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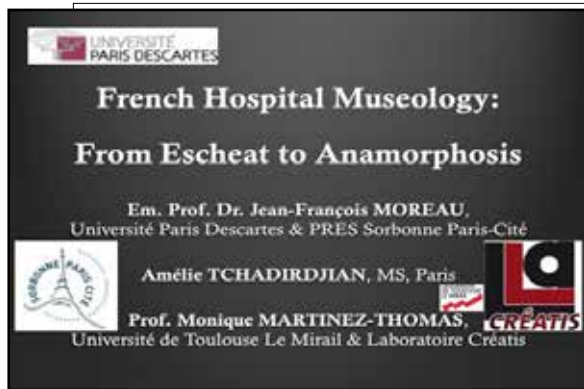
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FRENCH HOSPITAL MUSEOLOGY

*From decay to
anamorphosis*

Le Connard décapitalisé



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French Hospital Museology: from decay to anamorphosis

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Abstract: French museums installed in hospitals have been in a state of decay since the 2012 closure of the Museum of Assistance Publique-Hôpitaux de Paris (AP-HP) and the failure of a new Museum of Health project to have been installed in the Hôtel-Dieu of Lyon. The main causes relate to the prolonged financial deficit of the national cultural budget but also to a moral crisis inducing skepticism on the importance of history in the management of an institution. Many old French hospitals are obsolete: their future is uncertain; the prestigious Hôtel-Dieu of Paris is supposed to be transformed by 2016 into a "University Hospital of Public Health" without in-patients but encompassing a new museum illustrating the hospitals and medicine of the 20th Century.

The author emphasizes a more ambitious project based upon an innovative Museum of Health and Culture taking into account both the thousand-year-old heritage of the AP-HP fight against misery and the current socio-anthropological changes that require a new definition of Health as the world's population increases to nine billion. Such a Museum should be headed by an academic Chair of Hospital Museology and bring newly minted PhDs to develop an innovative institution that would be 1) a material museum in a prestigious Monument historique-labelled building of the history of health and medicine and hospitals from Hippocrates of Cos to the next Millennium ; 2) a virtual museum interconnected with the other museums of health and medicine all over the world.

Because of the universal need for health educational programs to be continuously updated, the Museum of Health network should be nested in an innovative body in the Hôtel-Dieu in conjunction with WHO and UNESCO using the UNITWIN Chair system.

Keywords: Museology, History, Hospital, Chair, UNITWIN, Medicine, Pharmacy, Health, Hôtel-Dieu, Bimaristan, AP-HP, Miramion, Academy, Life Sciences, Arts, Technologies, Radiology, Medical Imaging.

2012, June 30th: The Museum of the Assistance Publique-Hôpitaux de Paris was closed *sine die* because of the sale of Hôtel de Miramion - a prestigious mansion-house built at the beginning of the 17th Century - where it was located since its foundation in 1934. It was the oldest and the biggest French hospital museum (Nardin *et al.*). It was begun after the destruction of the prestigious academic Hôpital de la Charité of Paris that was built in 1607 under King Henri IV by Jean de Dieu; it had become linked in 1795 with the School of Medicine of Paris during the Directoire era of the French Revolution (Huguet). The French authority decided wisely to save its rich material patrimony in a significant museum (Nahum & Nardin); numerous public and private donations continuously enriched its reserves encompassing more than 100 000 items before closure.

Assistance Publique-Hôpitaux de Paris

Does a venerable but insolvent public institution in charge of the university hospitals of the City of Paris offend morality when it decides to sever its roots by selling its original headquarters

and then hide away its material patrimony? In 1848 a new revolution abolished the French monarchy definitely changing several administrations including the *Conseil supérieur des hospices* founded in 1810 along the way (Salaün). Hôtel de Miramion was the first head office of a new administration termed *L'Assistance publique à Paris* (AP) founded in 1849 by populist President of the 2nd Republic Louis-Napoléon Bonaparte in order to take in charge of both the public health and social welfare of the poor Parisian people (Bonaparte; Administration 1.). Three decades later AP's general administration moved to a big Haussmann-style building in avenue Victoria just perpendicular to Hôtel de Ville of Paris; both buildings were built at the beginning of the 3rd French Republic.

AP quickly developed a generous corporate culture at the origin of great popularity among the French citizens; a famous reply to the question: "*What's AP for you?*" summarizes the frame of mind of its whole human resources including doctors: "*L'AP, c'est notre mère à tous!*" (Rousset & Spadoni); that identification as the *Mother of us all* still exist despite AP having become the technocratic *Assistance Publique-Hôpitaux de Paris* (AP-HP) in 1975; a new law reforming the hospitals removed the responsibility for Parisian welfare from the latter and put a strong emphasis on the hospital mission dedicated only to patient care and technological medicine (Nardin 16; Rousset & Spadoni).

AP-HP today manages the hugest European university hospital consortium encompassing 46 hospitals and 22 474 beds served by over 65 000 professionals including 15 000 physicians (Assistance Publique 2008); *AP-HP's Directeur-Général* is nominated by the *Conseil des Ministres* chaired by the President of the French Republic himself; The *Directeur-Général's* official residence was, until 2010, located at the Hôtel de Miramion.

Hôtel de Miramion

The Hôtel de Miramion is more than the Parisian symbol of the medico-social heritage from the 19th Century. It has become that of the thousand-year-old continuous fight of human genius against the misery of the people of Paris and *in fine* of France (Babelon and Hohl 47-63).

