

The future of medical museums: threatened but not extinct

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Their value in modern medical education needs to be reaffirmed

Arguably the greatest claim to fame of the renowned English surgeon John Hunter was not his outstanding contribution to anatomy and surgery but the remarkable collection that now forms the Hunterian Museum in London.¹ Hunter's collection is testimony to his passion for science and his aptitude for self-directed enquiry, independent study and lifelong learning. These attributes are now cherished cornerstones of modern medical education. Yet it is the adoption of these educational principles in modern medical curricula that is contributing to the demise of the time-honoured medical museum.

No doubt Hunter would be saddened and dismayed at the plight that has befallen some of our wonderful collections of pathology specimens, medical and surgical artefacts and memorabilia. Most of these collections, which are housed in medical schools and teaching hospitals, were for a long time the exclusive province of medical students. Unfortunately, these repositories of medical history and the manifestations of disease are increasingly neglected, closed or under threat of closure.² There are many reasons for this turn of events, including dramatic changes in medical education and medical practice over the past few decades, as well as financial problems common to all health care delivery systems. Medical museums (which include museums of pathology, anatomy and nursing) are perceived to be expensive facilities that do not have a well defined role in modern medical education and training. This is particularly so in graduate-entry medical courses and highly integrated courses, where it is often hard to identify the anatomy and pathology components of the curriculum sufficiently distinctly to be able to link them to museum-related study activities. Increasingly, medical students are sent to rural hospitals and practices remote from the central medical school (and museum) to gain clinical experience and encourage rural practice. In these environments, there is little opportunity to actually see "diseased tissue" as displayed in museums, or to pursue museum-related study activities.

Reduced funding for medical education in a number of countries, including Australia,³ has diminished the survival prospects of medical museums. Additionally, the acquisition of new specimens, particularly specimens of human disease, has become a major problem. This is in part due to major advances in surgical techniques and the striking decline in the number of autopsies,⁴ so that acquisition of pathology specimens suitable for presentation and display has become near impossible. This has occurred in parallel with changes in the pattern of disease in developed societies, which have had an impact on the acquisition of specimens of infectious diseases (eg, tuberculosis, osteomyelitis and meningitis). Surgical specimens and donated bodies for anatomy dissection have been used by some medical schools to overcome the shortage of appropriate disease specimens. Unfortunately, changes to legislation on human tissue in various countries have made it so onerous and time-consuming to comply with the legislation that many pathology laboratories avoid retaining tissue.⁵



Students and volunteers in the Museum of Human Disease, University of New South Wales.

With the diminution in the museum's traditional role in teaching medical students, museums that have survived and thrived have had to reinvent themselves. For example, the Museum of Human Disease at the University of New South Wales (UNSW), Sydney, has diversified its activities and no longer just provides specimens for use in tutorials and practical classes. Satellite museums have been established at the major teaching hospitals, so that students on secondment to remote teaching hospitals still have access to pathology specimens for study and for use in examinations. The museum at UNSW and several other university museums have also made their collections available online and/or in compact disk format. Students can now have the option of either visiting the museum or accessing its collection of specimens via the Internet.

Several museums, such as those at the University of Western Australia, the University of Melbourne and UNSW, also have community education programs for high-school students and other interest groups. These have been enormously popular. For example, the Museum of Human Disease at UNSW now receives over 20000 visits each year from high-school students. This has not only lifted the public profile of these museums and their medical schools, but has also provided additional funds to help support other museum activities.

To survive in the increasingly difficult environment of medical education, it is important that museums become integrated into the new medical curricula. The value of pathology museums as a teaching resource should be recognised and emphasised. This is a particularly important issue, because some people see museums as a relic of the past that is dispensable. How can we promote the survival of these museums? Medical practitioners can help by supporting and promoting medical museums, as well as by doing volunteer work for, donating to and attending these

wonderful repositories of our history. All those involved in medical education should stress the value of careful observation of disease and disease processes, on display in our museums, as a core learning activity. Fostering the public's interest in disease by making medical museums more accessible will also contribute to the survival of this threatened species.

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