

## DEATH AS A THEME OF THE HISTORY OF MEDICINE

Václav Grubhoffer

*University of South Bohemia in České Budějovice, Faculty of Philosophy, České Budějovice, Czech Republic*

Submitted: 2016-01-15

Accepted: 2016-05-03

Published online: 2016-06-30

### Abstract

Death is very much an interdisciplinary subject that arouses research interest in natural sciences as well as the humanities. Within European historiography it has become a traditional area of research. The cultural history of death is usually understood as a kind of laboratory for understanding the lifestyle and mentality of representatives of a selected historical epoch. Death in this context is seen as a cultural and culture-forming phenomenon. The history of medicine plays an exceptional role in historical science; by definition it stands on the boundary of the humanities and sciences. In recent times we have provided a number of theoretical and methodological basis for the study of death and dying from an interdisciplinary perspective.

**Key words:** *history of medicine; dying; death; historiography; enlightenment*

### INTRODUCTION

The aim of this theoretically conceived study is to present some fundamental theoretical and methodological grounds of current and especially foreign medical history for the subject of death and dying. The author proceeds mainly from selected scientific outputs of modern Czech and foreign historiography, paying special attention to Italian historiography. Specifically addressed topics relate to the history of most of the 18th century. The study is divided into five closely related parts. Attention is successively paid to the views of some foreign and Czech representatives of the history of medicine, medical anthropology, sociology, thanatology and historiography on the form of dying and death in the Euro-Atlantic civilization in modern times. The following part is a discussion on the previous historical research about death, and also about the prospects of research on the topic of death in the history of medicine. Special attention is paid to the historical

transformation of the concept of biological death and the relationship between doctor and death during the 18th century.

### Death and modern medicine from the perspective of the history of medicine

Physician, philosopher and historian of medicine Giorgio Cosmacini (born 1931), who teaches the history of medicine at the Faculty of Arts and the Faculty of Medicine at the University Vita-Salute San Raffaele Hospital and at the Faculty of Arts of the Università Degli Studi in Milan, is considered one of the most important Italian historians of medicine today. This is evidenced by a number of his successful scientific monographs (Cosmacini 1989, 1997, 2003, 2006, 2007). In his book *Testamento biologico; Idee ed esperienze per una morte giusta* (Biological testament; Ideas and experience for a good death) he deals with the relationship between modern medicine and death. He notes that death is not a pathological reality. According to him, dying also helps

the doctor realize the ability to recognize the creativity of a dying person, who often re-evaluates their life through a sensory communication. This communication must be accepted by the doctor. Furthermore, he also states that a dying person has a biography that requires respect. In other words, when we speak today about a heart that stops beating, or about a flat EEG curve, it refers only to the biological dimension of human life. However, “biographical” life is often neglected (Cosmacini 2010).

As a historian of medicine, Cosmacini also pays attention to the changes in the relationship between medicine and death over the centuries. According to him, the anatomy of the renaissance era links the principles of humanity, human mortality and morality. More than any other branch of medicine it showed the lethal dimension of man. It also represented the main source of knowledge about human life for doctors. According to Cosmacini, since the 19th century, death began to be perceived as an eminently organic reality, as a gradual weakening of the body, which was also plotted into smaller and smaller constituent parts. In the early modern period death formed the basis of medical culture, but in contemporary medicine, according to Cosmacini, the symbiosis of anatomy, death and life disappeared. Anatomy became mere paper fund, which provides “so much useful information”. The Italian historian sees in this loss of historical heritage one of the reasons for the current crisis of the medical profession, which significantly influences the relationship between doctor and patient or dying patient (Spicci 2010). Cosmacini repeatedly stressed that the crisis is not primarily of a technological, but a “humanological” character (Cosmacini 2013).

The Czech environment also had an opportunity to critically evaluate the relation of contemporary medicine to the death and dying of a human in a famous work entitled: *About the Loneliness of Dying*, written by the German philosopher and sociologist Norbert Elias (1982). According to doctors and the medical anthropologist Lydie Fialová, the present culture that denies death and suffering casts a shadow upon contemporary medicine. It can be seen as an institution which perceives its mission as pain relief and caring for sufferers. It sees victory in the suppression

of pain, suffering and death. According to Fialová, suffering and illness, objectively describable and often defined on a molecular and genetic level, often overlap or are not contiguous. On the contrary, a hallmark of today’s medicine is tensions between the illness and suffering, which deepens the gap between the lived experience of patients and the *technae* of medicine (Fialová 2008, pp. 139–144).

On the one hand, medicine has very effective therapeutic agents, on the other hand it reduces the human being only to the body, life and biochemical processes: “The winning of death, the enemy par excellence, means that we have lost – and that’s one of the reasons why medicine at this moment often quietly vacates the field, leaving patients to die alone.” Modern medicine often fails to meet the basic ethical challenges formulated by Emmanuel Lévinas. The first statement says ‘you will not kill’, the second ‘you will not let me alone in death’. The basic human situation is a responsibility for each other and this claim is even stronger when the other one finds themselves in the immediacy of the definitive limits of their lives (Fialová 2008, pp. 142–143).

