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Small Museums, Singular Figures – Curating Medical Breakthroughs in Public Exhibitions

Abstract: *This article investigates how three small, independent European medical museums use person-centred narratives to construct national and cultural understandings of medical innovation. Focusing on the Semmelweis Medical History Museum (Budapest), the Pharmacy Museum (Lisbon), and Livets Museum (Lund), it explores how biographical storytelling, object selection, and spatial design work together to produce emotionally engaging exhibitions that serve broader symbolic purposes. The study combines field research conducted between 2020 and 2025 with literature analysis, interpretive reading of exhibition strategies, and visual documentation.*

The article identifies three main curatorial strategies shared across the museums: presenting scientific progress as a singular achievement; using the scientist as a synecdoche for national identity; and drawing on cultural memory to create local emotional resonance. In each case, a central historical figure – Ignaz Semmelweis, Maria Odette Santos Ferreira, or Nils Alwall – is positioned as both an innovator and a symbol of national values. The exhibitions frame their stories through emblematic objects and simplified narratives that foreground personal dedication while omitting scientific collaboration, failure, or international complexity.

These findings highlight how small medical museums operate not only as educational institutions but also as sites of memory and identity formation. They translate historical knowledge into accessible, emotionally powerful stories aligned with national narratives. The article concludes that while these strategies are effective in public engagement, they also reflect selective curatorial choices. It calls for future research on museums in underrepresented regions to further understand how biography and national identity are constructed in medical heritage displays.

Keywords: *history of medicine; medical museums; Livets Museum; Pharmacy Museum; AIDS; medical humanities*

Introduction

"What we are trying to do is create a venue that will engage visitors in the exciting journey of how scientific discoveries are made and how they are translated into medical advances that change our world."

– Dr Mace L. Rothenberg

This vision, articulated by oncologist Dr Mace L. Rothenberg, captures an ambition shared by many medical museums: to present science not as a static archive of facts but as a dynamic human endeavour, shaped by clinical practice, personal insight, and public engagement. This article examines how small, independent medical museums in Europe construct person-centred narratives that highlight individual contributions to medical and scientific progress. Situated outside major metropolitan or academic centres, these institutions often rely on biographical storytelling and locally resonant displays that link singular breakthroughs to broader cultural and national frameworks.

While museum studies have increasingly examined how medical knowledge is displayed and communicated, most scholarship focuses on large, university-affiliated museums (such as the Josephinum in Vienna, the Hunterian Museum in London, or the Berlin Museum of Medical History at the Charité). Smaller, independent institutions – despite their unique practices and strong local ties – remain underexplored. Their exhibitions tend to foreground specific figures and places, offering decentralised narratives that challenge dominant, institution-based histories of medicine. Unlike academic medical museums that prioritise anatomical collections for teaching purposes (e.g. the Gordon Museum of Pathology at King's College London), these public-facing institutions emphasise the human dimensions of medicine: how medical and pharmaceutical practices have evolved in relation to society, identity, and lived experience.

The three case studies examined in this article – the *Museu da Farmácia* in Lisbon (Pharmacy Museum, hereinafter **MF**), the *Semmelweis Orvostörténeti Múzeum* in Budapest (Semmelweis Medical History Museum, hereinafter **SOM**), and *Livets Museum* in Lund (Museum of Life, hereinafter **LM**) – offer three distinct approaches to the presentation of medical history. This article analyses how biography, spatial design, and material culture are employed in these institutions to communicate scientific innovation.

Methods and Literature

This article is based on a combination of literature analysis and field research carried out between 2020 and 2025, as part of a larger project on the cultural representation of medical knowledge in European museums. Although the overarching aim of that project were different, it provided a valuable foundation for investigating how small museums present biographical narratives and frame medical innovation.

Following a review of relevant scholarship on medical and pharmacy museums – as historical institutions and as spaces of knowledge transmission – these three museums were selected for their national and institutional diversity, their focus on individual figures associated with medical breakthroughs, and their status as independent institutions, operating outside academic or clinical environments.

I conducted fieldwork at each site, documenting the exhibitions through photographs, spatial sketches, and observational notes. I analysed the structure and content of each display, paying particular attention to object selection, spatial arrangement, use of visual material, and the way scientific achievements were narrated. I also collected and reviewed supporting materials such as exhibition leaflets, guidebooks, and interpretive panels. My analysis focused on three main questions: how is the featured individual positioned within each museum's narrative? How are material and visual elements used to communicate specific aspects of medical history? And how do the exhibitions relate to broader themes such as national identity, cultural memory, and the idea of progress. I also considered how each institution addressed questions of accessibility – such as caption language, visual clarity, and intended audience.