The story of rich Miss Marie Bonneau de Rubelles (1629-1696) married in 1645 to richer but old Mr Beauharnais de Miramion began like in a romantic novel. She had become a young widow after her husband's early death a few months after their wedding. She was 16 years old and newly pregnant. Was she a pretty woman? Her face suffered the after-effects of smallpox disease she had contracted in 1646. In 1647 the famous but ruined libertine adventurer Bussy-Rabutin, attracted by her money, ordered her kidnapping. (Lucas) After winning a 2-year-lawsuit against him she pronounced a vow of chastity and dedicated the rest of her life to charitable affairs subsidized by her huge fortune (Choisy). She first participated in the charitable activities initiated by Vincent-de-Paul (1581-1660) and Louise de Marillac (1591-1660) both of them sanctified by the Catholic Church for their founding of the admirable « *Compagnie des filles de la Charité* » (Miquel; Marillac; Macia); after their simultaneous deaths in 1660 Mme de Miramion joined and directed an order of secular nuns called "*Les filles de Sainte-Geneviève*"; their agnomen was "*Miramionnes*" because they were hosted in two joint buildings she bought in 1675. The Hôtel de Miramion was built at the beginning of the 17th Century on the quai de la Tournelle on the left bank of the River Seine, facing Ile Saint-Louis and Cathedral Notre-Dame de Paris; it was also just close to the Hôtel-Dieu and the Saint-Julien-le-Pauvre parish which were linked by an exclusive inhabited hospital bridge over the River Seine. From 1690 until her death in 1696, Mme de Miramion was in charge of all of the King Louis 14th charitable affairs (Babelon and Hohl).

Marie de Miramion's main material opus was the foundation of the first «*Apothicairerie des pauvres*» from the "*Jardin des simples*" at Saint-Julien-le-Pauvre, at the origin of the concept of

the pharmacy in France (Babelon and Hohl 52). During the French Revolution, the Hôtel was transformed into a gun factory. In 1800 First Consul Napoleon Bonaparte hosted the official headquarters of the so-called “*Conseil général des hospices*” encompassing the «*Pharmacie Centrale des Hôpitaux*» (PCH) in the Hôtel de Miramion (Babelon and Hohl 70-5). For more than one century and half PCH was located in the Hôtel de Miramion; it was installed in 1988 in a taller building of AP-HP newly built in another district of Paris (Salaün 30-1).

1. Hospital Museology: from decay...

The French and Parisian medical and hospital heritage is thousand-year-old and immeasurable (Vallery-Radot 1 and 2). Most of this patrimony is public; it was managed during the last century by different official administrations without any desire for profitable return-on-investment (Salaün 197-212). Many hospitals or parts of their buildings now are obsolete and can no longer be used for effective patient ; they must be closed or recycled or destroyed.

State-of-the-art at AP-HP.

AP-HP's deficit in 2013 was 69.9M€; asset sales brought 50M€ to its budget in 2012; its debt was 2 327 M€ at the end of 2012 (EPDR <http://>). The decision to sell the Hôtel de Miramion is the most recent symbol of the conventional trend of French politics when having to face the harsh consequences of the currently severe economic crises and subsequent drastic financial constraints. Pragmatic politicians and administrators don't hesitate to sacrifice the material memory of the history of an institution or a discipline even though a prestigious museum like the Museum of AP-HP is dedicated to popular topics - human health in general and medicine in particular (Passarello Luna).

The «*Musée de France*» governmental label – 1124 Museums had it in 2012 – doesn't protect against the risk of closure; the sale of such patrimonial content is supposed to be forbidden (Ministère <http://>). However, dispensations exist mainly when public administrations cannot afford the cost of the maintenance. The mandatory long storing span of items like those owned by AP-HP in safe containers is expensive ; the triple risk of theft and/or deterioration and/or loss of the reserves is inversely proportionate to the delay of time before the restoration of the display into sustainable exhibition halls.

State-of-the-art in France

Looking at the program of the “30th Journées Européennes du Patrimoine” on 14-15 September 2013, France might be proud of its medical and hospital patrimony (QDM <http://>). In fact, the contemporary state-of-the-art of the medical patrimony in France looks negative (Moreau and Tchadirdjian. 13-22). The “Musée des Hospices de Lyon” was closed and its material patrimony stored because of the pending failure of a big municipal project of reconversion of its Hôtel-Dieu into a luxury commercial and hotel complex. The oldest and prestigious French university flourishing in Montpellier since the 13th Century owns several museums reflecting its rich medical heritage, but the city authority is postponing the building of its new “Musée du Corps” (Bommelaer). In Paris and Île-de-France many small museums are spread out without any interactive connection with the main “Musée d'histoire de la médecine” at the Paris-Descartes University and/or “Musée de l'AP-HP” (Salaün 197-212). In 2011 both the Musée Orfila and Musée Rouvière-Delmas of Paris-Descartes University, supposed to have been included in the “Musée du Corps” of Montpellier, were closed and the items stored (Moreau 13). The whole Hôtel-Dieu of Château-Thierry transformed into an impressive Museum at the end of the 20th Century is now supposed to be on sale (Goujon *et al.*).

The transformation of the Hôtel-Dieu of the city of Toulouse into an administrative building with a Museum, undertaken from 1984, is the only contemporary example of successful project (Moreau

and Tchadirdjian 16-8). The prestigious and world-famous Hôtel-Dieu of Beaune dated 1445 is a positive exception but the decision to close its medical activities and transform it into a museum was taken because a new hospital was opened in 1971 on the outskirts (Hospices <http://>). Its economical model benefits from its association with the profitable production and trade of Burgundy wines (“vins des Hospices de Beaune”). Because of a lack of space, the material heritage of Étienne-Jules Marey, the famous French physiologist who pioneered cinematography, belonging to Collège de France, was loaned to the city of Beaune where he was born. The Musée Marey of Beaune, Musée de France-labelled but not subsidized by a similar financial income, was closed in 2005 *sine die* and its contents are still stored in a secure reserve (Moreau).