### **Taboo or return of death? The perspective of the last things of man in the humanities**

For contemporary European culture, including the field of medicine, death, in particular a natural one, is an uncomfortable and often taboo topic. Yet in the 1950s, the English anthropologist Geoffrey Gorer noticed that last things of a man do not belong to ordinary conversations. In his classic article from October 1955 he spoke about “the pornography of death”. He formulated feedback on the status of death in the culture of the 20th century based on a simple idea – a parallel with the lifestyle in the 19th century. While death in the Victorian era was considered a natural fact and a moral mirror, sexuality and the moment of birth represented a taboo. In the 20th century the taboo reversed: “The natural processes of corruption and decay have become disgusting, as disgusting as the natural processes of birth and copulation were a century ago; preoccupation about such processes is (or was) morbid and unhealthy, to be discouraged in all and punished in the

young. Our great-grandparents were told that babies were found under gooseberry bushes or cabbages; our children are likely to be told that those who have passed on (fie! on the gross Anglo-Saxon monosyllable) are changed into flowers, or lie at rest in lovely gardens. Thy ugly facts are relentlessly hidden; the art of the embalmers is an art of complete denial” (Gorer 1955, 1967).

The Czech sociologist Jiřina Šiklová recently added to death the adjective “banished”. Death is in accordance with the basic fact of life that to our own detriment we force it out of our thoughts and speech (Šiklová 2013). The sociologist, Olga Nešporová, who dealt with general issues related to the views of today’s society on death and the attitude of her contemporaries who were subjected to a quantitative survey, also offered a glimpse at the relationship of contemporary Czechs to death that is embedded in historical context. Her findings confirmed the already mentioned thesis about a social crowding out of the issues of death and dying. She also noted the existence of a slow and carefully advancing process of weakening the taboo on death (Nešporová 2013).

Italian historian and thanatologist, Marina Sozzi, pondered the form of dying in the wider context of today’s Euro-Atlantic society. From the perspective of philosophy and thanatology she dealt with topics like dying in a hospital, funeral rituals, roles of medicine, euthanasia, cemeteries as places of collective and individual memory, and also the issue of the aging, or non-aging of the current population (Sozzi 2013).

Despite the taboo regarding the end of a human’s existence the study of death, dying and the last things of a person has become a peculiar scholarly specialization, overarched by thanatology studies. Thanatology is a scientific discipline concerned with death and dying but has no precise status of its own. It is rather a space for a dialogue between different sectors and disciplines, which are the subject of scholarly collective representation of death in different world cultures. Therefore, thanatology is inherently interdisciplinary, bringing together knowledge and methodological approaches of the history of philosophy, theology, anthropology, sociology, psychology, as well as natural sciences. The first thanatologist

is considered to be the French sociologist and ethnologist Robert Hertz (1881–1915), a pupil of Émile Durkheim, the author of a study called “Contribution à une étude sur la Representation collective de la mort” (1907). Based on the example of the Indonesian tribe of Dayak (Borneo) he created a comprehensive interpretation model of death rituals, which closely overlaps practices related to a dead body, soul and the community of living people (Sozzi 2009, Feldmann 2010, Bormann and Borasio 2012).

Currently, it is noteworthy that since 2005, the Italian scientific institute Fondazione Onlus Ariodante Fabretto (in Turin) publishes the journal: *Studi Tanatologici*. It is the only Italian scientific periodical dedicated to the issues of the last things of man, particularly in a socio-cultural perspective. It is published in four languages (Italian, English, French and Spanish). Some of his key themes are funeral rites and practices, death from a transcultural perspective, the symbolic dimension of cemeteries, collective representations of illness, body, aging and death. He also published studies from the field of bio-politics on, for example, palliative care and euthanasia (Fondazione Fabretti... 2013).

Nowadays death also belongs to the classic themes of historiography. After World War II, a relatively new topic of the history of death began to develop within the so-called history of mentalities and newly cultural history, which – opened methodological stimuli of social sciences, especially sociology and anthropology. French researchers associated with the historical revue, *Annales: économies, sociétés, civilisations* (after 1994 renamed *Annales; Historie, Sciences sociales*), raised the theme of death to be a representative of collective thinking and mentality. Death was studied using a combination of sources of a quantitative and qualitative nature (prayer books, liturgical texts, catechisms). This approach was first used by the French historian François Lebrun, the author of works on the perception of death in Anjou in the 17th and 18th centuries (Lebrun 1971). Mainly the synthesis of the French researchers, Michel Vovell and Philippe Ariès, played the key role in anchoring the topic of the last things of man and its successful development. They are still texts with a significant historiographical authority (Ariès 1977, Vovelle 1983). Other

paradigmatic works we can cite are those by Alberto Tenenti (1957), Jacques Le Goff (1981), John McManners (1981) or Norbert Ohler (1990). Currently, the history of death may be regarded almost as a specialized discipline within cultural history (Sozzi 2009, p. 59).

