

# Conformity, Dialogue and Deviance in Health and Medicine

Society for the Social History of Medicine Conference

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University of Liverpool

## ABSTRACTS



**#SSH M2018**

## Keynote abstracts

### Wednesday 11 July 2018

17.15-18.45: Ruth Richardson, The Significance of *n of 1*: A Mid-Victorian Case Report, CTH-LTA

Until quite recently, interest in “*n of 1*” reports had dwindled in medical literature, eclipsed by the preponderance of data from randomised controlled trials. But in history the exemplary quality of the single case in allowing light to penetrate dark corners of our ignorance remains understood, valued and appreciated. This lecture focuses upon a non-random, non-blinded and unrepeatable *n of 1* crossover trial in the past. A sequentially-informed account of the hospital care of the same patient in two different institutions, it provides clear evidence of the contemporary operation of differing medico-surgical regimes and their concomitant modes of nursing care, in close geographical proximity. This case offers an extraordinary supplementary record which illuminates and enriches institutional, scientific, and social histories of mid-19<sup>th</sup> century healthcare.

### Thursday 12 July 2018

17.45-19.00 Martin Gorsky, Universal Health Coverage as a Goal of International Policy: Dialogue, Consensus and Conflict, CTH-LTA

Amongst other major anniversaries (the NHS, the WHO) 2018 also marks 40 years since the WHO's Alma Ata Declaration. This was a pledge by the international community to achieve Health for All by the Year 2000 through universal primary health care. Alma Ata's failure is well-documented, explicable in light of a political economy of international health which has repeatedly privileged disease specific interventions over building health systems. Yet in October the WHO will mark the birthday by reaffirming its commitment to achieve universal health coverage (UHC), now on the agenda as one of the United Nations' Sustainable Development Goals.

To observe this anniversary, and to prompt reflection on the prospects for UHC today, my talk will discuss the earlier history of universal coverage as a goal of international health policy. I will suggest that alongside the familiar 'global health' framework which attends to the role of the WHO and World Bank, it is also helpful to conceptualise this issue within the literature on the transnational welfare state. This directs attention to the activities of the International Labour Organisation (ILO), the agency that has consistently had the promotion of social security, including sickness insurance and medical care, in its remit. Through its conventions, it sought to build international consensus on the right to health, and through its advocacy and technical assistance, it acted as a major channel of dialogue.

Proceeding chronologically, I will cover the emergence of UHC on the ILO's agenda in the 1930s and 1940s, then conflict and failure to establish it as a priority for the newly formed WHO, 1944-52. The post-war decades then saw the development of typologies and metrics for the comparative analysis of health systems, advisory work in post-colonial settings in the 1960s and emerging dilemmas of meeting basic needs in the context of underdevelopment. In the 1970s and 1980s, the ILO remained marginalized by other international organizations, particularly in the context of neoliberalism. Later, when it engaged with broader health systems strengthening programmes, notably in Eastern Europe after Communism, the statist approaches it had once favoured were off the agenda. Thus, long-term trends included: the gradual abandonment of 'NHS' model routes to UHC; the patchiness of advocacy for universal health care as a right; and an increasing emphasis on technical social security expertise over strategic vision. I will conclude with some reflections on prospects for UHC today, in light of the trajectory I have outlined.

**Wednesday 11 July 2018 / Session 1 / 10:30-12:00**

**Strand A**

**Locating and Reconsidering The Lived Experience of HIV-affected People in Britain**

**Chair: Caroline Rusterholz**

**'Do not become pregnant': Meeting the Emotional and Educative Needs of HIV-affected Mothers and the Families in the late 1980s – Hannah Kershaw**

In 1987 the British Medical Association issued advice to HIV-positive women advising abstinence or safer-sex to prevent pregnancy. HIV-positive women did become pregnant however, and charities across the UK, previously tasked with meeting the needs of intravenous-drug addicted women, were soon attempting to meet the emerging needs of HIV-affected mothers and their families. This paper explores this history by examining the response in Edinburgh, a city which became infamously known as the 'AIDS Capital of Europe' in the late 1980s due to an emerging AIDS epidemic among its IV-drug using population.

Drawing on social work manuals, testimony, education leaflets and the archival traces of hospices like Brenda House, this paper draws on the voices of the HIV-affected to tell the history of how this emerging crisis evolved in Edinburgh and was experienced by HIV-affected families and those that worked with them. By analysing representative social work texts such as HIV, AIDS and Children: A Cause for Concern by Naomi Honigsbaum and education leaflets like My Child has a Needle stick Injury: What Should I Do? by PARC the paper captures the interactional day-to-day of living and working with HIV in Edinburgh. Analysing these key texts which responded to the specific educational, emotional and physical needs of HIV-affected families, allows the paper to recover the voices of both the carers and cared-for, producers and their audiences, analysing the complex experiences of those who cared for and educated the HIV-positive, as well as the HIV-positive themselves.

**Whose/who's Mapping? AIDS in Brighton, 1986 – 1997 – Matt Cook**

'30 dead' announced The People in 1987 under the headline 'AIDS Crisis Hits Gay Capital of Britain'. Brighton was consistently mapped as an 'AIDS hotpot' because of its gays (who apparently moved between 'dark, tar-coloured' bars and 'chintzy terraced' houses) and its bisexuals who 'creep out for a quickie and then return to their wives'.

Gay men and their lesbian and straight allies responded in less sensational terms as the virus took its toll. One young woman remembers AIDS becoming a visible for her around 1986 when she saw a desperately weak young man being 'tenderly fed ice cream' by a friend on the beach. This was two years after the first person in Brighton died of an AIDS-related illness, and the beginning of the 'herculean task of caregiving' and support in the town, involving informal networks and more formalized community, charity and local authority initiatives.

This paper shows how gay Brighton was re-imagined, remapped and experienced in new ways in this period. It suggests ways in which the town's distinctive queer history was mobilized and charts the drive for self-description in a period when many felt impotent and embattled; tracing what such mobilization revealed and contained, exploring the extension and re-orientation of Brighton's reputation as 'Britain's San Francisco'. I thus outline some of the presumptions about queer lives unpinning and weaving through testimony, research and

surveillance, and how these assumptions shaped understandings and experiences of the queer topography of Brighton in the context of AIDS.

### **Nursing People with HIV/AIDS, 1981-1996 – Tommy Dickinson**

In response to the escalating AIDS crisis in the mid-1980s, special wards were created to care for people with HIV/AIDS (PWHAs). Nurses were responsible for providing pioneering care for PWHAs, acting as symbols of continuity and compassion in rapidly changing and inauspicious times. This paper draws on oral history interviews with 22 nurses for PWHAs, seven loved ones of people who died of an AIDS-related illness, and three people who were diagnosed as HIV-positive in the 1980s.