Academic research on medical museums covers several key themes, many of which are relevant to this study, though some aspects remain underexplored.

One recurring theme is the role of medical history museums in medical education. Historically, museums served as extensions of medical schools. They provided students with direct access to anatomical specimens, wax models, and surgical tools that were used for teaching anatomy and clinical procedures. Despite technological changes in medical education, some researchers argue that these historical collections still support learning, particularly through their materiality and realism (Marreez, Willems, and Wells, 2010; Zanatta and Zampieri, 2018).

Another major area of interest is institutional history. Scholars have studied the development of medical museums from Enlightenment-era anatomy collections to their formal establishment in the 19th century and their transformations in the 20th century. These studies often focus on how museum priorities shifted from pathology-focused displays to broader themes such as public health, medical ethics, and social history. Most of this literature, however, concentrates on major university museums in large cities (Turk, 1994; Reinarz, 2005; Jarosz, 2023).

Exhibition practices also form a distinct field of inquiry. This includes research on how medical museums select and interpret objects, arrange space, and combine visual and textual materials to guide visitor understanding. Scholars highlight that exhibitions do more than present facts – they construct interpretations and shape how audiences perceive science and medicine. Yet, person-centred narratives, such as biographical exhibitions, have received less attention (Alberti, 2011; McLeary, 2001; Jarosz, 2020).

Ethical and representational issues are increasingly discussed, especially in relation to the display of human remains. These debates often address the respectful treatment of remains, sensitivity to cultural beliefs, and the ethical implications of displaying individuals without consent. Redman (2016) and Alberti (2016) highlight how colonial-era collecting practices continue to shape current displays, often without adequate contextualization or community involvement. Institutional guidelines such as those by the British Museum (Department for Culture, Media and Sport 2005), the ICOM Code of Ethics (ICOM, 2017), and the Vermillion Accord (1989), advocate for transparency, consultation with descendant communities, and, where appropriate, repatriation. In parallel, Rodéhn (2019) and te Hennepe and Wingen (2024) emphasize the importance of inclusive curatorial practices that incorporate marginalized voices and patient perspectives. Participatory methods, such as co-curation and narrative sharing, are increasingly seen as essential tools for democratizing interpretation and promoting ethical representation.

Technology in medical museums is another growing field. Scholars have examined the use of augmented and virtual reality, interactive media, and digital archives to enhance visitor engagement and expand access, especially in remote or educational contexts (Erbay, 2008; Mikami et al., 2022).

A final theme concerns the medical object itself – how it is defined, preserved, and interpreted. Researchers explore how institutions decide what to collect and display, and how these choices reflect broader assumptions about science, medicine, and cultural value (Alberti, 2016; Eveleigh and Horry, 2025).

The museums discussed in this article reflect broader trends in the representation of medical history, but they have received uneven scholarly attention. The *Museu da Farmácia* in Lisbon (FM) features in studies on Portuguese scientific heritage (Delicado, 2014; Diogo, 2008; Lourenço and Dias, 2017). The *Semmelweis Orvostörténeti Múzeum* in Budapest (SOM) has been examined in Hungarian academic literature, particularly with regard to collection policy and institutional development (Kapronczay, Magyar and Kéki, 2011; Szvák et al., 2023). In contrast, *Livets Museum* in Lund (LM) has not been referenced in any major academic publications to date, indicating a gap in the study of small, independent medical museums in Europe.

Although the scientific contributions of Nils Alwall, Maria Odette Santos Ferreira, and Ignaz Semmelweis – dialysis, HIV-2 research, and infection control respectively – are well documented (Hansson et al., 2023; Kurkus and Ostrowski, 2019; Cameron, 2018; Clavel et al., 1986; Salzedas, 2021; Martins, 2021; Pittet and Boyce, 2001; Best and Neuhauser, 2004; Stewardson et al., 2011) – their representation in museum contexts remains largely unexamined.

Background and Selected Museums

The three case studies examined in this article form part of a wider constellation of small and mid-sized medical museums across Europe. Examples include the Old Operating Theatre Museum and Herb Garret in London (publicly accessible since 1962), the Thackray Museum of Medicine in Leeds (1997), the Basque Museum of the History of Medicine and Science in Leioa (1982), the Gothenburg Medical History Museum (1946), the Stadtmuseum Gütersloh's medical collection (developed in the 1990s), the Museum of the History of Medicine at the Medical University of Warsaw (1955), the Musée Laënnec in Nantes (a small collection dedicated to the inventor of the stethoscope), the Museo di Storia della Medicina in Padua (1995), or the Museo delle Arti Sanitarie in Naples (2010). Although varied in scale and scope, these institutions share a commitment to presenting medicine through site-specific, personal, and often nationally inflected lenses.