The popularity of thanatological issues in contemporary European and domestic historiography probably comes from the interdisciplinary character of the last things of man as well as from the possibility of using current methodological approaches of historical anthropology and cultural history. The principal approaches include studies of the changes of the perception of the human body, physicality, health and disease. This modern investigative trend is known as body history (Cooter 2010). In this concept, the human body is examined and viewed over a long time period and in the widest range of aspects. Apart from health and care, historians also pay attention to the issues of cleanliness, sexuality and caring for physical beauty. The first impulse to the study of the body and physicality from the perspective of historical anthropology was probably brought to the Czech environment by the German historian and co-editor of the journal "Historische Anthropologie" – Richard van Dülmen (2000). Historically-anthropological bases of research on the body were discussed for instance by Daniela Tinková (2007a). Body history achieved substantial research success particularly in Anglo-Saxon, German and French historiography. Important foreign authors whose works have been translated into Czech are for example Alain Corbin (1982) or Virginia Smith (2007). Of the many foreign titles untranslated into Czech, we can selectively appoint a three-volume collective work of the French historiography *Histoire du corps*, which was published in Paris (Corbin 2005, Corbin et al. 2005, Courtine 2005). You can neither ignore the attempts to synthesize the cultural history of the body (Robb and Harris 2013).

Currently we are witnessing a great popularity of the body history also in the Czech historiography. The research team, who introduced a theoretical and methodological basis of such oriented historical research and made the Czech public familiar with existing research from the 18th and 19th centuries,

is represented by historians such as Milena Lenderová, Daniela Tinková and Vladan Hanulík (2013, 2014). The interest in body history is reflected in recent years by the focus of several interdisciplinary symposia such as *The Time of a Healthy Spirit in a Healthy Body*, in Kostelec nad Vltavou in 2008; *Body and Physicality in Czech Culture of the 19th Century in Pilsen* in 2009; *Illness, Infirmity, Disease. Patients and Medical Staff in History*, Pardubice 2010.

### **Death in the history of medicine**

When historians are studying human death and dying, they often touch upon topics from the history of medicine and medical thinking. The history of medicine is directly related to two out of three theoretical backgrounds for research into death, formulated by the leading authority of thanatological studies, the historian Michel Vovelle. Specifically, it is the category of "discourse about death" (*discours sur la mort*) and "physical death" (*mort subie*) (Vovelle 1978, 1990). The first mentioned dimension approaches the contemplation of death and dying through the study of collective ideas that shaped religious and scholarly literature of the era. This theoretical concept resonates very well with the current methodological approach called the history of ideas, also known as intellectual history, which was theoretically approached by the British historian Beverley Southgate (2009). Historical works that had already dealt with thinking of a particular historical protagonist, is best represented by *Cheese and Worms*, written by the Italian historian Carlo Ginzburg (1976). The eminent British historian Peter Burke (2000) applied the socio-cultural approach in research to changes in the organization of knowledge from the invention of the printing press to the edition of a French Encyclopedia. Recent works dealing with the intellectual history in the context of historiography have not been translated into Czech yet (Moyn and Sartori 2013, McMahon and Moyn 2014).

The history of ideas, developed by American philosopher Arthur Oncken Lovejoy (1936, 1948), is currently seen as a sister discipline or one of the approaches of intellectual history. It deals with the broad-based history of thought, which may include the history of philosophy, science, religion, political,

economic or aesthetic ideas. The history of ideas is relatively close to the modern concept of the history of medical thinking, which is well established abroad. Their leading authority is a British historian of medicine, Roy Porter (1997). The history of medical thinking in the 18th century was synthetically commented by Thomas H. Broman (2003), and older history by Jean-Noël Biraben (2000). In the Czech environment, it is necessary to emphasize the work of David Tomíček (2012) and Karel Černý (2014). Medical thinking in the context of the history of philosophy has been successfully analysed especially by Tomáš Nejeschleba (2008).

Vovell's exploratory concept of a "natural death" reflects the mortality rate in history. In particular historians dealing with more modern history who have accurate statistical data on the population, have the chance to reconstruct the image of mortality in a selected population in a particular historical period. In the context of quantitative methods of historical demography we can monitor mortality in relation to gender, age, social status, environment and the incidence of specific diseases. Research on "physical death" mainly received a response in French historiography. One of the bases of research is the study of mass nature sources, which could be subjected to the "questionnaire" method. In determining the parameters of mortality, historians proceeded mainly from church registers (Burke 1990).

On the other hand, according to contemporary anthropologists, the area of biological human death has been neglected and underestimated by researchers from the humanities. This fact was highlighted, for instance by Italian cultural anthropologist Adriano Favole. He dealt with behaviour patterns applied in various cultures towards the dead body in the context of history, biomedicine and anatomy. He proceeded from the fact proven by historians that social life does not end with the burial of the body. He also reminded us that the fundamental question that is a point of interest of researchers from various disciplines is: when is it possible to define the human body as dead? (Favole 2003, Remotti 2006).

The history of medicine also offers space for questions relating to the sick, the dead and the dying body, transformations of the

concepts of illness and death, the disposal of a dead body or the relations between patients and doctors. It connects approaches of historiography with themes and lessons from the history of science, technology and education. Italian historiography, which is traditionally very strong in the history of medicine presented inspiring research based on the topic of death and dying from a long time perspective. This fact is undoubtedly closely related to the important role of Italy in the historic shaping of medicine as a discipline and the development of medical studies at medieval and early modern Italian universities. The most significant examples are the oldest European university at Bologna (Rosa 1978, Bernabeu and D'Antuono 1988), and also the medical faculty in Padua (Premuda 1994).

