

## Case history in the traditions of medical education

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**Abstract.** The article examines the formation of medical narratives and the possibilities of using these types of sources in historical and medical history research. The tradition of describing individual cases of diseases originated in ancient Greece – a classic example of this is the Epidemic treatise from the Hippocratic Corpus. In the Renaissance, the cultural reorientation towards interest in the human individual stimulated the physicians to reconstruct narrative practices. For example, case histories created by Ambroise Paré attempt at prosopographic studies to determine the attributes of his patients. The purpose of writing these case histories was training of young surgeons, which to some extent compensated for a lack of clinical practice. Sources of this type may be of interest to historians of medicine as a first stage of the emergence of medical records. Historians, on the contrary, appreciate Paré’s narratives, indivisibility of genres and the absence of form on which the patient is surveyed, and the treatment regimen is described. This allows for more information to be received which would be missing in a formalized medical history. “Social history” representatives will find material to draw conclusions not only concerning patients but also on moral values and the specifics of the inner world of a physician of the 16th century. Detailed medical histories, created by Paré, place them beyond the bounds of traditional treatises on surgery. The features of the author’s presentation, as well as his moral assessment of the described realities indicate not only medical, but also the literary value of these historical sources.

**Keywords:** medical history, Ambroise Paré, Hippocrates, Epidemic, prosopography

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The European medical tradition of learning from the history of diseases has been formed over centuries. It is believed that the origins of this tradition hail from ancient medical healing, primarily Hippocrates and other representatives of the Medical school of Kos. For example, the Hippocratic collection’s famous treatise “Epidemics” is a classical example of the use of medical incidents as a learning tool or simply a means for the spread of medical knowledge [1, p. 335–338]. However, we should not forget that in parallel with the existence of the Medical school’s narratives [2, p. 21], individual cases were described in temple medicine. The first “case histories” in ancient Greece were Epidaurus inscriptions. “Ambrose from Athens, crooked. This woman came to the temple of God and

mocked some healings, saying that it is impossible that the lame and the blind be healed simply during sleep. Then she fell asleep in the temple and had a dream. It seemed that God came to her and said that he would cure her, but that she must sacrifice a silver piglet in the temple as proof of her stupidity. With that, he cut the patient’s eye and put his medicine in it. The next day she left healed [3, p. 67–68]”.

Why, or rather, for whom were these incidents described – this is not such a simple question. Of course, the proposed “audience” was patients who had to be convinced of the effectiveness of the healing. But perhaps it was also a form of communication with the deity [4, p. 292–403].

Nonetheless, the examples used as the starting point for the formation of this genre in the history of illness were the descriptions by the doctors of the Medical school of Kos, with close attention to the individual characteristics of each case. “On

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the island of Thasos, when Crito was on his feet and walked, his foot began to hurt badly from the big toe. On the same day he fell ill; chills, trembling and nausea; somewhat fevered; delirious at night. The next day his whole foot up to his ankle was swollen, reddish and tight; little black phlyctena; acute fever; he was raving. A rather large amount of pure bile matter was coming out of from his stomach. The next day, after he had begun to get sick, he died” [5 p. 335–336].

In the Middle Ages, interest in medical narratives cannot be so clearly traced, but we can say that such descriptions did not disappear. There is a long tradition of researching case studies in historiographies, but it is mainly connected with legal sources, as well as chronistics. American researcher N. Siraisi shows the connection of medical narratives with historical narratives, but it is only one part of the tradition [6]. Of course, descriptions of individual cases constantly existed in the legal sphere, and it is appropriate to recall forensic medicine where “case studies” are regularly recorded. For example, Henri de Mondeville (1260-1320) tells of how, having opened an abscess in the throat of a patient, he told her to be cautious for a while and in no case to go out into the cold. The woman did not listen to the doctor, hypothermia led to complications and her death. The case was taken on by the Pope, who gave the opinion that the doctor was not to blame for what happened, “if he did the operation not out of greed, but out of charity” [7, p. 58].

