

“Repairers of broken walls”. Ten years of Himetop - The History of Medicine Topographical Database

“Riparatori di brecce”. Dieci anni di Himetop - Il database topografico di storia della medicina

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This contribution gives a full account of the history, current state and possible future evolution of the Himetop Project. Himetop is a web 2.0 free access database (himetop.net), started in December 2007, aiming to collect worldwide photographic and bibliographic documentation about places and material memories related to the history of medicine and healthcare in general. After a preliminary discussion about the cultural importance of the tangible cultural heritage for the history of medicine, the Author presents the first achievements of Himetop Project, as well as the problems that still need solutions. Up to now, about 300 people have collaborated on the project with at least one new record. Most of them are students and graduates of the Campus Bio-Medico University in Rome, where the project has been based since its beginnings. Quite a large number of scholars from many different countries (such as United Kingdom, France, Russia, Rumania, United States, Portugal) have also collaborated. The number of database visitors and users has grown significantly, from about 7,000 in 2008 to about 80,000 in 2016, with an average of 488 records visited per day during the last year. Among the main goals for the next few years we have: to obtain dedicated funding from some European or international research scheme; to update the IT infrastructure, design and graphics; to further enhance synergies with similar or complementary high-quality projects.

Key words: Himetop Project, history of medicine, tangible cultural heritage, database, web 2.0

Questo contributo offre un resoconto completo della storia, dello stato attuale e del possibile sviluppo futuro del Progetto Himetop. Himetop è una base di dati ad accesso libero del tipo web 2.0 (himetop.net), creata nel dicembre 2007, che ambisce a raccogliere a livello mondiale documentazione fotografica e bibliografica su luoghi e memorie materiali legati alla storia della medicina e della sanità in genere. Dopo una discussione preliminare sull'importanza culturale dei beni culturali tangibili per la storia della medicina, l'Autore presenta i primi risultati del Progetto Himetop, così come i problemi che ancora richiedono una soluzione. Fino a ora, circa 300 persone hanno collaborato al progetto con almeno una nuova scheda. La maggior parte di loro sono studenti e laureati dell'Università Campus Bio-Medico di Roma, dove il progetto ha avuto base fin dal suo inizio. Anche un buon numero di studiosi da diverse parti del mondo (quali Regno Unito, Francia, Russia, Romania, Stati Uniti, Portogallo) ha collaborato. Il numero di utenti del database è cresciuto in modo significativo, da circa 7.000 nel 2008 a circa 80.000 nel 2016, con una media di 488 schede visualizzate ogni giorno durante l'ultimo anno. Tra gli obiettivi principali per i prossimi anni si segnalano: ottenere dei finanziamenti dedicati su qualche bando di ricerca europeo o internazionale; aggiornamento della struttura informatica, del design e della grafica; rafforzare ulteriormente le sinergie con progetti simili o complementari di alto livello qualitativo.

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*Your people will rebuild the ancient ruins
and will raise up the age-old foundations;
you will be called Repairer of Broken Walls,
Restorer of Streets with Dwellings.*

Isaiah 58,12

In front of an old monument, we are often detached or simply absent minded. Nurse Tribulation Periwinkle – the young protagonist of *Hospital Sketches* (1863) by Louisa May Alcott – looked ironically at a bronze monument in Washington and

meditated upon the perfection which Art had attained in America – having just passed a bronze statue of some hero, who looked like a black Methodist minister, in a cocked hat, above the waist, and a tipsy squire below; while his horse stood like an opera dancer, on one leg, in a high, but somewhat remarkable wind, which blew his mane one way and his massive tail the other (Alcott 1863, p. 30).