The Museum of Life – Livets Museum (LM)

Located in Lund, Sweden, Livets Museum (LM) and was established in 2012 as a joint initiative between Region Skåne and Medicon Village, a biomedical innovation centre. Housed in a former anatomical theatre, the museum was conceived to bring together cultural engagement, public health education, and biomedical innovation (Hyttfors, 2014). Its founding concept is shaped by the work of sociologist Aaron Antonovsky, whose theory of salutogenesis emphasises the importance of the conditions that support human health – particularly a sense of coherence, grounded in comprehensibility, manageability, and meaningfulness. The museum is built upon these theoretical foundations, and its location in Lund carries added resonance, as Antonovsky himself spent a sabbatical year in the city.

Rather than focusing exclusively on illness or pathology, LM approaches medicine as a human-centred practice, highlighting the broader social and personal dimensions of health. The Swedish approach to public health – strongly focused on individual wellbeing, social equity, and preventive care – is reflected in the museum's interactive format. Visitors are encouraged to engage with exhibits through hands-on, experiential displays that make complex medical topics accessible and relevant.

One of the museum's permanent exhibitions is dedicated to Nils Alwall, a physician and professor known for his pioneering development of clinical dialysis. The display centres on a cardboard prototype from 1941 and a working dialysis machine built in 1943, accompanied by a large photograph of Alwall in surgery and a panel describing his collaboration with engineer Holger Crafoord. *(Fig. 1)*

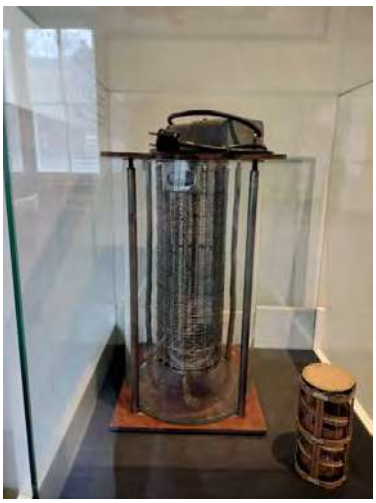

Fig. 1. **Dialysis machine designed by Nils Alwall ca. 1943 Displayed at Livets Museum Lund. Photo K. Jarosz, private collection.**

Additional materials – including a model arm illustrating the arteriovenous shunt technique and a diagram of the fistula method – expand the story. *(Fig. 2)*

All exhibition materials are presented in Swedish. The museum positions itself as an educational space dedicated to health, technology, and public engagement, aligned with the country's broader commitment to health literacy and social wellbeing.

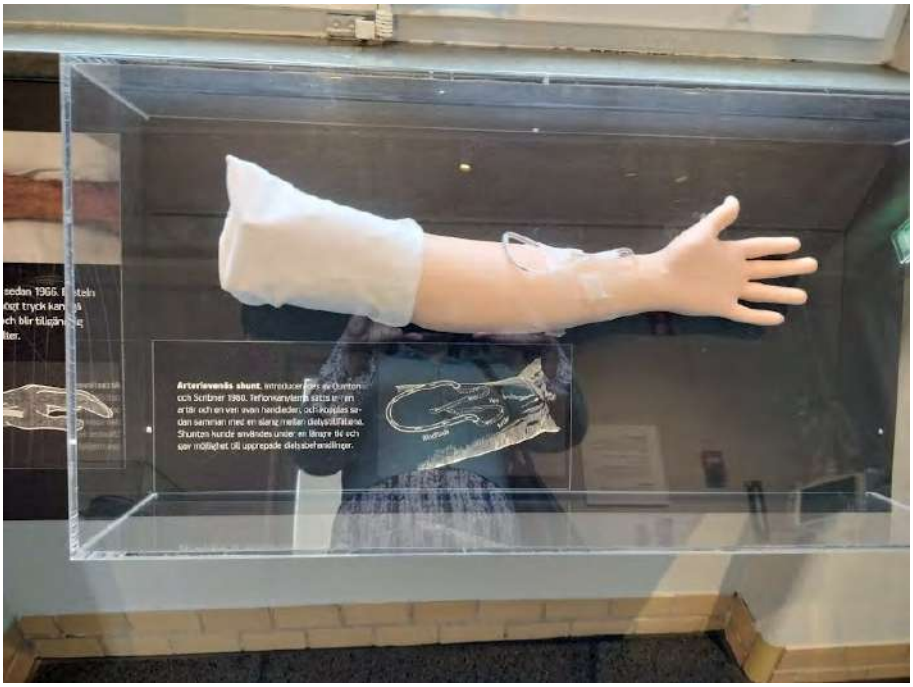

Fig. 2. **Model of an arteriovenous shunt for dialysis treatment. Displayed at Livets Museum Lund. Photo K. Jarosz, private collection.**