### **Historical changes in the concept of death**

Italian neurologist Carlo Alberto Defanti presents a detailed investigation on the historical transformations of the concept of biological death between the early modern age and the present. In his book *Vivo o Morto? La storia della morte nella medicina moderna* (Alive or dead? The history of death in modern medicine), he dealt with the issue of defining the moment of death in the context of the historical development of medicine. He emphasized the importance of reforming the anatomy between 1550–1600, during which the dead body stopped being an object of horror and became a privileged object of scientific study (Defanti 1999). Subsequently he has set other essential topics related to the category of biological death – selected medical discoveries like clarification of the principle of bloodstream, the beginnings of forensic pathology associated with Italian anatomists Maria Lancisi (1654–1720) (Bacchini 1920) and Paolo Zacchia (1584–1659), the personal physician of Pope Innocent X and Alexander VII (Pastore and Rossi 2008), and studying post-mortem phenomena (Defanti 1999, pp. 9–65).

Defanti paid particular attention to the so-called category of apparent death, associated with the fear of being buried alive. Another Italian researcher, Claudio Milanese (1989), markedly pointed out that it became one of the key themes of the European medicine

in the mid-18th century. Apparent death lost no significance either during the 19th century. This was also related, among others, to the establishment of first aid and the development of rescue techniques. The first ambulance company, which originated in the 1770's in London, Paris and Hamburg, focused on rescuing drowning and drowned people (Červeňanská 1973, Eisenberg et al. 1996). A seemingly sensational topic, the fear of burial alive proves a particularly useful interdisciplinary research field. It particularly connects the interests of cultural and literary historians to the research of historians of medicine. Among other things, it connects both of the above mentioned Vovell categories – “physical death” with the “discourse about death”, and also some methodological approaches to the history of the body and intellectual history.

The topicality of the changes in the concept of death, including the apparent death, or sudden death, was confirmed by other recent works of Italian provenance. Historian Maria Pia Donato dealt with the topic of sudden death using the example of 18th century Rome in the context of period medical thinking and the practice of the Church (Donato 2014). Collective authors have attempted to elaborate synthetically the topic of biological death in history in a monograph called *Storia della definizione di morte* (The history of the definition of death) (De Ceglia 2014). The book provides a historical, anthropological, culturological and psychological view of the definition of death from antiquity to the present. A privileged space was given to the history of medicine. Roughly one hundred and fifty pages of the book deal with death in the medical culture of the Middle Ages, the early modern period and the 19th century. The greatest attention was again devoted to the theme apparent death and first aid, which means the history of medicine of the 18th and 19th centuries (De Ceglia 2014, pp. 103–328). Emphasis on the medical aspects of dying and death is evident in the fourth section of the book, which deals with the debate about death today. The authors of individual chapters thematised for instance the relationship between biology and death, death and justice, bioethics in an international scope, and the discussion between the representatives of

today's medicine at the very moment of death (De Ceglia 2014, pp. 331–526).

### **Doctors and death**

Although death as a theme of the history of medicine, cannot of course be reduced to only a limited time period of history, the existing knowledge of the cited historians and historians of medicine suggests that the 18th century probably brought an unprecedented interest of medicine and its protagonists in the exact definition of death. According to the British historian, Roy Porter, the 18th century also represented an extra period in medicine when doctors first began to increasingly participate in the process of dying as a direct witness at the bedside of a dying person (Porter 1997, pp. 241–242).

Research on death and dying in the 18th century additionally offers a historian an almost perfect laboratory in which to verify the theoretical concept of the medicalization of society by Michel Foucault from the 1970's. He referred to this phenomenon as biopower and biopolitics (Foucault 1975), in the Czech Republic this was most elaborated by the historian Daniela Tinková (2007b). She also drew attention to another definition of medicalization written by foreign historians of medicine, who see it as a process whereby certain areas of life started getting into the realm controlled by medical theories and medical practice; a gradual increase in the use of professional medical services as one of the manifestations of the so called disciplinization of modern society (Tinková 2009).

According to Foucault, the process of medicalization originates in the new forms of economic thinking and demographic population growth in the Europe of the Enlightenment as part of a wider phenomenon of population control through stronger mechanisms of power: “The announced topic was biopolitics. I understood this as a way the 18th century attempted to rationalize the problems assigned to the governmental practices, which are specific to populations of living people: health, hygiene, birth rate, longevity, race, etc. The growing importance that these problems started showing since the 19th century is well known as well as the political and economic interests until now. (...) Polizeiwissenschaft, developed by the

Germans in the 18th century (...) represented the principle: not enough attention is paid, too many things elude, too many areas lack regulation, rules and administration are not right – briefly, we reign too little. Polizeiwissenschaft technology is a form of government-controlled state principle rezone. It is quite natural that it takes charge of the problems of the population which should be as numerous and as active due to the strength of the state as possible. Health, birth and hygiene here occupy an important place without any problem” (Foucault 2004).