Thus, in the Middle Ages, doctors in line with the ancient tradition of historical narratives created narratives of certain diseases. In the Renaissance, a growing interest in the human person, in individual fates and individual cases, could not be avoided by medical scientists. “Carrying with them the baggage of Greek empiricism, humanist doctors thought in historical terms, taking into account the “analysis of the causes and the collection of particulars” [8, p. 133–134]. Vestiges of such narratives in medical literature can be found in the most unexpected contexts. Thus, A. Vesalius (1514–1564) described in detail the “biography” of a corpse, or the history of its reception by students, but did not individualize its anatomical structure: “...Padua students were brought to the public autopsy, stolen from the grave, a monk's beautiful concubine, belonging to the Order of St. Anthony; she died suddenly as

if from a blow; with amazing zeal they released the body from all its skin, so that it was unrecognizable to the monk, who, along with the mother of the concubine had filed a complaint concerning her abduction to the urban prefect” [9, p. 537].

But during this period, a model for writing the “history of diseases” began to develop – a model for which, explicitly or implicitly, Hippocrates’ “Epidemics” served. At the same time, writing the history of diseases had a completely different purpose than history writing. The fact was that in the 16th century, training at the bedside of the unwell was just beginning to be established and was the exception rather than the rule. The idea that students in training have to see patients, and learn from specific cases, was taking root slowly. We can assume that in medical and surgical literature a detailed description of a specific clinical case was to compensate for the absence of study *de visu* or supplement it.

Although in the medical literature of the 16th century one can find a number of *case studies*, the tradition of clinical descriptions as an integral part of medical education was formed by French surgeon Ambroise Paré. He clearly declared that the purpose of his books was training young surgeons and in these medical books, the narratives occupy an important place [10, XVII]. In addition, Paré was one of the few writers who thought it necessary to illustrate his medical works. Verbal descriptions of individual clinical cases and images in books to some extent made up for the lack of bedside training.

In studying narratives in the works Paré, it can be seen that they are very unevenly distributed. There are chapters in which there is no concrete case, such as “Anatomy” or “On fevers”; in other chapters there are a lot of them (“On the arquebus wounds,” “On the wounds of the head”); and as for the treatise “On monsters and miracles,” it is all founded on descriptions of individual cases.

On what basis did he select material? This issue can be broken down into two main issues: 1) which incidents he considers worthy of mention, and 2) what kind of information about the patient he records and why he recorded it.

Paré left records on several hundred patients – including about himself, otherwise we would not know, for example, about how he received a complicated leg fracture after falling from a horse. Paré describes it as a regular medical “incident” –

perhaps in a little more detail for obvious reasons. This educational material received a funny name: “The story of my leg” [10, XLIX]. But the author is disingenuous: this is not a story of his leg, but a story of an ailing person with pain, fear, temporary immobility, and all the emotions that accompany a serious illness or injury.

Typical things generally tend to be described without examples. Examples arise when it comes to extraordinary matters (treatise “On the monsters and miracles” [11, 12]), or those that made a strong impression on him personally. These include all his war memoirs, including the classic text on treating gunshot wounds. In the last editions of his life, there is a section on the mentally ill: “Examples of diseases caused by fantastic images” is further proof of how Paré went beyond surgery. He refers to such cases as if they were something funny and did not recommend any constraining or intimidating practices, proposing a mild approach. “There is a man who is known to have considered himself an earthen vessel, and, therefore, moved away and drew back from the passers-by so as not to be smashed. ...One Burgundian, while in Paris and living near the church of St. Julian, in the presence of several famous doctors would say that he was dead, as was his brother lying next to him. After some time, his imagination changed, he proclaimed and begged the doctors to no longer prevent his soul from flying from purgatory to paradise... A court lady said she had been poisoned with mercury (*vif-argent*) and could feel it as it flowed through her limbs. She called upon several scientist-doctors to cure her poisoning; they could not save her from this fantasy. Finally, we decided to put her in a bath of herbs that attract mercury. Three to four ounces of mercury were placed in a bath as if it were in her body, the lady was shown the mercury at the bottom of the bath, she was overjoyed and decided that she was healed ... Yet another said that in his stomach was a frog, and it was impossible to change his mind. There was one doctor, who promised to cure him by using enemas, I planted on him five or six frogs and the patient decided he had recovered and dispelled this insane fantasy” [10, LI]. Sometimes, an example is given as an illustration of a disputed provision requiring proof (a child died from teething) [10, V.CXXVIII].