Probably, this was not the reaction the sculptor and promoters of the monument intended to obtain. But at least, there *was* a reaction! Quite often, a monument completely loses its meaning in the eyes of passers-by and becomes almost invisible to them. We find exactly this happening in the novel *The Unwanted* written by the world renowned heart surgeon Christiaan Barnard in 1975 (with the help of journalist and writer Siegfried Stander):

His eyes were drawn to the bronze bust that had guarded the entrance to the lecture room for God-knows-how-many years now. He wondered how many students, or lecturers for that matter, knew whom it represented. He had looked once, long ago, but for years he had passed by without sparing it as much as a glance. He looked attentively now at the empty eyes and the forward-thrust jaw. A plaque on the granite base informed the curious that this was James Redwood Collier, C.B.E., D.S.O., L.I.B., M.D., F.R.C.P., Hon. F.R.S.M., first Professor of Medicine at the university, 1920-1937. He had been top brass too, in his day. He had walked these corridors, demanding respect and filled with his own importance. And now all that was reduced to bronze. A bronze bust passed daily without a glance (Barnard and Stander 1976, p. 14).

The moral of this story is that you can pass daily, for years, a bronze or marble bust “without a glance”; then, one day you can look at it “attentively” and discover that it still has something to say, for good or for bad. But, in order to do so, it at least has to be there!

I was very pleased to learn that a museum for the history of public health was recently inaugurated in the Italian

Istituto Superiore di Sanità (National Institute of Health) ¹. It seemed to me a fair compensation for what I noticed just a few years ago during a visit to that historic institution: two busts of Louis Pasteur and Marie Curie abandoned in a cupboard among boxes and cleaning tools!

It is true: we are no longer in the late Nineteenth Century, when a *flood of monuments* filled Western cities to celebrate triumphs not only in the humanities, military or politics, but also in medicine, science and technology. Yet, a renewed sensibility toward these “material traces” seems to be emerging, bringing with it a new focus. We can find both scholarly publications (Campanini, Guarino and Lippi 2005, Jordanova 2000, Rüdiger and Schweizer 2015) and more popular ones in the field of cultural tourism (Barnett and Jay 2008, Black 2006, Lipp 1991, Regal and Nanut 2007). In my opinion, this renewed interest is indicative of difficult times, when there is an increased need for inspirational and positive models. And God knows how much biomedical research and healthcare in general need inspiration and models today – even from the past – besieged as they are by economic constraints, ethical dilemmas, and rampant irrationalism.

These fields are also suffering from their own internal difficulties (Le Fanu 2004). For example, there are difficulties arising from apparently stalemated medical battles, which only a few decades ago seemed about to be won, such as those against cancer, neurodegenerative diseases or the health emergencies of less developed countries.

Are “material memories” really so important?

I do not believe that knowledge of the past allows us to predict the future, as if the latter were inexorably forced to cyclically repeat the first. Thucydides wrote that “an exact knowledge of the past” can be “an aid to the interpretation of the future” (*History*, 1.1.22). An *interpretation* is not a *forecast*: it is more a way – a personal way – of facing something. By interpreting the future, I reshape myself in view of the things to come. By doing so, somehow I shape the future itself.

This is why, from the very beginning of the *Himetop* project, I chose as an epigraph for the website’s homepage this statement by the American pathologist William Henry Welch:

A summary of the past will have a tremendous effect on the future work in human health, life, and death (Flexner and Flexner 1941, p. 437).

Since then I have never found a better way to summarize the meaning of this project. Places and material memories – the *monuments* – along with the written word – the *documents*

¹ April 2017. See the official press release in <http://www.iss.it/pres/?lang=1&id=1767&tipo=1>.

– link us to a past that can be a strong positive stimulus to build the future.

Speaking of “a tremendous effect” could seem to be a classic bit of overstatement, if one did not know the role played by Welch, the first and decades-lasting President of the Rockefeller Institute for Medical Research ², in the development of American biomedical research (Flexner and Flexner 1941). Moreover, in his esteem for *history as an inspiration*, he was in perfect harmony with his close friend, Sir William Osler, the noble father of American medicine (Borghì 2006, Borghì 2009).