Pharmacy Museum – Museu da Farmácia

The MF is located in Lisbon, Portugal, with an additional site in Porto. It was founded by the National Association of Pharmacies in 1981 and opened to the public in 1996. The museum's permanent exhibition traces the global history of pharmacy through artefacts, reconstructions of historical pharmacies, and collections representing medical traditions from multiple cultures and periods. Although named a pharmacy museum, it presents pharmacy not merely as the preparation of medicinal compounds but as a broader practice of healing. In effect, it functions as Portugal's de facto museum of medicine – there is no

other public institution dedicated exclusively to medical history in the country. Visitors can trace changing approaches to treatment over the centuries, as well as the social histories of major diseases, from the Black Death to contemporary conditions such as AIDS.

A dedicated section focuses on the virologist Maria Odette Santos Ferreira, whose display was officially inaugurated on World AIDS Day in December 2018 as a tribute following her death that year. Later presented as a travelling display, including at the Museum of Pharmacy in Porto, the exhibition features a range of personal and professional objects, such as her fluorescence microscope *(Fig. 3)*, white laboratory coat, handwritten notes, personal photographs, medals, and her favourite coat. The section also includes posters from national HIV/AIDS awareness campaigns and documents related to international public health initiatives. All interpretive texts and object labels are available in both Portuguese and English.

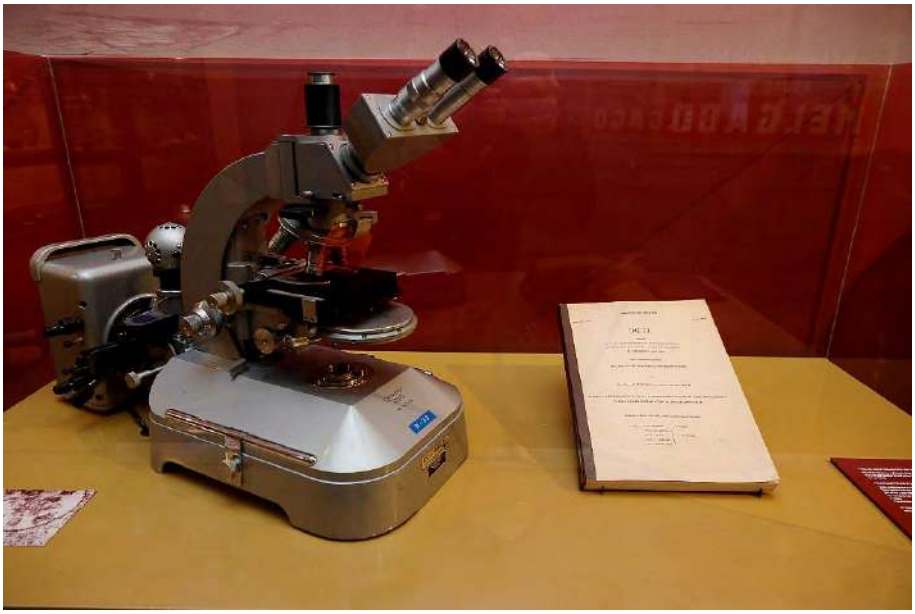

Fig. 3. **Fluorescence microscope used by Maria Odette Santos Ferreira in her HIV-2 research. Displayed at the Museu da Farmácia, Lisbon. Photo K. Jarosz, private collection.**

The museum highlights Ferreira's role in identifying HIV-2, a less common and less aggressive strain of the Human Immunodeficiency Virus, primarily found in West Africa. Unlike HIV-1, which is responsible for the global AIDS pandemic, HIV-2 progresses more

slowly, is less transmissible, and is less likely to develop into AIDS. Ferreira's work was crucial in clarifying ambiguous serological results in patients arriving from former Portuguese colonies in Africa. Her insight led to the recognition of HIV-2 as a distinct type, shaping both national and international approaches to diagnosis, treatment, and prevention. The exhibition also emphasises Portugal's leadership in HIV response: in July 2018, the World Health Organization recognised the country as "an exemplary country in the prevention, detection, treatment and care of HIV patients," noting that Portugal had met nearly all of the UNAIDS 90-90-90 targets ("Odette Ferreira - Building Futures", 2018).