Firstly, I argue that PWHAs quickly became experts on their condition and began to demand decision-making power over their own care, challenging medical paternalism with the support of the nurses who cared for them. Secondly, that there was a proliferation of ‘queer’ nurses requesting to work with PWHAs, many citing a preference to ‘take care of their own’. Indeed, Dawn French recalls Broderip Ward at Middlesex Hospital, the first AIDS ward in the UK, as ‘the campest place in London’. Thirdly, nurses frequently experienced tensions and conflicts in their role as advocate for PWHAs, some encountering hostility from hospital staff who refused outright to treat PWHAs. This created an environment where nurses, often free from direct managerial oversight, could dictate care and define boundaries. Lastly, I argue that owing to the limited armamentarium of “scientific” treatments for PWHAs, nurses found meaning by drawing on their “artistic” nursing skills to creatively craft the care through compassion, intuition and fortitude, and by considering the individual needs and wishes of their patients and their loved ones.

## **Strand B**

### **Public Health Since World War Two**

#### **Chair: Alex Mold**

**Measles, midwives and mothers in Canada: Changing attitudes to vaccination, 1960-1998 – Heather MacDougall**

Today vaccine hesitancy (VH) is considered an important issue affecting vaccination compliance and vaccine uptake in Canada and elsewhere. VH is often described as an attitude found primarily among well-educated upper middle class white women and their partners and is related to a loss of trust by mothers in the value of immunization since the publication of British doctor Andrew Wakefield’s paper in the *Lancet* in 1998 (retracted in 2010) linking the MMR (measles, mumps, rubella) vaccine and autism in children. Focusing on the history of measles and MMR vaccination in Canada from the 1960s-1990s, the purpose of this presentation is twofold. First, we intend to examine specific historical determinants such as the impact of medicare on immunization services at the time of second-wave feminism, changing parenting practices, and the increasing use of alternative therapies (CAM) and midwives to demonstrate the emergence and analyze the development of VH among Canadian women and mothers prior to the 1998 Wakefield article. Our second aim is to

compare the nature and the impact of these determinants in two Canadian provinces (Ontario and Quebec) to better understand why and how specific groups demonstrated their support or ambivalence regarding immunization over time and place. Popular sources such as newspaper and magazine articles, editorials and letters to the editor and CAM literature as well as contemporary child rearing manuals from both provinces will be compared to correspondence with health units, provincial health ministries, scholarly articles and official reports to demonstrate the historically complex and contingent nature of parental compliance.

The Health of Bristol 1948-2013: Challenges and Opportunities in Researching the Recent History of Public Health – **David Evans**

How do you find the sources to write the history of the health of a city, particularly for the late twentieth century and into the digital age? This paper explores this challenge in the case of the city of Bristol in the United Kingdom during the period from the creation of the National Health Service (NHS) in 1948, through the transfer of the public health function from local government to the NHS in 1974 and up until the return of public health back to local government in 2013. The aims of the paper are to scope the extant paper and digital documentary sources for the history of public health in the city, to critically assess the availability and completeness of the sources and to reflect on the challenges and opportunities of integrating earlier paper records with more recent digital ones. The results demonstrate the complexity and challenges in finding relevant sources for the period after the abolition of the local authority medical officer of health role and the loss of their annual reports after 1974. NHS health authorities did not start producing annual health reports until the mid 1980s and even then, they were produced and archived inconsistently even into the digital age of the twenty-first century. The paper closes with consideration of the wider implications for studying the history of the health of cities.

## **Strand C**

### **Public Health and Medicine in Late-Nineteenth and Early-Twentieth Century China**

**Chair: Leon Rocha**

It comes with the territory? Guidelines for healthy living in Hong Kong and Shanghai, 1843-1920 – **Freddie Stephenson**

By the nineteenth century, the British Empire was increasingly a conduit for social mobility. The Industrial Revolution had created densely complex city landscapes, as globalisation likewise spread these cityscapes into unfamiliar climates and cultural settings. The movement of people and labour into these novel environments naturally created many questions. How was one to survive, work, and even thrive in the city? Even further, how could one prosper when situated in supposedly dangerous surroundings? This paper will trace late-nineteenth and early-twentieth century notions of the city as a healthy space through the medium of guidance literature, taking Hong Kong and Shanghai as comparative case studies. As an intellectual exercise designed to summarize, simplify, and capture spaces making them accessible to the reading public, travel writing and guidance literature were important tools for sojourners to East Asia. Medical professionals published academic papers and wrote popular health guides, but this literature was not a domain reserved for the medically qualified. Indeed, layman writers of all kinds formulated advice on how best to cope with Hong Kong and

Shanghai, both once infamous as emporia of ill-health yet renowned for generating wealth. Their advice was diverse, covering topics ranging from leisure, slumming, diet, sleep, exercise, and even architecture. It will be shown that though some metropolitan ideas about living a salubrious life filtered through to the man on the spot, guidance tended to retain a parochial character as ideas of acclimatization, domestication, and race informed attitudes to how these cities should be navigated.

### Sanitation, Public Health, and Social Control in Beijing, 1920s-1930s – **Liping Bu**

The Metropolitan Police of Beijing, in collaboration with Peking Union Medical College and the Central Epidemic Prevention Bureau, established an experimental program of sanitation and public health in a city ward in 1925. This new initiative of disease prevention and public health indicated the addition of municipal administration and urban modernization. The program, which served as a testing pilot, aimed to implement systemically scientific sanitary control to improve public health. It contained four-related areas of actions, namely, sanitary inspection, vital statistics collection, prevention of communicable diseases, and provision of medical service. Although those components provided health assistance and disease prevention measures for local residents while keeping the community up to modern standards of hygiene and sanitation, the meticulous health surveys and vital statistics collections inevitably generated intimate social control of the very people the services were supposed to benefit. Modern health measures enforced the conformity of health behavior among the people who often resisted the health authority for different reasons.

Drawing on archival data, this study examines the complex relations between the health authorities and the community residents during the implementation of sanitary inspection and vital statistics collection. It investigates how the various health measures brought about social control in the community and caused economic losses to individual households. The paper analyzes the dialectical nature of the invasive modern health mechanism to better understand its benefits to people's health and its disruption to the socioeconomic norms of daily life. This study also sheds light on the tensions developed between the intrusive modern health measures and the values of private space and family matters.