Table 1.1: Typing “Hospital, Museology, Health, Medicine”. Number of citations on Google

	<i>France</i>	<i>UK</i>	<i>Europe</i>	<i>America</i>	<i>World</i>
<i>“Muséologie hospitalière”</i>	422	11	52	9	34
<i>“Hospital Museology”</i>	398	12	12	15	15
<i>Museum, Hospital</i>					350 000 000
<i>Hôpital, Musée</i>					9 840 000
<i>Hospital, Museo</i>					11 400 000
<i>Museum, Health</i>					1 040 000 000
<i>Musée, Santé</i>					10 300 000
<i>Museo, Salud</i>					27 200 000
<i>“Museum of Health”</i>					2 230 000
<i>“Musée de la Santé”</i>					3 110 000
<i>“Museo de la Salud”</i>					27 900 000
<i>“Museum of Medicine”</i>					190 000 000
<i>“Musée de la Médecine”</i>					3 500 000
<i>“Museo de la Medicina”</i>					6 080 000
<i>“Museum of Health and Medicine”</i>					971 000
<i>“Musée de la Santé et de la Médecine”</i>					420 000
<i>“Museo de la Salud y la Medicina”</i>					10
<i>“Museum of Medicine and Health”</i>					17 500
<i>“Musée de la Médecine et de la Santé”</i>					7
<i>“Museo de la Medicina y la Salud”</i>					2 310 000

Source: Author’s research in Google (October 30, 2013)

State-of-the-art in the world

There is no exhaustive literature on the state-of-the-art of hospital museology as a scientific or academic concept. The author has used Google for an approximate approach; the results are summarized in Table 1.1.

There are many museums linked with hospitals. There are even more that deal with health; most of them are located in the USA and in the UK.

Hospital Museology is an innovative field introduced by a French author, Mylène Costes, in the early 21st Century (Costes). Whether the words are typed in the French or the English language, almost all citations rely on first name Moreau’s works from 2011. The difference between the state-of-the-art of hospital museology in France and hospital museums in the rest of the world is based upon their respective administrative managements. France is an exception with its big number of old hospitals included in public municipal or regional administrations, for instance AP-HP, Hospices civils de Lyon, Assistance Publique-Hôpitaux de Marseille... In foreign countries, even in the UK, the museums installed in the hospitals usually are administered on site. For one famous instance, whether wealthy or not, the administration of the museum of the La-Charité Hospital of Berlin Germany, or of the museum of The Barts Hospital of Smithfield

London UK, cannot be compared with that of the Museums of AP-HP and of the Hospices civils de Lyon, entities covering respectively 46 and 14 hospitals. Hospital Museology is now developing as a whole in France because of the dimensions of the cultural crisis induced by budget cut-offs in huge public administrations.

Decay: pathogenic hypotheses.

The French are supposed to be passionately obsessed with defending their patrimony as well proudly nostalgic for their great and long history: "*France, mère des arts, des armes et des lois*", wrote Joachim du Bellay in 1558. Such a statement has to be revisited as the world evolves toward the so-called global village mixing multiple populations and cultures that previously neither communicated nor coexisted (McLuhan & Fiore, Friedman).

Influential leaders governing the French public institutions can be classified ideologically into three groups according to their behaviour when facing the historical and cultural components of a given project (author's statement). The executive bureau of the non-profit *Association des Amis du Musée de l'Assistance Publique-Hôpitaux de Paris* so-called ADAMAP (Association <http://>) discovered their own? importance when on July 19th 2010, the outgoing Directeur Général of AP-HP abruptly decided to definitely close the Museum of AP-HP (Pange).

The General Director was what the author would call a Negationist: "*Negationists*" aim to hide the past history of AP-HP because it's supposed to hamper the urgent need to reform the hospital on a "modern" base. They want a new frame of mind. A costly museum is useless. Teaching the history of medicine and of the institution is a waste of time and energy. They relate to the ideological legacy of the French revolutionaries denying the "cult of the character." They suppress symbolic portraits - for instance, the profile of Laennec on the front street wall of the Hospital Necker where he invented the stethoscope, or the monument dedicated to Fernand Widal who discovered serodiagnosis at the entrance of hospital Cochin. Since the events of May 1968, they fight against the old wave of "mandarins," i.e. the representatives of the so-called absolute "medical power" of the conservative professors of chairs (Pellerin and Moreau.; Judet and Vilain). In the spring 2010, their strategy of *fait-accomplis* was based upon the feeling that the population worried by the crisis was actually indifferent to the saving of its patrimony and would not react against their ukase. Negationists were defeated because they are a small even active minority.

"*Positivists*" rely on the Confucian philosophy also expressed with the African aphorism: "*Si tu ne sais pas où tu vas, sache au moins d'où tu viens*" (Proverbes <http://>). The celebration of the 150th Anniversary of AP-HP in 1999, stimulated by academic oncologist Dr Alain Laugier, was the last but impressive cultural effort made by AP-HP to bolster its skills and powers in and beyond its own circle of influence (Salaün); the remaining literature dealing with that event is more interesting from a sociological viewpoint than for a true scientific study of the hospital performances (Rousset & Spadoni). The positivists are most numerous than expected in all slices of the population, whether they work in health-related jobs, are hospital service users or ordinary people. They signed the international petition opened on the ADAMAP's website in the thousands (ADAMAP <http://>).