Semmelweis Medical History Museum

The Semmelweis Medical History Museum is located in Budapest, Hungary, in the former residence and birthplace of Ignaz Semmelweis. It originated from the Royal Society of Physicians in Budapest and its affiliated library – institutions that gradually evolved from serving practicing physicians to preserving historical medical knowledge. It was established as a museum in 1965 under socialist cultural policy and became part of the Hungarian National Museum in 2016 (Kapronczay, 2011: 256-259).

In the late 1980s, the museum was directed by medical historian József Antall, who later became Hungary's first democratically elected Prime Minister. As director from 1974 to 1990, Antall transformed the museum into a modern centre for the study and public presentation of medical history. He prioritized scholarly research, the systematic collection and cataloguing of historical medical objects, and the cultural significance of Semmelweis's legacy (Szállási, 2009). During this period, the museum expanded its holdings significantly, acquiring manuscripts, instruments, anatomical models, and rare documents. The permanent exhibition was reorganized to integrate biographical and institutional narratives: the life of Semmelweis was presented within a reconstructed 19th-century domestic setting, while surrounding galleries explored broader themes in the development of obstetrics, surgery, and public health.

Antall also promoted international collaboration, positioning the museum as a respected contributor to the European discourse on medical history. His approach combined historical scholarship with civic and national values, treating medical history as a tool for cultivating a shared cultural identity rooted in science, ethics, and public service. As

Antall and his co-editors wrote in their edition of Semmelweis's manuscripts: "even when prioritizing the content value and the value of the manuscripts as sources, one must not forget their importance as museum materials of historical documentation" (Antall, Harkó and Vida,1968: 185).

The permanent exhibition occupies several floors of the historic building. The biographical core is arranged within a reconstructed 19th-century domestic interior, featuring a desk, chairs, oil lamp, portrait, and decorative furnishings *(Fig. 4).*

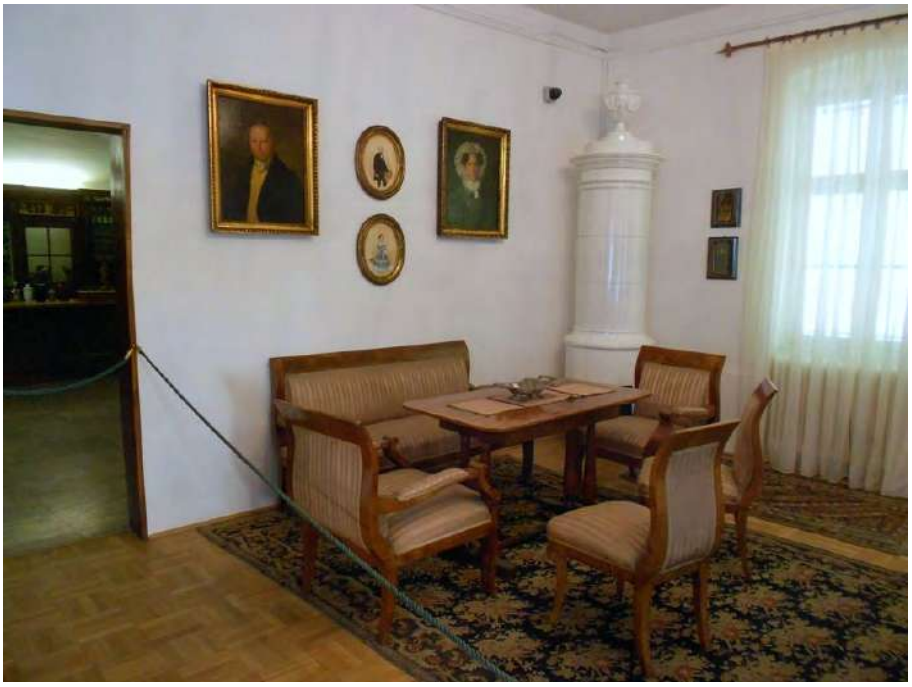

Fig. 4. **Study of Ignaz Semmelweis, featuring 19th-century furnishings and personal items. Displayed at the Semmelweis Medical History Museum, Budapest. Photo K. Jarosz, private collection.**

Surrounding rooms display surgical instruments, obstetric tools, anatomical models, and preserved specimens from the 18th and 19th centuries. Notable exhibits include a surgical stapler designed in 1908, a wax anatomical model of a pregnant woman, and a scale model of a dental laboratory from the 1896 Budapest Millennium Exhibition.