In 18th century Europe, there appeared a specific instrument for health surveillance that became known as the medical police – Medizinische Polizey (loosely translated as “public hygiene”) (Dinges 2000, Carroll 2002, Möller 2005). It was a concept of the state and collective medicine, which began to take shape in German-speaking countries in the late 1780’s. It was based on the interest in biological life of humankind and the welfare of the population. This concept was first developed by the German doctor Wolfgang Thomas Rau (1764).

Even a dying and a dead body were subjected to the contemporary standards of medical police and were medicalised. The concept of medicalization of death in this context can be seen as the birth and progress of scholarly categories of death, which had been separated from the religious sphere. Death was gradually becoming an interdisciplinary topic in which the doctor gained a privileged position. The medicalization of death was further manifested as a control mechanism, which was formed by a series of newly established standards relating to the handling of a dead body. These standards could be the basis of funeral reforms in many European countries, including the construction of new cemeteries outside the city walls. In the Habsburg monarchy, the funeral reforms of Maria Theresa controlled the time interval between the death and funeral and ordered a compulsory medical examination of the dead body (Tomasi 2001, Tinková 2012, Grubhoffer 2013). However, radical changes in funeral practice were represented by the reforms of her son, Emperor Joseph II, from the 1780’s (Wimmer 1991).

An interdisciplinary Italian-French research project from 2004–2006, under the

patronage of Giorgio Cosmacini and Georges Vigarello (2008), dealt explicitly with the relationship between the doctor and death, dying and dying people in different historical periods. Researchers from the fields of history, sociology, anthropology, but also philosophy, psychology and biomedical research focused on aspects of studying death, which seemed to be urgent. As a result, there is a publication which presents some of the main theoretical bases of the interdisciplinary study of death:

1. Theory and considerations on the topic of death, developed by doctors at different times, not only in scholarly treatises, but also in other types of historical sources (personal sources, memoirs, autobiographies, correspondence).
2. Problems relating to the apparent and sudden death in different historical periods.
3. Historically and ethically conditioned definition of death in different historical periods.
4. Socio-historical development of the doctor-patient relationship from the early modern period to the present.
5. Relationship between official and alternative medicine approaches (folk medicine, quackery etc.).
6. The importance of developing pathological anatomy for the formation of the view of medicine at the moment of death.
7. The impact of social concepts of the body on western medicine.
8. Medicine in wartime.
9. Medicine facing epidemics – plague and AIDS.

## CONCLUSION

The study of death is already a traditional historiographical theme, to some extent perhaps even an original research branch. The popularity of thanatological issue in the current international and domestic historiography is based inter alia on the interdisciplinary character of the last things of man, as well as on the possibility of using the current methodological approaches such as historical anthropology, history of mentalities and the history of the body. The investigation in the field of death can be carried out applying principle theoretical concepts

such as the theory of medicalization. When historians study human dying and death, they often inevitably touch upon the history of medicine and medical thinking. The history of medicine is directly related to just two of the three theoretical background researches on the topic of death, which was formulated by a leading authority of thanatological studies, historian Michele Vovelle: the category of “physical death” (mort subie) and “discourse about death” (discours sur la mort).

According to contemporary anthropologists, the topic of physical death in humanities research has been underestimated. The history of medicine combines the approach of classical historiography with the themes and knowledge of the history of science, technology and education. It also suggests answers to questions relating to the sick, the dying and the dead body, the transformations concepts of illness and death, the disposal of a dead body or the relationship between

patients and doctors. Some of the principal theoretical basis in the past decade has been formulated by the Italian historiography of medicine.

## CONFLICT OF INTERESTS

The author has no conflict of interest to disclose.

## ACKNOWLEDGEMENT

This paper is part of my postdoctoral research project GAČR 14-21114P/P410 Medicalization of Death. Apparent Death and Medical Attitudes towards the Apparently Dead in the Czech Lands (1780–1850). I gratefully acknowledge the receipt of financial support from GAČR (Czech Science Foundation).

---

## REFERENCES

1. Ariès P (1977). *L'homme devant la mort*. Paris: Éditions du Seuil. 641 p. (French).
2. Bacchini A (1920). *La vita e le opere di Giovanni Maria Lancisi*. Roma: Sansaini. 115 p. (Italian).
3. Bernabeo RA, D'Antuono G (eds) (1988). *La Scuola Medica di Bologna. Settecento anni di storia*. Volume primo, Bologna: Firma Libri. 261 p. (Italian).
4. Biraben JN (2000). Vývoj lékařského myšlení a chorob v Evropě do konce středověku [Evolution of medical thinking and diseases in Europe by the end of the Middle Ages]. *Historická demografie*. 24: 5–47 (Czech).
5. Bormann FJ, Borasio GD (eds) (2012). *Sterben. Dimensionen eines anthropologischen Grundphänomens*. Berlin: de Gruyter. 677 p. (German).
6. Broman TH (2003). *The Medical Sciences*. In: Porter R (ed.). *Eighteenth-Century Science*. Cambridge: Cambridge University Press, pp. 463–484.
7. Burke P (1990). *The French historical revolution. The Annales school 1929–1989*. Stanford: Stanford University Press. 152 p.
8. Burke P (2000). *A social history of knowledge: from Gutenberg to Diderot*. Cambridge: Polity Press. 268 p.
9. Carroll PE (2002). *Medical Police and the History of Public Health*. *Medical History*. 46: 461–494.
10. Černý K (2014). *Mor 1480–1730. Epidemie v lékařských traktátech raného novověku* [Epidemics in medical treatises of the Early Modern Period]. Praha: Karolinum. 504 p. (Czech).
11. Červeňanská Ň (1973). *Prvé obdobie vývoja resuscitácie* [The first period of resuscitation development]. Bratislava: Vydavateľstvo Slovenskej akadémie vied. 240 p. (Slovak).
12. Cooter R (2010). *The Turn of the Body: History and the Politics of the Corporeal*, *ARBOR Ciencia, Pensamiento y Cultura*. 186/743: 393–405. [online] [cit. 2015-12-20]. Available from: <http://arbor.revistas.csic.es/index.php/arbor/article/view/807/814>
13. Corbin A (1982). *Le miasme et la jonquille: l'odorat et l'imaginaire social. 18e–19e siècles*. Paris: Aubier Montaigne (French).