"*Neutralists*" are those who are indifferent because they basically ignore the history of the topic they study. Their number has been quickly increasing with the decision to stop the university teaching of the history of medicine after May 1968 (Pellerin and Moreau). The latter relies on the good willingness and on the attractiveness of nonofficial bodies such as "*Société française d'histoire de la médecine*" and the "*Société française d'histoire des hôpitaux*"; these have a weak impact on the cultural education of the students and of the young professionals.

"The older the individual is, the less uninterested in history" might reflect the actual French

mind, already catalyzed by a decreasing history program at the college level as well. In fact, the audience is mostly sensitive to the quality of the presentation of a given historical content whatever its topic. *"I'm interested in the history of medicine, but I don't want to be bored!"* a good resident in surgery said once (Moreau and Raquillet 25-6).

The Museum of AP-HP opened again in the fall 2010 mainly because of the consistent demand by the provincial schools of nurses. Those students expressed the wish to know more about the recent past of their future jobs (the last three decades).

The new AP-HP's Directrice Générale nominated in October 2010 soon demonstrated a "positivist" vision of the museological future of the administration she had to reform under tight budgeting constraints. However, she decided in the early spring 2012 to sell off the Hôtel de Miramion, to divide by four the staff-membership of the museum and finally to lay off the curator in 2013 (Association <http://>).

2. Hospital museology: to anamorphosis?

When a place has been devastated such as the World Trade Center in Manhattan, it has to be rebuilt. While London after the fire in 1666 and Berlin in 1945 were experimental locations for new waves of vanguard architects, Krakow and Dresden were rebuilt exactly as they had been before the bombing. Since General von Choltitz refused to execute Hitler's order to destroy Paris in 1944, the French have had to find a political compromise between double visions of the future of the intact glorious patrimony of Paris usually *"inscrit à l'inventaire des monuments historiques"*: either adaptation of the real-estate to the same intrinsic mission - for instance an obsolete post-office transformed in a museum of the Post -, or to an extrinsically disruptive one - the Orsay railway station of Paris transformed in the "Musée d'arts contemporains d'Orsay" - without any change of the external architecture; Hospital Boucicaut and Hospital Laennec of Paris were mostly destroyed and/or transformed into fancy private apartments like the Hôtel de Miramion which is going to be sold piece by piece by its billionaire purchaser. Is it possible to propose ambitious innovative projects for obsolete French hospitals while keeping the spirit of their original missions in their buildings? Beautiful examples exist in Belgium such as "Dr Ghislain's Hospital" of Ghent (Dr Guislain <http://>) and "Hospital Notre-Dame à la Rose" of Lessines (Hôpital <http://>).

Anamorphosis at AP-HP.

Did ADAMAP accept the sale of Hôtel de Miramion with enthusiasm? No, but the governmental ukase was invincible and ADAMAP didn't want a Pyrrhic victory. The Museum in Miramion was an actual jewel but the mansion wasn't adapted to the need to exhibit the story of the hospital at the 20th Century and later; ADAMAP proposed in 2010 to transfer the collections to a new museum to be installed in a larger space. The inheritance legated by La Charité and many further donations illustrates the hospital saga during the 2nd Millennium of the Christian Era beautifully but, no later than the first decade of 1900. The world famous oil painting by Chicotot treating a breast disease by radiotherapy, dated 1905, is the youngest must of the Museum (Salaün 16-7). Famous haematologist Jean Bernard was used to say: *"Medicine has changed more during the second half of the 20th Century than it did in between Hippocrates of Kos and Fleming!"* (unpublished interview; Picard <http://>); his opinion was shared by Jean-Paul Lévy in the preface of a book telling the history of the French medical research after World War 2 (Picard & Mouchet XIII-XVIII). The administration of the Musée of AP-HP never tried to save the most representative specimens of the technological advances revolutionizing the diagnosis and the treatment of the human disease. As for modern stuffs, the stocks are filled with trivial items without any devices representative of the medical imaging technologies. The AP-HP's Archives Department, an office separated from the Museum, is richer in printed documents including a huge stock of photographs and videotapes but it's not commissioned to collect technical materials (Riché).

Since its general assembly in December 2010 ADAMAP has lobbied successfully for another bid validated on October 2012 by the AP-HP's Directrice Générale: to implement a new museum of AP-HP in the prestigious Hôtel-Dieu of the île de la Cité of Paris (Association <http://>).

The huge Hôtel-Dieu - at least 55 000m² - was built under Haussmann's influence from 1870 to 1877 (Delavierre 61-2). Since it is neither classified nor registered as a "Monument historique" according to the standards of the law of 1913, the building is NOT inalienable; however the it belongs to the so-called Rives de la Seine that was registered as a World Heritage Site of UNESCO in 1992. While inalienable and classified Monument Historique Cathedral Notre-Dame de Paris is fully owned by the French Republic, Hotel-Dieu has an ambiguous administrative status since the building is owned by AP-HP but the earth belongs to the City of Paris.

Hotel-Dieu has become obsolete from a medical viewpoint; the services and the departments have already been dispatched to other hospitals apart from the emergency unit. The future of the new Hôtel-Dieu - to be finished in 2015 - remains controversial with several options still pending because of the unknown impact of the municipal elections scheduled on March 2014 on the health and culture programs to be executed by the political winners for the years 2014-2021.