For historians, what is most interesting in Paré’s narratives is the indivisibility of genres,

the absence of a formula with which the patient is questioned and a treatment regimen prescribed. Because of this, the history of disease includes a lot of “extra” information. With Paré, it is often moralizing qualities.

Paré allows himself to give a moral evaluation of events. He was far from the modern requirements of bioethics, expressed or implied, that doctors must maintain “objectivity” and “impartiality”, to treat patients regardless of their attitude to them, to take each case solely as a medical incident, and that run-of-the-mill details have no place in the modern history of disease.

Too-tight lacing is very dangerous for women and can harm their health, even cause death due to respiratory arrest. This undisputed position illustrated a story about a young woman who died in church two weeks after her wedding. The surgeon Paré could have put this matter to rest and moved on to the next incident. But it turns out that the young widower was soon to marry the mother of his deceased wife and was preparing to get married in the same church in which she died. The priest refused to undertake such a hasty wedding, and the young couple bonded wedlock in another parish [10, V.CXXVIII].

Often the case of surgical removal of a foreign body from the throat was accompanied by a story about servants who wanted to arrange a potluck party on their evening off, and during this party, one of the participants had a mouthful stuck in his throat. Fortunately, the owner of the house knew Paré and called him for help, and he saved the unfortunate victim. When the operation was successfully completed, the recovered servant, “rather than thank God for his salvation”, lashed out with reproaches to his friends: why had they eaten everything without him. The host, angered by such ingratitude, chased out the servant [10, CCLII].

All of these stories can be read as literary works, and not surprisingly, researchers of Paré draw analogies with the works of F. Rabelais and other writers of the French Renaissance. Case histories sometimes are like novels, they lack a rigid moralism, the idea of disease as a punishment, etc. Paré understood illness as an accident, though in the gallery of his patients there were murderers and malingerers (the only category for which Paré made no secret of his aversion [13]), and these patients are united solely by their

diagnosis. What does an Englishman insidiously killed by his neighbor over money, and a German who inflicted a stab wound upon himself in a fit of madness have in common? Wounds to the trachea [10, CCCXXXIV]. French researcher M.-M. Fragonard rightly believes that the list of Paré's patients is "a mirror of society and its forms of danger". Regardless of the social status of the patients, "the surgeon is a bond that unites them" [14, p. 253].

Sometimes, in the descriptions of cases, the voices of loved ones can be heard, starting with the queen, who was worried about the fate of the court lady (Madame de Montigny, the maid of honor of the queen mother) who had breast cancer [10, CCLIII], or victims of malingerers. Often the voices of doctors can be heard, if the "consultation" is described or there is simply a difference of opinion. At the same time, Paré describes only those cases in which he was right, and though he constantly emphasizes that he is ready to admit his mistakes, in the histories of diseases there are practically no such cases.

Apparently, for historians of medicine, the specified source types are of interest as the first stage of the formation of modern medical documentation. But how should their colleagues from the neighboring workshop, i.e. general historians, work with texts of this kind?

We have before us an array of sources, which, like any other, requires classification and analysis. It is impossible not to recall here the idea of the outstanding British historian of medicine, R. Porter, who claimed that in addition to traditional "medical history" there should be "patient history" – as it is in modern historiography of the history of the poor. "It is necessary to investigate the dynamic interaction between patients and those treating them, the ratio of supply and demand, the power of the patient and the power of the physician" [15, p. 60].

"The problem is that we do not know what to do about it," writes R. Porter, analyzing multiple sources of "the history of patients". Indeed, this material is somewhat "on the sidelines" of historical and medical research, and rarely attracts the attention of "traditional" historians<sup>1</sup>. (It is

impossible not to recall the titanic work of M. Foisil, who deciphered and commented on the diary of Jean Héroard, personal physician of Louis XIII, who kept a daily record of his health since his birth for more than 20 years. An invaluable source remained outside the experts' field of view, precisely because it is a medical record) [19].