### Mothers as Negotiators: The Medicalisation of Maternity in South China – **Kim Girouard**

Being attentive to patient agentivity, this paper examines the role played by Chinese mothers in the early days of the medicalization of maternity in South China. Looking at the phenomenon through the medical endeavor undertaken by the American Presbyterian Mission in Guangdong province, it aims to demonstrate that this process should not be considered as a simple implementation, but rather as a complex negotiation. When women missionary doctors, and then Chinese women doctors, nurses, and caregivers they trained, began to offer Western

medical services to parturient women in the area at the end of the 19<sup>th</sup> century, they had no alternative but to go to parturient women and respect their wishes in order to reach them. The preferences of South Chinese mothers regarding their treatments also had an impact on the development of hospital birth and mother and child healthcare services in the first decades of

the 20<sup>th</sup> century. They obtained hospitalization conditions resembling those they would have found at home, including the presence of their relatives during labor, decided when they wanted to be admitted and discharged, and perpetuated local health practices even inside institutional settings. Insisting on terms that would have been unacceptable in the American context, these women were not passive recipients of the norms, knowledges and practices of Western medicine. Rather, they challenged and negotiated them on the basis of their own socio-cultural values and, by doing so, helped reshape the contours of the medicalization of maternity in Guangdong and make it a process of naturalization.

## Strand D

### A Dialogue With Deviance: New Research in the Transnational History of Madness and Asylums

**Chair: Hilary Marland**

Between hospital and home: Families, madness and extra institutional worlds in transnational context – **Catherine Coleborn**

This paper examines the continued role of families between late nineteenth-century forms of extra-institutional care through aftercare organisations, practices of leave of absence and institutional outcomes for discharged patients, and much later transitions towards community care. It looks across Australia and New Zealand, but also takes other examples from a larger project to investigate transnational narratives of mental health in the twentieth century including Canada and the UK. By taking the role of families as its main focus, the paper suggests that the advocacy and engagement of families with mental health systems became one catalyst for the dismantling of large institutions. Repeated attempts by families to communicate with asylum superintendents in the nineteenth-century, for example, constitute evidence of a developing agency in the matter of psychiatric confinement. In the face of the perception of the monolithic psychiatric institution, families became important points of contact for an emerging debate about the relative merits of institutionalisation in the mid twentieth-century. Official inquiries, media reporting, policy shifts, the records of aftercare and advocacy organisations and other sources provoke some new ways of thinking about these histories across place and over time.

Madness on Trial: English Civil Law and Lunacy in Transatlantic Context – **James Moran**

Despite Peter Bartlett's call, in 2001, for more studies of madness that consider the importance of civil law, historians have not, by and large, made this the focus of their work. Akihito Suzuki's landmark *Madness at Home: The Psychiatrist, the Patient, and the Family in England, 1820-1860* (Berkeley: 2006) stands out as an exception. This paper builds upon Suzuki's work to consider how a consideration of English *lunacy investigation law* (that body of law developed over centuries in England to investigate those considered as *non compos mentis*) helps to reorient our sense of the "mad past" during the eighteenth and nineteenth centuries. Specifically, I argue that in England, and in England's North American colonies, (and in the post-colonial era) lunacy investigation law was key to the dialogue with mental deviance in several respects. First, the sheer volume of lunacy trials, and the legal material that was produced in relation to those trials, gave legal ways of seeing and responding to madness pride of place in the considerations, determinations and responses to madness. Second, in geographic locations such as New Jersey, where substantial records of the trial testimonials of lunacy investigation law are available for study, not only is the regulatory function of this legal process obvious, but so too is the extent to which this legal response was enmeshed with popular understandings of, and responses to, madness. This complex dialogue of local

and legal renderings of madness needs to be considered in the larger context of medical and institutional responses.

The Great Confinement Revisited: What have we learned after 40 years of asylum studies? – **David Wright**

It has been 40 years since the publication of Richard Fox's *So Far Disordered in Mind*, a landmark study of asylum admissions to a state mental hospital in California. Since that time, the social history of medicine approach to lunatic asylums – focusing on patient records and case studies of individual asylums in defined jurisdictions – has flourished. Indeed, a staggering literature of asylum histories has emerged in the English-speaking world over the last four decades, fuelled in part by the magnificently rich troves of records that many of these institutions bequeathed to local archives. Many of these studies have challenged some of the implicit arguments embedded in the so-called revisionist interpretations of the asylum, as exemplified in the work of Michel Foucault, David Rothman, Andrew Scull and Elaine Showalter. However, there has been, as yet, no comprehensive attempt to collate and synthesize these dozens of findings. Drawing on this extraordinarily abundant literature, this paper highlights some of the commonalities and differences in the patient populations of lunatic asylums across multiple jurisdictions in the English-speaking world.

## Strand E

### Patient Encounters

Chair: **Carsten Timmermann**

Seeing Then, Now: A Close Encounter with Clinical Photographs – **Michaela Clark**

This paper is an enquiry into an archive of disused historical clinical photographs that originally served as teaching aids for the benefit of student doctors at the University of Cape Town's medical school in South Africa. By engaging selected photographs from this collection in relation to psycho-social notions of health and disease, I attempt to locate how photographic practices seek to render the patient-body a passive object of medical knowledge. But, unlike most encounters with clinical images of this kind, this investigation strives to examine how such representations may speak beyond both their clinical use (as diagnostic tools) as well as their archival value (as mere remnants of the past). Through a close reading, the discussion focuses on extra-clinical and emotive details otherwise denied by both diagnostic and historical interpretations. As such, it seeks to address the *current* life of this photographic collection – how clinical depictions of patients may speak beyond their medical and historical purposes. While acknowledging the disciplinary motivations to produce this visual material – as well as the usefulness thereof as a historical record – the paper ultimately examines how patient-photographs may offer up points of fracture that can offset and even resist both a medical and historical gaze. By addressing the *affective* potential of this material, I attempt to



provide an opportunity for human subjectivity (of both the viewed and the viewer) to be retrieved from the objectifying tendencies of medicine and history.

Framing breast cancer as an epidemic: The role of the radical activist group Breast Cancer Action – **Grazia deMichele**

Up to the middle 1970s, in the United States breast cancer was seen as a personal scourge and therefore confined to the private sphere. In the following decades, however, women diagnosed with the disease became increasingly visible. Furthermore, some of them began to use their illness experience to leverage collective action as a result of the changes brought about by the women's health movement and the introduction of adjuvant treatment. By prolonging the treatment experience, the introduction of chemotherapy as well as of radiation and hormone therapy ended up offering patients new opportunities for interaction and networking.

By the early 1990s, organized groups of women denouncing the neglect by the federal government of what they referred to as the "breast cancer epidemic" had mushroomed throughout the country. One of these groups was the grassroots, San Francisco-based Breast Cancer Action (BCA). Set up in 1990 under the leadership of civil rights and pacifist campaigner Elenore Pred, BCA was modelled after the AIDS Coalition to Unleash Power (ACT UP). Through the analysis of a varied set of sources, this paper will focus on the role played by BCA in framing breast cancer as an epidemic and the way in which the group gradually positioned itself at the radical end of the breast cancer movement.

