive attention to person's psychological reactions, especially sick, a psychological climate - as to one of the most important condition of healthy way of life. The well known physician V.A Manasein, following the councils of S.P. Botkin in the book «About the value of mental influences» (1877) has estimated their essence «... In change of an attention direction to the patient», that it is possible to make by means of employment by physical culture, reading, games and other ways of keeping health.
G.A. Zakharin underlined necessity of health saving, by influence on conditions of human life, its behavior, genetic habits. The well-known English sanitary inspectors of the beginning of the XIX century A. Ashley, S. Smith, J. Saimon made hundreds researches on conditions of a life of industrial workers, the city poor, and have established the solving influences of environment on a state of health. They demanded observance of strict sanitary measures for preservation, and the organization of a healthier way of life.
Enormous work on influence of life conditions on health was made by F.F. Erisman who made together with E.M. Dementyev and A.A. Pogozhev an unique research of sanitary conditions and health of working factories and factories of the Moscow province, captured 1080 companies with 114000 workers. Working conditions, food, dwelling have been surveyed in details. 17 works were published on 380 pages. Research has visually shown sources of an origin of diseases and ways of their prevention, and so - health preservation. In this sanitary-and-hygienic direction, that is in a direction of an estimation of influence of conditions and a way of life on health, also worked A.I.

Dobroslavin, the founder of the first independent department of hygiene in Petersburg.

P14
CONSENT FORMS IN JUDICIAL REGISTERS IN THE OTTOMAN PERIOD

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In the Ottoman period, qadis (judges ruling in accordance with the Islamic law) and courts were the manifestation of law. "Şer'iyye Sicilleri" are the notebooks that include the records that qadis keep with regard to their decisions and deeds. *Huccet* (Senedât-ı Şer'iyye) is a sort of document proving that a claim is proven out. In the Ottoman legal terminology, *huccet* is a document bearing the signature and seal of a qadi, but not his decision, declaring the acknowledgement of one party and approval of this acknowledgement of the other party. This document was provided with other evidences of the given case.
Qadi registers are important documents for the Ottoman medical history research. They provide rich materials particularly for the period until the Tanzimat era (1839-1876). Further, these registers are the only authentic sources to acquire information on rural life and daily practices of the Ottoman society. The registers provide diverse documents on the names and treatment of some diseases, drug combinations, consent forms between physicians and patients and forensic medicine.
According to consent forms found in qadi registers, surgeons always received consent from patients before a surgery. With these forms, the parties had their utterance approved and registered before the court in order to avoid possible conflicts. Patients agreed before the qadi that physicians were not responsible for any problems encountered during treatment, and particularly that their relatives would not demand blood money from physicians in case of the death of a patient.
This study makes an overview of some consent forms and collects information on the identity, sex, age and disease of some patients, on the methods of their treatment and on how much money they paid in return for the treatment.

P15
THE POSITION OF IBN-MAIMOON IN ISLAMIC MEDICINE

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Musa Ibn-Maimon from Cordova (1135-1204) is one of the most outstanding physicians and philosophers of Islamic period of Spain. He was born in Cordova in 1135. He grew up in an Islamic environment under the ruling system of monotheistic rulers who were among the strictest Muslim rulers in Andalusia. However, due to the relative social influence of Judaism in that city, he and his family preserved their loyalty to that religion for some sometimes. Upon the dominancy of prejudiced monotheistic rulers, a great number of the Jews and Christians of Andalusia were forced to change their religion or leave Andalusia. So that Ibn-Maimon and his family left Andalusia and went towards the west. They travelled for a long time in different regions of the North Africa, Egypt, and Palestine due to political problems, until he could find a peaceful life under the government of The Ayoubians in Egypt. In that time, this great thinker, physician and philosopher created many scientific words and carried various studies. In addition to presentation of important views in the area of philosophy, theology, he had important outcomes in the area of medicine and presented new innovations and views in that area which are reflected in his books and treatises. According to some sources, Ibn-Maimon and his family were converted into Islam finally and he used to live under the government of the Ayoubians in Egypt until his death in 1204 and passed away there. At first stage, this paper will investigate the life and age of Ibn-Maimon and in the second stage; it will study his role and significance in the development of frontiers of medical science in the realm of the Muslims and finally his scientific works and views of this well known physician.

P16
L'ASIMMETRIA: DA DIONISO AL NEUROIMAGING

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Dai tempi più remoti, nella simbologia iniziatica, il percorso conoscitivo passa attraverso la ricerca di "simmetrie imperfette" (spesso asimmetrie di riflessione), in una sintesi che renda possibile la comunicazione del trascendente con l'immanente, del mondo simmetrico (dei viventi) con quello asimmetrico (dei morti), fonte di conoscenza. Efesto è zoppo, come storpi sono i detentori dei segreti del fuoco di molte mitologie; Pitagora ha una sola coscia d'oro, come Apollo; di Empedocle resta un solo sandalo; Dioniso viene spesso rappresentato con un unico sandalo. Lo sviluppo della scienza moderna ha permesso di riscontrare tracce di tali "simmetrie imperfette" nel mondo fisico, a livello biologico, molecolare (chiralità) e subatomico (simmetrie carica, parità, tempo). Da circa 150 anni è noto che anche il cervello, apparentemente morfologicamente simmetrico, presenti asimmetrie morfologiche e funzionali, attestate in funzioni cognitive e motorie. La perdita di tali asimmetrie è riconosciuta in diverse patologie (dislessia, CADASIL, sclerosi multipla, stroke). Anche nell'invecchiamento cerebrale si assiste a una riduzione della lateralizzazione per specifici compiti cognitivi (working memory). L'asimmetria è pertanto alla base di ogni atto conoscitivo da parte dell'uomo, ed è innata nel mondo fenomenico, tanto che la sua ricerca in realtà apparentemente ordinate rappresenta una delle basi della conoscenza. Infine la perdita di asimmetrie cerebrali funzionali, innate o acquisite, è spesso associata a una riduzione della performance nell'atto cognitivo implicato.

P17
DE LISBONNE A PADOUE – SAINT ANTOINE ET UNE POSSIBLE LIAISON AVEC LA MÉDECINE

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Saint Antoine est né a Lisbonne sous le nom de Fernando Martins de Bulhões. Il a vécu entre les siècles XII et XIII, dédiant sa vie a l ' église, comme augustin et franciscain, voyagant entre le Portugal, la France et l ' Ilalie. Ici, comme membre de l ' Ordre de Sain Francisco de Assis, il a vécu a Bologne et Padoue, ville ou il morrut. Il est le saint des couples marriés, des femmes enceintes, des pauvres, des objects perdus et des villes de Lisbonne et de Padoue, liant les deux villes et les deux pays.
Sa relation avec la Médecine a apparement des aspects interessants, a part de sa protection aux femmes enceintes, il n ' a aucun atribut médicale, comme autres saints liés a certaines maladies. Par contre, il est lié a un ensemble de miracles, parfoit representés dans l ' art portugaise (comme les *azulejos,* entre autres représentations). Entre les miracles de Saint Antoine, sont exemples ceux de dui même mangeant des aliments empoisonnés sans tomber malade, soignant un fou avec le cordon de son habit, soignant un enfant paralysé, fesant le traitement d ' une amputation, sauvant un homme de mourrir écraser, ou finalement, menant une resurrection. En fait, le saint de causes nomées a superer, chez la culture portugaise, l ' intelectuel qui écrivait et prêchait, qui connassait les oeuvres de Aristote ou Galien et qui a sans doute une relation avec les pratiques médicales de lecture religieuse, entre Lisbonne et Padoue.
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POSTER SESSION 2 – Part I
History of Diseases

P18
REMEDIES FOR MENSTRUAL MIGRAINE. FROM INSTINCTIVE MANEUVERS TO A LONG-ACTING TRIPTAN

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It is well known that females are more likely to suffer from migraine (M) attacks than males, especially during menses. Traditional remedies as well as instinctive maneuvers have been used to alleviate M. However, only recently a link has been demonstrated between the decline in estrogen in the luteal phase and M attack. A short-term prophylaxis with estradiol starting a few days before menstruation proved to be effective in treating menstrual M. The possible prophylactic efficacy of triptans has been tested. In particular, frovatriptan, due to its long half life, has been found to be effective in the prophylaxis of menstrual M; scarce information is available on the efficacy of this drug in the acute treatment of attacks.
Efficacy and safety of frovatriptan 2.5 mg vs. almotriptan 12.5 mg was assessed in 96 women with menstrually related M, enrolled in a multicenter, randomized, double blind, cross-over study.
Pain relief at 2 and 4 h was 36% and 53% for frovatriptan and 41% and 50% for almotriptan (p=NS). Pain free at 2 and 4 h was 19% and 47% with frovatriptan and 29% and 54% for almotriptan (p=NS). At 24 h, 62% of frovatriptan and 67% of almotriptan-treated patients had pain relief, while 60% vs. 67% were pain free (p=NS). Recurrence at 24 h was significantly ($p<0.05$) lower with frovatriptan (8% vs. 21% almotriptan). This was the case also at 48 h (9% vs. 24%, $p<0.05$).
Frovatriptan is as effective as almotriptan in the immediate treatment of menstrually related M attacks. The lower rate of recurrence suggests that frovatriptan may be effectively employed both in the prophylaxis and in the acute treatment of menstrual M.

P19
A COURT RECORD ON LEPROSY FROM THE OTTOMAN ARCHIVES

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A Chinese book dating to 5000 BC has references to leprosy. In the 4th century BC Aristotle provided information about diseases such as plague, leprosy, tuberculosis, trachoma and mange, and the ways of contagion. It was a common belief among the Hebrew that diseases were sent to sinful people by divine powers. In his book, Leviticus warned people to prevent from contagious diseases and from touching unhygienic things and to be alert against diseases such as plague, leprosy and epilepsy as well as diphtheria and gonorrhea. It has been known that, in Anatolia, Scythians and Hittites were the first people to carry leprosy. The disease became endemic and epidemic during the period of Byzantines, and leprosy control centers were opened in that age. Leprosy was common among poor people in the 6th and 7th centuries, but emerged as a real epidemic during the Crusades in the 13th and 14th centuries. People suffering from leprosy used to wear specific clothes, go to the church and listen to death prayers. They were not allowed to make their last will, purchase and sell goods and talk to healthy people. They were completely isolated from the society. In the medieval age, plague, leprosy and cholera were very common. Leprosy sufferers were separated from the society in Anatolia as from the first century of the immigration, and were taken under care in *cüzzamhane*s (dispensaries for people suffering from leprosy). The first *cüzzamhane*s in Anatolia were established in the 14th and 15th centuries whereas the first *cüzzamhane* in Europe was founded in Edirne by Sultan Murad II. In 1514, Sultan Selim I had *Karacaahmet Cüzzamhanesi* constructed. In that age, as people believed that the disease was incurable, they used to ensure that sufferers were taken under care in medical centers. The patients in these centers were financed by the administration of foundations.
This study is based on a writ, available in the Ottoman Archive of the Prime Ministry, concerning the perspective of the Ottoman people on patients suffering from leprosy.

P20
RINGWORM OF THE SCALP (TINEA CAPITIS) AND THE EVOLUTION OF TREATMENT METHODS

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Treatment of ringworm has gone through various stages in human history, from Roman times to the present. Up until the beginning of the 20th Century the standard treatment for ringworm was to pluck the hair from the roots using a sticky salve, a treatment that was very painful. At the beginning of the 20th Century scientists noted that exposure to x-ray – which had been discovered only few years earlier, in 1895, could cause painless hair loss. Researchers and doctors began to apply this property to the treatment of ringworm of the scalp. This treatment method, inaugurated in 1909, became the standard and accepted medical protocol for ringworm of the scalp until the end of the 1950s. Over the years, this treatment which was normative worldwide, was discovered to be harmful to patients, increasing the incidence of benign and cancerous growths in the head and neck area among those treated with irradiation for ringworm.
The paper surveys treatment methods employed at various periods of time and the way various treatments, accepted in medical practice, were abandoned entirely over the years and even discovered to be harmful after decades of use. The study is based on historical and scientific documents from various periods, primarily over the past two hundred years.

P21
"TO CLEAN-UP THE CHIDREN'S HEADS" THE 1ST CAMPAIGN TO ERADICATE RINGWORM IN ISRAEL 1920S

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In April 1925, Dr. Arieh Dostrovsky – head of the Dermatology Department of Hadassah Hospital in Jerusalem announced with elation, the arrival in Eretz-Israel of the first therapeutic x-ray machine of its kind. "With x-ray the disease can be cured rapidly and completely. Each curative treatment takes a month. The actual cure with an x-ray machine (irradiation) is enough, even a few minutes ..."
The dermatologist's announcement and the pleasure he expressed related to a new treatment protocol for ringworm which had affected many schoolchildren in Eretz-Israel, leading the disease to be dubbed "the school disease" or the "pupils' disease."
The arrival in Jerusalem of the first x-ray machine for treating ringworm marked the beginning of an affair that officially was labeled "a Campaign to Eradicate Ringworm in Eretz-Israel, " but decades after the establishment of the State of Israel, became known as "the Ringworm Affair." The affair began in 1925 and closed – or so it seemed at the time, in the year 1960 when medical protocols for ringworm were changed – marked by the introduction of an anti-fungal pharmaceutical taken orally, which replaced irradiation treatment for ringworm. In fact, the Ringworm Affair continues to be an issue to this day and former ringworm patients are still called "the Ringworm Children" 90 years after treatment was inaugurated in 1925.

The research describes the first campaign in Israel/Palestine to eradicate ringworm using mass irradiation of all infected children. The study is based on archival documentation and analysis of organized medical operations in the schools in Israel to eradicate ringworm.

P22
THE ISRAELI RINGWORM AFFAIR
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In 1994, the State of Israel legislated a Compensation Law for Compensation of Ringworm Irradiation Casualties. The objective of the law was to compensate those who in childhood had been irradiated by the State of Israel's health agents for treatment of or prevention of ringworm.
The destructive repercussions of ringworm irradiation first surfaced in the 1960s in the clinic of Professor Abrahav Sahar, a specialist in brain tumors at the Shiba Hospital on the outskirts of Tel-Aviv, who turned to Professor Baruch Modan and suggested he study and examine risk levels of developing tumors among adults who had been irradiated for ringworm as children. The research findings established that compared to a control population that had not been irradiated, those irradiated in childhood carried a higher risk of developing leukemia, breast cancer, benign and malignant brain tumors, as well as skin tumors and thyroid tumors. In 1974, Professor Modan published an article in the medical literature about the linkage between irradiation administered to ringworm patients, and malignant tumors they developed later in life.
The findings, which were also published in the general media, engendered a sense of fear and uncertainty among former patients as well as anger fueled by accusations that selection of patients and employment of irradiation has been based on ethnical bias against Mizrachi Jews – a weak immigrant population.
In the wake of disclosures, some 50 damage suits were filed in Israel. Due to political pressure from the Mizrachi community and their representatives in the Israeli parliament, the Knesset passed a ringworm compensation law – the first and the only legislation of its kind worldwide. (Moreover, by contrast, elsewhere courts rejected damage suits for malpractice because irradiation protocols had been standard medical procedure worldwide at the time. Recipients included children from diverse backgrounds – including Ashkenazi children in Jewish communities in Poland.)
The objective of the work was to analyze the background and the factors that led to legislation of the ringworm compensation law in Israel. The study was carried out in the framework of the research unit of the National Center for Compensation of Ringworm Casualties, and is based on archival documents, records of government proceedings and newspaper coverage.

P23
ISSUES ABOUT "HEAD" IN *HAZÂINÜ'S-SAADÂT*
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The exact writing date of *Hazâinü's-Saadât* (treasures of prosperity) is not known. However, it is estimated to have been written between the late 14th century and the first quarter of 15th century. Author is a doctor named "Eşref bin Muhammed"
There is only one known copy of *Hazâinü's-Saadât*. That unique copy is in the library of Topkapı Palace Museum, at the Section of Ahmed III's belongings. It is registered as Treasure-557-Number. It comprises 72 leaves (which is equivalent to 114 pages). Every *varak* (leaf) of the book includes 17 lines of writings, except that there are 18 lines on pages 11b and 71a. The book written in the Turkish language of that age was easily understandable. It was written with Arabic letters without vowel points.
The subject of the book is mainly 'hıfzı's-sıhha' (protection of health).
The work consists of four main parts. The first three parts provide medical information on how to protect physical health. The part related to child health, diseases and healing methods is followed by information on teenage (over 15), which is referred to as *yiğitlik* (bravery) in the book. In the following part, the author wrote about diseases and relevant treatments for older ages (people with grey beard). Another part provides short anatomic information on each organ of the body, which serves us from conception to the end of our lives. The section related to the protection of organs covers the following organs in the order provided here: head and brain, ears, nose, tongue, trachea, heart, stomach and associated organs, liver, spleen, intestines, kidney and bladder. The final part is about deontological issues.
This study compares medical practices mentioned in the section related to head of *Hazâinü's-Saadât*, comprising eight lines starting from line 47a, with contemporary practices.