Of course, the author of this article did not intend in any way to offer a complete solution to the problem. Paré's medical records were usually very brief, they are certainly not sufficient for building a complete biography of his patients, and prosopographic methods can only be applied with caution to this material. I offer just one option of working with historical and medical sources in the group.

All the patients who Paré described can be grouped according to different criteria, for example, as follows.

**Military and civilians.** Paré's education at the Hôtel-Dieu allowed him to gain great experience in the study of a variety of diseases, including infectious diseases, skin diseases, paediatric diseases, and those acquired within the walls of the Hôtel-Dieu. "I remember in winter the poor Breton, the servant, who lived in Paris – he fell asleep drunk in a bed by a half-open window and the cold got to him, one leg was damaged, he woke up, tried to get up but could not. Moving close to the fire, he brought forward his leg, but when he burned it, more than half leg was dead. The next day, this Breton was taken to the Hôtel-Dieu, where he was seen to by surgeons who decided to amputate, but he still died three days later. That very same winter was terribly cold, so that patients in the Hôtel-Dieu had frostbite of the nose and gangrene, I operated on [such patients], two of whom survived, two died" [10, CCCCXV]. But there was one exception: the wounded were not taken there. This experience was acquired by Paré later, when he had already become a military surgeon, and he became famous mainly in that capacity.

**According to social status.** Paré had the status of the royal surgeon for a long time, but apparently this service did not occupy all his time, as he not only treated war wounds but also numerous diseases and injuries in Paris and other cities while

<sup>1</sup> A few years ago there were attempts in Russian historiography to work with case histories based on materials from the archive of A.A. Ostroumov's clinical practice.

This was a wealth of material, which provided interesting results. See [15, 16]. It is particularly gratifying that following us professional historians were interested in the archives and continued to study it. See [18].

he was traveling. His patients included a singer from Notre Dame, the wife of the Uzès family cook, a neighbor who had fallen from a roof, and many others. His work regularly came about as “they called me”, “I was invited”. “One day I was summoned to the house of the late Mr. Coué, a lawyer of the parliament, to his three-year-old son, he hit his chin on a rock, his teeth bit off a large piece of his tongue, and it was with great regret (*tresgrand regret*), that I saw that he could not speak, but I know that nature sometimes does amazing things. I placed two stitches and ordered the child's mother to feed him well, as I instructed, and after a few days, he had completely recovered and now speaks wonderfully.”

In his surgical textbook, Paré avoided the temptation to write only about diseases of powerful people, nor did he avoid mentioning them. But he was interested only in those cases that were demonstrative from a medical point of view, and ordinary things did not deserve a separate account on the grounds that they happened to the king.

How should a person feel in the 16th century if treating a king: if he does not encounter a “sacred body” but a traumatic brain injury or contraction of the hand – just the same as with a neighbor on Rue Saint-Andre? [10, CCCX-CCCXV] These two descriptions in a Paré treatise come one after another, and in his view the hand or the head of the king is anatomically no different from all other arms and heads. We note that this approach cannot be considered completely typical. “Contrary to the common practice of the century, Le Maistre (*personal physician to Henry IV*), always hesitated to let the blood of my royal patients. He believed that royal blood is too important to risk it during this procedure” [8, p. 126]. That is, apparently, a category of people with a somewhat different social consciousness. Among the intellectuals of the 16th century, doctors stood a bit apart. Paré resisted the temptation, which was almost inevitable for a royal physician, to treat his patient as someone special, separate from regular patients. Paré seems to have avoided another temptation – to become the unofficial royal advisor. He was not interested in politics.

***The survivors and the deceased.*** There were less of the latter, but Paré honestly recorded fatal outcomes. If the dead were mentioned, they were often described by autopsy, which might be carried out for reasons including forensic purposes. A

case is described of the psalmist Jean More from Saint-André-des-Arts, the parish church of Paré. This case is interesting for several reasons. Paré cites it as a unique case of healing. He “felt a lot of pain, especially while singing... After examining him, I said another needed to take his place, he did this, asking the priest and telling him that he can not sing. Then he started treatments with me, I prescribed him a few remedies, he took them for five or six years, then one day I asked him how he was feeling, he said that he was completely cured. I would not have believed it if I had not seen it.” A patient died of pleurisy, and after learning of his death, Paré went to the priest, who lived by the sea, and asked for permission for an autopsy, and he “readily agreed.”