The museum's collections have grown over time and now include anatomical torsos, trepanned skulls, wax heads, and other historical

medical artefacts. Captions and explanatory texts are provided in both Hungarian and English.

Approaches to Presenting Medical History

Before turning to the analysis, it is worth noting that the three museums make use of different exhibition approaches that serve distinct purposes – such as attracting visitor interest, generating emotional engagement, affirming national narratives, simplifying complex histories for wider audiences, or expressing institutional identity. These functions are common across many museums and reflect the practical and symbolic goals of public display. The approaches are not mutually exclusive – they often overlap or support one another. In what follows, I focus on three ways of organizing meaning that appear across all three museums and shape how medical knowledge and memory are communicated: (1) presenting scientific progress as a singular achievement; (2) using the figure of the scientist as a symbol of the nation; and (3) evoking cultural memory to create emotionally resonant and socially anchored narratives.

Medical Progress as an Individual Achievement

Across the three case studies, medical innovation is consistently presented as the result of individual insight and determination, rather than the outcome of collaborative, institutional, or cumulative processes. This portrayal mirrors how medical breakthroughs are commonly depicted in popular culture – as heroic, personal triumphs. Numerous books and films celebrate the lone doctor or scientist overcoming adversity to achieve a major discovery. The Polish film *Bogowie* (Gods), which dramatizes the career of pioneering cardiac surgeon Zbigniew Religa, is a clear example of this narrative tendency (Łazarkiewicz, 2014). As Robert B. Taylor notes, nineteenth-century medicine is remembered through its "Great Doctors" such as Semmelweis, Lister, and Pasteur – figures who have become synonymous with singular moments of medical advancement (Taylor, 2008: 3).

At LM, the section devoted to Nils Alwall presents his contribution to dialysis through a small number of objects: a cardboard prototype from 1941, a functioning dialysis machine from 1943, and a photo of Alwall at work. The accompanying text describes him as a pioneer who treated his first patient in 1946 and promoted dialysis at a time when others still supported dietary approaches such as mixtures of butter, sugar, and water. While his innovations are clearly highlighted, the

exhibition omits the broader historical context of dialysis. There is no mention of earlier figures such as Georg Haas, who performed the first human dialysis in 1924 in Germany, nor is there reference to international developments that shaped the field. The display presents Alwall's achievement in isolation, without situating it within a larger scientific or clinical timeline. This selective focus may reflect the museum's orientation toward a wide general audience, including children, and its goal of communicating basic medical knowledge in a straightforward, accessible format.

In the MF, Maria Odette Santos Ferreira's role in the identification of HIV-2 is shown through objects directly connected to her scientific and public work. These include her fluorescence microscope used in research, her white laboratory coat, handwritten notes, personal photographs – also depicting her at work in the laboratory – and a selection of national and international medals and decorations displayed prominently in a central glass case. Among these distinctions are the Ordre national du Mérite (France), the Grand Cross of the Order of Prince Henry (*Ordem do Infante Dom Henrique*, Portugal), and several medals awarded by scientific and public health organisations, reflecting international recognition of her contributions to virology and public health. These elements construct a narrative of scientific dedication, perseverance, and civic recognition. The exhibition highlights her decision to pursue ambiguous serological results that led to the identification of HIV-2. The accompanying materials acknowledge that the virus was found in patients from Bissau, the capital of Guinea-Bissau, thereby situating the research in a postcolonial context. However, while this geographic origin is mentioned, the broader political and historical dimensions of Portugal's colonial involvement remain undeveloped, and the emphasis stays on Ferreira's personal achievement and its national significance.