When my students (usually *after* passing the exam of History of Medicine!) send me a picture or a *selfie* in front of that marble *Rod of Asclepius* at the base of the Tiber Island in Rome discovered and described more than a century ago by Osler himself (Osler 1921, p. 50), I feel that statement perfectly fulfilled. Osler himself, when traveling, never neglected to directly approach the vestiges of that medical history that he loved to study in the old books of which he was an extraordinary collector:

Bologna honored its distinguished professors with magnificent tombs, sixteen or seventeen of which, in a wonderful state of preservation, may still be seen in the Civic Museum. That of Mundinus also exists – a sepulchral bas-relief on the wall of the Church of San Vitale at Bologna (Osler 1921, p. 106) ³ (Fig. 1).

I am also deeply convinced that direct contact with the material memories of the past can be a crucial element in making teaching more effective (Borghì 2013), and in giving new impetus and motivation to the day-by-day work of biomedical researchers, physicians or nurses. A visit to the Alexander Fleming lab (Fig. 2) or the Florence Nightingale museum in London, seeing *Monsieur Tan’s* brain at the Dupuytren Museum or the historical collection of the *Institut Pasteur* in Paris can surely do it.

One of the oldest hospital in the world still functioning today is the *Arcispedale di Santo Spirito in Sassia*, founded in Rome by Pope Innocent III in 1198. It is quite impressive to visit its medieval cloisters and renaissance monumental wards, especially if you know that its ER, in 2017, was ranked the best organized and functioning in the Italian capital (De Santis 2017)!

Himetop is here to contribute to creating this kind of experience. My greatest satisfaction is when former students or young doctors, planning a professional or leisure trip to a city of medical-historical interest, ask me what they should see while there. Just a few weeks ago one of them returned from Barcelona full of enthusiasm about his visit to the site



Figure 1.
Mondino de Liuzzi’s tomb, Bologna.



Figure 2.
Alexander Fleming’s laboratory, St Mary’s Hospital, London.

of the modernist *Hospital de la Santa Creu i Sant Pau*. His beautiful photographs have proved very useful for updating the corresponding record in *Himetop* (Fig. 3).

Paradoxically, the power of material memories is confirmed by the recent iconoclastic acts carried out by ISIL and driven by their pseudo-religious fanaticism (Bettetini 2016): every attempt of *damnatio memoriae*, the cancelling of the material memories of someone or something, is always an implicit recognition of the evocative power and strength of that memory!

But, let us see what *Himetop* is really about.

The origin, main features and current situation of the *Himetop* Project

As already said, my interest in medical and healthcare history grew hand by hand with an increasing persuasion of the great educational value – as sources of inspiration and

² From its foundation, in 1901, to 1933.

³ He refers to Mondino de Liuzzi (ca. 1270-1326), first professor of Anatomy in the University of Bologna. About Osler’s quest of the tomb of Pierre Louis in Paris, see: Borghì 2009, p. 589.



Figure 3.
The modernist site of the Hospital de la Santa Creu i Sant Pau, Barcelona.

motivation – of historic places or, more in general, of the material memories that link us to the Great History or simply to an interesting story.

I soon became aware that even when you can count on a large number of “traditional” sources – to say nothing of the internet – it is not always easy to locate where a monument, a birthplace or a tomb, actually is. For example, you can easily ascertain through literature that the tomb of Xavier Bichat (1771-1802), the genius founder of histology, is at the *Père Lachaise* cemetery in Paris. But if you want to find it among many tens of thousands of burial sites scattered over its forty-four hectares of land... well, the task turns out to be quite challenging⁴. Obviously, the less important or famous the person concerned, the greater the difficulty of finding the places related to her or him!

This is why, since its beginning in December 2007, the *Himetop* project has had a very simple focus: to help locate places or material memories related to the history of medicine and other health-related subjects. To locate places and monuments: this might seem a very modest historical research goal, but does it really make sense to talk so much about the importance of material memories if it is then so difficult to find them in practice?

The *Himetop* idea was to mix traditional search sources with new collaborative web tools to create a database as comprehensive as possible. Because “places” and “material memories” change and reshape over time and because of the project’s global reach, in principle, it is conceived as

a constantly work in progress (Borghi 2009, Glendinning 2013):

change is unavoidable, even in the most cherished places (Glendinning 2013, p. 1).