P24
HISTORICAL REVIEW: TO PURPOSE OF AN UNUSUAL CASE OF SPONTANEOUS ELIMINATION OF A SEGMENT OF SMALL INTESTINE BY INTUSSUSCEPTION
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Chair of the History of Medicine-University Our Lady of La Paz, Bolivia. Bolivian Academy of History of Medicine

Many years ago we had the opportunity back surgery on a young woman aged 32, evacuated from rural to our teaching hospital of the city of La Paz, to present an unusual box spontaneous deletion of a segment of 80 cm. length of small bowel (mesentery including) by intussusception, noting in part also open, a large area of cystic pneumatosis submucosal with cysts of varying size. During surgery, peritonitis found with some scattered intestinal fluid in the abdominal cavity and intestinal ends proximal and distal to the segment of intestine expulsed, partially sealed by fibrin and a relatively strong adhesive process with the omentum and mesentery of the affected area , leading us to perform an operation that consisted of resection of the injured intestinal segments from both ends, followed by terminal anastomosis and peritoneal lavage. Note that in the edge of the distal segment was resected, two polyps were find that were probably the cause of intussusception. The evolution of the patient was good and because of its rarity, the case was published in the journal "Acta Gastroenterological Bolivian" for January-April 1981, always wondering if there were other similar cases published in international medical literature, until we find the magazine The American Journal of Surgery August 1951, with an article by Grant and Bowden of New York, who reported a case of Spontaneous expulsion per anum of sequestrated transverse colon after radical resection of gastric carcinoma, with few references between 1802 and 1947 , which due to their antiquity we were unable to find. However, maintaining the curiosity we see many years later, volume 4 of the work in 9 volumes Physician's Practical Guide by F. L. J. Valleix, published in the Press of the Society of Printers and Booksellers of the United - Madrid, 1851, where in Article XI of Chapter VI devoted to diseases of the intestines, we find a vivid description of the invagination of the intestines whose evolution, varying in time, ended in patients not previously succumbed, with expulsion of the gut. The most surprising after such termination, was that in many cases there was complete healing without surgery, as reported by Dance, Thomson, Dayton and Citadini of Arezzo, as we read in the text, noting also that "if the time of separation of the intestinal expelled, are not sufficient adhesions opens the intestine into the peritoneum, and is still a fatal peritonitis. Moreover cicatrization can be verified in a vicious, which is a narrowness which later result in death."
Once this historical correlation between what happened in the past and what we ourselves experience to the curious disease entity described, is that we present this summary to the attention of the organizers of the 43rd Congress of the International Society for the History of Medicine, announcing that if deserves to be accepted as work for presentation at the Congress, we are happy to qualify it with the necessary images and photographs.

Grant R. N., Bowden L. "Spontaneous expulsion per anum of sequestrated transverse colon". The American Journal of Surgery. August 1951
Valleix F.L.J. "Guía del Médico Práctico". Tomo IV. Librerías de D. Ángel Calleja, Editor. Madrid, 1851

P25
HISTORIC REVIEW OF HEALTH MANAGEMENT OF PESTICIDES' INTOXICATIONS

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Development of agriculture determined the necessity of new means of fight against pests- from natural organic substances, some no organic substances to the numerous substances and their derivates from the organic synthesis. The new era of pesticides has started in 1939 with the synthesis of DDT. Nowadays there are more than 60000 pesticides formulated from about 1400 active substances.
The big number of pesticides determines the high risk from acute and chronic intoxications among the employees engaged in manufacture and application. It was found out that worldwide more than 65 millions of people had at least one incident per year due to pesticides. In order to prevent pesticides' intoxications occupational health measures were developed such as information and safety work training of employees, substitution of toxic substances with less dangerous, capsulation and isolation of the technology processes, adequate and proper handling of the personal protective equipment, etc. An example of good occupational health practice for risk management of pesticides intoxication is presented. The results of laboratory tests and medical check up of employees from a Bulgarian enterprise are shown. The risk reduction measures are analyzed.
Key words: pesticides, intoxications, historic review, health risk management

POSTER SESSION 2 – Part II
History of Medical Specialties

P26
ROMANIAN INNOVATIONS IN THE DOMAIN OF BILIO-DIGESTIVE ANASTOMOSES

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One of the main principles in performing a bilio-digestive anastomosis is that of the definitive intervention: the derivation is not an intermediary, but a long lasting solution to the biliary pathology (with few exceptions).
Gavrilescu introduced the concept of anastomosis, seen not only as a simple stoma between two segments , but also as a complex made out of three elements: the superior floor=the biliary segment, the middle floor=the anastomosis itself and the inferior floor=the digestive segment used for the anastomosis.
Out of the internal biliary derivations, we discuss the choledoco-duodenal anastomoses . The first operation of this type was performed by Riedel in 1888, and the first therapeuti success was that of Sprengel's in 1891.
Dan Radulescu underlines that the choledoco-duodenostomy done for protection in biliary surgery is a „solution of the unknown". Reflux angiocholitis is a complication of the choledoco duodenal anastomoses; the conditions in which infection appears are generated by the stasis –this phenomenon was studies by Bidulescu, Juvara, Radulescu. Turai underlined that the danger of the ascendant infection is smaller with a bigger anastomotic mouth. The most feared complication in angiocholites is represented by the hepatic abscess which may arise , according to Firica, in the following conditions: permeable anastomosis and bilio-alimentary stasis from the bilio-anastomotic cul-de-sac.

P27
60 YEARS OF DIABETES RESEARCH IN KOSICE – THE LEGACY OF PROFESSOR RUDOLF KOREC

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The Medical Faculty in Košice was founded in 1948 as a branch of the Comenius University in Bratislava and in 1959 it became a part of the newly founded Šafárik University. As heads of departments local clinical specialists and young scientists from Bratislava were nominated. One of them was professor Rudolf Korec, MD, DrSc. born in Kliž, 1921. The outstanding scientist helped to found different departments, but his main activity was tied to the Institute of Pathophysiology. His scientific activities were broad, however his main interest was focused on experimental diabetology. In the early 60's he recognized that the only definite cure of diabetes is pancreas transplantation [1] His scientific efforts and educational activities were blocked after the Soviet occupation in 1968 and the subsequent persecution of people associated with the Prague Spring. He was removed from the department he founded, his excellent textbook of pathophysiology [2] was banned and he was not allowed to participate at scientific congresses. Despite all these humilitating conditions he continued in his experiments alone without any help in a cellar of the hospital. He was successful in islet transplatation of diabetic rats. In November 1989 he took the lead of the democratic forces at the university and became the first elected rector of the Safarik University. Despite his advanced age he continued in his research activities until his death in 2003. His students and folowers meet each year in Chateau Topoľčianky (near Zlaté Moravce where he attended high school) at a congress devoted to his legacy. The Slovakian Diabetes Association he founded in 1968 honours the best diabetologist with the Korec Award each year.
[1] Korec R: Experimental and spontaneous diabetes in the rat and mouse 1967, reprinted with a chapter on transplantation in 1991
[2] Korec R: Patologická fyziológia, 1964

P28
EMERGENCE OF NEUROSURGERY AS AN INDEPENDENT CLINICAL DISCIPLINE (1920s – 1930s)

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Neurosurgery as an independent clinical discipline with its methods and scientific and applied interests emerged in major European countries (Russia – USSR, UK, France and Germany), USA and Canada in the interwar period (1920s-1930s). It was due to the progress in basic science and to such development of medicine and surgery which requires specialization. A systematic approach was used to study this process. We selected the so-called discipline-forming factors: 1) social historical (wars, level of civilization, urbanization and industrialization); 2) natural scientific (progress of knowledge on nervous system anatomy and physiology, new diagnostic and surgical methods, special instruments, progress in anesthesia) and 3) institutional (emergence of leaders and neurosurgery schools, establishment of neurosurgery departments, clinics and research institutions, publication of neurosurgery periodicals and foundation of professional societies). WWI (1914-1918) had a profound impact on neurosurgery development due to a great number of military injuries of nervous system. It required developing a system of specialized

units for head and spinal injuries. Preparation to WWII (1939-1945) stimulated state support for neurosurgery as an independent clinical discipline. Patterns of emergence of neurosurgery in the countries under investigation were different due to national traditions, political factors and personalities of neurosurgery pioneers. In USSR there was a tendency to centralize neurosurgery whereas in UK and USA it was decentralized from the beginning. Soviet neurosurgery was concentrated at a few big research institutions. In USA and Europe neurosurgery departments mostly appeared within multidisciplinary hospitals.

P29
AN EVALUATION ON EPILEPSY IN THE OTTOMAN MEDICINE

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The word epilepsy derives from the Greek word Epilepsia. In this word, Epi means "upon" and Lepsis means "seizing, taking hold of". In the Turkish language, various words have been used to define epilepsy. *Sar'a*, the word widely used today, means hitting down. In Anatolia, people call epilepsy as *Tutar, Tutarık, Yilbik* or *Peri Hastalığı* (Fairy Disease). The Ottoman Turkish Medicine is an extension of the Seljuk Medicine and hence the Islamic Medicine. In almost all medical works from the Islamic culture, a disease is handled in a holistic way, starting from its onset and continuing with ways of treatment and medicine combinations.
Epilepsy and relevant methods of treatment had been addressed to a considerable extent in the Ottoman medicine for centuries; and treatment approaches, medicine combinations, surgical interventions and folkloric medical practices were offered to struggle against epilepsy. In the Ottoman Medicine, epilepsy was categorized within the illnesses related to head region. This study makes an evaluation of references to epilepsy in manuscripts from the Ottoman period with regard to epilepsy treatment, treatment centers and legal situation of epilepsy patients based on documents in the Ottoman Archive of the Prime Ministry.
The manuscripts demonstrate that treatments were mostly based on humoral pathology, specific care was given to protect the patients, and decisions were taken and implemented to protect the patients in legal terms.

P30
DEVELOPMENTS IN THE FIELD OF PROSTHETICS AND ORTHOTICS IN THE OTTOMAN PERIOD

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Amputation known as the oldest of surgical interventions is cutting off a limb or digit of the body. The artificial organ that replaces the cut-off organ is prosthesis. Prosthesis is the product of people's psychological and functional need for integrity. Throughout the historical process, various forms of advancements occurred across the world from mythological ages to the end of the 19th century. New surgical techniques, development of materials used in the production of prostheses and creative engineering ideas made it possible to advance in the field of prosthetics and orthotics.
In our country the emergence of prosthetics and orthotics, in other words mechanical orthopedics, dates back to the period of Sultan Abdulhamid II (1876-1909). Sultan Abdulhamid II had lived with patients and diseases since his childhood and lost his closest relatives, which urged him to support healing techniques for diseases. Specialized physicians that were brought from Germany in the period of Abdulhamid II, in order to improve medical education, also paved the way for the development of prosthetics and orthotics in addition to other fields. Within this innovative movement, Prof. Dr. Robert Rieder (1861-1913) from the Prussian Ministry of Education and Dr. George Deycke (1865-1938) from Hamburg-Eppendorf Hospital used the building of Old Gülhane Military High School in Topkapı Palace to establish an exemplary treatment and education institution. During the construction of the hospital building, workshops started in line with the need for prosthetics and orthotics. In the same period, upon permission of Abdulhamid II and request of Dr. Rieder, four military physicians went to Paris to receive training on prosthetics and orthotics. The physicians, completing their training, worked in orthopedic services of hospitals and started training physicians in this field. These efforts that started during the period of Sultan Abdulhamid II were followed by new efforts to replace the lost limbs and digits during the World War I. The purpose of this study is to provide an evaluation of developments in prosthetics and orthotics in the Ottoman age and to provide information on prominent practitioners that served in this field on the basis of archival documents.

P31 - 136
PERCORSO STORICO DELLA STATISTICA PSICHIATRICA ITALIANA

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La Statistica psichiatrica italiana non ha una lunga storia, infatti solo nell'Aprile 1989 viene istituita la società SIEP (Società italiana di Epidemiologia Psichiatrica). Nelle altre nazioni, invece, l'importanza della statistica in medicina era già sentito fin dalla seconda metà dell'ottocento. Infatti nel 1853 si tiene a Bruxelles il primo congresso internazionale di statistica, seguono il II nel 1855 a Parigi; il IIII nel 1857 a Vienna; il IV nel 1860 a Londra; il V nel 1863 a Berlino; il VI a Firenze nel 1867. Da questo congresso inizia anche in Italia il non facile percorso dell'epidemiologia psichiatrica ad opera di Andrea Verga (1811-1895) e Serafino Biffi (1822 - 1899). Questi freniatri presentano le prime linee guida di statistica, che dovrebbero essere applicate, per ottenere dati necessariamente uniformi, in tutti i manicomi d'Italia "*…per apprendere quanta sia la dignità della Statistica basta por mente al di lei nome che equivale a Scienza degli Stati, a scienza onde si reggono li Stati… se non sempre i numeri governano il mondo, dice il profondo Goethe, è certo che essi mostrano come lo si debba governare… (per Humboldt) nell'economia politica e nella ricerca dei fenomeni naturali i numeri sono sempre quelli che decidono le questioni, li arbitri supremi*" (Verga, 1867). Al primo congresso della *Società Freniatrica Italiana*, tenutosi ad Imola nel 1874 si pone il problema di una classificazione uniforme delle malattie mentali, valida per tutto il Regno per poter elaborare dati statistici nazionali. Ne vengono proposte varie, alla fine viene approvata quella presentata da Verga per uniformare i dati relativi alla follia. Gli AA seguono nel tempo la progressione non sempre facile di questi studi. Nel tempo vi sono accanite discussioni sui criteri da adottare, sulle scelte da fare prima che si affermi una vera epidemiologia psichiatrica con cultori e specifici studiosi.
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P32 - 199
TASHKENT PROFESSORS OF MEDICINE AS FOUNDERS OF NEUROSURGERY IN MIDDLE ASIA

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Emergence of neurosurgery in Uzbekistan might be traced back to establishment of Turkestan State University (TSU) in 1920. There was a medical faculty there which was transformed in Middle Asian Medical Institute in 1931 and renamed as Tashkent Medical Institute (TashMI) in

1935. Professors of surgery, neurology and radiology of TSU-TashMI contributed to institutialization of neurosurgery in Middle Asia.
Professor Piotr Sitkovsky was a first dean of medical faculty of TSU and director of a clinic of faculty surgery from 1920 to 1930. First cases of spinal cord tumors were operated on at his clinic. From 1930 to 1934 the clinic was headed by professor Ivan Orlov (1888-1852), who later became a chair of hospital surgery and director of First surgical clinic of TashMI. He authored 14 papers on different neurosurgery topics including treatment of head injury sequelae, spina bifida occulta, causalgia etc. Under Orlov's initiative first neurosurgery department in Uzbekistan for 200 beds was opened in 1943 at Tashkent evacuation military hospital. Professor Mikhail Astrov (1882-1957) was a director of clinic of hospital surgery since 1932 to 1957. His experience on gunshot wounds of skull and brain during WWI was summarized in his monograph published in 1925. Professor Mikhail Zakharchenko (1879-1953) who was a chair of nervous and mental diseases at TSU-TashMI from 1920 to 1939 also fostered development of neurosurgery in Tashkent. He and his pupils diagnosed several cases of spinal cord tumors that were removed in Sitkovsky's clinic of faculty surgery. Prof. Sergey Molchanov (1886-1968) was a first chair of roentgenology at TashMI (from 1932 to 1962). He was a pioneer of X-ray tomography in USSR and authored a monograph "Skull and spine tomography" published in 1938.

POSTER SESSION 3 – Part I
Arts and Medicine

P33
ARTISTIC SOURCES FOR THE STUDY OF DIEASES AND MEDICAL PRACTICES IN COLONIAL BRAZIL
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Paintings, prints and drawings constitute important historical sources for the knowledge of the History of Medicine. Diseases, therapies and medical practices used throughout history have been the focus of attention of artists who left their records in illustrations of texts, the murals of churches, convents and hospitals. Besides these artistic expressions quoted above, the History of Medicine in Brazil also counts with the travel reports of scientists, artists and adventurers, who came to the Brazilian soil at the beginning of its history, as another source of information. The healing practices found in these images were a mix of European scientific theory with religious mysticism, shamanism, and witchcraft. Among the most important images of these reports we find the work of French painter and watercolorist Jean-Baptiste Debret who came to Brazil following a mission of French scientists and artists after the invitation of the Portuguese royal family in the early nineteenth century, when the city of Rio de Janeiro became the capital of the Portuguese Kingdom. Debret did numerous engravings and watercolors on colonial life that recorded with accuracy the diseases and therapeutic practices used in Brazil, which will be the focus of the poster to be presented.