Officially AP-HP is promoting a project entitled "*Hôpital universitaire de Santé Publique*" (HUSP) more or less inspired by the attractive project applied to the Hôtel-Dieu of Toulouse (Moreau and Tchadirdjian. 16-8). Conducted by professors of medicine Yves Fagon and Pierre Lombraïl, it encompasses roughly four goals (Yannick Moreau *et al.*; AP-HP 2013 <http://>): a) the transfer of the general headquarters of its administration still on place at avenue Victoria; b) the transfer of the department of Archives of AP-HP from its building located rue des Minimes and the creation of the new Museum; c) the headquarters of a new university consortium termed "*Pôle de Recherche et d'Enseignement Supérieur Sorbonne Paris-Cité*" (PRES <http://>); d) a medical unit for outpatients open 24 hours a day and 7 days a week. Opposition based on hostility to the lack of medical-bedded activities in such a hospital are weaker than that which points to: i) the lack of cost-effectiveness of a non-commercial investment in Hôtel-Dieu, ii) the overestimation of the sale price of the avenue Victoria building (Béguin). The space given to the new Museum in the official document submitted for the Mayor of Paris's approval should be twice as much as it was in Miramion.

The propaganda spread by ADAMAP's lobbying campaign 2010-2013 has enhanced the universal reputation of the worthy heritage legated to AP-HP by the successive powers from monarchies to republics (Rykner 1. and 2. <http://>).

Whatever the future of AP-HP would consist of, that of the Museum and of its reserves sounds guaranteed. If the Hôtel-Dieu has to be sold to private investors as the Hôtel de Miramion was, other locations in the huge AP-HP's should be taken into consideration (Grefte). The most credible one looks to be the old part of Hospital Saint-Louis that already hosts the world-famous waxes of the "Musée des Moulages" founded during the 1st International Congress of Dermatology in 1889 (BIUM <http://>). If the severe financial, economic and moral crisis involving France in general and Paris in particular hinders ambitious cultural politics after the crucial elections of 2014, two perverse trends might merge: a) the indefinite prolongation of the reserve storage period of time; b) the renewal of the project of fragmentation of the reserves dispatched into small museums installed in each university hospital.

3. Utopia? A "pharaonic" project for the new Museum in Hôtel-Dieu of Paris!

"I discovered archery when I was 40-year-old. I understood how similar the principles of shooting

with a bow and arrow and of launching any kind of projects are: the power results from the history of the knowledge deserving the actuality of the jet toward the future of the impact. The archer enters the shooting range with a well-defined power resulting from the extemporaneous state-of-the-art of an energetic complex made of his/her body+soul+5-senses+equipment that could be summarized in the formula "one life+1 minute" revisited at each shot; his/her body must stand up firmly on both feet well set on the ground; the shooting line is drawn from the right eye to the blurred vision of the target through the neat vision of the collimated sight. Then, bending the bow is the retrograde stage of the jet propulsion. The static energy collected in the rectilinear body can be released dynamically to the arrow toward the target now: the more flexible the body, the firmer the standing-up, the more accurate the shoot is." (Moreau, Memoirs, unpublished).

Paris is the shooting range for the conception of Hospital Museology because: 1) the future of Hôtel-Dieu has to be defined now; 2) the city hosts the headquarter of UNESCO, a universal honour acknowledging the role played by the French in the development of education and science and culture during the last millennium.

The target is the improvement in health of all of humanity when the number of individuals living on the Planet Earth is supposed to be multiplied by one third -- from 6 to 9 billions in 2050. "*Bonne Année, bonne santé!*" the French wish on January 1st. They often add the subsidiary statement "*Le plus important, c'est la santé!*"

« *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.* » Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. (WHO 1. <http://>).

Associating the words Museum and Health on Google is highly productive but pure so-called Museums of Health aren't so many (Table 1). Museums of Health exist mainly in North and South America (Houston, Texas ; Kingston Ontario, Canada ; Bogota, Columbia...) ; their reputations are national. In France, only one museum mentions « health » in its title : « Musée du service de santé des armées » but it deals with the history of military medicine (Musée Service <http://>).

The original definition of health has been banned from the WHO doctrine; no new one replaces it on the multilingual website of the institution based in Geneva, Switzerland (WHO 2. <http://>). If there is no definition of the word, how to teach health? How to build political and/or technical programs on health? The advances in the life sciences including medicine and biology are booming exponentially; after that of genetics another revolution has begun in the neurosciences; they impact not only the physical health but the mental approach of many human social behaviours posing actual jurisprudential problems

A new universal definition of "Human Health" has to be given. So-called Hôpital Universitaire de Santé Publique might be an initial laboratory for the combination of both sources of skills brought by WHO and UNESCO staffs; they aren't used to working together yet. Medicine, biology, sociology, anthropology, zoology, botany : those six disciplines should infuse the same intellectual pot to actualize Malraux's prophecy: "*The 21st Century shall be spiritual or none*"¹.

The propulsive energy is provided by the fascinating thousand-year-old history of Hôtel-Dieu of Paris, All historians rank it as the most ancient French hospitals but the consensus isn't built on the early chronology of the building (Administration 1 & 2, Vallery-Radot 1.). The first hospital (Maison-Dieu) was built in the left bank of the River Seine at a controversial date. It's dated 650 by Saint Landry but evidence has shown more accurate date of 829 (Delavierre 5-9). The early 2nd Millennium in Europe was marked by a widespread misery induced by the

¹ "Le 21^e siècle sera spirituel ou ne sera pas". At a distance of half a century the sentence has become controversial since some people replace "spiritual" – author's agreement - by "religious" or "mystic" for ideological reasons (Moreau Paris? 17-23) .

combination of wars including the Crusades, starvation and infectious diseases (mainly leprosy then the black plague). After the disastrous second Crusade, pious King Louis 7th the Young (1120-1180) inspired by Abbé Suger and Maurice de Sully decided in the early 1160s to develop the eastern district of the île de la Cité by the simultaneous construction of two buildings separated by a narrow street: a) Cathedral Notre-Dame de Paris in charge of the salvation of the souls began construction in 1163; b) the new Hôtel-Dieu began 1165 (Delavierre 11). Later the Hôtel-Dieu burnt several times but the new buildings always remained located close to the cathedral (Vallery-Radot 2). Both the Cathedral and the Hôtel-Dieu's 850th Anniversaries are going to be celebrated in 2013-15.