Himetop – *The History of Medicine Topographical Database* (himetop.net) is an open-access and collaboratively growing on-line database hosted by the Polish wiki hosting corporation Wikidot⁵ and operating according to 2.0 web logic. The name *Himetop* is an acronym (HIStory of MEDicine TOPographical database) but it also recalls anagrammatically the name of the Egyptian “Father of Medicine”, Imhotep (David 2007).

Each record or item in the database contains:

- original (or republished with due permission) photographic material;
- a more or less detailed description of the item and its history;
- whenever possible, an appropriate bibliography;
- always, a geolocation link to a Google Map, specifically created for *Himetop* and dedicated to the medical memories in a specific geographical area (a town, province or nation)⁶.

The members of this virtual community can improve, update or comment on an existing record, always and easily. Everyone, provided they create an account on the platform, can collaborate by adding new items or improving the existing ones. Every change made to a single record remains traceable in the “history” section.

Up to now, about 300 people have collaborated on the project with at least one new record. Most of them are students and graduates of the Campus Bio-Medico University in Rome, where the project has been based since its beginnings. Quite a large number of scholars from many different countries (such as United Kingdom, France, Russia, Rumania, United States, Portugal) have also collaborated.

The number of database visitors and users has grown significantly, from about 7,000 in 2008 to about 80,000 in 2016, with an average of 488 records visited per day during the last year⁷. A typical map showing the geographic provenance of visitors to the database can be seen in Figure 4.

Unless otherwise stated in a specific record, the contents of *Himetop* pages (photos and text) are licensed under the *Creative Commons Attribution-ShareAlike 3.0 License*. This means that everyone can copy and redistribute *Himetop* material in any medium or format for any purpose, even commercially, provided he/she gives appropriate credit⁸,

⁴ Even if the inscription on Bichat’s tomb is almost illegible today, since 2014 you can easily find it through *Himetop* (<http://himetop.wikidot.com/xavier-bichat-tomb>). On the other hand, for example, you still cannot find it on the *Père-Lachaise* cemetery virtual tour (www.pere-lachaise.com) which specifically deals with the tombs of famous people buried in the cemetery (last accessed: 12 May 2017).

⁵ <http://www.wikidot.com>.

⁶ We currently (May 2017) use 120 *Himetop*-related Google Maps.

⁷ From december 1, 2016, to november 30, 2017. *Himetop* statistics are constantly monitored through statcounter.com.

⁸ An appreciated format is “Photo/s by [Author’s name as stated in



Figure 4.
48 hours visitors Map, 13-15 May 2017.

provides a link to the license, and indicates if changes were made ⁹.

Due to its Creative Commons License, reuse of *Himetop* material on-line or in print is almost out of control. Nonetheless, one can easily check out its presence on other web 2.0 projects such as Wikipedia, Commons, Pinterest or Facebook through their respective “Search” buttons ¹⁰.

In addition, some authors ask for permission before using photos and data from *Himetop* in their publication or websites. For example, in recent years, *Himetop* photographic material has been published in articles or books about people as diverse as they can be: Bartolomeo Eustachi, Pierre Jean Georges Cabanis, Godfrey Hounsfield, Saint Catherine of Genoa, to name only a few ¹¹.

About 2200 items are currently divided in 25 categories, which are:

1. Anatomical specimens
2. Anatomical theatres
3. Baths and Spas
4. Birthplaces
5. Bookshops (specialized in the history of medicine)
6. Botanical gardens
7. Consulting rooms or offices
8. Dispensaries
9. Drugs, Cases and Packaging (preserved in a specific Museum or collection)
10. Experimental tools
11. Homes
12. Hospitals
13. Laboratories and Research Institutes
14. Libraries (relevant for the history of medicine and health)
15. Medical and Nursing Schools
16. Medical Societies
17. Medical and Nursing instruments
18. Monuments
19. Museums (specialized or with sections relevant for our subject)
20. Operating rooms
21. Pictures (paintings, drawings or photographs of special value)
22. Pharmacies
23. Religious buildings (specifically connected with the history of medicine or health)

the record] for Himetop – The History of Medicine Topographical Database (himetop.net)”.