P34
PERCORSI STORICI TRA CINEMA E SCIENZE MEDICHE
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Il mondo scientifico si è sempre interessato agli strumenti capaci di fermare momenti di realtà; infatti tali congegni erano molto utili per la ricerca scientifica in quanto permettevano di fissare su una pellicola eventi, che potevano, poi, essere osservati ed analizzati più volte. Fin dai primi passi del cinema, la scienza è stata, a sua volta, ispiratrice di sceneggiatori, registi ed autori.
Ma più profondi, intricati, più frequentemente ricorrenti sono i rapporti tra cinema e neuropsichiatria. Durante la prima metà del secolo scorso, i filmati sono documentari sulle patologie per fissarle, descriverle ed analizzarle; essi riprendono scene reali con pazienti veri. Uno dei pionieri nel campo delle neuroscienze è il professor Camillo Negro (1861-1927), che con Roberto Omegna (1876-1948) realizza varie opere cinematografiche riprendendo pazienti con diverse patologie neuropsichiatriche. Alcuni dei filmati realizzati sono presentati al primo congresso della Società Italiana di Neurologia,(Napoli,8-11 Aprile 1908). Negli anni cinquanta, con l'introduzione dei neurolettici e di nuove tecniche terapeutiche, cambia la modalità di assistenza dei pazienti e, sono prodotte pellicole scientifiche, che promuovono le nuove molecole ed i nuovi mezzi terapeutici, i loro effetti "benefici e curativi " sui pazienti, destinate ai medici. Verso la fine degli anni '70 sono realizzati film nei servizi psichiatrici per mostrare, in modo meno didattico, meno formale, scientifico e, forse, con più umanità e sensibilità, le nuove tecniche terapeutiche-riabilitative utilizzate nei centri di salute mentale. Anzi la stessa attività cinematografica diviene un mezzo per la riabilitazione dei pazienti. Ma il cinema in psichiatria ha anche altre valenze, significati e simboli. Infatti da sempre è riconosciuto come analisi psico-sociologica: come valido strumento per l'esplorazione attraverso le immagini della psiche umana, del comportamento, nonché di fenomeni sociali più ampi.

P35
LA PIETRA TOMBALE DI LUCIO E MONDINO DE'LIUZZI, SOTTO IL PORTICO DI SAN VITALE A BOLOGNA
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Mondino de' Liuzzi (Bologna 1275- Bologna 1326) è ricordato nella storia della medicina per essere stato il primo anatomista che reintrodusse la pratica delle dissezioni del corpo umano nell'insegnamento dell'anatomia. Nella biblioteca dell'Archiginnasio di Bologna è conservato il manoscritto dell'Anothomia, testo scritto da Mondino nel 1316, mentre nel teatro anatomico fa bella mostra una statua lignea, che lo colloca tra le maggiori figure della storia della medicina. Meno nota è la pietra tombale, collocata sotto il portico della chiesa dei santi Vitale ed Agricola, in via San Vitale a Bologna, in prossimità della seconda cinta muraria della città, detta "del mille". La pietra tombale è costituita da un bassorilievo e da epitaffi e venne, originariamente, concepita da Mondino per la sepoltura dello zio Lucio de' Liuzzi.
Viene presentato, con iconografia originale, uno studio nel dettaglio del bassorilievo e degli epitaffi che, inseriti nel contesto storico, fanno luce sulla multiforme personalità di Mondino e sulla imponderabilità degli eventi, che fece si che la pietra tombale, realizzata su misura per lo zio Lucio, fiissè con l'ospitare lo stesso Mondino.

P36
THE HEALTH-RELATED VISUALS AT BYZANTINE PERIOD STRUCTURES IN ISTANBUL
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The Roman Empire was divided into two in 395 A.D. as Eastern Roman and Western Roman Empire. The capital city of the Eastern Roman Empire, so-called the Byzantium Empire, was Constantinople (today's Istanbul). Existing for more than a thousand years, the Empire collapsed upon conquest of Istanbul in 1453 by the Ottoman Monarch Sultan Mehmed the Conqueror (Mehmed II).
During their reign, the Byzantines constructed numerous historical structures in Istanbul, majority of which survived until this day, and decorated such structures with works of art, such as mosaics, icons, etc.... (1, 2)
In our study, we aim to examine and assess the health-related visual materials located on the structures from the Byzantine period with respect to the history of medicine. For this purpose, we first created a list of the Byzantine period structures in Istanbul that survived until today and performed an elaborative examination on these structures as regards the visual materials. We determined the health-related

visuals amongst these works of art and assessed them with respect to the history of medicine.

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POSTER SESSION 3 – Part II
History of Medical Institutions

P37
MONASTIC GARDENS: THE EARLIEST PHARMACEUTICAL LABORATORIES IN MEDIEVAL RUSSIA

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Monastic medicine spread throughout Russia during the era of Early Christianity. *Medicinal herbs and plant* nurseries flourished in Medieval monastic gardens. Monasteries attracted the ill and injured, and monks accumulated knowledge on the use of healing herbs and plants for medical treatments and prophylaxis**.** For example, monks found that *Scyphicam herbam*, a Scythian herb, helps against dyspnea and heals wounds. Monks were experienced farmers that knew the secrets of gardening. They knew the basic principals of selection, used greenhouses, and were able to adapt thermophilic plants from overseas to the local climate. Herbs and plants were specially dried in order to preserve their healing powers. These were combined to prepare numerous ointments, balms, teas, and herbal mixtures, which were used together with prayer to treat ill and injured monks and visitors. The results of these efforts were carefully documented and some of these records survived through the centuries. We believe that the healing herbs and plants cultivated and used in Medieval Russia formed the foundation for the development of the modern pharmaceutical industry. Specialized pharmaceutical and botanical gardens evolved from monastic gardens. Pharmacists, chemists, botanists, and skilled gardeners cared for these plants, carried out studies, and documented their observations. These efforts deepened our understanding of the forces that govern the natural world, and brought the scientific method to the field of pharmaceutical gardening. Agronomic research and development efforts carried out in these gardens contributed to the development of agricultural science in Russia. Gardens of healing herbs and plants are being resurrected in Suzdal (Russia) museums, promoting the production of novel medicines based on Medieval records and recipes. We believe that these natural, organic medicines could help in the fight against counterfeit drugs, which have flooded the Russian pharmaceutical market.

P38
DOCTORS OF MEDICINE AT THE UNIVERSITY OF TURIN - GRADUATES OF THE BUCHAREST NATIONAL SCHOOL OF MEDICINE AND PHARMACY, UNDER DIRECTOR DR. CAROL DAVILA (1828-1884)

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This paper rounds up a bibliography page of Romanian medical education during 1857-1869.
The historiography of these times starts with August 16th, 1857, when the Bucharest Surgery Military School is turned into the National School of Medicine and Pharmacy, considered "the first form of higher education" and the first step to medical school, to be founded in the capital of Romania in November 1869.
This entitled Dr. Carol Davila to obtain official recognition and the right to a doctorate in medicine for Romanian students: "on 23 November 1857 by the French government and August 15th, 1858 by the faculties of medicine in Italy as well". The Official Bulletin of 22/09/1858 also mentions the acceptance of the King of Sardinia, Victor Emmanuel II (1849-1878), that "students of the Davila School of Medicine be enrolled in the medical-surgical 6th year of study", under certain circumstances.
Thus, the first Romanian graduates are sent to Turin: Ianota S., and I. Frumuşanu in 1863, and I. Vercescu in 1865. Of the 35 doctors at the University of Turin, one of Italy's oldest (1404), this paper also outlines the life of the lesser known but worthy doctor balneologist Dimitrie Cantemir (1848-1898), with a doctorate in 1869. This is how Dr. C.D. Severeanu, his former professor and known as "the father of modern Romanian surgery" characterised him: the young physician was intelligent and resourceful, searching for and capturing the mineral springs in Bălţăteşti, Neamţ county, an important resort nowadays, which should rightfully bear his name. Most graduates of Turin later became leading figures of Romanian medicine, of whom the following historians have left us their testimony: Dr. C.D. Severeanu, Dr. V. Gomoiu, Dr. I. Ghelerter, C.I. Bercuş, Pharm. P. Pascal and others.

P39
ONE BATH, ONE MYTH

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Having 7.000 years historical past, Kütahya owns a rich inheritence related to different civilizations. Hittites that is famious with their artistic tiles, Frigs that are known as liking singers and art, Anatolian Seljucks, Germiyans and Ottomans that are good at literature and poetry have given Kütahya a very large and rich historic wealth and made it a cultural centre. And hometown of Evliya Çelebi who is a well-known traveller.
Ilıca Thermals which are 21 km far from Kütahya, was announced as "Thermal Tourism Centre" by the Assembly in 1989. The water is 25-43 centigradedegree and it is oligometalic water. It consist of calsium, magnesium, bicarbonat. Thermal Centre has a Güral Harlek Thermal Hotel and motels, swimming pools, sports centres. It is aimed that the tale called "Sarıkız"(blonde girl) will make clear the history of the thermal centre, given in this essay. As known, tales have affects on the geography and culturel of the the area that are told. As it is told Sarıkız was a beautiful girl who lived in this area with her mother and their cows. When she was sleeping under a tree, an unknown voice calls her like that "shall I come humming or thundering?", She answered three days later by humming (Turkish transcription: "harlayarak"). And than, there comes lots of thermal water from everywhere and they take her away and no one could find her again. After that there appears a thermal and it has given health everyone so far. Sarıkız has come today and as a Turkish myths. Water's coming from earth and have a goodness for health is another mythological water item in Turkish tales. Names of places show us the affect of tales to the region. "Harlek" the name of the hotel in Thermal Centre is said that coming from that tale.

P40
THE ESTABLISHMENT ROUTE OF "THEAGENIO" ANTICANCER HOSPITAL OF THESSALONIKI

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In 1863, after a bequest left from Theagenis Charisis the "Theagenio" hospital is founded in the city of Thessaloniki. One of the first hospitals in our country, was founded during a time when medical care was rudimentary. Initially, the hospital provided hospitalization in fifty patients and gradually acquired organized management. Thirty years later the "Theagenio" burned during a devastating for the city fire. Later on in 1893 it was built again in the place where it is found today. It originally started out as a pathology hospital. At the end of the first decade of the twentieth century the hospital expanded with new departments, such as clinic for patients who suffered from infectious diseases, surgery rooms and surgical department. During the Balkan wars, the First World War and Asian War, the "Theagenio" was converted to a Military hospital. During the Second World War it was under the supervision of Greek Red Cross and it supplied medical care not only for the soldiers and their families but also for refugees and poor people. Being under the wings of the Red Cross, "Theagenio" managed to escape the German brutalities and give hope to the common people. At the same time university pediatric clinic operated in the hospital. Over the years the needs of the patients changed and in 1957 the "Theagenio" started its legacy as an Anticancer Institute. A new building constructed in which originally housed the pathology department, the diagnostic laboratories and the research department. Its evolution during the last decades gave the opportunity to its structures to provide medical care in patients from Northern and Central Greece during their big clash against cancer.

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P41
HEYBELIADA SANITARIUM: A CENTER PROVIDING A SUCCESSFUL FIGHT AGAINST TUBERCULOSIS

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According to the estimates by the World Health Organization (WHO), Turkey has been successful in the fight against tuberculosis and has been able to control tuberculosis. This success has been obtained by intense and self-sacrificing work of health staff for over a hundred years. To fight against tuberculosis, dispensaries and hospitals were opened in every corner of Turkey and teaching hospitals were established that would serve a world-wide service in different areas. One of these hospitals is in Istanbul, Heybeliada Chest Diseases and Thoracic Surgery Training and Research Hospital which was opened in 1924 and closed in 2005 with the reason of completing its function. After examining the similar types from foreign countries, Heybeliada sanitarium was opened in August 15, 1924 with 16 beds. The sanitarium provided inpatients service to a total of 26724 patients between 1924 and 1953. The sanitarium was extended in 1964 and it became a major health center with separate buildings for men and women, breast surgery building, rehabilitation centers, nursing schools, cinemas, theaters and shopping center with 630 beds.

In constant contact with foreign countries, Sanitarium served the patients and sometimes it was introduced as a leader institution to the state health service. Princess of Sweden, Count Bernadot, Lady Mountbatton of Torsion, Belgian politician QV Spaak are examples of non-medical visitors. Sanatorium director of Germany Dr. Rickmann, the head physician of sanatorium in Davos/ Switzerland Dr. Bauer, and Dr. Heimbeck from Norway visited the hospital in terms of professional development. Dr. Donald Thomson from World Health Organization visited the hospital, and "The only place I want to be sick," he wrote on guest book.

Until 2005, the hospital was not only regionally served but also became a nationally serving hospital for all patients from Turkey seeking cure. The hospital trained many valuable scientists in the area of chest diseases and chest surgery. Heybeliada Sanitarium - Heybeliada Chest Diseases and Thoracic Surgery Training and Research Hospital continued treatment services, specialized training and research work until 2005 and it was closed with the thought of completing the service necessity in that year.

P42
THE FORGOTTEN UNIVERSITY

Seyed Arash Mahdavi Anari[1], Amirafraz Fallahnajmabadi[2]
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Many scientists know Iranian(Persian) medicine by the name of Avicenna. Most of books and articles written about history of medicine in Iran and Middle East have mentioned Islamic golden age of medical science, but there is little information about history of medicine in Persia before Islam. It is hard to believe that in the third century AD, one of the largest universities of that era was founded in south of Persia. This university was named Gondishapur. The interesting fact about this university is that it was built by command of a Persian king under the supervision of Greeks scientists. Surprisingly in a short period of time, it was transformed into one of the principal centers where medical sciences of different nations were merged.

Gondishapur city was founded by Shapur I after defeating and capturing Roman emperor, Valerian in the battle of Edessa. The city was located in western south of Persia, which is a part of Khuzestan Province now. Gondishapur university was built by Shapur I about 350 AD. It was the first university in Persia which specifically started to train physicians. In the early years of establishment of the university most of the professors were Greek physicians. Gondishapur was the first place throughout Persian emperor in which Hippocratic medicine was taught. As the years went passing by, Persian scientists took more important roles in the university. After the invasion of Arabs, the city was captured without any resistance. Although two centuries after the Arab invasion, the university still continued to educate physicians, it was never as glorious as before.

P43
THE 90TH ANNIVERSARY OF THE SKLIFOSOVSKY HOSPITAL FOR EMERGENCY MEDICINE (MOSCOW, RUSSIA)

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SRI of the history of medicine RAMS/Muzeological laboratory, Russia, Moscow

While Sklifosovsky Hospital has been reorganized number of times in the past 90 years, it has stayed true to its origins. The emergency hospital named after N.V. Sklifosovsky was founded in 1923 in Moscow, Russia. This hospital swiftly became known for providing emergency surgical care and for the development of novel therapies. N.V. Sklifosovsky was an outstanding surgeon who, together with I.I. Nasilov invented a unique method of immobilizing and connecting broken bones, known as Sklifosovsky's (or Russian) Lock. Soon, a whole school of world class medical professionals, with the highest level of expertise in the field of emergency medicine and critical care was established in the Sklifosovsky Hospital. Emergency medicine and urgent surgical care became a separate branch of the healthcare system in Russia due to the efforts of this hospital's faculty and staff. The principles of emergency medicine, established by V.A. Krasintsev, include: (i) high quality surgical care guaranteed 24/7; (ii) unified medical and surgical procedures; (iii) modern diagnostics, including low-invasive approaches such as radiology and clinical lab tests; (iv) daily meetings with updates on the outcomes and future treatments. While providing excellent health care, Sklifosovsky Hospital has also lead research efforts in the field of emergency medicine. The decision to build a nationwide net of multifunctional emergency hospitals resulted from their pioneer work. At present, Sklifosovsky Hospital is the best and the biggest multifunctional center of emergency medicine in Russia. Sklifosovsky Hospital celebrates its 90th anniversary with new scientific achievements and discoveries, the implementation of cutting-edge medical technologies, which has become a trademark for the several thousand physicians and scientists working there.

POSTER SESSION 3 – Part III
History of pregnancy and childbirth

P44
CHILDBEARING IN ANCIENT SPARTA
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The sociopolitical organisation of Ancient Sparta was military-oriented. Under Lykurgos' laws, the state considered the birth and upbringing of healthy children, as a matter of highest importance, since children did not belong to their family, but to the State. In this respect, men and women exercised their bodies, as they believed that robust and healthy children are born to strong parents, while women could face the challenge of delivery with bravery. Marriage was allowed at a mature age, while sexual activity was restricted to nessecary, with no exaggeration. Faith in marriage was very important, so if a husband questioned paternity of his child, he asked Pythia in the Oracle of Delphi. On the other hand, strong men and women with healthy children were allowed to also have children out of marriage. From birth onwards, children were subjected to endurance exercises. Neonates were bathed in wine after birth and the ones who "did not present seizures", were fit to be raised. Later, the infant was brought before the council of elderly citizens, who examined his health and decided whether the infant would stay with his parents, or would be left on small caves of mount Taygetus, in order to die, if malformed. Spartan nannies cared for the children not to be wayward in feeding, to be brave and abstain from bad habits. For these virtues Spartan nannies were famous all over Greece like Amykla, nanny of the famous Athenian Alkibiades. Following infancy, children joined a military way of life by living in groups subjected to harsh conditions, with limited food, few clothes and no shoes, in order to become robust warriors.