The display also emphasises her contributions to public health. Ferreira was the initiator of *Troca de Seringas* (Syringe Exchange), launched in 1993 as the first harm reduction programme in Portugal. It allowed intravenous drug users to anonymously exchange used syringes for sterile ones in pharmacies, aiming to reduce the spread of HIV and other blood-borne infections. In addition, she initiated *Boas Férias* (Have a Good Holiday), a seasonal HIV/AIDS awareness campaign designed to promote safer behaviour during the summer period *(Fig. 5).*

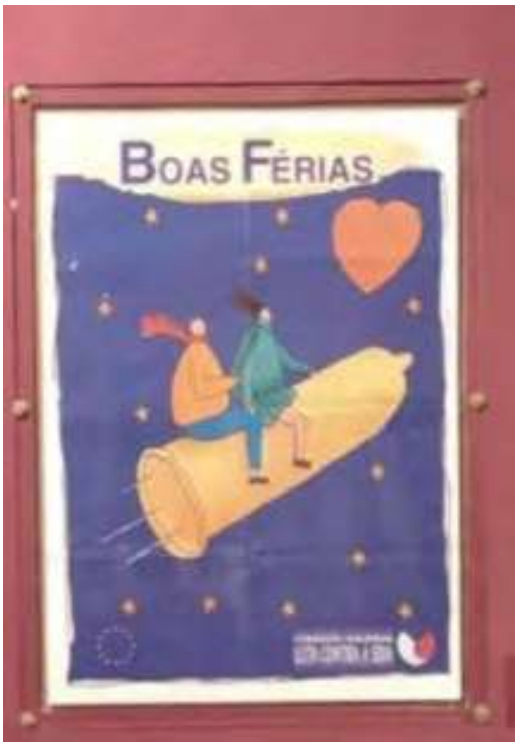

Fig. 5. **Boas Ferias Have a Good Holiday. HIV / AIDS awareness campaign poster initiated by Maria Odette Santos Ferreira. On display at the Pharmacy Museum Lisbon. Photo K. Jarosz, private collection.**

The campaign used direct language and accessible visual design to encourage prevention across a wide audience. Through these combined elements, the museum presents Ferreira not only as a pioneering virologist, but as a public figure who helped shape Portugal's scientific, preventive, and educational response to the HIV/AIDS epidemic.

At the SOM the figure of Ignaz Semmelweis is depicted through a reconstruction of his study, which omits surgical tools and laboratory equipment. Instead, the emphasis is on intellectual and moral labour, portraying Semmelweis as a solitary thinker whose insight defied prevailing medical norms. The lack of reference to the resistance he faced from the medical establishment, or the eventual confirmation of his theories through germ theory, reinforces a simplified narrative of individual discovery.

In all three museums, emblematic objects – Alwall's prototype, Ferreira's microscope and personal belongings, Semmelweis's desk – serve as focal points that translate complex developments in medical science into emotionally accessible stories of individual heroism.

Lives of Scientists as a Strategy for Shaping National Identity

Public figures – including scientists – often become symbols of collective values and aspirations and the portrayal of individual scientists extends beyond their research to reflect national identity. Christiaan Barnard in South Africa, Louis Pasteur in France, and Alexander Fleming in the UK are examples of how personal medical achievement can become part of national self-narratives. Christiaan Barnard's 1967 heart transplant was not just a medical milestone, it also elevated him to the status of a national symbol in apartheid-era South Africa (Dubow, 2006). Louis Pasteur is widely commemorated in France as a national hero whose scientific legacy is central to representations of French intellectual and moral leadership (Greene, 2008). Alexander Fleming's discovery of penicillin has been absorbed into British national memory, where he is portrayed as a figure of ingenuity and humanitarian progress (Bud, 2007).

This is also the case in two of the museums studied here. Ignaz Semmelweis is explicitly presented as a national figure in Hungary. The Semmelweis Museum in Budapest, which bears his name, describes him as "probably one of the best-known Hungarians" and "the most famous Hungarian doctor." His legacy is communicated through public commemorations, statues, exhibitions, and narratives that highlight his ethical commitment and scientific determination. These forms of recognition place him within a broader context of national pride and historical significance. On the centenary of his death in 1965, the Hungarian Ministry of Health inaugurated the Semmelweis House as a memorial museum, referring to him as "a great Hungarian physician honoured by all the world" (Fekete, Farkas and Palla, 1965: 744).

Maria Odette Santos Ferreira is similarly commemorated in Portugal. Her identification of HIV-2 is linked to her broader contribution to public health, and her display connects this achievement to Portuguese efforts in combating AIDS. A national newspaper described her as "an essential figure in science and public health in Portugal... a symbol of fearless resistance to the stigma of the disease" (Público, 2018). However, the exhibition avoids situating her work in an international or postcolonial context.

In contrast, the presentation of Nils Alwall in Lund does not adopt an overtly nationalistic tone. While his achievements in dialysis are central to the exhibit, they are not used to express national pride. Rather, the emphasis is on his contribution to the scientific and cultural heritage of Sweden. This approach foregrounds the historical and educational

value of his work, avoiding the symbolic fusion of individual achievement with national identity.