⁹ See: <https://creativecommons.org/licenses/by-sa/3.0/> (last accessed: 13 May 2017).

¹⁰ Since 2013, a Facebook public group named “Himetop – The History of Medicine Topographical Database” offers updates to all stakeholders about the latest developments in the project.

¹¹ A partial list of such references can be found in <http://himetop.wikidot.com/publications-and-websites-with-references-to-himetop>.

Table I.
Number of records in each category

CATEGORIES	Anatomical specimens	Anatomical theatres	Baths and Spas	Birth-places	Book-shops	Botanical gardens	Consulting rooms or offices	Dispensaries	Drugs, cases and packaging	Experimental tools	Homes	Hospitals
Number of items	17	13	10	77	2	5	7	9	10	7	178	256
Laboratories and research institutes	Libraries	Medical and nursing schools	Medical societies	Medical and nursing instruments	Monuments	Museums	Operating rooms	Pictures	Pharmacies	Religious buildings	Tombs	Other
42	16	43	20	91	761	90	6	144	14	43	272	70

24. Tombs

25. Other (miscellaneous kinds of places and objects not included in the previous categories).

See Table I for the detailed number of records currently contained in each category.

Material on *Himeto*p comes from 37 countries and refers to over 900 people.

About 60% of the items are from Italy, and about 10% from the United Kingdom and 10% from France. As one can easily appreciate, many countries and geographical regions remain substantially uncharted (see Table II).

Research results, some critical points and main goals for the next decade

Table II.
Number of records from each Country

Italy	1250	Peru	7
United Kingdom	235	Czech Republic	4
France	199	Denmark	4
Austria	100	Israel	4
United States	97	Malta	4
Spain	75	Romania	4
Belgium	72	South Africa	3
Canada	21	Thailand	3
Germany	18	Argentina	2
Brazil	14	Cuba	2
Greece	12	Finland	2
Switzerland	12	Iran	2
Portugal	10	Poland	2
Sweden	10	Estonia	1
Hungary	8	Japan	1
Russia	8	Mexico	1
China	8	South Korea	1
Netherlands	7	Ukraine	1

Now, I would like to highlight what seem to be a) the best results achieved by *Himeto*p to date, along with b) its main persisting critical elements, and c) the main goals worthy of being pursued over the next ten years.

Research results

Apart from the obvious primary function of *Himeto*p – full web accessibility of collected material and its free reuse at every level (for study, research, cultural tourism etc.) – are there other research results worth being highlighted?

The primary goal of “locating” material memories has been achieved, more or less extensively, and can be used in different ways and for different research interests. You can explore places and memories related to:

- a) a single person (e.g. Florence Nightingale) from birthplace to tomb, passing through the institutions attended or founded, the houses inhabited and beyond (monuments, portraits, memorabilia etc.);
- b) a specific subject (e.g. psychiatry or surgery);
- c) the medical and health history of a town or of a geographical area (e.g. Florence or Tuscany), starting from the specific page or the related Google Map.

*Himeto*p provides food for thought for evaluating how much, a certain city, a certain institution, a certain discipline, has been able to remember, respect and valorize its material medical and health heritage. Some examples can make this aspect clearer. Through *Himeto*p records, one can easily verify that a town like Salerno, the cradle of the momentous *Schola Medica Salernitana*, had traditionally retained very few visible traces of its glorious past, but in recent years has been trying to recover lost time.

On a completely different level, we can see that London, while exemplary in many respects (e.g. the Blue Plaques initiative or the number and quality of its specialized medical museums)¹², displays obvious weaknesses in the preservation

¹² The group *London Museums of Health and Medicine* lists 25 specialized museums. See: <http://medicalmuseums.org/> (last accessed: 30 May 2017).



