

On the issue of methods and methodology of exhibiting in a medical museum

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Received: 10 May 2018 **Accepted:** 23 November 2018

Citation: Grinko IA, Shevtsova AA (2018) On the issue of methods and methodology of exhibiting in a medical museum. *History of Medicine* 5(4): 273–277.

Abstract

This paper analyses ways in which traumatic material has been displayed in medical exhibitions and the use of age restrictions in museums. Museum workers face the difficult task of exhibiting material that could be psychologically traumatic for certain visitors, and this is particularly the case for medical museums, given that the *raison d'être* of medicine is to fight diseases, images of which it is not pleasant to see.

Two key approaches to displaying such material in exhibition space are examined. In the first, focussing on the technical aspect, access to certain elements potentially psychologically traumatic for visitors is restricted through original architectural and spatial solutions, using anthropometric restrictions in some cases. The second, based on cultural studies and anthropology, presents diseases through cultural and historical images. This approach offers the museum a broad range of options (use of classical objects of culture, ethnographic images of diseases, thematic lettering, etc.).

This paper uses field materials from Russian and foreign museums, as well as ethnographic research findings. The authors conclude that organising a permanent exhibition of material with different age designations is realistically achievable: all that is required is intelligent spatial planning.

Keywords

history of medicine, museum, medical museum, exposition, age marking, museum ethics

The global trend for museums to show not only aesthetically attractive exhibits but also difficult aspects of history has led to many challenges for exhibitions, including the display of unpleasant images. Museums face a conundrum. How can they display traumatic material without compromising the exhibition's integrity and the storyline, while ensuring that the museum remains aesthetically attractive and accessible to visitors of different age categories? Today, this problem, of a conflict between museum work-led and ethics-led approaches, identified back at the end the twentieth century (Mensch 2018, p. 194), is becoming increasingly relevant, and concerns not only exhibitions, but also the media, social networking sites and advertising materials (Calain 2013, p. 278–280). For medical museums, this dilem-

ma is twice as relevant, given that the *raison d'être* of medicine is to fight diseases. However, not every visitor finds realistic visualisations of disease pleasant.

In this respect, Mihail Chemiakin's memories of visiting the Russian Museum of Military Medicine as a child are illustrative: “But apart from the main building entrances, where you could warm yourself up, there was another rather unusual place on Zagorodny Prospekt: the Museum of Military Medicine, part of the Military Medical Academy (there was also a hospital there, where our military of different ranks and titles were treated). You entered the museum from Zagorodny Prospekt, and – the most important thing for us about this museum – entry was free. Even so, there were never any visitors in the deserted halls of that

museum apart from my little sister and me. Actually, sometimes some military doctor would hurriedly usher through a crowd of buzz-cut new recruits, lumbering in their artificial leather boots, not keeping them for long in front of the stands on venereal diseases, evidently hoping that the sight of these waxworks, vividly showing the stages of the destruction of the nasal cartilage, nasopharynx and private parts, would put the young defenders of the motherland off casual relationships for a long time. Shocked by what he had seen and heard, one newbie rushed to the exit, the heavy doors slammed, and my sister and I were left alone among the naturalistic waxwork horrors representing the faces of people suffering from leprosy or disfigured by haemorrhagic smallpox, armpits and groins with plague buboes, and feet and hands ulcerated by various diseases. In display cases, under glass, grinned the surviving parts of skulls from the time of the Napoleonic Wars, demonstrating various bullet and fragment wounds. Gathering dust in one of the cases was a display of ears of wheat being ‘eaten’ by stuffed animals from the rodent family, who were leaving plague bacteria on the ears and grains. My cleanliness-obsessed sister was particularly struck by a prominently displayed trench soldier’s shirt, absolutely riddled with lice. Her interest in the museum exhibits was genuine, and this no doubt played no small part in the fact that she went on to work for many years as a nurse in hospitals in Russia and France, caring for people who were dying. After wandering these halls for a few minutes, you could understand why, despite entry being free, people were not exactly flocking to that museum” (Shemyakin 2017, p. 115–117).

We have allowed ourselves this lengthy quotation to show that in this case, the museum had two key functions: to provide illustrative material for training professionals, and to serve as a means of outreach among a relatively narrow military audience. Clearly, a modern museum cannot always afford to work for such a narrow professional audience.