P45
THE HISTORY OF VACUUM EXTRACTION IN DELIVERY
George Araklitis, Boriana Guimicheva, Tim Bracewell-Milnes, Haider Jan
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If I were to ask you who invented the iPhone, a product used by many Obstetricians, I suspect a large number to say Steve Jobs. If I were to ask you who invented the ventouse or vacuum extractor, an instrument used by all Obstetricians, would the equivalent number know the answer? The aim of this presentation is to divulge to the modern Obstetrician the history of the vacuum assisted delivery.
Suction was first described by the French Surgeon Ambroise Pare. He used a cupping glass to provide suction to elevate depressed bone in skull fractures. This principle was then applied to obstetrics by James Yonge who aided delivery of a lady in obstructed labour. His method unfortunately failed.
It wasn't until 1848 that James Young Simpson of Scotland produced a bell shaped instrument attached to a suction piston. It was demonstrated to the Medico-Chirurgical Society of Edinburgh in February 1849. It did not gain widespread acceptance in comparison to the increasingly popular forceps.
It wasn't until 1953 where "the father of the modern vacuum extractor", Tage Malmstrom introduced the metal Malmstrom cup. Modifications to this cup led to the evolution of the modern day suction cup starting with Geoffrey Bird in 1969. In 1973 the first soft vacuum extractor was designed in Tokyo.
Aldo Vacca further modified this, with the use of a more rigid Kiwi plastic cup which is popularly used.

P46
THE HISTORY OF THE MANAGEMENT OF BREECH PRESENTATION. PAST AND CURRENT TRENDS, IN AVOIDING VAGINAL BREECH DELIVERY
Boriana Guimicheva, Tim Bracewell-Milnes, George Araklitis, Haider Jan
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The incidence of breech presentation is 3-4% of pregnancies. Vaginal breech delivery is associated with worse fetal perinatal outcomes, when compared with cephalic presentations.
The management of breech presentation has been documented since the time of Aristotle (384-322 BC), whom wrote that many of his fellow authors advised midwives to "change the figure and place the head so that it may present at birth". Since that time it is evident that breech has not been the prefered presentation at delivery. This opinion is echoed in other sources including Trotula of Solerno, a female physician who worked and wrote in Solerno in 11th-12th century AD. The accepted position was cephalic, and this was reconfirmed in the 14th century by Guy de Chauliac's Inventarium sive Chirurgia Magna, " a new borne child goth oute properly upon his hede, the face turned towards the erthe. All other goyinge oute forsothe is unkyndely and harde". Similarly the Sloane Manuscript No 2463, a 16th century medieval gynaecological handbook, gives advice on manouvres to deal with 'unnatural' presentations. He advised, as did Aristotle - to correct malpositions manually and use hot baths and herbs. External cephalic version (ECV) was perfected in the 16th century, and a variety of instruments and manoeuvres have been used to manage vaginal breech delivery, if version failed. At the time, vaginal breech delivery was performed for the safety of the mother. With improved safety, caesarean sections were performed increasingly liberally to reduce fetal perinatal mortality. Maternal complications have been greatly reduced by the advent of regional anaesthesia, and in 2000 the Term Breech Trial advocated planned ceasarean section delivery for breech presentation. ECV has resurged over the last 20-30 years, in an attempt to reduce planned Caesareans section rates, normalise pregnancy, and reduce immediate and future maternal complications of surgery.
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P47
A HISTORY OF THE OBSTETRIC EPIDURAL ANAESTHESIA
Inithan Ganesaratnam, Sukhera Sheikh, Tepchonghit Aojanepong, Haider Jan
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Labour analgesia at the turn of the century is often referred to as a "dark age". The widespread use of heavy doses of morphine and sedation led to a high incidence of maternal and neonatal mortality. For those that did experiment with regional techniques cocaine and novocaine were the preferred choices of local anaesthetic prior to the advent of lignocaine and bupivicaine in the post war era. Both spinal and epidural techniques were associated with high morbidity and mortality largely due to a lack of understanding of the physiological consequences of local anaesthetics as well as technical limitations of the epidural needles of the era. Cocaine was notorious for severe headaches, vomiting and variable efficacy. The intra-war era was a time of rapid development in which Edward B. Touhy's famous epidural needle would be designed in no small part thanks to the innovative hypodermic needle design of a Seattle dentist by the name of Ralph L Huber. Lumbar epidural analgesia had become feasible by the late 1940's. However a combination of heavy sedation and continuous caudal anaesthesia was still the more common approach to obstetric pain relief until the early 1960's. The introduction of polyvinyl chloride catheters, changing obstetric attitudes towards epidurals and the advent of cardiotocographic monitoring would play a large role in the widespread uptake of lumbar epidural analgesia over the following decades. Today approximately two thirds of American women

and a quarter of British women safely receive epidural analgesia during labour. Credit must be given to the early pioneers of epidural anaesthesia in the early 20th century who made safe maternal analgesia in labour a modern day reality.

P48
A HISTORY OF CAESARIAN SECTION FROM BC TO AD
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The earliest recorded caesarean sections date back to around 700 BC, where Roman law required the foetus of a dead pregnant woman be removed prior to burial. This was in accordance with religious beliefs held at the time. This has evolved, in modern times, to become the premiere method used to save mothers and babies in childbirth. Though many have suggested it, the presumption that Julius Caesar was born by caesarean section is false. There were no recorded survivals of this procedure until 1500 AD and the mother of Caesar, Aurellia Cotta, lived on to advise and serve her son. Though Caesar was not born in that manner, other famed rulers have. The second Mauryan Samrat of India, Bindusara, is said to be the first child born by surgery. The first authentic record is said to be that of Robert II of Scotland. He was delivered by Caesarean section in 1316. His mother, Marjorie Bruce, fell of her horse and went into premature labour. She died after her operation with her last words being, 'He's a laddie; I ken he's a laddie; he will be king'.
The first recorded case where both mother and child survived dated back to 1500 AD. It was in Switzerland where a husband, Jacob Nufer, performed the procedure to relieve his wife from a prolonged labour. After Nufer, the procedure had also been performed successfully elsewhere but the mortality rate remained high. In the nineteenth century with the introduction of aseptic technique, obstetric anaesthesia and improved surgical technique a lowering of mortality rate occurred. Today, caesarean section is viewed to be a much safer procedure and carried out for both fetal and maternal reasons, including to prevent anxiety in labour.

POSTER SESSION 4 – Part I
History of Medical Education

P49
LA MÉDECINE DOMESTIQUE AU XIXe SIÈCLE. LE *MANUEL DU DOCTEUR DEHAUT*
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Aux XVIII[e] et XIX[e] siècles, la littérature de médecine domestique fut un moyen important de vulgarisation des idées médicales. Dans la deuxième moitié du XIX[e] siècle, fut publié à Paris le *Manuel De Médecine, D'hygiène et de Pharmacie Domestiques* de Félix Dehaut, « Docteur en Médecine de la Faculté de Paris et Pharmacien de 1[re] Classe ». Comme l'écrit l'auteur lui-même : « le but de ce Manuel est d'enseigner aux personnes qui n'ont pas étudié la médecine le moyen de conserver la santé et de guérir les maladies chroniques ».
Dans son Manuel, le Dr Dehaut présente sa propre méthode purgative. Comme l'explique l'auteur : « lorsque nous commençâmes à pratiquer la médecine, nous pensions déjà que les purgatifs étaient capables de guérir la plupart des affections chroniques abandonnées comme incurables par les médecins ». Les différences de cette méthode par rapport aux autres se résument à : « *La manière de l'employer est diamétralement l'opposé de celle qui convient à tout autre purgatif*. » Ses pilules purgatives possédaient la particularité essentielle suivante : «*Qu'il ne faut pas jeûner, mais, au contraire, prendre les choses dont la privation est la plus pénible avec les autres médecines* ».
Le Manuel du Dr Dehaut eut tant de succès qu'il fût réédité six fois entre 1863 et 1893. Et même jusqu'à 29 fois en français. La onzième édition fut traduite et publiée en espagnol en 1880. Des publicités vantant les « *Pilules Dehaut* » paraissaient dans la presse française et espagnole de l'époque et avaient beaucoup de succès. Le Dr Dehaut publia plusieurs ouvrages sur la méthode purgative, dont quelques-uns furent traduits en espagnol.
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P50
FROM THE MEDICINE AT OTTOMAN MEDRESES TO FACULTY OF MEDICINE
Hülya Ozturk
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Medrese refers to the institutions used for education activities and furnished with the equipment required for this purpose. The *medrese* that emerged in the 10th century was re-designed and developed as the model of "an education institution" in the late 11th century by Nizam'ül-Mülk, the vizier of the Great Seljuks.
The geography of the Ottoman State extended over the Asian, African and European continents; and thus, the science in this country was inspired by various regions of the world. The *medrese*s had been the main centers of science education since the establishment of the State, and continued their existence until the early 20th century when the State collapsed. However, these institutions achieved great success particularly in the era of growth of the Ottoman State. The Ottoman State attached great importance to education in *medrese*s, science and scientists. With regard to scientific research, health and medicine was one of the main fields of study in the Ottoman State as it was the case in the other Islamic civilizations. *Dâru't –Tıb*, as a specialized *medrese*, was one of the institutions where medical research was conducted in addition to others including *medrese*s, *darüşşifa*s (hospitals) and the Enderun Hospital. In the classical era of the Ottoman State, there were rooted institutions for medical education. The new medical training developing in Europe could not enter these *medrese*s. By command of Sultan Mahmud II, *Tıphâne* and *Cerrahhâne-i Amire* were founded on March 14, 1827 at *Tulumbacıbaşı* Mansion next to *Acemioğlanlar Kışlası*, which was emptied as the Janissary Corps were dissolved. This medical training that started with *Tıbhâne-i Amire* continued uninterruptedly and innovatively. A new building was demanded for this school in May 1837. The Enderun building at Galatasaray was redesigned, and the institution moved to this building in October 1838. The new period of education started with new professors in February 1839. The school was renamed as *Mekteb-i Tıbbiye-i Adliye-i Şahane* (the Medical School). With the establishment of *Darülfünun-ı Şahane* (the Imperial University) in 1900, *Mekteb-i Tıbbiye* was accepted as a branch of the *Darülfünun*; however, this process completed in 1909.

P51
LEARNING MEDICINE FROM THE HISTORY OF MEDICINE
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We analyze the presence of papers referred to the history and evolution of the Medicine, in ten top international journals, peer review and with controlled impact factor, of ten different clinical medical specialities, in a period of 5 years, between 2000 and 2004. All journals are representatives of the goals of the professional societies, with a balance between academic, basic and clinical science.
We found a total of 164 papers, with 205 authors. These represents an average of 16,4 papers for journal (maximum 31, minimum 6); and an average of 20 authors for journal (maximum 55, minimum 4).

These historical papers, are distributed under 20 different sections, as named by each journal: Special articles, Historical perspectives, Obituary, Letters, etc. We conclude that all medical journals - devoted to basic or clinical science - should include a balanced amount of papers related with the history of the speciality. These will enhance readers to have a correct perspective of the evolution of the knowledge in his particular field.

P52
L'ECOLE PRIMAIRE DE MEDECINE D'ANVERS (1804-1849)
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La ville d'Anvers a été le chef-lieu du département français des Deux Nèthes entre 1792 et 1815. Un enseignement médical de qualité y fit cruellement défaut en ce début du 19° siècle et, sous l'instigation du préfet d'Herbouville, une Ecole Primaire de Médecine et de Chirurgie de l'Hôpital Ste Elisabeth fut fondée en 1804. Son règlement serait repris ensuite par des écoles analogues dans de nombreuses autres villes belges et françaises. L' école anversoise fonctionna jusqu'en 1835 en ce qui concerne l'enseignement de la médecine et jusqu'en 1849 en ce qui concerne celui de la pharmacie. L'année académique était divisée en deux semestres et le programme intensif comprenait – et ceci était une nouveauté- tant les sciences exactes que la pratique médicale au chevet du malade. A la fin des études un diplôme d' 'Officier de Santé' était délivré. Les 'Officiers de Scanté' étaient pressentis pour devenir soit des médecins de campagne, soit des médecins militaires et l'école pouvait donc être considérée comme un institut de cours accélérés pour la formation de ceux-ci. En parcourant la liste des professeurs on peut déduire que la qualité de l'enseignement délivré était excellente.

P53
SCIENZA E CULTURA CLASSICA: UN BINOMIO INSCINDIBILE
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Introduzione. La Delegazione di Treviso dell'Associazione Italiana di Cultura Classica (AICC) venne fondata nel 1964 (pochi anni dopo quella di Padova) dal prof. Franco Sartori, già docente di Storia Greca e Storia Romana nell'Ateneo Patavino, socio dell'Associazione Italiana di Cultura Classica dal 1956 e per molti anni condirettore della rivista «Atene e Roma». Cofondatore e primo presidente della Delegazione di Treviso è stato il prof. Ernesto de Conti, allora Preside del Liceo Canova. Il prof. Mario Marzi è stato Segretario dal 1980 e poi Presidente per vent'anni, dal 1984, della Delegazione di Treviso dell'AICC. Da quando è stata inaugurata a metà degli anni 60, la Delegazione di Treviso non ha mai interrotto la sua attività ed è ora sotto la guida della prof. Antonietta Pastore Stocchi.
Attività: La Delegazione di Treviso dell'Associazione Italiana di Cultura Classica "Atene e Roma"**,** proponendo cicli di conferenze con cadenza mensile presso la Sala Pio X del Collegio Pio X, Borgo Cavour, 40 Treviso, si impegna a tenere vivo l'interesse per la cultura greca e latina**.** Con l'apporto di illustri studiosi e di appassionati cultori di studi classici, si propone di offrire al pubblico la conoscenza di aspetti meno noti della civiltà antica sia attraverso indagini in tutte le aree disciplinari sia individuando argomenti sempre nuovi e talora inediti. Ma anche la vitalità, l'importanza per l'uomo moderno di quelle lontane radici culturali sono oggetto di conversazioni volte a mettere in luce la permanenza nel mondo contemporaneo di principi basilari del sapere filosofico, letterario, scientifico, economico-sociale, giuridico, artistico. Tra gli illustri oratori, ricordiamo anche il Prof. Giorgio Zanchin che ha tenuto una interessantissma lezione sull' Ateneo Patavino. Tra i campi di interesse della nostra associazione vi è anche la storia della medicina. Si veda il nostro sito: www.aicctreviso.blogspot.com, www.aicc-nazionale.it

P54
THE ROLE OF COMPUTED TOMOGRAPHY IN THE IMAGING OF THE ANATOMICAL COLLECTION
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Paleoradiology can be described as the study of ancient mummies, skeletal remains and fossils using radiological imaging methods, such as X-ray, computed tomography (CT) and magnetic resonance imaging. Thirty anatomical specimens prepared with the tannisation method are preserved at the Institute of Anatomy at the University of Padova. The characteristics of this large collection is that each specimen shows an anatomical variation. The tannisation is a method developed by Ludovico Brunetti, professor of Pathological Anatomy in Padova at the end of 19th century, and is based on the use of tannic acid to preserve the tissues. A limitation of such preparations lies in the impossibility of varying their position due to the fragility of the casts of vessels and nerves, making impossible, for instance, the visualization of internal structures. The Institute of Anatomy have selected some preparations to undergo at anatomo-radiological analysis, i.e. CT, which allows not only the acquisition of sectional images, but, thanks to dedicated software, allows post-processing and reconstruction of three-dimensional models. In this way the visualization of the anatomy of the cavities is facilitated as well as, on a workstation, the student can rotate the three-dimensional model of the anatomical preparation and can analyse it on sectional images. Moreover it is possible to show to students modern images of anatomic variations, comparing them with those of the living being. The analysis of CT examination showed the good state of preservation of the remaining soft tissue and bone structures. The material of the cast of the vessels is radio-opaque and some artefacts are recognisable. Our data confirm the role of CT as a useful tool in the analysis of anatomical specimens for the ability to scan and capture data for three-dimensional reconstructions in order to make available an ancient anatomical preparation also to a medical student.

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AVICENNA MEDICINE AND MEDICAL TRAINING IN MEDIEVAL EUROPE
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Avicenna medicine and especially his notable work entitled *The Canon of Medicine* has had a great impact on medieval medicine and to some extent on modern medicine of new ages. This paper aims to describe how Avicenna's works on medicine found their way to Europe and what status They gained in European medical faculties especially in their course descriptions and texts books. In this study, it has been shown that Avicenna's medical works, after being translated to Latin from Arabic, have been reprinted many times in Europe, and have been taught as texts books in some European universities, including the University of Bologna in Italy. This historical research is has used such sources as written manuscripts, texts, and other accessible documents as well as research literature on the history of ancient European universities.