Figure 5.
The last Victorian building at Great Ormond Street Hospital, London.

of its historic hospitals. Just think of the recent demolition (2008) of the 18th century Middlesex Hospital (and of the popular pressure to ensure at least the conservation and restoration of the hospital chapel, now the only surviving element)¹³ or the planned demolition (2019) of the last remaining Victorian building of the Great Ormond Street Hospital (Fig. 5)¹⁴, the first pediatric hospital of England and one of the world's leading institutions for children's diseases (Borghì 2017a).

Himetop records can favor a quick comparison between similar realities in order to discover unexpected connections, unnoticed influences, evolution, and so on. For example, they revealed that a relevant portion of Laennec's iconography derives from a miniature portrait representing the French painter Anne-Louis Girodet (1767-1824) but erroneously

identified as the Breton physician, inventor of the stethoscope¹⁵. *Himetop* records could likewise contribute to establishing the correct chronological relationship between the two most relevant portraits of Leopold Auenbrugger, one at the Rizzoli Hospital in Bologna (the original, in my opinion) and the other at the *Josephinum* in Vienna (the copy) (Borghì 2017b).

Furthermore, the records in the database promote the efforts to save from oblivion or cancellation different kind of material memories. For example, the tomb of pioneer surgeon Thomas Spencer Wells (very hard to find in an old London's cemetery) (Fig. 6)¹⁶, or the almost illegible ancient memorial tablet remembering the writing of the famous treatise *De Aure Humana Tractatus* by Antonio Maria Valsalva, in a ruined little church of Bologna's countryside¹⁷.

In some cases, a single record can account for the different phases of existence of a place or object over the years. For example, in 2006 the old marble plaque remembering the invention of the stethoscope by René Laennec still hung on the external wall of a 19th century pavilion of the *Hôpital Necker-Enfants Malades* in Paris. A few years ago that pavilion was demolished to make room for the new hospital. The historic plaque is now preserved inside the new information office of the hospital¹⁸.

The *Himetop* project also gave rise to a specialized section in the library of the University Campus Bio-Medico that currently hosts more than 400 monographs about historic hospitals, museums, monuments etc.

Finally, up to now *Himetop* has been defined as a low-cost project, the only current expenses being the work of the coordinator and some research trips that were financed over the years by the promoting University, while most of the database contents and the specialized section of the library were created through voluntary contributions of time and money. The maintenance of the database by Wikidot hosting service costs only a few euros a year.

Some critical points

After almost a decade's experience, I think it is necessary to highlight honestly certain weaknesses and a few problems not yet adequately solved. Hopefully, they are just typical *ad-olescence problems* of this otherwise very promising project.

Even though *Himetop* has been thought out from the beginning as a participatory project, the stable involvement of collaborators, especially from countries other than Italy, has so far proved to be quite limited. While, as already noted, a good number of people from around the world provide photos and historical information about new places, only oc-

¹³ See *The Fitzrovia Chapel* official website: fitzroviachapel.org (last accessed: 18 May 2017).

¹⁴ Personal communication to the author by Nick Baldwin, Archivist of the Great Ormond Street NHS Foundation Trust. See also: <http://www.gosh.nhs.uk/about-us/redevelopment> (last accessed: 18 May 2017).

¹⁵ See himetop.wikidot.com/rene-laennec-s-false-portrait.

¹⁶ See himetop.wikidot.com/thomas-spencer-wells-tomb.

¹⁷ See himetop.wikidot.com/Valsalva-s-de-aure-memorial-tablet.

¹⁸ See himetop.wikidot.com/rene-laennec-s-memorial-tablet.



Figure 6.
Thomas Spencer Wells' tomb, Brompton Cemetery, London.

asionally have they created new records, as if the technical aspect was perceived as too difficult or time-consuming¹⁹.

In addition, a work largely based on free volunteer engagement leads sometimes to the inclusion of non-professional or low-quality photos or texts.

The initial choice of creating the database in English – largely positive and fruitful – sometimes conflicts with the difficulty for non-native speakers to write correctly in that language. Even if grammatical or lexical corrections are, in principle, very simple to report or make on a collaborative text, they remain quite rare to date.