The jet line is drawn by the defence and the illustration of the hospital saga² coming from a mythological past to a secular future. The universal history of the hospital provides lessons of civilisation. All old Hôtel-Dieus of France as well as The St. Bartholomew's Hospital and Church of Smithfield, founded in 1123 by Benedictine Rahere, resulted from the application of a social advance conceived during the Christian Byzantine Empire era (454-1453) tending to secure the cities by the segregation of all kinds of poor wretch people - including the unknown traveller - in a building termed "hostel"; they were owned and administered by religious orders. The Hôtel-Dieu had become the fifth pillar of the Carolingian concept of a city: a river+a port+a bridge+a church, the hostel being located at the entrance of the bridge. Hôtel-Dieus proliferated along the paths used by the pilgrims on the route to Santiago de Compostela beginning in the 10th Century. Their charters didn't express prominent medical missions; they didn't produce significant advances in medicine before the English Reformation or the French Revolution (Huguet IV-XII). Expanding epidemics during the Crusades segregated the lepers in dedicated establishments termed "maladreries" in France, managed by hospitable orders; when pandemic plague developed extensively, the port authorities put navigators in quarantine in "lazarets".

The Hôtel-Dieu of Paris is the most famous example of the long-term transformation of an hostel into a university hospital³. Its history provides lessons of civilisations useful for the understanding the contemporary anthropological changes of the humanity. The respective histories of both of medicine and hospital are asynchronous.

Academic hospitals combining patient care and teaching were created in the Near East based on the concept of bimaristan promoted by the Arabo-Islamic empires from Persia to Northern Africa and Spain (Gardenour 226-8 ; Sournia 189-230).

Asclepius, Apollo's son, was the Greek god of medicine; his caduceus associates two snakes featuring his two associated daughters, Hygiea and Panacea (Graves 144-7). Hippocrates of Kos (BC 460-370) delivered medicine from the clutches of religious superstitions; as the inventor of the medical school (but not of the hospital), he has become the medicine's godfather; the Hippocratic oath warranting the respect of strict ethical rules is the ubiquitous moral reference for the newly graduated medical doctors. Aristotle (BC 385-322) was the best Plato's pupil in Athens; he is the godfather of natural sciences. The golden age of the Greek medicine developed in Alexandria where the anatomists headed by Hierophilus (BC 335-280) could dissect human cadavers. Greek Galen of Pergamon (AD 129-216) was the most impressive scientist of the Roman Empire era during when the Latin intellectual society contemned medical specialties (Jouanna); he is the pharmacist's godfather. After the Western Roman Empire collapsed in 476 Greco-Roman doctors migrated to the Byzantine Empire. However, Constantinople Emperors mixing science and paganism up prosecuted the catholic Nestorians who cultivated the Hippocratic heritage in Antiochus; the Nestorian exile to the Syriac territory (currently Kurdistan), in Nusaybin then in Jundishapur in Persia,

² Most of historical data not indicated specifically with given authors and references in the text have been picked from the ten volumes of the monumental opus by Jacques Poulet *et al.* 1990. *Histoire de la médecine, de la pharmacie, de l'art dentaire et de l'art vétérinaire*. Paris:Albin Michel/Laffont/Tchou.

³ The chapter on the not enough known universal history of the hospital enhances the interest of the varied audiences hearing at the lecture on the French Hospital Museology by the author (Moreau Paris ?).

is supposed to be at the origin of the first academic hospital termed bimaristan (Le Coz 327-331).

The new Muslim religion, adopted by the Arab Caliphates from the 7th Century, quickly converted the populations inhabiting the Near-East then the Middle-East territories toward India. Muslims didn't hamper the development of the medical disciplines. Abbassid Caliph Harun al-Rashid of Baghdad (765-809) multiplied the number of bimaristans; Mesue (Mazawaiyh) and Rhazes (Al-Razi) and Alhazen (Ibn al-Haytham) honoured that place. Ibn Sina (980-1037), born near Bukhara and established in Persia, remains the most influential scientific personality of that era. The origin of the psychiatric hospital may be related with the bimaristans as well (Dols 1 & 2; Moulin 25-35). Bimaristan Nur al-Din of Damascus built in 1154 was transformed in Museum of Medicine and Science of the Arab World in 1975 (Allen <http://>, Sakhnini <http://>); Bimaristan Harun of Aleppo built in 1354 was destroyed during the civil war in 2012 (Destruction <http://>).

The Western Arab invasion commanded by the Umayyad Caliphate of Damascus developed to Northern Africa then to Southern Europe until it was stopped in 732 in France (battle of Poitiers); at the 9th Century, Frank Emperor Carolus Magnus and the Prince of the Asturias repulsed the Arabs to the south of the River Douro; the Arabs remained sovereign of the province of Narbonne (French Catalonia) and influential in South-Eastern France (Marlès). Caliph Abd-ar-Rhman III (891-961) was at the origin of the prosperity of the caliphate of Cordoba based upon his ability to maintain a peaceful coexistence of Arab and Christian and Jewish and Barbarian populations and scientists; he implemented multiple bimaristans especially in Cordoba, Sevilla and Toledo. The main characters of the al-Andalus school of medicine translated the Greek books in Arabic language. Abulkassim (936-1013) pioneered surgery in Cordoba. Later, religious conflicts troubled the minds again; Avenzoar and Averroes had to move to Marrakech; Jewish Moshe ben Maimon (1138-1204) had to flee from Cordoba to Cairo.