P56 - 216
ABOUT INFLUENCE OF THE TEACHING SCHOOLS ON THE FORMATION OF THE PROFILE DEPARTMENTS OF MEDICAL UNIVERSITIES
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In this communication problem of the teaching schools influence on the formation of the scientific, educational and therapeutic processes in the departments of new created universities is viewed with the model «Moscow teaching schools» (1920's - 40's) and the formation of internal medicine departments of Moscow Dentistry Institute (MDI),

now Moscow State University of Medicine and Dentistry (MSUMD, 1930 's - 1970 's). Based on the analysis of available literature and their own material, the authors concluded that in post-revolutionary Russia in first half of the 20 century leading therapeutic schools have clinical teams, led by D.D. Pletnev (1 MSU, MOCI, Institute of functional diagnostics and therapy), M.P. Konchalovskiy (2 MSU hospital clinic, 1 MSU faculty clinic), E.E. Fromgold (1 MSU - 1 MMI propaedeutics clinic) and V.F. Zelenin (Medico-biological Institute, 2 MMI hospital clinic). There were not the representatives of the M.P. Konchalovsky school among the first professors-therapists of the MDI. Three schools have played a decisive role in the development of MDI therapeutic departments. Academician of the Academy of medical sciences (AMS) of the USSR and the first director of the Therapy Institute of AMS V.F. Zelenin (1881 – 1968) was not only one of the pioneers and founders of electrocardiography in Russia, but also one of the founders of the cardiology in the USSR. His direct disciples and staff - L.I. Fogelson, I.B. Kabakov, I.A. Chernogorov and D.F. Presnyakov identified the direction of scientific, pedagogical and therapeutic activities of the MDI first department of internal medicine. D.D. Pletnev (1871-1941) was one of the founders and the brightest leader of the internal medicine in the USSR. His talent of doctor, thinker, researcher, brilliant presentations and lectures, as well as his tragic fate - in times of "big terror" he had been subjected to repression, and with the onset of the great patriotic war he was shot – contributed to his exceptional popularity, and he has special place on the pages of the history of Soviet medicine. Among his many disciples were academicians of the AMS V.N. Vinogradov and P. A. Lukomskiy, professors V.G. Popov and A.Z. Chernov. E.N. Artemiev and V.P.Pomerantsev (disciples of V.N. Vinogradov), A.S. Smetnev (disciple of V.N. Vinogradov and V.G. Popov), as well as L.L. Orlov and E.I. Zharov (disciples of P.E. Lukomskiy) led "subsidiaries" therapeutic departments in MDI. V.N. Orlov (disciple of A.Z. Chernov) founded the therapeutic department of the Faculty of postgraduate education of doctors, changed then in cardiology department.
Among the disciples of E.E. Fromgold (1881 – 1942; repressed as a German in 1941; died in a GULAG) the most known are professors A.M. Damir and A.A. Shelagurov. In turn, the Shelagurov disciples were academician E.I. Sokolov and professor Z.K. Trushinskiy, who were among the first heads of MDI departments of internal medicinee. This professorship had identified predominantly cardiological profile of the researchs of therapeutic departments.

P57
AN ANATOMICAL MODEL IN WAX BY TRAMOND
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An anatomical model in wax of « the upper limb with its nerves and arteries » (right one) was realized at the end of the 19th century by Tramond. The aim of the study was to appreciate its anatomical veracity; to perform a visualisation in 3 dimensions; and by its free diffusion on the internet to realize a work of memory. The sample belonged to the Delmas-Orfila-Rouvière Museum. The shot of photographs in rotation was effected every 5 degrees on 360 degrees ; photographs of the entire sample with a scale and also of the detail of the mechanism of intrinsec rotation, of the labelling and of the signature were realized. The identification of the main elements was enterprised : bones, muscles, and arteries. All around a real skeleton of the upper limb in connection (including the vertebrae C3 to Th4) were represented the muscles in wax. Some were cut in order to show the ways of arteries and veins, constituted of thread embedded in colored wax. The arteries were injected by plaster and over-molded in wax. The comparison with the classical books of the time was made. The mechanism of rotation in the basis was studied and the technic of construction, reconstituted. The sample was at a real size and « composite ». The sample was very accurate from an anatomical point of view. This anatomical wax by Tramond was an excellent tool for the teaching of gross-anatomy to which it was devoted, not only by its good state of conservation but also by its possibity of rotation on 360° by a mechanical device. The introduction on the internet, totally free on the site of the department of anatomy will spread the knowledge of this wonderful sample. The arrest on each photograph and their enlargment were possible.

POSTER SESSION 4 – Part II
Preventative Medicine

P58
FROM HISTORY OF THE SOCIALLY-PREVENTIVE DIRECTION OF MEDICINE IN RUSSIA
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Preventive measures at the beginning of medicine were reduced to simple, accessible hygienic instructions - observance of some personal hygiene rules. And certainly it was not said about the public sources formed in class society and the state, i.e. socially - preventive direction of a policy of public health services.
Members of a primitive community had skills of personal hygiene, collective experience of sanitary rules and interdictions collects at construction of dwellings, observance of body clearness, burning of clothes and corpses which protected from infectious illnesses. In some tribal communities were applied various versions of inoculations. The national medicine of an antiquity had not only medical means, but also an arsenal of preventive, hygienic receptions, including a physical method, a preventive drug intake. Hygienic recommendations (gymnastics, swimming, cleanliness of a body, a regulation of a dream, nutrition, sexual life, etc.) In connection with wide circulation of infectious illnesses in the Middle Ages the various methods and actions were developed and legislatively issued - isolation of patients, quarantine, burning of things, sometimes dwellings of the diseased, prohibition to bury in occupied places, supervision of water sources and so forth. Hygienic councils of doctors ordered moderation in food, support of body clearness, abstention in the use of wine, the recommendation of a rational way of life. In cities rules of water use, storage and sale of foodstuff were also established. Value of preventive measures, rules of personal hygiene was highly appreciated by medieval doctors of Russia, Armenia, Georgia, Central Asia.
Traditions of slavic tribes hygienic rules, have deeply taken roots in a life of Russian people. In literary monuments of Kiev's Russia, Ancient Novgorod, the Moscow state there are detailed hygienic instructions of preservation of body clearness, the maintenance of dwellings, advantage of a bath, a diet, protection from infectious illnesses. Doctors paid attention to the prevention of illnesses, means «saving» from diseases. In the XXI century there are examples of public care about health, protection from illnesses - sanitary-and-hygienic measures - constructions of water-pipes, observance of public water use rules, quarantines and measures, etc. About it authentically testify excavation and archeological finds in Pskov, Novgorod and other Russian cities. The state authorities have been compelled to carry out the preventive measures which were found in laws. These inspections and the measures directed on diseases prevention, attempts to improve sanitary working conditions, life, and also researches of preventive maintenance of illnesses and traumas and health improvement became stimulus for the development of preventive medicine.
At this time offers and requirements of hygiene and preventive maintenance trainings, creation of special courses, requirements of the sanitary precautionary legislation and its strict performance under the state control became necessary. So it was mentioned in M.I. Lomonosov's letter to Count I.I. Shuvalov «About preservation and reproduction of the people in Russian». Offers of the scientist Johan Peter Franc who lived and worked in Russia are formulated in work «Full system of medical police» (1799-1819).
Strong influence on ideas of preventive maintenance development was rendered by views of the French materialists-encyclopediasts H.L. Rua, P. Kabanisa, J. Lametri and A.N. Radishchev's points of view, also A.I. Herzen, V.G. Belinsky, N.G. Chernyshevsky, N.A. Dobrolyubov, D.I. Pisarev. The development of sights about interrelations and unity of an organism and an environment, a paramount role of social

conditions and factors in preservation and health and the prevention of illnesses came on a leading role.
Attention accentuation on personal hygiene, individual preventive maintenance became tradition of domestic clinical physicians which repeatedly specified, that it is easier to prevent disease rather than to cure developing illness. In the beginning of XIX century the well-known Russian doctor-clinical physician M. I. Mudrov underlined paramount value of preventive maintenance, non-admission diseases of the people: «to take care of people healthy, to protect them from illnesses hereditary, to it menacing, to order them an appropriate way of life is fairly and it is easier for the doctor to protect from illnesses rather than to treat them. And in this his first duty consists.» In works of great N.I. Pirogov, in G.A. Zaharkin and other clinical physicians lectures were already said about public motives of preventive maintenance. «I trust in hygiene. Here is the true progress of our science. The future belongs to preventive medicine. This science in connection with State, will bring doubtless advantage to mankind». G.A. Zaharkin said: «Hygiene is a victorious argue with mass illnesses struggle» as which he understood preventive medicine.

P59
HISTORY OF SOCIAL FORMS OF FIGHT AGAINST TUBERCULOSIS
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Tuberculosis(TB) exists probably ever since pre-historic times. But it still serious health care problem in the modern world. Our Aim was to study historical and modern aspects of social forms of fight against TB.
Results: At the end of the nineteenth century, whole world, especially Europe and America earned TB as a deadly and insidious disease. In an attempt to control the disease, doctors and scientists undertook a number of initiatives to combat TB. These efforts constituted an anti-tuberculosis movement of voluntary health organizations, government agencies, charities, medical societies, doctors, and members of the public. They worked at the local, state, and national levels using a variety of methods, especially education that focused on preventing the spread of the disease. Anti-TB organizations were created in various countries. In France anti-tuberculosis efforts began in 1891, Germany followed in 1895, Belgium and Britain in 1898, Portugal and Italy in 1899, Canada in 1900, followed by Denmark and Australia in 1901, Sweden, USA and Georgia in 1904, Japan in 1908, and Norway and Russia in 1910. The most effective anti TB action was White Flower Day(WFD). It was first held in Sweden in 1908, than it was spread in European countries, including Georgia in 1911. As a result, opening of anti TB facilities, TB diagnosis and treatment, social, financial and legislative support for patients became available. As WFD actually is a historical analogy of modern Advocacy, communication and Social Mobilization to fight TB(ACSM), to renew this action became crucial. In Georgia we held this action since 2003 up today.
Conclusions: As social forms of fight TB proved to be effective further involvement of whole society, popular persons, government, media, NGOs in the fight against TB as well as to renew of WFD and other effective historical anti-TB actions should be activated.
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P60
QUARANTINE MEASURES IN AN ARCHIVAL DOCUMENT FROM THE 16TH CENTURY RELATED TO EPIDEMICS
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In the Ottoman State, quarantine measures had been taken before the establishment of quarantine procedures that were implemented temporarily since 1831 (in the period of Sultan Mahmud II), but failed to become permanent. It was important to send patients suffering from epidemic diseases to locations where there was no disease in order to protect public health. The measures taken prevented epidemics from infecting other regions; entries to cities were controlled; and people who were likely to suffer from an epidemic disease were separated from healthy people and were taken under treatment. Public health is a concept that involves prevention from diseases, extension of life expectancy, healing of diseases, protection of the environment, and the organization of activities related to early diagnosis and treatment. Basic principles included in the concept of public health are as follows: Health is a human right; protection takes precedence over treatment; an individual is in integrity with his/her environment; diseases have physical, biological and social causes; health services should be brought to those who are in need; and a person's health is not only his/her problem but the society's problem. This study investigates the public health measures through an archival document dating to the 16th century to find out the parallelisms between these measures and contemporary public health principles. The result shows that historical documents have constituted basis for today's health-related declarations.

P61
INVESTIGATING AN EPHEMERAL EXPERIMENT OF COLLABORATION BETWEEN PHYSICIANS AND INDUSTRY WORKERS ON OCCUPATIONAL HEALTH: OLD ISSUES AND NEW STAKES IN EARLY 20TH CENTURY FRANCE
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This paper aims to investigate the conditions and historical meaning of the collaboration between physicians and workers on occupational health and safety issues. Based on the archives of the National Union of Social Physicians (Syndicat national de la Médecine sociale), founded in 1909 by several young socialist physicians in France, my paper seeks to highlight the early interest of physicians to improve health conditions at work in the growing industry. As this issue began to raise small medical, social and political awareness, the French physicians gathered in the Union created a health center for injured workers in Lille, where industry and mine shafts were plenty. They also made inquiries to enlighten particular occupational diseases, mostly in the construction and textile industry, and gave legal aid to workers involved in lawsuits with their employers.
This ephemeral experience of cooperation between physicians and industry workers and unions in order to enhance health and safety in the industry allows us to reassess the social and political stakes of the emerging occupational medicine in the early 20th century. In a comparative perspective, it will be interesting to enlighten the similarities and differences with the Milan Clinica del Lavoro: links between Dott. Luigi Devoto and Drs. Verhaeghe and Divernesse, from the French National Union of Social Physicians, will be investigated. Finally, I would like to emphasize the role of this marginal experience in the emergence of a medical professional culture during the first half of 20th century.

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PORTOGALLO PIONIERE DELLA REGOLAZIONE DEI MEDICINALI COME CONSEGUENZA DEL CASO LIPOCINA
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Nella maggioranza dei paesi sviluppati, le prime norme di regolazione di medicinali sonno natte come conseguenza di incidenti tossici provocati dagli stessi. Nel 1937, l'incidente della sulfonamide (Stati Uniti) ha portato alla pubblicazione del *Federal Food, Drug and Cosmetic Act* (1938). Nel 1961, con il disastro della talidomide, il mondo si è svegliato per la necessità di creare sistemi di valutazione di medicinali che garantissero, quanto possibile, la sicurezza ed efficienza degli stessi. Gli Stati Uniti hanno ristrutturato il *Federal Food, Drug and Cosmetic Act* ed in Inghilterra è stato creato il Comitato di Sicurezza di Medicinali (1963). Al livello della Comunità Europea, è stata pubblicata la prima direttiva su specialità farmaceutiche (Direttiva 65/65/CEE, del 26 Gennaio). In Portogallo, durante la dittatura di Salazar, la necessità di stabilire un sistema valutativo per i medicinali emerse nel 1955 con il caso Lipocina nella città del Fundão.
La Lipocina Elba® era venduta in imballaggi con la Lipocina (penicillina) e ampolle di "Soro Antitossico Lipotropico", destinate alla sospensione acquosa della penicillina per futura amministrazione intramuscolare. L'intossicazione, responsabile per la morte di due bambini, è stata provocata da questo solvente che, al contrario di quello riferito negli imballaggi e richiesto per legge, non era stato previamente analizzato da laboratori competenti. Anche se non è stato molto divulgato, dovuto a pressioni politiche per la paura dello "scandalo" nazionale, questo episodio ha originato la pubblicazione del Decreto nº 41448, del 18 di Dicembre del 1957. Questo diploma ha disciplinato l'introduzione di nuove specialità farmaceutiche nel mercato ed ha anche creato la Commissione Tecnica di Nuovi Medicinali (CTNM), responsabile per valutare i processi e comunicare le rispettive opinioni. In questo lavoro, gli autori puntano alla dimostrazione delle innovazioni portate da questo diploma legislativo, dimostrando che il Portogallo è stato pioniere nella regolazione del medicinale al livello europeo.
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POSTER SESSION 5 – Part I
Ancient Medicine

P63
APPLICATIONS AND REASONS OF CASTRATION IN ASSYRIAN, HITTITE, URARTIAN AND PHRYGIA CIVILIZATIONS
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Castration applications have a historical background based on ancient times**.** Throughout the history, castration applications, only on animals but also on humans, were a very common practice, carried out by government or mystic leaders. These castration applications were realized with the aim of acquiring people for labor, military service or religious purposes. On the geography of Mesopotamia and Anatolia, some civilizations were founded such as Assyrian, Hittite, Urartian and Phrygia in which castration applications were applied to children or young people by authorized of government or mystic leaders who come up with some of these reasons mentioned above. These applications gave biological and spiritual damages to the people who were exposed to castration. At that time, welfare of government was more important than person oneself and this situation is related to the mystic approaches of the communities as the king is regarded as the representative and continuation of Gods/goddesses. Due to this reason, castration was applied by government forcibly with the request of families without informed consent of young people or children.
Briefly, the reasons for castration applications emerge in two ways; first reason is political. Government wants the castrated people to serve for themselves as a slave or a soldier. Another reason is religious. It had emerged in religious rituals for Goddesses such as Cybele. In this period, mentioned applications were usually realized by mystic doctors for health. In our study, these applications and the reasons of the castration will be discussed in terms of health of human body and human spiritual in ancient times.