The Complicated Role of the Patient in the Shift from Traditional Open Surgery to Minimally Invasive Surgery (MIS) – **Cynthia Tang**

The rise of laparoscopic cholecystectomy (LC), or minimally invasive gallbladder removal, in the late twentieth century is largely referred to as a "laparoscopic revolution". In the span of three years, the traditional method of open cholecystectomy was displaced by laparoscopic techniques requiring a radically different skillset. Existing explanations have not sufficiently considered the patient's role in the rapid acceptance of the new technology. In contrast, surgical accounts of the rise of LC have predominantly credited its uptake to patient demand. This paper examines the role of the patient in the spread of MIS and complicates the notion of patient choice by showing that such choices also involved active solicitation of patients by surgeons.

While acknowledging the enthusiasm of patients for the less traumatizing procedure, we question claims that it was a solely patient demand-driven revolution. Using patient accounts, advertisements, and interviews with surgeons, we show that in the American context, conscious efforts were made to market the "latest advance in [gallstone] treatment". Such advertising demonstrates that patients were seen as consumers possessing agency. In contrast, nationalised health services in the British and Canadian contexts had a tempering effect on the impact of patient demand. This paper will consider the wider context of different health care systems and its impact on what is seen as patient choice, as well as contribute to historical discussions of the "patient consumer". The example of LC allows us to deepen understandings of change in medical practice by incorporating the role of patients.

## **Strand F**

### **Resistance and Persuasion in the Early Modern Period**

**Chair: Fernando Salmon**

The art of persuasion: Learned physicians and their recalcitrant patients in 16<sup>th</sup> century medical practice – **Michael Stolberg**

Drawing on learned physician's personal notebooks, on practice journals, and on the letters of advice they addressed to patients and their families, this paper will address the frequently difficult and conflict-ridden relationship between learned physicians and the patients from different ranks of society they encountered in their daily practice in the 16<sup>th</sup> century. Exposed sometimes to the competition from other physicians and virtually always to that from less learned healers, the physicians, the paper will argue, constantly faced the challenge of convincing the patients and their families that their diagnosis was correct, their prescriptions the most promising and their expertise and skills superior to that of anyone else. The paper will pursue the different strategies the physicians employed with members of different parts of the population, including the numerous craftsmen and farmers that began to consult them in this period. It will examine, in particular, to what degree the physicians sought to accommodate what they believed to be the predominant medical ideas and the preferred modes of diagnosis and treatment. And it will seek to trace the sometimes positive but sometimes also highly critical responses of the patients and their families to what the physician proposed.

'Patients are like children': Resistance and negotiation in Early Modern Medical Encounters – **Jennifer Evans**

Early modern medical practitioners expected patients to show forbearance, stoicism and obedience when undergoing treatment. However, their depictions of male patients suffering from genitourinary conditions suggest that men regularly resisted the authority of their medical practitioners and failed to meet these expectations. The Swiss surgeon Felix Wurtz's treatise, translated in to English in the seventeenth century, included the complaint that 'Patients are like Children, still desiring such things which are offensive and hurtfull'. He warned that patient's misbehaviour often led to complications that reflected poorly on the practitioner's reputation. This paper investigates the ways in which practitioners attempted to negotiate with and impose authority between 1580 and 1740. Drawing on printed medical and surgical literature, as well as manuscript case notes, it reveals that physicians and surgeons' printed complaints were designed not only to warn other medical practitioners that patient's impatience, gluttony, and licentiousness disrupted medical treatment, but to inculcate appropriate responses to medical authority in patients themselves. Daniel Turner's surgical treatise, for example, presented examples of contrite patients acknowledging that their former resistance to medical authority had impeded their recovery. In so doing he encouraged readers to believe that conformity and submission to a medical practitioner would result in surer and faster recovery. Considering how medical practitioners wrote about these interactions will help to illuminate the ways in which men negotiated ideas of masculinity and authority in early modern medical settings.

**Abstracts – Wednesday 11 July 2018 / Session 2 / 13:30-15:00**

**Strand A**

## **Reproductive Health, Fertility and Masculinity: re-centring histories of contraception and reproduction**

**Chair: Richard Hall**

Both Feminist and practical politics: the incorporation of semen testing into family planning in post-war Britain – **Laura Beers**

On January 1, 1945, the Family Planning Association opened the Seminological Centre, Britain's first purpose-built laboratory for investigating semen samples. An exploration of the FPA's intentions in opening the lab reveals a complicated interplay of social and political motives. The Centre was partly a feminist project, meant to spare women 'unnecessary operative procedures', when it was the husband, not the wife, 'who [was] partly or even wholly responsible' for the couple's infertility. At the same time, the Centre was meant to improve the FPA's image in the face of the perceived demographic crisis of the 1930s. In 1939, the FPA broadened its constitution to include not only education about and dissemination of contraception, but the diagnosis and treatment of infertility, arguing in internal memoranda that, '[T]he tide of public opinion which has been steadily rising in our favour will inevitably turn when the threatening disaster is fully realised, a disaster which at any moment may be hastened by the ravages of war. Let us, while there is still time, show the world what we really stand for, and boldly welcome all the opportunities which have been given us to help in the building of a healthy and happy democracy.' The Seminological Centre was established in part to allay the anxieties of potential funders of the organization's birth control work; yet, as years went on, the diagnosis treatment of both male and female infertility (or the 'constructive element' of the organization's work) would absorb more and more of the FPA budget.

'One should never tell the husband': artificial insemination, masculinity and paternalism in mid-twentieth-century Britain – **Gayle Davis**

This paper stems from ongoing research into the interface between infertility, health and sexuality in post-WWII Britain. My previous research has tended to focus on female patients, in keeping with most medical, scholarly and media considerations of infertility and reproductive health, and to consider the relevance of concepts such as 'conformity', 'deviance', 'injustice' and 'blame'. The proposed paper will turn attention to the male characters in this history – infertile men but also the male partners of infertile women, as well as semen donors and male physicians – and consider the relevance of these same concepts.

In 1958, a Departmental Committee was appointed to investigate the practice of human artificial insemination (AI) as a means to treat infertility, and to consider whether any change in the law was necessary to protect the interests of individuals or society as a whole from this controversial therapy. The wide range of witnesses approached to give evidence – legal, medical and religious – and the voluminous written and oral evidence received, in conjunction with the medical literature of the time, provides rich insights into the complex social politics and anxieties surrounding infertility and its treatment in mid-twentieth-century Britain. This paper will consider all three types of artificial insemination – AID (using donor sperm), AIH (using the husband's sperm), and AIHD (using a mixture of the two) – and examine the ways in which the men involved were characterized and treated.