Exceptions to this are specialised university museums, where, following Giovanni Battista Morgagni, “Mortui vivos docent” – “the dead teach the living”. Examples are the Museum of Pathological Anatomy in the corresponding department at the K.I. Skryabin Moscow State Academy of Veterinary Medicine and Biotechnology, the Museum of Pathological Anatomy at the Chita State Medical Academy, and numerous similar educational museums, aimed almost exclusively at students and teachers.

Here, though, the aim is different: to show future doctors everything a non-medic would rather not think about. And the more realistic the exhibit, the better the material is taken in. An “open to all” policy may be commercially successful, as can be seen in the continued public interest in the travelling “The Human Body Exhibition”, the collection at the Federal Pathological-Anatomical Museum in Vienna (“the Madhouse

Tower”), the Corpus “journey through the human body” Museum near Leiden, and even the customary view of the Peter the Great Museum of Anthropology and Ethnography primarily as the *Kunstkamera*, – i.e. Dr. Ruysch’s cabinet of “alcohol-preserved freaks in jars”.

Friedrich Schiller wrote on the attractive power of horrible things in *On the Tragic Art* (1792): “It is a phenomenon common to all men, that sad, frightful things, even the horrible, exercise over us an irresistible seduction, and that in presence of a scene of desolation and of terror we feel at once repelled and attracted by two equal forces” (Shiller 1957, p. 41).

Consider another observation by Mihail Chemiakin: “For my sister and I, like other children of the war, who had grown up among the ruins of destroyed buildings and country houses of Königsberg, among Soviet soldiers and German residents, adults and children, maimed in the war, who had stumbled across dried out corpses, who had played with skulls and bones (some of us had been killed, blown up by grenades and mines found in the dust), for us, it was not scary in that museum” (Shemyakin 2017, p. 117).

However, the public today, despite the popularity of the idea of inclusion, are not always ready to take in true images of diseases and injuries.

What, then, can museums do to resolve this impasse? This problem has already been discussed in the professional community (*Opyt predstavleniya...* 2017), but we would like to focus not so much on the moral and ethical aspects of exhibiting traumatic material as on the technical side – how to display such exhibits in an exhibition most effectively. At the same time, the practical importance of such an approach should also be borne in mind: in recent years, Russia’s lawmakers have shown great interest in age ratings and restricting children’s access to traumatic material.¹ In fact, from a pedagogical point of view encountering difficult subjects develops empathy in children and helps them to grow up (Golitsina 2012).

The simplest approach – restricting entry for children in the first place – is not ideal, as it either scares off visitors with children, or, on the contrary, attracts those who are underage like a showing of an adults-only film. Furthermore, such an approach may go against the museum’s mission. Such an arrangement may work sometimes, but this requires taking account of such age-based zoning at the museum concept and building planning level, complicating the task of the architectural design of the exhibition and the museum building, which is not easy anyway (Lord B and Lord GD 2002, p. 153). An example of such division can be found at the

¹ Federal Law No. 436-FZ “On the protection of children from information harmful to their health and development” (29 December 2010). Rossiiskaia Gazeta [Russian Newspaper], rg.ru/2010/12/31/deti-inform-dok.html. (In Russ.)

Copernicus Science Centre in Warsaw, where subjects unsuitable for children under 14 are in a separate area.

Sometimes the exhibition's storyline or the building's architecture does not allow such a separate area to be created and the age-restricted elements then have to be incorporated into the overall picture. The Warsaw Rising Museum uses special stands designed to look like concrete blocks to show potentially traumatic photographic material. As these are more than one metre high, and the material is set out horizontally, it is not physically possible for little children to see such displays.

The museum also has a special area for displaying documents on executions and mass graves. This section is designed to look like a field morgue (Grinko 2017). To see what is inside, visitors have to enter it. Parents can decide whether to let their children do so.

The Solidarity Museum in Gdansk shows video footage with scenes of violence from crackdowns on mass demonstrations in Poland in the middle of the exhibition, but restricts access to them. The video screens are located in the driver's cab of a Polish special operations unit lorry from the early 1980s. To view it, visitors have to climb inside up some high steps, which a teenager on their own can do, but a small child cannot.