14. Corbin A (2005). *Histoire du corps. 2. De la Révolution à la Grande Guerre*. Paris: Seuil. 442 p. (French).
15. Corbin A, Courtine J-J, Vigarello G (2005). *Histoire du corps. 1. De la Renaissance aux Lumières*. Paris: Seuil. 573. (French).
16. Cosmacini G (1989). *La medicina e la sua storia. Da Carlo V al Re Sole*. Milano: Rizzoli. 237 p. (Italian).
17. Cosmacini G (1997). *L'arte lunga. Storia della medicina dall'antichità a oggi*. Roma-Bari: Laterza. 418 p. (Italian).
18. Cosmacini G (2003). *La vita nelle mani. Storia della chirurgia*. Roma-Bari: Laterza. 238 p. (Italian).
19. Cosmacini G (2006). *Le spade di Damocle. Paure e malattie nella storia*. Roma-Bari: Laterza. 252 p. (Italian).
20. Cosmacini G (2007). *La religiosità della medicina. Dall'antichità a oggi*. Roma-Bari: Laterza. 211 p. (Italian).
21. Cosmacini G (2010). *Testamento biologico. Idee ed esperienze per una morte giusta*. Bologna: Il mulino. 123 p. (Italian).
22. Cosmacini G (2013). *La scomparsa del dottore. Storia e cronaca di un'estinzione*. Milano: Cortina. 151 p. (Italian).
23. Cosmacini G, Vigarello G (eds). (2008). *Il medico di fronte alla morte (secoli XVI–XXI)*. Torino: Fondazione Ariodante Fabretti. 312 p. (Italian).
24. Courtine JJ (2005). *Histoire du corps. 3. Les mutations du regard: le XXe siècle*. Paris: Seuil. 522 p. (French).
25. De Ceglia FP (ed.) (2014). *Storia della definizione di morte*. Milano: FrancoAngeli. 686 p. (Italian).
26. Defanti CA (1999). *Vivo o morto? La storia della morte nella medicina moderna*. Milano: Zadig. 189 p. (Italian).
27. Dinges M (2000). *Medizinische Policy zwischen Heilkundigen und Patienten. 1750–1830*. In: Härter K (ed.). *Policy und frühneuzeitliche Gesellschaft. Studien zur europäischen Rechtsgeschichte: Veröffentlichungen des Max-Planck-Instituts für Europäische Rechtsgeschichte*. 129. Frankfurt am Main: Vittorio Klostermann Verlag, pp. 263–295 (German).
28. Donato MP (2014). *Sudden Death. Medicine and Religion in Eighteenth-Century Rome*. Farnham: Ashgate. 229 p.
29. Eisenberg MS, Baskett P, Chamberlain D (1996). *A History of Cardiopulmonary Resuscitation*. In: Paradis NA, Halperin HR, Kern KB et al. (eds). *Cardiac Arrest: The Science and Practice of Resuscitation Medicine*. New York: Cambridge University Press, pp. 3–25.
30. Elias N (1982). *Über die Einsamkeit der Sterbenden in Unseren Tagen*. Frankfurt am Main: Suhrkamp. 99 p. (German).
31. Favole A (2003). *Resti di umanità. Vita sociale del corpo dopo la morte*. Roma-Bari: Laterza. 196 p. (Italian).
32. Feldmann K (2010). *Tod und Gesellschaft. Sozialwissenschaftliche Thanatologie im Überblick*. Wiesbaden: VS Verlag für Sozialwissenschaften. 284 p. (German).
33. Fialová L (2008). *Život, bolest, utrpení a smrt: medicína jako zastírání pravdy [Life, pain, suffering and death: medicine as a concealment of the truth]*. In: Fialová L, Kouba P, Špaček M (eds). *Medicína v kontextu západního myšlení [Medicine in the context of Western thinking]*. Praha: Galén and Karolinum, pp. 139–144 (Czech).
34. Fondazione Fabretti. *Centro di ricerca e documentazione* (2013). [online] [cit. 2016-01-15]. Available from: [http://www.fondazionefabretti.it/?page\\_id=787](http://www.fondazionefabretti.it/?page_id=787) (Italian).
35. Foucault M (1975). *Surveiller et punir. Naissance de la prison*. Paris: Gallimard. 318 p. (French).
36. Foucault M (2004). *Naissance de la biopolitique. Cours au Collège de France (1978–1979)*. Paris: Gallimard, Seuil. 355 p. (French).
37. Ginzburg C (1976). *Il formaggio e i vermi. Il cosmo di un mugnaio del 500'*. Torino: G. Einaudi. 188 p. (Italian).
38. Gorer G (1955). *The Pornography of Death. Encounter*. October 1955. Issue: 49–52, p. 51. UNZ.org – Periodicals, Books, and Authors. [online] [cit. 2016-01-16]. Available from: <https://www.unz.org/Pub/Encounter-1955oct-00049>
39. Gorer G (1967). *Death, Grief and Mourning. A Study of Contemporary Society*. New York: Doubleday & Comp. 237 p.