Social Research and Male Attitudes to Family Planning in 1970s and 1980s Britain – **Katherine Jones**

“Using the sheath is a drag – any excuse not to use it!” complained a married working-class man in his thirties when asked about his attitude towards the condom during a survey by sociologist Jean-Morton Williams conducted in 1970 into male attitudes towards contraception. This study reflected the growing interest in men’s contraceptive involvement but was the *first* to focus almost entirely on the attitudes of men. Using a variety of social survey data, survey reports and sociological writings into contraception and family planning produced in Britain during the 1970s and 1980s, this paper argues that social researchers became interested in male attitudes towards contraception by the mid-1970s, after a rise in the number of unplanned pregnancies highlighted by the increase in the abortion rate since the 1967 Abortion Act. This interest also preceded the shift towards encouraging male involvement in contraception by the 1980s, led by organizations such as the Family Planning Association. Before the Seventies, contraceptive advice had been directed at women. Social researchers blamed this for the marginalization and often the complete absence of male respondents in previous surveys of family planning. Morton-Williams and other researchers sought to shed light on men’s opinions, believing that the attitudes of male partners played a vital role in influencing women’s contraceptive decision-making. This paper provides an alternative perspective to previous histories of family planning that have focused primarily on women.

## **Strand B**

### **Problematizing Prevention: Health Workers and the Public in the Late-Twentieth Century UK**

**Chair: Roberta Bivins**

**Forgoing Fat: Food Choice, Disease Prevention and Health Education in Britain, 1970s-1990 – Jane Hand**

Since the postwar period, food choice and diet have become increasingly intertwined with wider health and food policies focused on disease prevention, public health and medical service provision. As epidemiological research into chronic disease causation identified high intake of particular nutrients or minerals as harmful to health, retailers recognised the potential of products that reduced or removed these components in order to encourage consumers to make healthy choices. The National Health Service (NHS) was an important educator in this respect, urging at-risk patients to engage in new health behaviours and make better lifestyle choices by changing diet and exercising more. This paper will chart the development of food choice as an important health behavior promulgated through public health as well as primary and secondary care. It will emphasise the role that health consumerism played in communicating scientific evidence to the public about the impact of healthy eating on disease prevention. To do so, it will examine the development of low-fat products by certain supermarkets to demonstrate how knowledge about diet and health was communicated to the public in consumerist terms from the late 1970s. The paper will highlight the interconnectedness of the NHS, public health and the retail sector in attempting to reduce chronic disease mortality by communicating with a wide at-risk public.

The public speaks back: Popular Responses to Health Education Campaigns in Britain during the 1980s – **Alex Mold**

During the 1980s, the public's health seemed to be under threat from multiple directions. New conditions like HIV/AIDS, as well as growing problems such as drug and alcohol use, seemed to pose a danger to collective wellbeing. For public health policymakers and practitioners, one of the key ways to combat these threats was through health education. Numerous visual and audio-visual campaigns were launched, and millions of pounds of public money was spent. But how did the public respond to these campaigns? To what extent did health education offer an opportunity for the public to 'speak back' to public health?

Drawing on research which examines health education campaigns around alcohol, drugs and tobacco, this paper will suggest that popular responses to health education in Britain during the 1980s can be categorised in three ways: apathy, action and appropriation. Despite the apparently urgent threat to health posed by drugs, alcohol and tobacco, getting individuals to change their behaviour was much more difficult. On the other hand, campaigns did provoke some members of the public to act. Over time attitudes and behaviours, particularly in the case of smoking, changed. Yet, in other instances the messages put forward in public health campaigns were rejected or turned on their heads by their intended audience. This suggests that public health education campaigns were not unidirectional: the public could and did use such occasions to speak back to public health.

The Objects of Prevention: Women, social science, and cancer screening in 1970s-1980s Britain – **Elizabeth Toon**

From the middle 1960s onwards, local and national efforts to encourage the early detection of women's cancers blossomed in the UK. Alongside the formal introduction of population-level screening for cervical cancer throughout the country, health authorities, cancer charities, and women's organisations all explored ways to convince British women to act on potential signs of both cervical and breast cancer by seeking medical attention. Of course, the behaviour of the potential and actual cancer patient had long been discussed by doctors and cancer experts, who in many cases drew more on their personal experience with and understanding of patients than on formal appraisals of public attitudes and behaviour; others, interested in the potential role of psychological makeup in causing cancer or recovering from it, set out to profile the 'Type C' person. But increasingly, a new set of professionals entered these discussions, drawing on a different resource to understand how women encountered and acted upon messages about cancer prevention: social science. Perhaps not surprisingly, a substantial portion of these new professionals interested in health behaviour, cancer education, and health promotion were themselves women. In this presentation, I examine how British women's behaviour around cancer became the object of social scientific scrutiny in the 1970s and 1980s. I analyse both how that scrutiny fed into broader thinking about health prevention and women's health, and how it fostered new roles for women as experts in public health.

## **Strand C**

### **The Politics of Global and Local Health**

**Chair: Frank Huisman**

Resisting in Vain? Local Resistance WHO Policies and Aftermaths in South Korean National Tuberculosis Control, 1960s-1990s – **Kyuri Kim**

WHO was (and continues to be) a heavyweight in the global efforts against tuberculosis. Since its establishment, tuberculosis control has been an important agenda for WHO, and it spread its *modus operandi* across many developing nations through its technical assistance programs. South Korea was one of the countries that received WHO's technical assistance and policy advice in the early 1960s to introduce and implement a national tuberculosis control program. The South Korean government, which was rebuilding the nation from the remnants of colonialism and the Korean War, eagerly pursued this partnership. Some Korean tuberculosis experts, however, were very sceptical of some of WHO's technical approaches. This research demonstrates that local experts were especially resistant to specifically two of WHO's practices and recommendations: case-finding methodology and their definition of 'who cases are,' and WHO's prided ambulatory chemotherapy. This research first investigates the grievances of the local experts and their justifications for alternative methods, and secondly enquires into what long-term outcomes their resistance has had on tuberculosis control practices in South Korea. On both accounts—in case-finding as well as in ambulatory chemotherapy—most of WHO's initial recommendations have ultimately been adopted as standard procedures by the Korean authorities by the mid-1980s, but not in their entirety.

Take Care of Your Ills: Local Agencies and Malaria Control in Southwestern Nigeria – **Adedamola Adetiba**

Though the history of malaria in Africa has been a subject of recent scholarly studies, there exists a gap with regards to African responses to the disease. More often, these histories have weaved the story of malarial control, like other disease control programmes, around the efforts and genius of colonial administrations and have neglected the roles of local agencies. This is an attempt to validate the significance of certain "local agencies" in disease control programmes, just as they were in colonial governance and economy. Throughout the colonial period, African doctors, the native authorities, African churches and traditional healers were viable agencies in the control of malaria. This study relies heavily on archival records held at the National Archives in Ibadan, Enugu and Kaduna (all in Nigeria) and the United Kingdom Archives, Kew. Records like the colonial medical reports, intelligence reports, antimalarial reports dating from the 1880s to 1960, were harnessed.