This approach, involving physical effort, is not entirely new. For example, it was used at the "Forbidden Art – 2006" exhibition, organised by Yuri Samodurov and Andrei Yerofeyev, where visitors could see works of art through small openings, reachable only by climbing some small steps.

Similar approaches are sometimes used to show specific items that can be damaged by sunlight. For example, at the "Royal *amusing fires*: Festival culture in the 18th-century Russia" exhibition at the Tsaritsyno Museum-Reserve in Moscow engravings were displayed behind special curtain blinds; original eighteenth-century calligraphy is displayed in a similar way at the Shanghai Art Museum.

At the Katyń Museum in Warsaw, a sheet of metal with a peephole at an adult's eye-level has been used to hide one of the displays. This part of the exhibition was dedicated to forensic medicine: the exhumation of the corpses of Polish prisoners of war in 1943.

At the Bundeswehr Military History Museum in Dresden, these two approaches are combined. Here, the theme of death and mutilation in war, such as facial injuries, which impressionable visitors find particularly off-putting, have their own separate section, and the exhibits are not immediately visible: to see them, visitors need to open special shutters. This calls for a certain amount of physical effort, meaning that the restriction on access is based not also on height, but also on physical development. The section shows not only the physical aspects of military injuries, but also the psychological side.

It is worth looking separately at how the museum has addressed the subject of mutilations and amputations,

which are inevitable in any military conflict, in its exhibition space. Against a backdrop of abstract outlines of people, including children, various prosthetic limbs are shown in separate display cases, making the traumatic material more abstract, but no less impactful.

The aforementioned Solidarity Museum uses a similar approach of partial separation: photographs of the bodies of dead dissidents can be seen only by opening special shutters too high for a child to reach. In this case, the section is not distinct from the rest of the exhibition.

Let us now turn to the use of visual images of disease and patients, including symbolic ones.

In the fungi section at the Museum of Natural Sciences of Barcelona, fungal diseases are illustrated with a fragment from Pieter Bruegel the Elder's painting *The Beggars*, which, it is believed, depicts a group of unfortunate people suffering from gangrenous ergotism (Saint Anthony's fire), caused by the consumption of ergot-contaminated grain.

Discussing the relativity of aesthetic values in *On Ugliness*, Umberto Eco writes that "in such cases we unhesitatingly recognize ugliness and we cannot transform it into an object of pleasure. So we can understand why art in various centuries insistently portrayed ugliness. Marginal as the voice of art may be, it attempted to remind us that, despite the optimism of certain metaphysicians, there is something implacably and sadly malign about this world" (Istoriya urodstva 2007, p. 436). Following in the footsteps of numerous artists, Eco sees ugliness as a human drama.

In our view, one of the ways to overcome excessive naturalism, or "the museum's sin of hyperrealism" (Shola 2013, p. 153), when it comes to medicine is to visualise disease symbolically.

There are numerous ways to do this: art therapy, modern art, ethnomedical material... The projective technique of art therapy ("draw your illness") has become a commonplace, bringing tangible results. It is not uncommon for effective symbolic illustrations of particular illnesses to be drawn by artists who suffer from them and have personal knowledge of the problem. For example, the series "Toby and the Monsters" (2010) was a cathartic process for Toby Allen, with the artist aiming to help people to connect with their inner world.²

The overall winner of the Wellcome Image Awards 2017 for the best scientific image was a series on Crohn's disease by an artist with the pseudonym of Spooky Pooka. This is a rather gloomy, and simultaneously autobiographical, series of six images visualising the fearful world of a patient with an incurable condition: Hoc est corpus meum ("This is my body"), Quod me nutrit me destruit ("What nourishes me also destroys me"),

² Sergeev V. Monstry psikhicheskikh rasstroivstv [Monsters of mental disorders]. Live Journal. vasily-sergeev.livejournal.com/7376057.html. (In Russ.)