P64
AMBIGUITA' SESSUALE NEL MONDO ANTICO
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Introduzione. Riportiamo descrizioni di possibili anomalie sessuali (ermafroditismo) od ormonali (irsutismo) nella mitologia: Ermafrodito (viso femmineo, lunghi capelli, genitali maschili) e Androgine (donna con la barba). Le fonti. Ermafrodito era un giovinetto dal doppio sesso (lunghi capelli e seno femminile), nato da Ermes e Afrodite. Secondo Ovidio (Metamorfosi, IV), nacque dall'unione dei corpi della ninfa Salmace e di un giovane di cui si era invaghita (un solo corpo con aspetto maschile e femminile). Per Platone (Simposio, XIV), tre erano i sessi (maschile, femminile ed un terzo che aveva in sé i caratteri degli altri due, chiamato ermafrodito o androgino). Androgine: è la figura di donna con la barba, possibile espressione di irsutismo. Altri personaggi sono Ceneo, fanciulla rapita da Posidone, poi trasformata in uomo (Virgilio, Eneide, VI, 661-662); Callo-Callone ed Eraide-Diofante (Fozio, Biblioteca, cap XXXII): fanciulle che dopo il matrimonio, son divenute maschi; Sitone (Ovidio, Metamorfosi, IV): "…per sovvertita legge di natura, Sitone, d'incerto genere, ora fu maschio, ora fu femmina…"; Tiresia (Ovidio, Metamorfosi III, 323), indovino cieco, trasformato in donna dopo aver separato con un bastone due serpenti. Commento. La nascita di Ermafrodito e Androgine, risale alle antiche civiltà pre-elleniche, quando le divinità olimpiche non erano ancora comparse e la società era matriarcale (culto dell'antica madre Terra). Tali personaggi simboleggiano la transizione dal matriarcato al patriarcato. Secondo Robert Graves, Ermafrodita è un fanciullo che si sostituisce alla regina e porta un seno finto. Androgino invece è la madre di un clan preellenico con una falsa barba, che rifiuta il patriarcato per mantenere il potere e legittimare i propri figli. Conclusioni. Lo studio delle fonti storico letterarie sono utili per ricostruire possibili quadri patologici. Bibliografia. Robert Graves, Miti Greci, Longanesi. M. Grmek e D. Gourevitch, Le malattie nell'antica Grecia, Giunti

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IMPORTANZA DEGLI SCAVI ARCHEOLOGICI E DEGLI STUDI PALEOPATOLOGICI PER LA COMPRENSIONE DELLE MALATTIE NELLA GRECIA ANTICA
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Introduzione. Lo studio degli scavi archeologici e le indagini paleo patologiche sono di grande utilità per comprendere le malattie nell'antichità. Schliemann volle al suo fianco a Micene il grande patologo cellulare Virchoff. Materiali e metodi. Abbiamo studiato alcuni scavi archeologici e le relative indagini paleo patologiche. 1) Sito di Lerna (Argolide): riscontro di deformazioni ossee tipiche della malaria (zona acquitrinosa), segni di fratture e tracce di ferite da oggetti da taglio (combattimenti), fratture del malleolo e del polso (cadute accidentali), fratture dell'avambraccio (legate ad eventi bellici), deformazioni della colonna vertebrale (morbo di Pott). 2) Tombe del circolo B all'esterno della rocca di Micene: resti appartenenti a membri di famiglie di stirpe reale. Non vi sono lesioni ossee secondarie a usura o a insufficiente alimentazione; i denti sono sani e robusti. In un soggetto sono stati riscontrati calcoli biliari. In un altro, vi sono segni di ferite da arma da taglio alla testa e artrosi alla

spalla sinistra (consuetudine di sorreggere con il braccio sinistro un pesante scudo). 3) Sito di Kourion a Cipro: crescita anomala delle ossa, anche quelle del cranio, come espressione di malaria e talassemia. 4) Tomba del XV sec. a.C. a Nauplia (Argolide): rinvenimento di strumenti chirurgici in bronzo (rasoio, pinze, sonde, bisturi), tavolette e pietre per la preparazione di medicinali. 5) Siti di Lerna, Assine, Micene: riscontro di trapanazione del cranio. Spesso si tratta di trapanazioni multiple che in epoca arcaica avevano significato magico-rituale. Con Ippocrate tale pratica aveva lo scopo di rimuovere schegge ossee o evacuare ematomi derivati da un trauma. Conclusioni. Le principali cause di morte nell'antica Grecia erano dovute a traumi (eventi bellici), infezioni batteriche (infezione di ferite, tetano), lebbra, sifilide, malaria, tubercolosi, talassemia, malnutrizione e disvitaminosi (rari rachitismo e scorbuto). L'alimentazione era prevalentemente a base di cereali, latticini, frutta e verdura; la carne era prerogativa dei ricchi.

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AT THE TABLE WITH THE MASTERS OF THE SALERNO MEDICAL SCHOOL. *THE FIRST HISTORICAL DIETARY GUIDELINES FROM A MEDIEVAL INSTITUTION*

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Dietary prescriptions of the Salerno Medical School have a rule of historical relevance constituting the first "guidelines" expressed by the Masters with the aim of maintaining good health through a perfect balance between Man and Nature. Moreover, emphasizing the intake of a varied diet, rich in all products typical of the Southern Italy area (where the city of Salerno is located), they anticipated the modern model of Mediterranean diet. The treatises analyzed are represented by *De flore dietarum,* a medieval manuscript written by an anonymous doctor from Salerno containing dietary advices to be in good health and *Regimen Sanitatis,* the work largely responsible for School's reputation, constituting the result of a collective work annotated by Arnaldo of Villanova in the 13th century. This *corpus* grew over the years to such a degree that the 362 verses of the first printed edition in 1479 became 3520 in the last edition, edited by De Renzi in 1857. Written in a cultured Neapolitan dialect, mixed with medieval Latin and Tuscan, in the form of leonine verses in such a way it could be easily remembered, the medical handbook contains a remedy for every occasion and advice for remaining healthy. The IX chapter of *Regimen Sanitatis* is entirely dedicated to "*Cibatio*": the Masters give close attention to moderate nutrition and careful use of wine, with a preference for a diet rich of native products, according to the seasons, months of the year, tempers of man and even social class. *"If you are in need of doctors, fou you these three things will be doctors: a merry soul, tranquility and a moderate diet":* few verses from prologue of *Regimen Sanitatis,* condensing the *summa* of a masterful teaching still echoed in scientific and popular culture and a long way from dying out.

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P67
THE REDISCOVERED MANUSCRIPT OF MARCO ANTONIO DELLA TORRE

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Leonardo da Vinci studied Anatomy in the companionship of Marco Antonio della Torre "helped and mutually helping him" (Vasari, 1568). This young and high repute anatomist (1481-1511) taught philosophy (1502-1506) and then medical science in the universities first of Padova (1508-1509) and then of Pavia (1509-1510), where he and Leonardo may have worked and studied together. He died very young (thirty years old) in 1511. Della Torre was a dedicated teacher, with the aim to train doctors, able to deal with any disease. As anatomist, he performed dissection, with particular attention to the finest details and making original contributions, with corrections to the text of Mondino. His teaching was entrusted to writings, that, waiting to be revised, will never be published for the premature death of the author. Both Vasari and Paolo Giovio (1527) refer that his writings have not only never been published, but no manuscript copy of them is known to exist. The authors have been able to find manuscripts with the transcription of his lessons and the unique manuscript of Marco Antonio Della Torre still in existence.

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The birth of modern medicine: the Padua University Medical School and the European Renaissance
History of Medical Schools

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MESIR MACUNU / MITHRIDATICUM : AN ANCIENT ANTIDOT FROM THE PAST TO THE MODERN TURKEY

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The famous antidote, which was developed by Mithridates, the king of Pontus, against poisoning and which we frequently encounter in ancient resources about the history of medicine, has reached our time through medieval Islamic resources, after having undergone some minor changes. This paste, currently produced in the city of Manisa in modern Turkey and called as "*mesir*" is owned by way of attributing its origin to Merkez Efendi, who lived in Manisa in the late 15th century, and decorating it with traditional and religious motifs. In Ottoman and modern Turkey this compound has been considered not as an antidote but as a paste that primarily functions as an aphrodisiac and strengthens the immune system.Our aim is to interpret this compound,which is known to be of Mithridates, benefiting from the ancient, prehistoric and medieval resources and to research its place in the Turkish folk medicine and to study every substance it contains as well.

P69
KYALA WHICH WAS THE SYMBOL OF SUPREMACY; THE PERSPECTIVE OF ALOESWOOD IN THE YEDO ERA

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According to the historical record in Japanese culture, a fragrant wood washed ashore in May (April in the old lunar calendar) 595. It describes the wood was a kind of aloeswood. Since then, a fragrant wood was used in religion and prescribed as medicine, namely people prayed to God, cured the body, and purged noxious vapour by the medium of its aroma and its efficacy. And the people came to appreciate the fragrance of natural aromatic trees such as aloeswood and sandalwood. As a result, incense burning was completed as Japanese art. In the Yedo era (from the beginning of 17th century to the middle of 19th century) in Japan, when it came to perfect person or perfect work of art, people often called them 'Kyala'. It means the person or the art object is the most outstanding. Kyala indicates aloeswood in the highest quality, and people recognized Kyala as the symbol of supremacy. However, Aquilaria trees in the family Thymelaeaceae are plants which grow in the tropical regions located around the equator, hence, people had to rely on imports to get aloeswood. Furthermore, it was rare and cost a great deal, so people substituted clove for aloeswood in the popular culture. Aloeswood has the efficacy of analgesic, antidiarrhoic and relaxant. And the clove, flower bud of Syzygium tree in the family Myrtaceae, has the power of stomachic, analgesic, antidiarrhoic, and warming the body. Despite the efficacy and aroma of the two medicine are different, clove was substituted for aloeswood in the common

culture, not in medicine. It is considered that because clove is widely prescribed in diseases of childhood and probably people had a sense of reassurance to the aroma of clove. Therefore, people valued myth more than efficacy on aloeswood, and added the symbol of supremacy to aloeswood.

POSTER SESSION 5 – Part II
Impact of social problems on public health

P70
FACTORS FOR THE ESTABLISHMENT AND DEVELOPMENT OF THE CIVIL HOSPITAL IN STARA ZAGORA – BULGARIA

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A hospital in Stara Zagora, within the borders of Eastern Rumelia, was created after the Liberation – June 3 1883. At first it was owned by the Stara Zagora branch of the Philanthropic Society "St. Panteleimon". „For three decades, overcoming many obstacles, citizens of Stara Zagora are fighting stubbornly to create their own hospital in the city" is noted in the jubilee edition "100 years of Stara Zagora hospital".
The goal of the current study is to presentation and discussion of the factors for establishment and development of the civil hospital on Stara Zagora and their evaluation and interpretation from the distance of time. Materials and methods: We made a review of official documents from this period as well as publications and analysis of socio-economic and political processes before and after the Liberation.
We put the accent on the specific factors and conditions in Stara Zagora: before, during and after the Russo-Turkish war and after the Liberation. We put emphasis on the roles of prominent people, the public and charities for the establishment of the hospital. The participation of the government in the hospital actions is also commented. This analysis aids the understanding and comprehension of the historical process and the ideas of the organizational forms for satisfying the health needs of the population then and now.
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P71
SOCIAL STRESS AS A FACTOR IN WORSENING HEALTH STATUS OF THE RUSSIAN FEDERATION IN THE LATE XX CENTURY

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The deterioration of the health of the Russian Federation (Russia) at the end of the XX century led to an increase in attention to different theoretical views on the conditionality of public health. Indeed, in recent decades have seen depopulation - population decline. Compared to the Soviet period decreased rates an average life expectancy. Total losses due to the rise of mortality and fertility decline in the period 1990 - 2003 years. accounted for more than 17 million people. Increased morbidity and disability. Attempts to explain these facts were made in particular by means of the theory of risk factors to health, according to which there are two groups of risk factors: primary (behavioral) factors, ranked by the degree of risk - smoking, alcoholism, pathological type of psycho-emotional stress (distress), unbalanced diet, lack of exercise , overweight, and are an integral part of life, as well as secondary risk factors, often associated with the process of involution of the human body - diabetes, obesity, immune deficiencies, etc.
In 50 - 70 - years of the XX century Canadian scientist - psychologist H. Selye (1907-1982) formulated the concept, known as the "theory of stress and general adaptation syndrome." According to this theory, any external agent (physical, mental, chemical, etc.) which is a damaging factor or so-called "stressor" is a particular response in the body - "stress" - a non-specific body's response to claims presented to it "(H. Selye). Stress sets in motion the process of evolution developed in the mechanisms of adaptation. H. Selye introduced the concept of "eustress" - a normal healthy stress in the absence of disease, when the compensatory mechanisms of adaptation can prevent the development of pathology and "distress" - pathogenic, pathological stress, contributing to the development of disease when the adaptive - compensatory mechanisms in the body is missing. In the 90 years of the XX century "Theory of stress and general adaptation syndrome" H. Selye was further developed in Russia. The basis of this trend, based on the concept of population-based understanding of psychosomatic medicine (the study of the influence of psychological processes to physiological) and formulated as the law of spiritual determination of Public Health (Al Gundarov, etc.), a study was initiated (B. Velichkovsky, and A. Gundarov, S. Konstantinova, J. Lisitsyn and others) increased distress impact of various social factors on the body, manifested as a result of spiritual distress, in turn, generated a painful demolition material and, in particular, the socio- psychological way of people in the process at this time of drastic economic reforms and socio-political sphere. Indeed, the non-compensable prolonged social stress (distress) as a pathogenic factor reduces resistance to various diseases and pathological conditions, including the most dangerous, occupying first place in the structure of mortality: the cardio – vascular deseases. Mental illnesses and disorders may also be due to the impact of social distress. Russia is one of the first places in the world in the number of suicides. It seems clear that the causes of acute psychosis, suicide attempts ended in many cases were distress, often acting in combination with alcohol and narcotic poisoning of varying severity. What are the specific characteristics of the impact of social stress on the population of Russia? During the XX century the population of Russia and especially its first half was characterized by continuous socio-political and military disasters. Analysis of the historical development of Russia and the Soviet Union shows that in the first half of the twentieth century almost every 3-5 years, the country suffered tremendous loss of life directly, as measured by hundreds of thousands or millions of lives (the data are calculated for Russia's current borders – V.N. Erlihman 2004): First World War, the Revolution - 2070 thous., Civil War - 5400 thousand people, collectivization -1600 ths., political repression of 1923-1953 years. - 5150 thous., World War II - 13 950 thousand people., Famine of 1946-1947. - 550 thousand people killed and many more casualties. In the future, the impact of social stress has changed. On the one hand the country lived in peace, and the broad masses of the population does not feel the impact of military hardship, as well as the associated direct neuropsychiatric stresses. On the other hand, increased material and spiritual needs, the needs of individual personal development, as components of life could not be realized fully that many people have caused a feeling of spiritual distress. The processes of "perestroika" 1985-1990. for some time gave hope for a better future for different population groups, especially in the need for involvement in the historical process and to express themselves (through democracy and publicity). However, to overcome the economic crisis and to meet basic material needs of the population during that period failed. These complex social and political events of our recent history in tandem with rapid economic transformation brought increased exposure to social stress in the general population. The stabilization of the socio-economic conditions of early twenty-first century, and the adaptation of populations to new economic realities have led to a decrease in the direct impact of social stress.
Thus, the problem of social stress (distress) in our country as a risk factor for health is important. It seems also relevant to study the effects of different types of distress on the part of certain people and social groups. Depending on the establishment of the morbidity of social stress - factors can be adjusted in the right direction of the impact of lifestyle factors and improve the quality of prevention, treatment and rehabilitation.

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CHILDREN BREASTFEEDING IN ARGENTINA (1880-1914): MEDICAL PERSPECTIVES

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Children breastfeeding was seen as a tool for disease prevention and combating the problems of public health, children malnutrition and hunger in the late 19th century in Argentina. In a scenario of a growing population and a heterogeneous country, rapidly transforming as a result of massive immigration, each ethnic group arriving to the country brought their own cultural patterns related to breastfeeding. This widespread practice generated discussions among various groups, including doctors, civil society organizations, political groups and journalists. This work seeks to understand the various medical perspectives on breastfeeding held by physicians in Buenos Aires between 1880 and 1914. The study is based on a documentary analysis of primary sources from the revision of 300 doctoral theses from the School of Medical Sciences, University of Buenos Aires from which 12 dissertations took breastfeeding as an object of study. Since these theses were considered a prerequisite for obtaining a medical degree, they can therefore be seen as a relevant source of reference for an overview of the medical thoughts of that time.
How did physicians signify breastfeeding? What were the social, scientific, economical and political issues related to breastfeeding they observed? What were the objects of study? What intellectual movements and authors influenced their recommendations? What were the controversies that arose? What arguments did the actors use to legitimate their perspectives? This paper reviews the problems related to the industry of mercenary wet nursing, the nutrition of the nurses' own children, home breastfeeding and its high mortality rate, the abandonment of children motivated by occupational factors and the pregnancies sought for utilitarian purposes. This work also reviews the differences between social classes and the contemptuous look on the lower classes by medical elite members.