A Chronicle of Aid Foretold in Three-Month Grants: The Political Economy of Humanitarian Mental Health Interventions – **Ilil Benjamin**

During the 1980s and 1990s, the growing presence of so-called "parachuting psychologists" in conflict and disaster zones elicited alarm among scholars and seasoned practitioners of humanitarian intervention. The sight of well-meaning mental health professionals disrupting local mourning practices by asking Buddhist earthquake survivors to speak of their deceased loved ones, or conducting impromptu one-shot psychotherapy sessions with war victims,

elicited anger and reignited debates about the cross-cultural validity of psychiatric categories. Since then, the field of psychosocial aid has changed considerably, with formal associations and an array of “best practice” guidelines increasingly proscribing the use of short-term psychotherapeutic techniques, instead advocating interdisciplinary strategies that are sensitive to local customs and that work within local healthcare systems, rather than in parallel to them. But for many frontline practitioners, such shifts have missed an important constraint: the politics of donor funding. Based on two years of ethnographic fieldwork and interviews among psychosocial aid workers and volunteers based primarily in Israel and Palestine, I suggest that psychosocial aid’s efforts to reform itself since the 1990s have been hindered by donors’ long-standing tendencies to privilege short-term grants and quantifiable interventions. In psychosocial journals and public fora, the key to sustainable interventions has often been framed in terms of professional competence and the political will to tread carefully and conduct advance research. But my informants’ accounts suggest that the barriers to sustainability are more economic than methodological, creating a wide gap between theory and practice – although I also describe their ways of circumventing such barriers.

## **Strand D**

### **Representing Health in the Twentieth Century United States**

**Chair: Samisksha Sehrawat**

‘Borned in Butcher Holler’: Loretta Lynn and the Health Environment in Mid-20<sup>th</sup> Century Rural Kentucky – **Brian Ward**

Born in Johnson County, Kentucky in 1932, Loretta Lynn is one of post-war US country music's most celebrated female stars, boasting a slew of hit records, awards, a best-selling autobiography -- which in 1980 also spawned a hugely successful feature film, *Coal Miner's Daughter* -- and an additional memoir following the death of her husband. Although critics have applauded Lynn for her realistic depictions of rural working-class, especially female, life in her music and her life-writing, few have paid attention to how much her art and life-story have to tell us about the health environment in rural Kentucky in the mid-20th Century. As this paper will suggest, Lynn has had personal experiences of and connections to many of the most pressing health concerns in her home state, including 'black lung' (coal workers' pneumoconiosis), TB, congenital colour blindness, alcoholism, stroke, mental illness and, perhaps most famously in her ground-breaking 1975 record 'The Pill,' issues around women's reproductive health.

In attempting to rectify this oversight, this paper has three principal aims. First, to put Lynn's life and art into the context of health provisions in rural Kentucky, including the work of Mary Breckinridge's Frontier Nursing Service; second, to put Lynn's meditations on Kentucky's health environment into a broader story of how art and culture have articulated the state's medical history, notably by briefly looking at the depictions of cognitive disability in the work of influential modernist writer Elizabeth Madox Roberts; third to suggest how the media and popular culture have helped to shape common conceptions and misconceptions about sickness and health in the US South.

**Strumming the Jake Walk Blues – Stephen Mawdsley**

During America's Great Depression, an estimated 50,000 to 100,000 Americans suffered paralysis or death after consuming an adulterated patent medicine, known as Jamaica Ginger. Although it was marketed as a cure-all and routinely prescribed by doctors, Jamaica Ginger was also favoured as a recreational drink due to its high alcohol content and low cost. When National Prohibition was in force between 1920 and 1933, some manufacturers adulterated Jamaica Ginger with a chemical that was soon discovered to be a severe neurotoxin. For survivors of Jamaica Ginger Paralysis (JGP), the humiliation, paralysis, and loss of livelihood at a time of limited economic opportunity posed serious challenges. Since there was no cure and money for medical care was scarce, many survivors sought home care and experimented with a range of interventions with limited effect.

Since the manifestations wrought by JGP were visible and highly stigmatised, the condition captured the attention of prominent blues musicians, including Willie Lofton, Robert Johnson, Byrd Moore, Ishman Bracey, and Asa Martin. Sixteen songs have been uncovered from the 1930s that reveal the challenges faced by survivors and their efforts to regain mobility and a sense of belonging. Although historians have briefly examined the regulatory, clinical, and legal perspective of this crisis, they have not assessed music as a form of activism or representation. Drawing on a rich collection of blues lyrics, oral history interviews, historical newspapers, and archived records, this paper will examine how blues music shaped perceptions of JGP and what it can tell us about the experiences of survivors.

## **Strand E**

### **Pain and Compassion**

**Chair: Marco Vidor**

Constructing Laboratory Compassion: The Public Defence of Medical Experimentation in the USA, 1890-1914 – **Rob Boddice**

At the end of the nineteenth century in the United States, building on campaigns in England and in Germany, a strongly female-led anti-vivisectionist movement had painted a monstrous picture of medical scientists, alarming citizens and would-be patients of the dangers of falling into the hands of doctors who had sacrificed their humanity to the cause of knowledge. The response, a carefully orchestrated defence of medical research, given formal backing by the American Medical Association in 1908, sought to subvert this movement by staging a public education campaign that would change the relationship between the public and the medical establishment. At the heart of this campaign was an explicit targeting of women, through organizations and popular women's magazines, in an attempt to convey the humane object of medical experimentation and thereby re-humanise the medical profession. This appeal generally took the form of a specific and tightly constructed deployment of a concept of secular mercy or compassion, undermining religious objections to experimentation on the grounds of cruelty, demonstrating a clear perception of medical research as humanitarian practice, while preserving a notion of gentlemanliness.

A Politics of Care: Translating Compassion into Women's Action in Late Nineteenth-Century British Social Reform and the Early Humanitarian Movement – **Dolores Martin-Moruno**



When Josephine Butler (1828-1906) was asked about the motivations behind her international campaign against the Contagious Diseases Acts, she replied that it was the awful abundance of compassion which made her fierce against the political establishment. Her contemporary, Florence Nightingale (1820-1910), wrote during the Crimean war (1853-1856) that she did not feel any respect for the military medical profession, but rather a strong compassion towards those British soldiers that had been abandoned to their fate at the Scutari Hospital. Butler and Nightingale therefore defined compassion as a central aspect of both the abolitionist and the nursing movement: female initiatives aimed at making the suffering of victims – prostitutes, the sick, the wounded – visible. Their vindication of compassion did not merely echo the Victorian ideal of female sensibility; it went beyond the private realm and became a political strategy to report the oppressive and inadequate medical procedures exerted on distressed populations. Unlike doctors, Butler and Nightingale understood compassion as a material engagement with those in vulnerable situations. They translated this emotion into a social practice of care. By understanding compassion as a practice, female social reformers and early humanitarians also embodied a politics of care, channelling efforts to recognise the humanity of those who were considered 'animals' within the borders of British Empire.

