THE PAST, PRESENT AND FUTURE OF THE MUSEUM OF PATHOLOGY

By

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OF ABOUT 8,000 pathological specimens formerly in the Hunterian Museum about 3,800 survived the 1941 disaster. In 1945 and 1946, these were reassembled and sorted, and were reviewed specimen by specimen as regards suitability for future display purposes, their intrinsic merits as specimens, their historical value, their state of preservation, the adequacy of the records and the likelihood of obtaining satisfactory microscopical preparations. The discard of useless specimens reduced the total number of specimens suitable as the basis for a new museum to 2,800.

The losses sustained affected some sections much more than others. Thus of the original collection of over 2,000 specimens in General Pathology, scarcely any survived ; and in Special Pathology the losses were serious in diseases of the skin, muscles, alimentary canal, urinary tract, genitalia, breast, endocrine system and haemopoietic system. The least damaged sections were those showing the special pathology of the skeleton, respiratory tract, nervous system and vascular system ; in particular, the large collection of skeletal specimens was almost complete. The teratological collection also survived almost intact. Accessions during the last five years have filled many of the worst gaps in the alimentary and urinary systems, but it will take longer to remedy the defects in the genital, endocrine and haemopoietic systems. The residuum of the old collection is now on display in Room III, which it fully occupies.

The resorting and reclassification of our material involved a complete departure from the former method of classification and labelling. Because of the accumulation of specimens and the need for constant interpolation, the old method had become very cumbersome and in need of drastic revision. It was therefore decided to adopt a new method whereby interpolations can be made without disturbing the numerical sequence or labelling. This system has been used to tabulate the contents of the display stands, and for the time being it must serve in place of detailed catalogues. Most of the catalogues were destroyed and before new ones can be issued a careful revision of the entire contents of the

Museum, especially with respect to histological examination (all previous histological preparations have been destroyed) must be carried out.

Since 1942, 1,400 new specimens have been donated. During the last two years, these have all been examined and recorded, and about 400 of them have provided useful museum material. They have filled some of the most serious defects in the old collection, especially in the alimentary and urinary systems. Because of limited accommodation and the difficulty of securing suitable glassware, most of these accessions could not be mounted permanently at once ; we have had to be content to dissect and prepare them, carry out any microscopical study necessary, and then seal them for security in temporary jars, from which they can readily be transferred to their permanent display jars, as these become available and as time and technical help permit. For the same reasons, increasingly stringent selection of specimens offered to the Museum has become necessary. Clearly, while we need a good inflow of specimens from which to select, under our present difficult conditions we should not burden ourselves by amassing a large quantity of material of a kind which can easily be obtained at any future time. We are therefore concentrating on filling our worst gaps and on rare or particularly excellent specimens. Fortunately most donors recognize that stringent selection is called for, and do not expect us to hoard up their surgical trophies unless they fill a real need in the collection.

For the guidance of donors it is hoped to publish at intervals specific requests for specimens in certain deficient sections of the museum, but in general it may be said that we are anxious to receive any rare or superlatively good specimens of any kind, but that we must defer the collection of more ordinary things which can be easily obtained at any time in the future from the operating theatre and the post-mortem room. It will not be amiss to mention certain classes of specimens which are *not* welcome. We do not collect huge specimens merely because they are huge. These are expensive and difficult to handle, occupy space quite disproportionate to their scientific value, and at present indeed glassware shortage prohibits proper mounting or storage of them. Nor can we accommodate specimens which show only methods of treatment or their results rather than pathological processes. Improper preliminary treatment and poor fixation make many a good specimen unusable ; this is the greatest single factor responsible for discards. Over and over again in reviewing our material we discover that initial faulty fixation, especially in the centre of a bulky specimen, leads to discoloration of specimen and fluid alike. For this reason we welcome the receipt of fresh unfixed specimens immediately after their removal. Specimens kept for several days in a refrigerator are nearly always a disappointment.

As to the general intention and scope of the future museum, it should embrace the whole of pathology as a basic science without disproportionate emphasis on any special aspect or application of it. It should meet the

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needs of advanced students and research workers and should be not merely a reduplication of the ordinary teaching museum of a medical school, but a repository of rare specimens and of research material. It should contain plentiful specimens of animal diseases which should be displayed along with their human counterparts for comparison, and it should include also a special section showing the methods and results of experimental pathology. It should develop a comprehensive collection of microscopical preparations, not only of gross specimens displayed in the museum but also of selected material of which only microscopical slides are available. Eventually it should amass a large collection of stored specimens of research value, but this is impracticable at present.

So far the reclassification of the Museum has been on regional lines as in the former Museum of Special Pathology, but when accommodation permits it is intended to build up also a section of General Pathology illustrating groups of diseases rather than regions. It is also intended to devote special rooms to the display of specimens showing research methods and results, to specimens of historical interest, and to other particular displays which may from time to time be set up for teaching or other purposes.

The development of the Pathology Museum as a teaching instrument must be kept constantly in mind. We are already using it as such in the series of lecture demonstrations which the College is giving twice yearly. But these cater for only small groups of enrolled students; we must aim to restore the Collection to such a condition that it can be used for self-instruction by all who enter its doors. This calls for a great deal more histological work and the still greater task of recataloguing and re-indexing—tasks which as yet have barely been begun.