Medical History as Cultural Memory

In all three museums, cultural memory plays a key role in how the history of medicine is presented. According to Jan Assmann (1992), cultural memory is a socially sustained form of remembering the past, shaped by institutions, symbols, and narratives that respond to the current needs and values of a community. Its aim is not to reconstruct the past with factual precision, but to assign it meaning that resonates with contemporary audiences. In museums, this is achieved through the selection of specific individuals, objects, and themes, the way these elements are presented and interpreted, as well as through the omission of others deemed irrelevant or inconvenient.

At the SOM, a reconstructed 19th-century interior features a desk, oil lamp, books, and a portrait, evoking a space of moral reflection rather than scientific work. This presentation casts Semmelweis as a solitary figure guided by ethical conviction. It suggests that his discovery emerged from personal insight rather than collaborative work or engagement with contemporary scientific debate. Omitted, however, is a crucial part of his biography: that his call for handwashing was ignored by many medical professionals, that he was ridiculed and marginalised, and eventually declared mentally unwell and committed to an asylum, where he died after being beaten. By excluding these facts, the exhibition loses both its dramatic depth and its critical edge. Instead, it presents Semmelweis as a fully recognised national hero – "the greatest Hungarian doctor," a moral authority, and a figure whose story fits neatly into a national historical narrative.

At LM, cultural memory takes the form of a narrative that frames medicine as part of social care and public education. The exhibition dedicated to Nils Alwall focuses on his contribution to the development of dialysis, but avoids national symbols or references to scientific heroes. Instead, it presents his work as part of a broader system working for public health, reflecting Aaron Antonovsky's concept of salutogenesis. This model understands health not as a static condition but as a process, where a person's sense of coherence – the ability to understand, manage, and find meaning in experience – is central. The Lund exhibition, with its emphasis on prevention, accessibility, and education, reflects this vision of health as a shared social responsibility.

In all these cases, cultural memory does not serve an archival or documentary function. Rather, it works through selective interpretation – shaping the past in ways that align with contemporary values and expectations. These museums do more than display the history of medicine; they help shape public ideas about what medicine was, what it is, and what role it should play in society.

Conclusions and Directions for Further Research

Small, independent medical museums are a rich but often overlooked source of historical knowledge. Their main purpose is not to impress with design, but to preserve and share the stories of medicine in ways that are meaningful to the public. These museums show how medical discoveries are remembered, explained, and connected to broader ideas about science, identity, and society.

This study asked three main questions: how each museum presents its central figure; how it uses space, objects, and visuals to tell its story; and how these stories relate to ideas such as cultural memory, national identity, and medical progress. The analysis shows that all three museums – SOM, the MF and LM – follow a similar pattern. They build clear and focused stories around individual achievements, using personal objects and selective details to create simple, engaging narratives.

At the same time, there are important differences. The SOM presents its figure as a heroic and morally driven individual, while avoiding the more difficult parts of his biography. The Lisbon Museum highlights Maria Odette Santos Ferreira's role in national health achievements but leaves out the international and colonial aspects of her work. Yet these aspects are essential for understanding the scientific and historical significance of her contribution. Ferreira's identification of HIV-2 was based on serological anomalies in patients arriving from Guinea-Bissau, a former Portuguese colony. This geographical and epidemiological context – rooted in postcolonial mobility and the legacy of empire – was critical to the breakthrough but is not addressed in the exhibition. The patients from West Africa, whose biological material enabled the discovery, remain anonymous and absent, while Portuguese science is celebrated in isolation. No reference is made to African public health systems, local knowledge, or research infrastructures. This omission reflects a broader pattern of scientific extraction, where data and prestige are drawn from the global periphery to reinforce metropol-

itan narratives of achievement. In Lund, the exhibition about Nils Alwall takes a broader view, placing his work within a public health and education framework.

In all three cases, the museums they present simplified, emotionally appealing stories that match national or local narratives and leave out topics such as scientific disagreement, failure, and collaboration across borders.

The result is a coherent but selective portrayal of science, where medical progress is streamlined into emotionally charged and culturally aligned narratives. Topics such as ethical ambiguity, scientific failure, or patient perspectives are excluded.

Future research should include comparative studies of lesser-known institutions, such as the Polish Museum of the History of Medicine (Warsaw), the Medical History Museum in Cluj-Napoca, or the Museum of Medical History of Catalonia (Barcelona). Investigating how different political and educational systems influence frameworks could clarify whether the patterns identified – biographical focus, national framing, symbolic materiality – are specific or general.

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