40. Grubhoffer V (2013). Pod závojem smrti. Poslední věci Schwarzenbergů v letech 1732–1914 [Under the veil of death. The last things of the Schwarzenbergs in the years 1732–1914]. České Budějovice: Společnost pro kulturní dějiny ve spolupráci s Novou tiskárnou Pelhřimov. 441 p. (Czech).
41. Le Goff J (1981). La naissance du purgatoire. Paris: Gallimard. 509 p. (French).
42. Lebrun F (1971). Les hommes et la mort en Anjou aux 17e et 18e siècles. Essai de démographie et de psychologie historiques. Paris: Mouton. 562 p. (French).
43. Lenderová M, Hanulík V, Tinková D (eds) (2013). Dějiny těla. Prameny, koncepty, historiografie [The history of the body. Sources, concepts, historiography]. Červený Kostelec: Pavel Mervart. 261 p. (Czech).
44. Lenderová M, Tinková D, Hanulík V (2014). Tělo mezi medicínou a disciplínou. Proměny lékařského obrazu a ideálu lidského těla a tělesnosti v dlouhém 19. století [Body between medicine and discipline. Transformations of the medical image and ideal of the human body and physicality in the long 19th century]. Praha: Lidové noviny. 641 p. (Czech).
45. Lovejoy AO (1936). The great chain of being. A study of the history of an idea. Cambridge: Harvard University Press. 382 p.
46. Lovejoy AO (1948). Essays in the history of ideas. Baltimore: Johns Hopkins Press. 359 p.
47. McMahon DM, Moyn S (eds) (2014). Rethinking Modern European Intellectual History. New York: Oxford University Press. 305 p.
48. McManners J (1981). Death and the Enlightenment. Changing Attitudes to Death Among Christians and Unbelievers in Eighteenth-Century France. Oxford: Clarendon Press, New York: Oxford University Press. 619 p.
49. Milanesi C (1989). Morte apparente e morte intermedia: Medicina e mentalità nel dibattito sull'incertezza dei segni della morte (1740–1789), Roma: Istituto della Enciclopedia italiana fondata da Giovanni Treccani. 286 p. (Italian).
50. Möller C (2005). Medizinalpolizei. Die Theorie des staatlichen Gesundheitswesens im 18. und 19. Jahrhundert. Studien zu Policy und Policywissenschaft. Frankfurt am Main: Vittorio Klostermann Verlag. 376 p. (German).
51. Moyn S, Sartori A (eds) (2013). Global Intellectual History. New York: Columbia University Press. 342 p.
52. Nejeschleba T (2008). Jan Jessenius v kontextu renesanční filosofie [Jan Jessenius in the context of Renaissance philosophy]. Praha: Vyšehrad. 289 p. (Czech).
53. Nešporová O (2013). O smrti a pohřbívání [The death and burial]. Brno: Centrum pro studium demokracie a kultury. 351 p. (Czech).
54. Ohler N (1990). Sterben und Tod im Mittelalter. München: Artemis. 320 p. (German).
55. Pastore A, Rossi G (eds) (2008). Paolo Zacchia. Alle origini della medicina legale 1584–1659, Milano: Franco Angeli. 351 p. (Italian).
56. Porter R (1997). The greatest benefit to mankind: a medical history of humanity from antiquity to the present. London: HarperCollins. 831 p.
57. Premuda L (1994). Padova nella medicina europea tra rinascimento e barocco. In: Semenzato C (ed.). Il Teatro anatomico. Storia e restauri, Padova: Università degli Studi di Padova, pp. 11–34. (Italian).
58. Rau WT (1764). Gedanken von dem Nutzen und der Nothwendigkeit einer medicinischen Policeyordnung in einem Staat. Ulm: Gaum. 44 p. (German).
59. Remotti F (ed.) (2006). Morte e trasformazione dei corpi. Interventi di tanatometamorfosi. Milano: B. Mondadori. 373 p. (Italian).
60. Robb J, Harris OJT (eds) (2013). The Body in History. Europe from the Palaeolithic to the Future. New York: Cambridge University Press. 266 p.
61. Rosa E (1978). Medicina e salute pubblica a Bologna nel Sei e Settecento. Quaderni Culturali Bolognesi. 2/8: 5–60. (Italian).
62. Šiklová J (2013). Vyhověná smrt [Banished death]. Praha: Kalich, 127 p. (Czech).
63. Smith V (2007). Clean: a history of personal hygiene and purity. Oxford: Oxford University Press. 457 p.
64. Southgate B (2009). Intelektuální historie [Intellectual history]. Kontexty: časopis o kultuře a společnosti. 20/1: 47–57 (Czech).
65. Sozzi M (2009). Reinventare la morte. Introduzione alla tanatologia. Roma-Bari: Laterza. 189 p. (Italian).