Diagnosis and Compassion: The Importance of Love and the Doctor-Patient Relation in Early Paediatrics – **Leticia Fernandez Fontecha**

The debate around the diagnostic power of pain was instrumental in the professionalization of paediatrics during the nineteenth century. Practitioners faced so many difficulties when diagnosing children's diseases that many doctors believed children were incapable of providing reliable accounts of their experiences. Some doctors believed children demonstrated their pain both behaviourally and physiologically, providing sufficient evidence for diagnosis to be made. The importance of children's physical signs of pain and their translation into clinical signs could confer on them the status of a code that could be deciphered, allowing doctors to approach childhood pain. Doctors like Charles West believed that those doctors who did not appreciate young children would not be able to learn this language. Those who were interested in the practical or theoretical study of children's illnesses not only had to be disposed to listen to and understand their patients; they also had to love them and empathize with them for successful communication between patient and doctor to take place. This paper explores love and compassion in the consolidation of paediatrics and how paediatricians took children's emotions into account when diagnosing illnesses.

## Strand F

### Healthy and Unhealthy Environments

**Chair: Chris Pearson**

Farming and Gardening for Health or Disease: The organic movement's resistance to scientific and cultural orthodoxy in mid-twentieth century Britain – **Sophie Greenway**

In the 1940s, members of the nascent organic movement campaigned against the industrialisation of farming, seeing mechanisation and the use of 'artificial' fertilisers as a threat to the long-term health of people and planet. Their world view was based on observation of the re-use of wastes in Indian and Chinese farming. The organic movement's holistic approach jarred with reductive scientific methods prevalent in the west. This paper will show how campaigners deviated not only from the methodology and world view of the British scientific establishment, but also from the prevailing cultural mood. Whilst organicists discussed the optimal depth of soil for the decomposition of small animals, British society was yearning for something altogether cleaner and more convenient. Public health messages about germ theory had bedded in firmly by the consumer boom of the 1950s and shoppers lapped up labour-saving devices and cleaning products for both indoors and out. The organic idea that a healthy soil should contain as much decomposing matter as possible was drowned out by a cacophony of advertising for insecticides and soil sterilisation solutions. This paper will argue that by broadening the social history of medicine to include the cultural context of debates about soil and health a fresh perspective emerges which can prompt dialogue about the environmental and health impacts of our hygienic lifestyle today.

#### Pine Fresh: Sensory dialogues between humans and nature – **Clare Hickman**

The history of therapeutic landscapes has tended to prioritise the visual over the other senses or focus on the perceived benefits of physical activities within the landscape. Given that gardens are by their nature multi-sensory spaces, it is striking how the non-visual is often sidelined in the literature. In an attempt to extend our understanding of the relationship between humans and nature via the other senses, this paper will focus on smell, and in particular the scent of pine trees.

The paper will begin by discussing the inclusion of pine trees in public parks and the landscapes surrounding institutions such as sanatoria and open-air schools in late nineteenth and early twentieth century. It will consider the role of scent as a therapeutic agent in the garden. As oral histories collected from those who had spent time as children from early twentieth century open air schools demonstrates this was a generally understood concept: 'there were fir trees all round the classrooms. The smell from the trees was supposed to be good for you' (Wilmot and Saul, 1998). After a discussion of the perceived antiseptic properties of pine and other therapeutic benefits for those with tuberculosis, this paper will also explore how pine scent has since become culturally embedded in the conception of health and cleanliness through more artificial forms such as detergents, floor cleaner and air fresheners. Encompassing environmental, sensory and medical history approaches, this paper will offer a multidisciplinary perspective on an often over-looked area of therapeutic landscape history.

#### Getting cold feet in the First World War: Leaky Boots, Trench Foot, and Vernacular Medicine among British soldiers – **Georgia McWhinney**

During the First World War, the dirty and mud-filled environment of trench warfare spurred the onset of various medical conditions. Yet, when soldiers fell ill, it was not immediately recognised that some maladies stemmed from contamination – soiling, infestation and poisons – in their uniforms. With a new focus on preventive medicine, doctors and medical scientists investigated numerous medical conditions that spread through contaminated uniforms. It is well known that these medical professionals developed a body of knowledge on the prevention of uniform contamination. It is far less known, however, that soldiers also developed a set of medical ideas. Different 'systems of medical ideas' developed during the Great War, and this is demonstrated through the study of trench foot. While the voices of medical professionals

have received ample attention, the voices of the soldiers who also discussed medicine have been neglected. This paper employs these soldiers' voices not only to highlight their reliance on vernacular medicine in the trenches, but also to reformulate the boundaries of medical practice, and ask who can be considered a medical practitioner?

**Wednesday 11 July 2018/ Session 3 / 15:30-17:00**

**Strand A**

**Nursing and Maternity Care**

**Chair: Gayle Davis**

District nurses as health mediators at Finnish countryside, 1900-1940 – **Hanna Kuusi**

Provincial physicians with responsibilities of vast territories at Finnish countryside were able to acquire assistant nurses in the late 19<sup>th</sup> century. In the first decades the nurses were mostly for caring the sick, but later the emphasis shifted to medical education. Public health nurses were trained and hired, originally with a central concern to combat tuberculosis.

The diverse medical professionals educating the rural masses have mainly been interpreted in terms of control and surveillance. However, the focus of this study is on the balancing position of district nurses between the medical authority of doctors and of common people. This was for example ensured by training: the nurses trained in provincial hospitals were recruited from the lower orders of the rural society, in order to cope with the local poor and also, to tolerate the harsh conditions.

The paper aims to look at the tension between the medical staff, including gender matters, the devotion of the nurses and their encounters with the local people by analyzing the narratives of life stories of district nurses. The earlier ones come from professional journals for nurses and the later ones from oral history collections. The material provides interesting insight into the emerging medical care and preventive measures in rather primitive and poor conditions. At the same time it challenges the one-directional view of hegemonic control and power by professionals and brings to light the multilayered reality of encounters with *the other*.

Born next door: The history of Vorarlberg's maternity homes – **Daniela Reis**

The history of Vorarlberg's maternity homes is unique: Sometimes located in the upper floor of a family house, sometimes in an annex or in between of stables and garages, it tells a story of a local, intimate institution dominated by women. This paper explores the 21 maternity homes in the Alpine region of Vorarlberg in Austria within their developments and decline from the beginning of the 20<sup>th</sup> century until the closure of the last one in 2001. The effort of the municipals and little townships to safeguard and control the births of their citizens forms a milestone in the history of social systems. As a public medical facility, the local maternity homes in Vorarlberg were often only known among the locals and became the target of political and ideological interests, especially under Nazi rule. Their story is therefore inseparable from the region's history and of its people. The comparative and microhistorical study combines hermeneutics of textual documents and historical photographs and narrative

interviews of witnesses. Beyond that, the results of this first-time documentation shed light on the mostly unknown fate of women in the remote Alpine area between Austria and Switzerland.