***Those who Paré saw personally, and those whom he did not see.*** Paré relies on a great literary tradition. He recalls examples from the Bible and liberally quotes classical authors. “Pliny wrote that a man named Falarey had an incurable disease – bleeding from the mouth, he was suffering and sought death, so he went into battle unarmed. It happened that he was wounded in the chest – there was a large amount of blood loss and this stopped the bleeding from the mouth, then when surgeons treated the wounds, mending a torn vein, which caused the bleeding from the mouth, he became healthy” [10, XXXXIX]. Of course, he provides many examples from ancient medical literature (Hippocrates, Galen, Avicenna), but there are also references to his contemporaries, the phrase “He wrote to me...”, and other incidents, possibly from medical treatises: “Francois Valeriola, a highly respected physician from Arles, wrote in “Observations” of one resident of Arles named Jean Berle, who spent several years in bed due to paralysis; then it happened that a fire started in the room where he lay, a fire that burned the floor and some furniture close to his bed. Seeing the danger that he would be burned, he got up, got to the window and climbed out onto the street, and immediately started walking and was cured of paralysis. The same Valeriola described a wonderful story that happened to his cousin on the maternal side named Jean Sobira, who lived in Avignon for about six years with paralyzed legs and damaged knee joints. Once he was so angry with his lackey that he managed to get up to hit him, and walked straight ahead and gained strength in his legs as before” [10, L].

We can characterize his *circle of patients*. In the case of Paré there were three circles (Paris, court, military), and sometimes they overlapped. His patients were urban, from an educated enough environment, for the most part well-off, though not exclusively from the royal court, mostly men, if his maternity treatise “On childbirth”, is not to be taken into account. This brings us to the question of exactly who applied to Paré for medical assistance? In the army during combat there was almost no alternative to the regimental surgeon, but when the battle was over, local residents – from traditional healers to the monks – could provide assistance. In Paris, the range of the sick or wounded was even wider. Paré’s patients not only had the material means to call a doctor, but also a certain level of culture, which allowed them to turn to a doctor. The sick did not always immediately seek medical help. “We’ve grown from a notion that the search for medicine and calling a doctor is as automatic as a knee-jerk reaction from people to disease” [15, p. 60].

*The language of the patient.* Surveys in the 16th century had not yet been formalized, and it can be assumed that Paré’s “examples” may contain complaints from patients, and therefore it is possible to analyze the language in which they expressed their suffering. Unfortunately, such cases are not numerous, but still they are there. For example, in his treatise “On Poisons”, Paré says that he tested an antidote on a man sentenced to death, with his consent. However, the remedy did not have an effect, and the suffering of the man

being experimented upon proved to be so great that he cried: “Better the gallows” [10, VIICXII]. Paré recalls the wounded, who joked with him, agreeing to endure the pain, but also those who did not admit the doctor. “Ligatures could not be done because of the severe pain. I made a few cuts, which senior [Count Mansfeld. – E. Berger] suffered willingly, telling me that he agrees to withstand it twice, three and four times in order to get rid of the pain and recover. And then, with a smile, I told him that he deserved to be wounded, and not those sissies who preferred to leave the wound and rot to death rather than suffer the incision required for healing... One day, seeing that the pain was gone and the wound had grown over, I said that he would recover. He said to me, laughing, that he knows this well” [10, CCCCXLVII].

So, on this source base, one can try to draw conclusions about how doctors differ from other people (professional specifics); how they relate to the pain, death and suffering of people of different ages; who seeks medical help and when.

Details of everyday descriptions, of course, take the medical history written by Paré beyond the bounds of a “medical textbook”. Curiosity concerning all phenomena of life, unobtrusive moralizing and indisputable literary talent, as well as the absence of established medical forms for compiling case histories and, consequently, greater freedom in literary presentation requires him to include a lot of details into his narrative, unnecessary in terms of medical science, but important as a literary and historical record.

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