Constantine the African (1017-1087) was the initiator of the *sui generis* European medical university. A Benedictine monk born in Kairouan (Tunisia) and prosecuted by the Muslim local power, he had to flee from Tunis to Sicily then to Campania governed by the Norman Kings. He founded a school of medicine at Salerno and Monte Cassino where he translated his numerous books into the Latin language used for the first time as an international scientific language; out of numerous Salerno's pupils, Tortula di Rugiero was the first female doctor of history, and Gilles de Corbeil (1140-1224) exported his knowledge to Montpellier then to Paris when he had become the first rector of Cathedral Notre-Dame. One century later, after King Philippe-Auguste defeated the Cathar heresy, Pope Nicholas 4th founded the first French university at Montpellier in 1289; taking over that of Salerno, it became preeminent in Europe under the chairmanship of Spaniard Arnaldus de Villanova (1238-1311) born in Valencia; he was the go-between of the school of Cordoba to Northern Europe; famous writer François Rabelais who spoke multiple languages including Arabic got his medical doctorate in Montpellier. The university spiritual trend spread out from Montpellier to Northern Europe via the main fluvial axis Rhone-Saone passing by Avignon where catholic Papacy settled all along the 14th Century. Since Abulkassim and before the revolution brought by anatomist Andreas Vesalius of Padua (1514-1564), a few audacious pioneers violated the taboo forbidding human dissection applied to the schools of medicine by all monotheist religions; they started to develop modern surgery; Gilles de Corbeil and Gui de Chauliac (1298-1368), trained in Montpellier, were two of these; the latter founded the school of surgery of Lyon.

King François 1st built his health politics into three institutions created in the 16th Century under secular administration meanwhile they were executed by religious communities: a) Hôtel-Dieu had become in charge of acutely sick people; since they had been increasing in number and varieties all during the following centuries, new hospitals were created in Paris as its appendices, such as Hospital de la Charité in 1607, Hospital des Incurables (future Hospital Laennec) in 1633...; then a medical activity developed but without strict obligation to teach and search; b)

Hospital General – congregating so-called hospices - was in charge of the disabled population; c) “Grand Bureau des Pauvres” was in charge of the beggars, a crowd population described in the French literature as “*Cour des miracles*” (Administration 1. and 2.).

French godfather of surgery, Ambroise Paré (1510-1590), didn't train at the university; he was a barber who had become the official surgeon of the kings of France after he got his skills on the battlefields and the garrisons; he published his opus in the French language, the only language he knew. William Harvey (1578-1657) had become the first European physiologist during his medical practice at the St. Bartholomew's Hospital (Griffin and Hill 16-7); he published his opus in Latin.

At the Hôtel-Dieu of Paris converged the conventional hospital and the academic mission to teach surgery and search when Dupuytren (1777-1835) pupil of Desault (1744-1795) became professor and chairman in 1815. Furthermore obstetrics, medical specialties, ophthalmology, electrology... developed there until the building became obsolete.

New waves of misery are developing in France as well as in the world (Musée 11-234). For centuries - and even nowadays - governments constantly have lost the material battle against misery but improvements have happened constantly as well; President Obama of the USA has to confront such a conflicting task. How to create social security systems in countries where they don't yet exist? How to reform the sophisticated ones in the countries that have adopted the philosophy of Welfare state? How to adapt the ratio of health expenditures between medical care and social welfare to meager times? How to educate the population in the cost-effectiveness of individual choices between care and cures in order to save the social insurance systems whether public or private? The debate is acute in France now at the disruptive crossing between the old road from a rich experienced leading nation and the future highway to a multicultural village within an uncertain multi-ethnic world. Shall the misery be treated in a new segregationist “Bureau général des pauvres” like under King François 1st? Shall the psychiatric hospital be the new jail for criminals submitted for uncontrolled DNA-induced side-effects?

Monotheist religions are still preeminent in Caucasian populations but Christians aren't monopolistic anymore. The thousand-year-old relationship between the hospitals of Paris and the catholic religion was conflicted until the full secularisation of the administration and of the human resources was done definitely in 1975 (Lalouette 8-149). Common anti-Semitic trends before the end of World War 2 have been banned accurately in the academic hospital institution (Nahum). Today AP-HP takes advantage of its heritage of the Hôpital Franco-Musulman⁴, founded in 1935 at the city of Bobigny, an outskirt of Paris, when the secular hospital has to afford the anthropological effects of more and more influential Islamic mores on health services (Lalouette 153-167). Many experts of the “Comité Consultatif National d'Éthique pour les sciences de la vie et de la santé”, founded in 1983, have been nominated because of their professional skills gained at AP-HP; they are 10 out of 40 experts in the ingoing council; three out of the four past-presidents were emeritus professors of medicine and honorary chairmen of departments of medicine at AP-HP (Comité <http://>). The Museum of AP-HP has contributed to an educational approach of such a disruptive socio-anthropological changing to the Parisian population anxious to understand its consequences on the hospitals and the patient's care (Lalouette).

The academic chair of Hospital Museology for an exemplary Museum of Health in Paris

Shall France decide to participate actively in the creation of a new definition of health adapted to developing countries because it's affordable to its own compatriots, to the Europeans, to the Western world? The kind of selected project of Museum to be built within the new Hotel-Dieu shall be symptomatic of the underlying ambition of the decisional power at its highest level. A conventional museum doesn't require exceptional skills and it would be another stone among plenty of others in the history of humanity already existing everywhere in the world including

remote places.