Lastly, as we already said, places and monuments related to health history by nature change quickly. Just think of “the constantly fluctuating relationship between conservation and new architecture” (Glendinning 2013, p. 3) in old hospitals. Consequently, it is not at all easy to give a proper account of such changes and transformations: the updating of existing records in the database is a constant challenge.

Main goals for the next decade

Quite obviously, a crucial factor for the development of this project would be substantial funding related to some national, European or international research scheme. Depending on its extension, it would allow a number of researchers in different geographic areas to systematically explore their territory in order to locate and photograph as many relevant sites and memories as possible.

It is not hard to predict that, without losing the flexibility and freedom of a 2.0 collaborative project, if *Himetop* could rely on the systematic work of a few people, it could easily aim to increase its size in a few years. Many relevant countries for the history of medicine and health such as Germany,

the Netherlands, Switzerland, China, India or the United States, have still not received the systematic attention needed in order to include in our database the largest and most important part of their health-related material memories. Many sites already identified as desirable additions to the database can be checked on a specific Google Map named “*Himetop* Next Goals (not Italy)”²⁰.

Another goal is to bring the project to a more professional level with regard to IT infrastructure, design, graphics etc. A specifically designed application for accessing the *Himetop* database from smartphones and other portable devices would be useful to make it easier and more user-friendly. This is one of the objectives that the project has had since its inception: to be a kind of virtual guide for anyone desiring to explore the historical-medical memorabilia of a specific town or area of the world (Anonymous 2009). Other developments could arise from the so-called Internet of Things.

The already referred-to library section, specializing in the material memories of medical and health history, should greatly increase its holding, in order to become a point of reference for scholars from all over the world interested in this kind of research.

Since its inception, *Himetop* has been more interested in becoming a hub than a final access point for information. This is why, wherever possible, we have always tried to report and create links to official websites or to more detailed and in-depth descriptions of the identified material memories. Therefore, our growth goals cannot fail to further enhance synergies with similar or complementary high-quality projects. Some of the contributions in this issue are first-hand testimonies of this attempt. Other synergies with projects like “*Medicine & the Muse*” at the Stanford Center for Biomedical Ethics²¹, or “*Cabinet*” at Oxford University²², are under way.

Conclusions

Edith Stein, recalling in her autobiography her years of study in Göttingen with Edmund Husserl, recorded this detail:

The commemorative plaques found on nearly every one of the older houses had a special attraction for me: they told of famous persons who had formerly lived there. So, along every step of the way, one is reminded of the past: the Brothers Grimm, the physicists Gauss and Weber, and the others (...) who once lived or worked here are constantly brought to the attention of successive generations (Stein 1986, p. 242).

¹⁹ See the “How to add a new item” page in order to make up your own mind about this problem: <http://himetop.wikidot.com/how-to-add-a-new-item>.

²⁰ A similar map “*Himetop* Next Goals (Italy only)” deals with “desirable additions” from Italy.

²¹ It already links to *Himetop*: med.stanford.edu/medicineandthemuse/ProgramLinks/DirectoryOnlineContent.html (last accessed: 25 May 2017).

²² See: cabinetproject.org (last accessed: 25 May 2017).

Perhaps it is presumptuous to compare *Himetop* with the biblical *Repairers of Broken Walls* (Isaiah 58, 12). But certainly, people who actively collaborate with – or at least follow with interest – the *Himetop* project have this aspiration: to have the material traces of our medical and health history better known, mapped, defended and enhanced; sometimes, as frequently as possible, even repaired, restored, (re-)opened to the public!

The hope is that, in the years to come, new institutions and new researchers, will decide to join this research project to help map the still too many “uncharted provinces” of the planet.

We have to take care of our cultural heritage, of the material memories from the past, because they constantly shape our identity, and because identity is necessary to shape the future. Therefore, the caring of the past is an essential contribution to a better future. This is why we have to know the past, preserve it and love it. Chesterton said:

Men did not love Rome because she was great. She was great because they had loved her (Chesterton 1909, p. 123).

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²³ Some of their names and photos are in this special section of *Himetop*: <http://himetop.wikidot.com/himetop-collaborators>.