P73
L'IMPATTO DELLA PRIMA GUERRA MONDIALE SULLA SINTOMATOLOGIA NEURO-PSICHIATRICA POST-TRAUMATICA DEI SOLDATI. UNO STUDIO RETROSPETTIVO SU 1.121 MILITARI RICOVERATI NEL MANICOMIO DI GIRIFALCO (CATANZARO, CALABRIA, SUD-ITALIA)

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Introduzione. Il manicomio di Girifalco (Catanzaro, Calabria, Sud-Italia) era dotato di un reparto di osservazione psichiatrica militare che, inaugurato durante la Prima Guerra Mondiale, rimase in funzione anche dopo la fine del conflitto. In questo reparto, nel periodo 1916-1922, furono ricoverati 1.121 militari dei battaglioni dell'Italia Meridionale. Materiali e metodi. Il campione di 1.121 militari è suddiviso in 2 sub-campioni. Il primo sub-campione di 498 pazienti militari (sesso maschile, età media 27,5 anni ± 6,5), già presenti in zona di guerra oppure nella condizione di partire per il fronte e ricoverati nel manicomio durante il conflitto (1916-1918), è messo a confronto con un campione di 498 pazienti civili (sesso maschile, età media 26,8 anni ± 3,7) ricoverati nei seguenti periodi: 1898-1914; 1919-1932; il secondo sub-campione di 365 pazienti militari (sesso maschile, età media 25,4 anni ± 5,1), già presenti in zona di guerra e ricoverati nel manicomio dopo la fine del conflitto (1918-1922), è messo a confronto con un campione di 365 pazienti civili (sesso maschile, età media 25,0 anni ± 3,3) ricoverati nei seguenti periodi: 1902-1914; 1922-1932. Risultati. Nel primo confronto le differenze significative riguardano: a) schizofrenia (5,3% militari vs 28,5% civili, $p < 0,001$); b) sindrome depressiva (22,8% militari vs 3,5% civili, $p < 0,001$); c) simulazione della malattia mentale (28,4% militari vs 8,4% civili, $p < 0,001$). Nel secondo confronto le differenze significative riguardano: a) schizofrenia (4,2% militari vs 31,9% civili, $p < 0,001$); b) neurastenia (14,9% militari vs 1,9% civili, $p < 0,001$); c) sindrome depressiva (8,8% militari vs 2,6% civili, $p < 0,001$). Conclusioni. I risultati dello studio mostrano chiaramente che la guerra rappresentò per i militari il principale fattore esogeno nella patogenesi sia della sindrome depressiva che della neurastenia. Questo fenomeno è stato rilevato anche con riferimento a conflitti più recenti.

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P74
FOCUS ON: "HEALTH STATUS IN STARA ZAGORA REGION IN 1935", REPORT BY D-R NIKOLA G. KOYCHEV, REGIONAL PHYSICIAN, STARA ZAGORA – BULGARIA

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The aim of the paper is to present the analysis of the health status of the population in the Stara Zagora district in 1935 as reflected in the document: "Health Status in Stara Zagora Region in 1935", prepared by the regional physician d-r Nikola G. Koychev. Methods: Content analysis of the document was applied. The original historical document printed in 1937, which was found in the Regional library in Stara Zagora, was analyzed. The document ended up in the library as a donation and the authors of this paper considered it as an historical heritage. Results and discussion: The document was developed on 188 pages. It contains in-depth analysis of health status which deserves special attention from the standpoint of modern society to the factors and determinants of health and depth of their comments during the first half of the 20th century. Public health problems are presented in 15 items on 57 pages. The detailed analysis is exemplified with 114 tables as well as diagrams, drawings and pictures. The depth of the analysis and commentary are impressive as well as the developed socio-medical approach in the interpretation of the data and the astonishing "relevance" of the drawn conclusions and recommendations to the present moment.
Conclusions: The presented document, which almost 80 years later still sounds actual, deserves special attention. According to us it is the most vivid illustration of the convincingly expressed active civil position and commitment of the regional physician d-r Nikola G. Koychev to the public health problems and health policy for the concrete historical period.
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P75
FACTORS AND DIFFICULTIES FOR THE EMERGENCE AND DEVELOPMENT OF PROFESSIONAL HEALTH MANAGEMENT IN BULGARIA

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Professional Healthcare Management is a key to the successful implementation of health reform in Bulgaria. In its development over the last twenty years there have been number of problems and difficulties of legal, organizational and vocational nature. A serious difficulty is the lack of managerial competence regulated by law as a requirement for appointment to senior positions in the healthcare system. Barrier to managerial professionalism in healthcare is the phenomenon medikratzia - the monopoly of doctors-clinicians in operational and strategic management of health system. At the

same time after the establishment of scools of public health in the country in their structure were included departments of Health Management. These departments prepared a considerable number of graduates in healthcare management based on modern curricula. This new generation of health managers is a good condition precedent to overcome the difficulties in the way of actual implementation of a contemporary managerial professionalism in the Bulgarian national health system.

POSTER SESSION 6
Medical Biographies

P76
A REFUGEE SCIENTIST'S CONTRIBUTIONS TO THE FIELD OF TURKISH MICROBIOLOGY: PROF. DR. HUGO BRAUN

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With the 1933 University Reforms in Turkey, many faculty members were dismissed from their universities. Because of these dismissals, there was a huge shortage of instructors at Istanbul University, a unique university in Turkey at the time. Also during this period, the National Socialists took power in Germany and many faculty members and scientists were soon forced to retire or resign or were arrested because of their identities or politics. As a result, many academics fled Germany. Most of them were invited to join universities all around the world. One of these universities was Istanbul University (1). The refugee science faculty members who accepted the invitation and chose to live and teach in Turkey formed a broad spectrum. Prof. Dr. Hugo Braun (1881-1963) was one of the scientists who came to Turkey after the 1933 University Reforms.
Before coming to Turkey, he won the "Paul Ehrlich" prize for his scientific research. Hugo Braun lived in Turkey between 1933-1949 and worked as the director of the Microbiology and Infectious Diseases Institute. He also wrote many articles, published many books, gave lessons, and helped to train and mentor students and physicians (2). In this presentation, Prof. Dr. Hugo Braun's contributions to the field of Turkish microbiology will be discussed.
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P77
ANTAL GENERSICH AN OUTSTANDING PHYSICIAN AND PATHOLOGIST FROM THE ZIPS REGION

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Antal Genersich was born in Trnava (1842) but his ancestors lived from the XVIth century in the Zips region where they held various prestigious functions. Antal Genersich graduated in 1865 at the Medical Faculty in Budapest. Already as a student he worked with professor Aranyi at the Institute of Pathology. As an outstanding young doctor he was awarded with a state scholarship and spent two years studying and working in the institutes of the most prominent pathologists as Recklinghausen, Rokitansky, Stricker and Virchow. In 1870 he was appointed as professor of pathology and forensic medicine at the Medical Faculty in Cluj (then Kolozsvár or Klausenburg in the Austro-Hungarian Monarchy). As a vice-dean and later the rector of the University in Cluj he played an important role in the modernisation of the medical faculty but also in the improvements of hygienic conditions of the town. In 1892 he was elected to the membership of Hungarian Academy of Sciences and after the death of professor Scheuthauer to the head of Institute of Pathology at the Medical Faculty in Budapest. Antal Genersich died after a full and successful life in 1918 and is buried in the Házsongárd cemetery in Cluj. His most significant scientific discoveries:
- In Würzburg (1868) he recognized that neurofibromatosis is a hereditary disease and published it in the Archiv für pathologische Anatomie und Physiologie.
- In contrary to Robert Koch he claimed that the etiological agent of bovine tuberculosis is different from that of human disease.
- During his 25 year long residence in Cluj he studied a broad array of diseases, among others leukemia, enterocolitis necrotisans, amyloidosis, actinomycosis, trichinosis, tuberculosis and alcoholic cardiomyopathy.
His life and academic carreer was described in the monograph: Péter H M, Mózes M, Rácz G, Péter M: Genersich Antal Emlékkönyv. Budapest-Marosvásárhely, 1994.

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PROF. WILIAM GANZ, THE COINVENTOR OF THE SWAN-GANZ CARDIAC CATHETER WAS BORN IN KOSICE

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Wiliam Ganz was born in 1919, shortly after the first world war in Kosice, Czechoslovakia (before the war „Kassa" in the Hungarian part of the Austro-Hungarian Monarchy). He started his medical studies in Prague but after the Munich Agreement in 1938 he was sent home because Kosice became a part of Hungary. Here his life was threatened because he was a Jew but he was able to escape the concetration camp with false papers obtained from the father of the first author of this lecture.
After the war he succesfully finished the Medical Faculty of the Charles University in Prague where he started his scientific carreer in the Institute of Clinical and Experimental Medicine. He was interested mainly in experimental cardiology (taking advatange of his skills in biophysics) and had remarekable results in this field. From 1951 he also led the coronary unit of the institute. On the other side he was disappointed with the political and social situation in the country and in 1966 he had a luck getting a permission to visit Italy together with his wife and two sons. Instead of a holiday at the seaside in Vienna they applied for visa to USA and settled down in Los Angeles where they had relatives.
In USA he joined the team of HJC Swan and helped to develop a new, reliable type of cardiac catheter with an inflatable balloon at its tip – the famous Swan-Ganz catheter (1967 - 1971). Later he was involved in the intracoronary thrombolysis (1984) and many other areas of cardiology. He was active until his high age and in 1992 was awarded with the title „Distinguished Scientist". He died in age of 90 in 2009.
Swan once told that the admission of Ganz into his team was probably the best decision in his life.

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THE FOUNDER OF FIRST AID: FRIEDRICH ESMARCH, HIS LIVE AND WORKS

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Turkey

First aid, according to the "Basic First Aid Handbook published by the Ministry of Health, is a practice that is performed without medical aid at the scene, that save the life of the patient or stabilize it until the health officials arrive. In the same book, emergency treatment is described

as a medical intervention that is made by healthcare personals in an emergency unit to sick/injured persons. According to the translation named "First Aid" published by the Kızılay Society, the founder of first aid is Friedrich Esmarch (1823-1908). Esmarch lay the foundations of the Samaritan organizations. Esmarch graduated at 1848 from the medical school and habilitated 1854 for surgery. His interest was in war surgery and first aid. He became to one of the important emergency surgeons of the 19th century. During the Franco-Prussian war, he was appointed surgeon-general to the army, and afterwards consulting surgeon at the great military hospital near Berlin. He was known as an authority in military surgery and hospital management. "The First Dressing on the Battlefield" (1869) and "First aid in sudden accidents" (1915) are two of his important works. The bandage made with three sided linen was invented by the Swiss Dr.Mayor (1831) but Esmarch was the one who generalized it. According to the Literatures, he was the first doctor who uses the "ice pack" and this is why he was called "Fiete Isbüdel (Friedrich Ice Pack)". He was also the developer of the modern arm and leg splint.
In his work "The First Dressing on the Battlefield" he describes especially the use of the three sided bandage and advices the use of different objects (rifles, bayonets, lances etc.) in the absence of splints. In his work "Contributions to practical surgery" (1859) he describes different medical tools, like splints that he has developed. Some books from Esmarch about first aid and surgery are follows: "About Chronic Joint Inflammation" (1867), "War Surgery Handbook" (1893), "Surgery Handbook" (1896), "Surgical Techniques" (1901), "About Articular Neuroses" (1872), First Aid in the Field Hospital" (1871).

P80
LUIGI CINISELLI E L'IMPIEGO DELL'ELETTRICITÀ IN CHIRURGIA NEL XIX SECOLO

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Luigi Ciniselli nacque a Pavia nel 1803 da Gaspare e da Eleonora Brambilla, figlia del celebre chirurgo Giovanni Alessandro (1728-1800). Durante gli studi universitari, frequentò le lezioni di anatomia di Bartolomeo Panizza e quelle di chirurgia di Luigi Porta. Nel 1833 si laureò in medicina con la dissertazione *De nervorum opticorum origine atque decusssatione observationes anatomo-pathologicae*. Nel 1835 si stabilì a Codogno, dove svolse per otto anni l'attività di medico condotto, «senza abbandonare la frequenza del reparto di chirurgia del locale ospedale». Nel 1843 fu chiamato a ricoprire il posto di primario chirurgo dell'Ospedale di Cremona. Qui diede inizio alle sue ricerche sull'impiego dell'elettricità in chirurgia e sulla terapia con l'elettrolisi o con la galvano-caustica - chimica, facendo precedere l'applicazione clinica da esperimenti su «capretti e agnelli». La ricerca e l'utilizzo dell'elettricità e dell'elettrolisi in campo chirurgico (soprattutto per aneurismi, tumori e poliposi) rappresentarono il *leitmotiv* di tutta la sua carriera professionale. Le sue ricerche sfociarono nella messa a punto di una apparecchio "elettro-motore" originale per gli "..usi medici e le operazioni chimiche". Nel 1860 fu invitato alla Societé de Chirurgie di Parigi per una lettura relativa agli studi di elettropuntura. Ebbe in seguito un contenzioso col medico francese Tripier in relazione alla primogenitura nell'utilizzo dell'elettricità in chirurgia e, per gli stessi motivi, anche con il famoso chirurgo Auguste Nelaton, che ".. se croyat seincerement l'inventuer de cette method…". Ma sia il Nelaton, che il Tripier ammisero poi l'errore. Nel 1869 pubblicò anche una significativa *Relazione sopra il gabinetto anatomo-patologico esistente nello Spedale Maggiore di Cremona*. All'epoca (in assenza quasi totale di mezzi diagnostici, strumentali e di laboratorio) le preparazioni anatomiche e anatomo-patologiche fornivano, seppure ovviamente troppo spesso a posteriori, elementi essenziali per la comprensione delle malattie. Quando morì nel 1878, le più importanti riviste scientifiche italiane e straniere ricordarono la sua figura.
Ciniselli L., *Apparato elettro-motore a forza costante, adatto ad usi medici e ad operazioni chimiche* (con tavola), in "Il Politecnico", 1862
Ciniselli L., *Resumé des etudes sur la galvano-caustique chimique*, in "Gazette medicale de Paris", 1866

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HEALTH AND INTERNATIONAL BRIGADES: JBS HALDANE, SCIENCE AND COMMITMENT

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John Burdon Sanderson Haldane (1982-1964), was a man committed to the fight against injustice and the defence of the weakest. He assisted his father, the physiologist John Scott Haldane, in his research in respiratory physiology. During the First World War, the Haldane's collaborated in the study and design of the gas mask. At the outbreak of the Spanish Civil War in July 1936, Haldane was persuaded by the Spanish Governement to study the Spanish Republic defensive measures against possible gas attacks. He was proud of having been in Madrid in the battle against Franco's siege on January 1, 1937, were the International Brigades played an important role. A year later, Haldane published two articles in the Journal of the IB : "If Franco resorts to poison gas" . He maintained that "In the event of a gas attack I am sure that the International Brigades will set an example of calm and discipline to their Spanish comrades, as they have done in other emergencies". Upon his return to Oxford, Professor Haldane continued his commitment to the Spanish Republic, chairing or sponsoring a large number of committees that provided medical aid to the Republicans and later on to refugees. In June 1939, the newly built HMS Thetis sank in Liverpool Bay. 99 men died from carbon dioxide poisoning. Two Union organisations asked Haldane to investigate the cause of death. In the article published in The Lancet, in Aug 19, 1939 we see that except for Haldane, the four other people who signed the article had no scientific curricula at all. They were four former fighters of the IB in Spain. In another important work on physiology, published in November 1941, the Republican former Prime Minister, Dr Juan Negrin appears as a subject of experimentation among the other 16 people (among whom also JSB Haldane himself). They were submitted to different experiments in a chamber steel to study the effects of nitrogen, carbon dioxide and cold in subjects exposed to high pressures.

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UN MAESTRO DELLA PEDIATRIA ITALIANA. VITALE TEDESCHI

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Dopo il passaggio di Dante Cervesato (1850-1903) a Bologna, nel 1902 alla direzione della Clinica Pediatrica padovana viene chiamato Vitale Tedeschi(1854-1919). Nato a Trieste si iscrisse a medicina a Vienna e, alla fine del V anno, si trasferì a Padova, dove si laureò nel 1877. Fu poi a Berlino, Parigi e di nuovo a Vienna, qui accanto a Kassowitz e Monti. Gli anni ottanta rivedono il Nostro operante a Trieste: i suoi interessi scientifici sono rivolti alla Pediatria intersecandosi con l' attenzione ai problemi sociali : nazionalista, il Tedeschi apparteneva all' area massonico-liberale, in cui oltre ai fermenti di libertà politica erano attivi sentimenti di fratellanza universale e solidarietà. E' in questo spirito che istituisce iniziative per l' infanzia quali la Latteria di Beneficenza, l' Istituto Vaccinogeno e l' Ospizio Marino per i poveri scrofolosi. Nell' anno accademico 1887- 88 giunge a Padova con l' incarico di "Insegnante libero con effetti legali di Pediatria". Nel '91 aveva iniziato un corso libero di patologia dell' immaturità e nel '98 il corso libero di Pediatria a fianco del Cervesato. Nel 1905 Tedeschi è "Professore Straordinario stabile" e dal 1906 Ordinario. A questo periodo risalgono i lavori sul rachitismo, sulla patologia dell' immaturità, sulla tubercolosi, sulla patologia nutrizionale del lattante e l' adozione di un rivoluzionario modello di incubatrice, costruito, seguendo le sue indicazioni, dai fratelli Sacco. Il 30/9/1907, in occasione del VI congresso della società italiana di Pediatria, inaugura la nuova Clinica Pediatrica di via Giustiniani. Fu sempre il Tedeschi ad istituire nel 1913 la mensa universitari in Padova, prima e unica a quel tempo in Italia, a fondare la Latteria Igienica e la Società per la Protezione del bambino , ad istituire la scuola di perfezionamento

in Pediatria per Medici. Vitale Tedeschi, che muore il 29/5/1919, lo si ritrova impegnato negli ultimi anni come Colonnello Medico nei corsi per i militari all' Università Castrense e dal 1/2/1918 "a disposizione del Ministero per studi legislativi in relazione all' opportunità di costruire un Istituto Podologico.