Does Paris have to be humble or to exhibit once again colossal - so-called "pharaonic" - ambitions? The size and the location of Hôtel-Dieu of Paris is the only reason to discuss the believability of such a project. The only challenger detected at the moment aiming at a similar goal is the Hôtel-Dieu of Lyon (Moreau and Tchardirdjian. 19); the current failure of the latter - conceived in and for a more opulent time to be effective - provides lessons; thus, the whole population - conscious to be the fortunate go-between passing the fabulous heritage of a universal past to a protean planetary future - has to be the shareholders of a consortium based upon a new moral deal between the political authority and the nation. The public money mustn't expected to be the prominent component of the financial investment; the donation of the walls of Hôtel-Dieu should result from the governmental effort; the financial and the economical model must take into account the general interest and the profitability of the opus continuously generated by the intellectual power invested in the long-distance project controlled by a Board of Trustees recruited out of all sources of conflict of interest.

"I discovered the Korean mind during my first visit in 1987. Korea had been becoming world leader in the production of oil tankers. They were building the ship and the shipyard in the mean time like they were actively preparing the ingoing Olympic Games of Seoul." (Moreau. Memoirs. Unpublished).

Table 3.1. Hospital Museology Subspecialties

<i>Specialties</i>	<i>Subspecialties</i>
History	Medicine Hospital
Architecture	
Material reserves	Exhibition Storage
Hospital & Sociology	The catholic hospital The secular hospital
Technologies	Museum of Radiology & Medical Imaging Museum of Biology
Virtual Museum	
Financial & Economical models	Investment Management Maintenance
Educational programs	
By-products	
Arts	Literature Plastic Arts (painting, sculptures...) Living Arts (theatre, movies...) Art-therapy

The new Hôtel-Dieu with such a new comprehensive Museum of Health, Medicine and Hospital would be an adequate location but who can do that? With what manpower? With what money? With what financial and economical model? With what expectation of return-on-investment? There's no similar example of such a project in the world that could inspire or be copied. That new professional staff should be recruited in order to both simultaneously conceive of the whole project and execute its different stages. The whole concept of the museum is changing mainly when science is the fundamental topic (Rasse & Girault). Why not host the project under the umbrella of an innovative academic chair of Hospital Museology, training Ph.Ds and Post-Doctorates whose programs would cover varied complementary hospital museology subspecialties? The author is proposing such a task to PRES Sorbonne Paris-Cité

that is the AP-HP's main university partner (PRES <http://>). The first pending project termed Muséthon - a multimedia show inspired by Téléthon (Telethon <http://>) - has been featured in conjunction with Université Toulouse-Le Mirail and Creatis Lab; it is supposed to bring both the financial and moral capitals to the preliminary investment. The second project deals with the scenario of a drama inspired by the life of Mme de Miramion in the 17th Century (Macia); until recently, the hospital was a shameful place; why and how did it become a mandatory place for the development of better health programs based upon the respect of the human rights first expressed by the *Habeas Corpus Act* in 1679 by King Charles 2nd of England? Victor Hugo opened a series of books dedicated to the poor people of Paris, such as "The Miserables"; while he entitled "Notre-Dame de Paris" his most famous novel, he - and his successors as well - didn't give the hospitals of Paris the central room. Some artists are being stimulated to create crafts inspired by Asclepios' myth.

There is a widespread debate on the future shapes of the museums whatever their locations and their frames (IFOCOM; Inclusive Museum; Rasse). Among their purposes popular as well as professional education should become or remain their priority specially if they deal with health. Because of its constitution expressing the international aim of Education and Science and Culture UNESCO, whose headquarter is located in Paris, should be solicited to open UniTwin Chairs dedicated to Hospital-Health-Medicine Museology.

UNITWIN is the abbreviation for the university twinning and networking scheme. The UNITWIN/UNESCO Chairs Programme consists of the establishment of UNESCO Chairs and UNITWIN Networks in higher education institutions. This UNESCO programme is a prime means of building the capacity of higher education and research institutions through the exchange of knowledge, in a spirit of international solidarity. It promotes North-South, South-South and triangular cooperation to develop institutions. Around 200 of the university Chairs in the UNESCO/UNITWIN Chairs programme are in natural sciences (UNESCO <http://>).

WHO based in Geneva, Switzerland, should be the first partner on equal share bases in order to prevent susceptibilities. The fundamentals have been published in the last decade of the 20th Century (Moreau and Le Guern : Moreau and Chabriaix).

4. Conclusion.

Hippocrates of Cos (B.C. 460-370) performed his medical opus during the 5th Century B.C., so-called Century of Pericles during when the Athenians invented the political system termed "democracy". Philosopher Karl Jaspers emphasized the universal importance of that era because of the almost simultaneous emergence of three preeminent Asian philosophers: Confucius (B.C. 551-479) and Lao-Tzu (B.C. 6-5th Century) and First Buddha Siddhartha Gautama (B.C. 460-363). Confucianism and Taoism and Buddhism nowadays are increasingly influential not only in Asia but in the Caucasian minds as well including the French (LeNaire 20-1). The newly booming Parisian melting pot mixing all cultures from all over the world in a well-defined administrative sector encompass a dozen of millions of inhabitants in the 12 012 km² of the province of Île-de-France; it looks a promising catalyst of the hopefully renewed definition of health elaborated in the thousand-year-old Hôtel-Dieu linked with the global village of the flat world by the Internet and multiple UniTwin chairs.

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