Et in Arcadia ego (“Even in Paradise there is death”), Nullam dolorem sentire (“No more pain”), Nemo liber est qui corpori servit (“No one is free who is slave to his body”), and Dolor hic tibi proderit olim (“Someday this pain will be useful to you”).³

Anton Zhavoronkov has effectively visualised speech disorders through typography.⁴ Modern “social diseases” such as “selfiephrenia” are humorously depicted in cartoons by Oksana Semenova.⁵ Such approaches do not just qualitatively alter the exhibition space, but also lay the foundations for various sociocultural projects such as art therapy sessions or different programmes associated with storytelling, including visual.

One of the most impressive visualisations of both a terrible disease, in the form of a clawed monster and its conquerors – the patient and the team of doctors – was created by Halyna Zubchenko and Grigory Prishedko in a mosaic entitled “Victory over Cancer” on the pediment of the National Cancer Institute in Kiev in the early 1970s.

Unfortunately, wonderful anthropomorphic folk images of diseases and therapeutic amulets are more likely to be found in ethnographic museums than in medical ones. They include Tajik lukhtak dolls – family and personal charms –, Enets spirits of diseases, and Russian fever dolls, Georgian batonebi – “red masters” – mythical personifications of children’s infectious diseases, and Nanai, Ulch and Oroch healing spirits – ongons and seveks (Ostrovskiy 2009). Folk medicine and remedies are generally derided by modern medicine and medical museums, but centuries of experience of understanding, dealing with and fighting diseases that could affect anyone should not be ignored. Furthermore, such an approach allows a medical museum to present some local features, thus making it more than just a narrowly professional institution.

³ “Luchshim nauchnym izobrazheniem priznana illiustratsiia bolezni Krona” [“An illustration of Crohn’s disease is recognized as the best scientific image”] Xage, xage.ru/best-science-image-illustration-of-crohns-disease/ (In Russ.)

⁴ “Sem prostykh illiustratsii, kotorye rasskazhut o bolezni bolshe, chem slovar” [Seven simple illustrations that tell more about the disease than a dictionary]. Interesno znat', interesnozhat.com/interesno/7-prostykh-illyustratsiy-kotorye-rasskazhut-o-bolezni-bolshe-chem-slovar.html (In Russ.)

⁵ Semenova O. Selfifreniia, rukozhopis i prochie zevatizmy. Live Journal, oksanasemenova.livejournal.com/869921.html (In Russ.)

Even death, our inevitable end, has been perceived in different ways in different eras. For example, death for the Victorians was associated with numerous rituals, including post-mortem photography. Today, such photographs are shown in museums, such as the Museum of World Funeral Culture in Novosibirsk, where visitors can even get photographed with mannequins in a similar photo session. “Morbid, sick and mentally unsound is how people today most often view these post-mortem photographic plates, more than a hundred years old, as they shudder with revulsion, and with a fear that is not always conscious – reacting very similarly to how people in the reign of Queen Victoria reacted to sex. <...> At the same time, death presented no mystery, except in the sense that death by its nature is always a mystery” (Gor 2011, p. 361).

The vast wealth of mythology associated with the most universal symbol and “eternal subject” (Etingen 2009, p. 523) – our own body – can and should be exhibited in museums directly concerned with it – museums of medicine, anatomy, sanitation and hygiene, health, first aid, hospitals, epidemics and pandemics.

It is worth looking separately at humour as an important tool in modern museum exhibitions (Grinko 2017). This means not only humorous depictions of diseases, although this approach also merits attention, but the anti-stress aspects of exhibitions that help visitors to get a more positive experience out of the museum.

Humour – both specific professional humour and patient humour, including that which has entered the popular imagination thanks to cinema and television – can help to overcome the “traumatic” subjects of medical exhibitions; after all, as it says in the comedy *The Pokrovsky Gate* (dir. Mikhail Kozakov, 1982), “the sick have great team spirit”.

Therefore, displaying material with different age designations in a permanent exhibition is fully achievable, and requires merely intelligent spatial planning. In addition, such innovations may have a positive impact on the museum as a whole: any restrictions encourage creativity and design, as well as the desire to investigate. As such, any concealed item in an exhibition may prompt visitors to investigate what else the museum has to offer. However, it is necessary to have a clear idea of the exhibition’s goals and objectives and to take account of its target audience, and to use this in deciding how much traumatic material to display, and how to go about it.

