One of the more popular exhibits at Dittrick Medical History Center is a series of displays that shares what it was like to be sick during different time periods in American history. Visitors can learn about the challenges people who became ill in 1810, 1860 and 1910 faced.

“We take a slice of time to show how people understood illness at the time,” says James Edmonson, chief curator at Dittrick and adjunct associate professor of history at Case Western Reserve University. “What were the options on the table to diagnose and treat illnesses? What were the typical tools available to doctors to conduct an examination or to treat people? What were the demographics of health? What was the expectation of a child to live to adulthood?”

As technology has advanced, health care has improved immensely. The life expectancy rate in the U.S. has risen from 47.3 years in 1900 to 78.8 years in 2012, according to the National Center for Health Statistics. It was a much different story back in the 1800s.

“Before the advent of childhood vaccines, there was a terrible mortality rate,” Edmonson says. “People had to live with the harsh reality that of their children, they might only have three out of five that would live to be young adults. That has changed over time.”

Dittrick endeavors to explore the history of medicine through museum artifacts, archives, rare book collections and images.

“My role is to interpret and present the meaning and significance of the collection,” Edmonson says. “How has medicine evolved both technically and in terms of the structure and character of medical care? We are more a history museum that happens to focus upon health and medicine, rather than a museum of medical science. We are more about people-centered experience — like the doctor-patient relationship or nursing.
An Unpredictable Journey

Advances in medical science rarely happen in a predictable fashion.

“It doesn’t proceed at the same rate of change across the full spectrum of medicine,” Edmonson says. “Sometimes there might be advances that come in pharmaceuticals. Sometimes, it’s technology where there is more innovation.”

Dittrick tends to focus in on more narrow topics and show how technology in a given field has evolved.

“Back in 1990, we got the archives and instruments of the American Society for Gastrointestinal Endoscopy,” he says. “You can find specula that go back to ancient Greece and Rome to peer into the orifices of the body. But endoscopes like we’re talking about really only began in the early 19th century. There was a problem with not good enough lenses or not good enough illumination. So we present how some of that technology has evolved.”

Edmonson says medical advances often appear to reach a plateau where observers begin to believe that no further improvements are possible.

“Then suddenly there is a rupture or a disconnect—a break in how things are done and a whole new range of technology comes on board,” he says. “It takes technology to another higher level. People say that half the things we do now and half the things we understand are going to be rendered obsolete and superseded in the future. The only thing is we don’t know which half it is. It’s a challenge to figure that out and look forward.”

A Collection of Tools

Edmonson was hired to be the museum’s curator 36 years ago “because I’m a historian in technology.

“The reasoning was it’s really a museum of tools,” he says. “They have to be tools for medicine ranging from the microscope to surgical instruments to X-ray. But it’s a collection of tools.”

Edmonson also functions as a director and does research on its collection that ends up in the form of both exhibits and books.

“We make our research available to any interested persons,” Edmonson says.