66. Sozzi M (2013). *Sia fatta la mia volontà. Ripensare la morte per cambiare la vita*. Milano: Chiarelettere. 265 p. (Italian).
67. Spicci M (2010). *Medicina e morte. Una conversazione con il Prof. Giorgio Cosmacini*. *Altre Modernità*. 10/4: 298–302 (Italian).
68. Tenenti A (1957). *Il senso della morte e l'amore della vita nel Rinascimento* (Francia e Italia). Torino: G. Einaudi. 509 p. (Italian).
69. Tinková D (2007a). Tělo – věda – historie. K otázce formování „moderního“ těla v historiografii a novověké vědě [Body – science – history. The issue of the formation of a “modern” body in historiography and modern science]. In: Nodl M, Tinková D (eds). *Antropologické přístupy v historickém bádání* [Anthropological approaches in historical research]. Praha: Argo, pp. 13–52 (Czech).
70. Tinková D (2007b). Biomoc a „politická anatomie lidského a společenského těla“. Foucaultův koncept „biomoci“ ve vztahu k otázce modernizace státu, zrození humanitních věd a medikalizace společnosti na přelomu 18. a 19. století [Biopower and “political anatomy of the human and social body”. Foucault’s concept of “biopower” in relation to the modernization of the state, the birth of the humanities and the medicalization of the society at the turn of the 18th and 19th centuries]. In: Storchová L (ed.). *Conditio humana – konstanta (č)í historická proměnná? Koncepty historické antropologie a teoretická reflexe v současné historiografii* [Conditio humana – constant and (or) historical variable? The concepts of historical anthropology and theoretical reflection of contemporary historiography]. Praha: Fakulta humanitních studií Univerzity Karlovy, pp. 115–135 (Czech).
71. Tinková D (2009). „Uč se vážit svého zdraví, nemoc tě radosti zbaví.“ Zdravotnická disciplinace a osvěta obyvatelstva českých zemí na prahu 19. století [“Learn to appreciate your health, disease rids you of joy.” Medical disciplining and raising public awareness in the Czech lands on the threshold of the 19th century]. In: Blümlová D, Kubát P et al. *Čas zdravého ducha ve zdravém těle. Kapitoly z kulturních dějin přelomu 19. a 20. století* [Time healthy spirit in a healthy body. Chapters of Cultural History of the 19th and 20th centuries]. České Budějovice: Nová tiskárna Pelhřimov, pp. 9–32 (Czech).
72. Tinková D (2012). Zámeřná mefitis. Zdravotní policie a veřejná hygiena v pozdně osvěcenských Čechách [Insidious mefitis. Medical police and public hygiene in the late Enlightenment era in Bohemia]. Praha: Argo. 350 p. (Czech).
73. Tomasi G (2001). *Per salvare i viventi. Le origini settecentesche del cimitero extraurbano*. Bologna: Il mulino. 360 p. (Italian).
74. Tomíček D (2012). The Concept of Good Life According to the King’s Physician Johann Kopp von Raumenthal. In: Classen A (ed.) *Gutes Leben und guter Tod von der Spätantike bis zur Gegenwart. Ein philosophisch-ethischer Diskurs über die Jahrhunderte hinweg*. Berlin: De Gruyter, pp. 309–316 (German).
75. Van Dülmen R (2000). *Historische Anthropologie. Entwicklung, Probleme, Aufgaben*. Köln, Weimar, Wien: Verlag Böhlau. 135 p. (German).
76. Vovelle M (1978). Die Einstellungen zum Tode: Methodenprobleme, Ansätze, unterschiedliche Interpretationen. In: Imhof AF (ed.). *Biologie des Menschen in der Geschichte. Beiträge zur Sozialgeschichte der Neuzeit aus Frankreich und Skandinavien*. Stuttgart, Bad Cannstatt: Frommann-Holzboog, pp. 174–197 (German).
77. Vovelle M (1983). *La Mort et l’Occident: De 1300 à nos jours*. Paris: Gallimard. 793 p. (French).
78. Vovelle M (1990). *Ideologies and Mentalities*. Chicago: University of Chicago Press. 263 p.
79. Wimmer J (1991). *Gesundheit, Krankheit und Tod im Zeitalter der Aufklärung. Fallstudien aus den habsburgischen Erbländern*. Wien, Köln: Böhlau, 222 p. (German).

 **Contact:**

Václav Grubhoffer, U Lesa 2, 370 05 České Budějovice, Czech Republic  
Email: [vendagrub@centrum.cz](mailto:vendagrub@centrum.cz)