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AL-BIRUNI: THE ARABIAN SCIENTIST

F. Maria Ignez, G. Bruno Fonseca, V. Max Vinicius Gomes, D.B. Fabiana Figueredo Molin, D.B. Francisco José
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Abu I-Rayhan Muhammad ibn Ahmad Al-Biruni was born in Khwarizm (today Uzbequistan) in September 4th 973 a.C. He started his scientific studies when he was 17 years old. When he had only 22 years of age he had already written many scientific texts, being eminence in society. The astronomer and mathematician Abu Nasr Mansur was a character that deeply influenced him. At this time, rich cultural and scientific original contributions where propagated throughout the Islamic world without rivalry. He was fluent in Turk, Persian, Sanskrit, Hebrew, Syrian and Arab. Because of his vast knowledge in languages he achieved what was of most scientific value at the time, producing an original and innovational productive context. His scientific publications are of approximately 146, amounting up to 13.000 pages that contain various topics such as astrology, medicine, pharmaceuticals, philosophy, math, physics, etc.
He left a work of considerable amount of books and treaties: Kitab al Hind (History and Geography of India), Al Canun al Massud (Astronomy and Trigonometry), Al Açar al Báquia (Antique History and Geography), Kitab al Saydanah (Medicine) and the Kitab al Jawáhir (Precious Stones). His work represents the essence of science at his time. He was contemporary with Avicena (980 – 1037) and exchanged correspondences with this relevant scientist. Together with other Muslim scientists, they became responsible for the pillars of modern science. Therefore, this unique individual is prominence in what is considered the Golden Times of Islamic Science. His great contributions in the many varieties of fields made him earn the title as "Al-Ostadh", The Master. The time in which he lived is appointed by some historians as "The Age of Al-Biruni".
He died with 75 years of age in Ghazna, today Ghazni, Afghanistan, December 13th 1048.

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DOCTOR MARTIN MARTINEZ AND THE FIRST EDITION OF HIS WORKS: COMPLETE HUMAN ANATOMY (1728)

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This analysis aims to supplement the book "Complete Human Anatomy" with all of the findings, new doctrines and rare observations until the present time and many essential indications for surgery: following the method which is described in our "Theatre from Madrid" by Dr. Don Martin Martinez - Associate and Past President of the Royal Society of Seville, Public Professor of Anatomy, Family Doctor and Doctor of his Majesty, Examiner of the Royal Proto-Medicato, and Doctor of his Excellency the President of Castile, Archbishop of Valencia.
The work in question features Spanish editions in 1728, 1752, 1757, 1775 and 1788, the first of which, in 1728, is the only one that the author published while alive and that while in our possession we had the privilege of consulting with the utmost care and led us to decide it necessary to write this analysis for admission in the 43rd Congress of the International Society of the History of Medicine in Padua.
Its author, Madrilenian physician and philosopher Martin Martinez (1684-1734), whose personality was also a topic of research, dedicated the work to Dr. Joseph Cervi, Parmesan Knight and Eminent Professor in the University of Parma, while also recognizing the accolades of Dr. D. Francisco Perena and professionals Don Juan Manuel de Cerdán and Don Manuel de Lira - the first being a member of the Royal Academy of Sciences of Seville, and the latter a member of the Latino Surgeons and Examiners of the Royal Proto-medicato – for the ten years it took to print the book, Dr. Martinez was granted the Highest Honor of His Majesty and received the Award of Tassa, established by the Lords of the Royal Council of Castile and worth eight maravedís per sheet. Regarding the careful printing of the work, which consists of 592 pages with an index of five topics (including Proem) and twelve lessons, draws attention particularly to the artistic quality of the twenty-two recorded anatomical prints and the original owner's holographic inscription, written in the blank space on the reverse side of the first print, which reads: "If this book is lost - as often happens – I beg to the founder – that you help return it - and if you are ignorant of my name - here I want to state it – I am Lorenzo de Millares at your service – I am not sold nor given – I am with my good owner - Lorenzo de Millares." As for the content of the work, which includes "many essential indications for surgery," presumably exercised considerable influence in his time, remembering that by then, in the "century of lights," the anatomical knowledge applied to surgery, defined technical guidelines for carry out surgical interventions and the best routes of entry, as well as illustrations and topographical regions, designed from the surgical point of view. Finally, it should be noted that Dr. Martin Martinez, author of the work at hand, also wrote two major works: Skeptical Medicine and Modern Surgery (2 volumes) and Skeptical Philosophy.
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P85
EUROPEAN COORDINATES OF ROMANIAN MEDICINE IN IASI EVIDENCED BY PROFESSOR CONSTANTIN THIRON'S WORK

Dana Baran
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Professor Constantin Thiron's professional biography (1853-1924) illustrates main tendencies in both European and Romanian medicine at the beginning of the XXth century: implementation of radiodiagnosis and radiotherapy; physicians' involvement in major social-medical problems, such as alcoholism, tabagism and tuberculosis - challenges that dramatically confronted the Romanian society, too; setting up efficient "multimedia" prohibitionist strategies; dissemination of Ernst Haeckel's materialistic monism; development and teaching of evolutionist theories, naturalist and positivist principles, tightly connected with atheist morality, free thinking and clear-cut separation between lay and religious mentalities. After graduating in Paris, Constantin Thiron was professor of *Medical Physics* (1881-1885), and then of *General Pathology and Therapy* (1885-1924) at the Faculty of Medicine of the Univeversity of Iasi (Romania). In 1900, Dr. Thiron coordinated two doctoral theses bearing on radiology and radiobiology, respectively. In 1902 he renamed his department, which became of *General Pathology, Therapy and Radiology*. Formally it was the first Chair of Medical Radiology in Romania. Thiron collaborated with Dragomir Hurmuzescu (1865-1954), a towering Romanian physicist, previously trained in Gabriel Lipmann's laboratory, also in France. Famous for his electroscope, Hurmuzescu worked in Paris with Louis Benoist, Victor Chabaud and Marie Curie. In 1896, at *Pitié-Salpétrière* Hospital, Hurmuzescu assisted Dr. Gheorghe Marinescu in pioneering the world's first systematic medical radiographies. Dr. Thiron promoted experimental medicine, forging his reasoning on anatomo-clinical and bacteriological concepts, endeavouring to add quantitative estimations to mere qualitative measurements. As a militant for secular values, he believed in people's emancipation through education and culture. Frequently involved in the activity of national and international scientific societies, founder of associations, well-known by influencial personalities, Professor Thiron presided the first *Alliance Française* Centre in Iasi and probaly was the first Romanian scientist appointed by the Royal Carolin Medical Institute in Stockholm among the persons to make nominations for the Nobel Prize (1902).
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P86
AL-BIRUNI: ISLAMIC MEDICINE REVOLUTION BY HEALING WITH ANIMAL MAGNETISM

Scientific Evidence of Healing Cancer from the Federal University of Santa Catarina in Brazil in partnership with the IBRAPAZ
Fabiana Figueredo Molin De Barba[1,2,3,4], Francisco José De Barba[2,4], Bruno Fonseca Guimarães[2,4], Adair Roberto Soares Santos[1,5], Maria Ignez Figueredo[2,4]
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Al-Biruni was the greatest Medical Scientist of the Islamic Science. He was historian, astronomer, mathematician, physicist, geographer, geologist and science of the mind genius. In his history was known as the Master of Masters. Islamic medicine was recognized and crowned as the medical and scientific authority in the West. Diagnoses were processed initially through observation, and treatment occurred, in the early centuries, through animal magnetism. Al-Biruni postulated that the speed of light is much greater than that of sound, and studied the great cosmic relationship of the magnetic influence of the planets of the solar system and magnetism, related to the unlimited potential of the human mind. The magnetism, hypnotism or vital fluid occurs when the magnetizer exercises influence over the magnetized. Experimental methods with animal magnetism were used by Al-Biruni to perform cures of diseases such as mental processes, emotional and even physiological and metabolic disorders such as cancer. Cancer is characterized by a set of more than 100 diseases that have in common unorganized growth of cells that invade tissues and organs and can spread throughout the body. Cancer cells divide rapidly and tend to be very aggressive and uncontrollable, causing the formation of tumors or malignant neoplasms. The Federal University of Santa Catarina in partnership with the Brazilian Institute of Studies, Scientific Research, Social Development and Extension – Terra do Sol - IBRAPAZ, proven through Clinical and Experimental Research, the cure of cancer with significant results, using techniques of treatment with Animal Magnetism. Experimental testing was conducted with laboratory animals (mice), with intraperitoneal injections of tumor cells. Was carried out for 10 days treatment with animal magnetism. Following tratment, tumor cells were quantified in a Neubauer chamber. Clinical trials were conducted with humans and patients were treated with techniques of animal magnetism and evaluated within the first 3 years after treatment.

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ANTONIO MARIA VALSALVA: ANATOMICO, SCIENZATO, MEDICO, CHIRURGO ED OTOLOGO

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Antonio Maria Valsalva (1666-1723) è stato uno delle maggiori personalità dello studium di Bologna. Egli fu allievo prediletto di Marcello Malpighi e maestro di Giovan Battista Morgagni. Nella multiforme opera di Valsalva un posto di assoluto prestigio occupa la pubblicazione del primo vero trattato di otologia della storia, il "De aure humana tractatus". Lo spirito che animò la lunga stesura, oltre 16 anni, di quest'opera è riassunto nelle parole dello stesso Valsalva " veritatem scilicet pro mea vinli aperire, addiscendi vero labores, quantum res siniret, facilioris redere" (rendere manifesta la realtà per quanto mi spetta, rendere davvero più semplici le fatiche dell'apprendimento, per quanto lo permetta l'argomento". Il "De aura humana" ebbe la prima edizione a Bologna, nel 1704 ed un'ultima, aggiornata, nel 1741, a cura di Morgagni.

Questi, infatti, pubblicò una monumentale opera dal titolo "Viri celeberrimi Antonii Mariae Valsalvae opera, hoc est TRACTATUS DE AURE HUMANA et DISSERTATIONES ANATOMICAE" . L'iconografia di quest'opera comprende un'incisione del Valsalva che è identica all'affresco commemorativo ammirabile nell'archiginnasio di Bologna. Particolarmente importanti sono i quattro putti che ornano l'epitaffio, che sono l'allegoria dello studio dell'anatomia, del metodo scientifico, della professione medica e di quella chirurgica. Il putto che impugna, con la mano destra, il tagliente, emblema della chirurgia, stringe e sostiene con la sinistra un orecchio, chiaramente riconoscibili nelle sue tre partizioni, descritte per la prima volta proprio da Valsalva.

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A SUCCESSFUL PHYSICIAN: ARETAEUS OF CAPPADOCIA

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Introduction and Development: Aretaeus of Cappadocia is one of the best clinical physician of the Ancient World. He lived in the second century A.D. But his dates of birth and death are not known exactly. In addition to this, little known about his biography. His works consisting of causes, symptoms, cures of acute and chronic diseases. He successfully described diabetes, trigeminal neuralgia, syncope and classified the headaches first time in medical literature. He was interested in also mental disorders.
Conclusion: With his high capacity of observation and descriptions of diseases Aretaeus of Cappadocia was an innovative figure for the history of medicine.

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RADIOLOGY AND ITS EARLY PRACTICE IN PORTUGUESE MEDICAL INSTITUTIONS

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Since the discovery of X-Rays by William Röentgen (1845–1923) in 1895, Radiology has probably been the field of Medicine with a more spectacular evolution.
From the very beginning the Portuguese Medical School got a strong interest in the medical application of X-Rays; just after one month of its discovery, the first essays on X-Rays, some on clinical diagnosis, were performed at the University of Coimbra by the Physics professor and physician Henrique Teixeira Bastos (1861-1943). Several radiographies of outstanding quality were obtained by this physician. The previous existence at this university facility of instrumentation adequate for this type of experiments was fundamental; this was due to the scientific contacts already established with the European scientific community by Antonio Santos Viegas (1835-1914) which led to the early study of electric discharges in gases at the University of Coimbra. Similar experiments were also done in Lisbon in the same year by the physician Virgilio Machado (1859-1927) with whom collaborated a professional photographer, Augusto Bobone (1852-1910), and by other ones in Oporto.
Despite this pioneering work, the first equipment for radiology was only installed in Portuguese hospitals in 1901, at the *Hospital de S. José* in Lisbon. The following year, a radiology department was installed at the University Hospital of Coimbra and only in 1908 at the *Hospital de S. Antonio* in Oporto.
It will be discussed the contributions of Portuguese scientists and photographers for the improvement of the instrumental technique in the medical applications of X-Rays.
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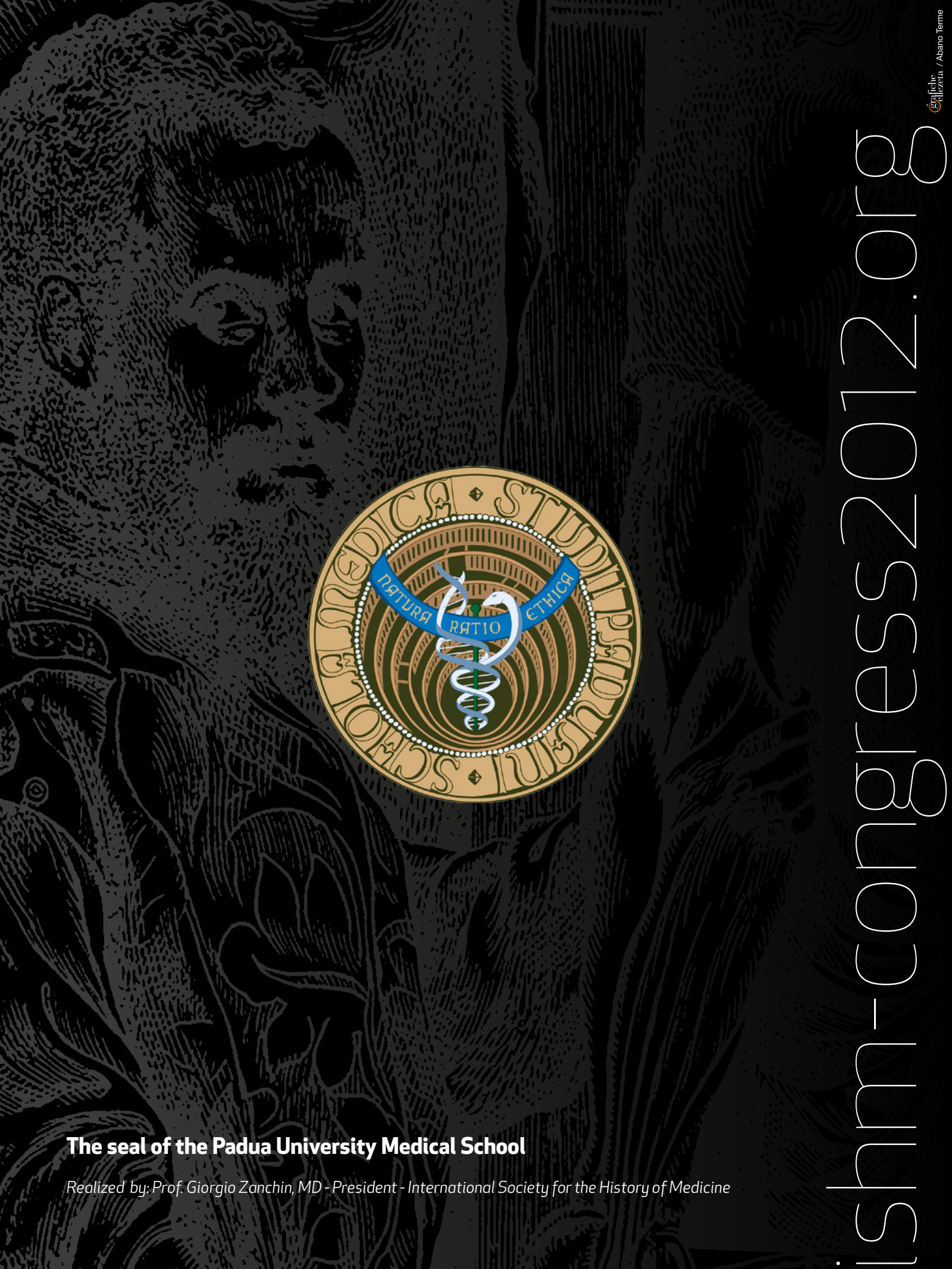

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