References

- Calain P (2013) Ethics and images of suffering bodies in humanitarian medicine. *Social Science & Medicine* 98: 278–285. ISSN 0277-9536, <https://doi.org/10.1016/j.socscimed.2012.06.027>. URL: <https://www.sciencedirect.com/science/article/pii/S0277953612005370>.
- Etingen LE (2009) *Mifologicheskaya anatomiya* [Mythological anatomy]. 2nd edition. Moscow: In-t obshchegumanitarnykh issledovaniy. 528 p. (In Russ.)
- Golitsina V (2012) Prishel, uvidel, osoznal [I came, I saw, I realized]. *Muzey kak prostranstvo obrazovaniya: igra, dialog, kultura uchastiya*

- [Museum as an educational space: a game, a dialogue, a culture of participation]. Ed. by A. Shcherbakov. Compl. by N. Kopelyanskaya. Moscow: Fond M. Prokhorova; Tvorcheskaya gruppa “Muzeynye resheniya”. P. 39–42. (In Russ.)
- Gor VE (2011) Dykhanie Tanatosa. O viktorianskoy fotografii post mortem [Breath of Thanatos. About Victorian photography post mortem]. Khudozhestvennaya aura: istoki, vospriyatie, mifologiya [Art aura: origins, perception, mythology]. Ed. by O.A. Krivtsun. Moscow: Indrik. 560 p. (In Russ.)
- Grinko IA (2017) Dostupnye ogranicheniya: “trudnoe nasledie” v ekspozitsionnom prostranstve [Available restrictions: “difficult legacy” in the exhibition space]. Sovremennye tendentsii v razvitii muzeev i muzevedeniya [Modern trends in the development of museums and museology]. Ed. by V.A. Lamin, O.N. Shelegina, G.M. Zaporozhchenko. Novosibirsk. P. 169–172. (In Russ.)
- Grinko IA (2007) Yumor v muzeynom prostranstve [Humor in the museum space]. Observatoriya kultury [Culture Observatory]. 2017; 14(3): 315–321. (In Russ.)
- Istoriya urodstva [History of ugliness] (2007) Ed. by U. Eco. Moscow: Slovo. 456 p. (In Russ.)
- Lord B, Lord GD (2002) Menedzhment v muzeinom dele [The Manual of Museum Management] / Transl. by E.N. Gusinskij and Yu.I. Turchaninova; ed. by A.B. Golubovskij . Moscow: Logos. 256 p. (In Russ.)
- Mensh P van (2018) K metodologii muzeologii [Towards methodology of museology]. Transl. by V.G. Ananiev. Moscow: Perspektiva. 448 p. (In Russ.)
- Opyt predstavleniya biomeditsinskikh kollektiy v estestvennonauchnom muzee na primere vystavki “ChP v DNK”. Metodicheskie rekomendatsii [Experience in presenting biomedical collections in a natural science museum on the example of the exhibition “DNA emergency”. Guidelines] (2017) Completed by Yu.V. Shubina, O.A. Zubareva, A.N. Andreeva. Moscow. 45 p. (In Russ.)
- Ostrovskiy AB (2009) Ritualnaya skulptura narodov Amura i Sakhalina. Putevodnaya nit chisel [Ritual sculpture of the peoples of Amur and Sakhalin. Guiding thread of numbers]. Saint Petersburg: Nestor-istoriya. 195 p. (In Russ.)
- Shemyakin M (2017) Unylie mesta – ochey ocharovanie [Dull places – charm to the eyes]. V Pitere – zhit [In Saint Petersburg – live]. Saint Petersburg: AST. P. 115–123. (In Russ.)
- Shiller F (1957) O tragicheskom v iskusstve [About the tragic in art]. Sobr. soch. v 7 tomah [Collected works in 7 volumes]. Vol. 6. Transl. by L.E. Pinskij. Moscow: State Publ. of art literature. P. 41–64. (In Russ.)
- Shola T (2013) Vechnost zdes bolshe ne zhivet. Tolkovyy slovar muzeynykh grekhov [Eternity does not live here anymore. Explanatory dictionary of museum sins]. Tula: Muzeysadba L.N. Tolstogo “Yasnaya polyana”. 359 p. (In Russ.)

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