## Strand B

### Social and Cultural Histories of Mental Health

#### Chair: Louise Hide

Gender and class in the borderlands of mental illness: Interpreting the behaviour of psychopaths and querulants in 1930s and 1940s Sweden – **Annika Berg**

Perceptions of class and gender may play an important role in the interpretation of deviant behaviour; not least so when behaviours are interpreted as signs of pathology. *How* people are medicalized may in turn have repercussions on the institutional confinement of patients, on their medical and social treatment when in confinement, and on their possibilities to get released.

In cases of patients where perceived symptoms border between the normal and the abnormal, nuances in interpretation may be decisive. And this phenomenon may be seen more generally in relation to diagnoses that, by definition, have bordered on the normal. In 1930s and '40s Sweden, psychopathy and *paranoia querulans* were two such diagnoses. The concept of psychopathy at this time and place was used to specify a number of constitutional – and primarily congenital – “abnormalities” that were supposed to reside in the borderlands between sanity and different kinds of insanity. *Paranoia querulans* on the other hand was a concept used to signify an urge to challenge authorities, file lawsuits or litigate that had supposedly passed the threshold between normal anger and mental illness. This paper, based on the case histories of a number of patients with diagnoses such as psychopathy and *paranoia querulans*, will discuss how the people in question attempted to negotiate themselves out of confinement, in order to illuminate how perceptions of class and gender – and, invariably in these cases, mental disorder – could intersect in the interpretation of violent and sexual behaviour but also of activities such as reading and writing.

Negotiating the Asylum: Patient Agency and the Material Worlds of Lancaster County Asylum, 1840-1915 – **Natalie Mullen**

The research upon which this paper is based indicates that patients in Lancaster County Asylum, found numerous, inventive ways to re-assert their agency and negotiate the authority of the medical profession. From resistive acts such as violence and escapes, to actively engaging with medical authority through expressions of gratitude, patient agency occupied a wide spectrum of behaviour. Much of this behaviour was made possible through interactions with the material world of the institution. Violent acts required weapons, escapes necessitated the picking of locks, and expressions of gratitude were often associated with the giving of gifts. Rather than providing the home-like environment that Asylum managers intended, the domestic interiors of Lancaster Asylum unwittingly provided patients with objects that enabled them to exercise agency. Patient re-appropriations of everyday objects enabled them to resist institutional authority, and to personalize both spaces and themselves - the latter through customization of asylum dress. Patient interactions with everyday items were thus both an important mechanism and manifestation of agency.

This paper explores objects as a means through which the relationship between patient agency and asylum authority can be understood. The objects that were re-appropriated by patients reveal much about their responses to institutional life. Simultaneously, adaptations made to objects over time shed light on how asylum authority was reasserted in response to patient agency. In this way, the paper discusses the material world of the institution as one theatre in which the reciprocal, almost symbiotic, relationship between patient agency and asylum authority was played out.

Excitement, tears and sadness. The meaning, experience and expression of emotion in the long-stay asylum – **Stef Eastoe**

In February 1891 Hannah Boorman was admitted to Caterham Imbecile Asylum, described on admission as being ‘excitable’. A year later George Lawrence was admitted to Caterham, ‘crying’ on arrival and appearing depressed. Whilst Hannah was later described as being flighty and pleasant, George was described as being depressed and a complainer.

Caterham was a poor law asylum catering to pauper adult idiots and imbeciles and was part of a small but important network of long-stay institutions built in the second half of the nineteenth century. There is rich scholarship concerning the material culture and architecture of asylums, and the various ways in which institutional regimes were designed to restore mind, body and soul of asylum patients. What of the operation of these institutional spaces, their architecture, materiality and regimes, beyond their medico-psychiatric intention? Principally, how did patients, and staff, feel when they were in the asylum? Were certain emotional expressions, senses and states expected by certain groups, in particular areas, and how was the building, the décor, and the wider material culture employed to induce such sensations or feelings?

Using the institutional journeys of selected patients, I will explore the emotional world of the imbecile asylum, drawing on patient records, photographs, and annual reports. When does an emotional state become problematic, what criteria are used to denote acceptable emotions, and what role does gender, class and the body play in the regulation, or not, of emotion Victorian institutions, and of course what role did medicine play in this.

## Strand C

### Twentieth-Century Therapeutics

Chair: **Carste~~en~~ Timmermann**

Discoursing the Dread Disease: Dr Herbert Moran’s Inter-War Cancer Writing – **Anne Thoeming**

Herbert Michael Moran (1885-1945) was an Australian international Rugby player, cancer surgeon, author and passionate advocate of Italy’s culture and literature. He was also a middle-class Irish Australian whose working-class father left the poverty of a large Irish family to migrate to Australia in 1877. Moran joined the Royal Army Medical Corps (RAMC) in World War 1, and later in World War 2 as a President of Medical Boards stationed at Colchester. His inter-war surgical career in Australia included a deep interest in the application of radiation

therapy, specifically radium, as a treatment for cancer. He left a legacy of over 25 published medical articles most of which concerned novel cancer treatments. His prominence as a medical author and Sydney cancer surgeon provided a platform to raise concerns about the management of cancer in Australia in the 1920s and 30s, and of cancer as a community concern. This presentation explores three genres of his writing and shows how he seamlessly adjusted style and content to fit publication type and audience requirements. These domestic and international educational pieces reveal much about the man and his anxieties and show how Australia was responding to the dreaded disease. They reveal some of the complexities of a transnational medical environment where medicine and politics clashed and highlight the influence of empire and class on medical mentalities during a churning world environment. The presentation highlights the importance of looking at published material when examining medical history biography given the performative nature of such pieces.

### Radiation Treatment for Those Who Could Afford It – **Itai Bavli**

In the early 1970s, medical research confirmed the long-standing suspicion that children and young adults treated with radiation for benign diseases, during the 1950s and 1960s, showed an alarming tendency to develop thyroid cancer and other ailments as adults. On July 13, 1977, the National Cancer Institute- NCI, launched a media campaign to warn the public and the medical community of the long-term risks of therapeutic irradiation.

This research brings together official protocols, court rulings, newspaper archives, and other documentary evidence to show how the media's coverage of hospitals' efforts to locate and examine their former patients led to the NCI's media campaign. This was one of the first known campaigns where national health authorities used the media to warn the public of late effects of a standard treatment that was widely accepted.

This study suggests a link between the nature of the population at risk and the action of the NCI. In the United States, the private nature of its healthcare system meant that those who underwent radiation treatment were those who could afford it - patients from middle or upper middle classes almost all of whom were white. This study offers a critical investigation of the link between the population at risk and the willingness of the NCI to launch the nationwide campaign, compared to other historical cases when disadvantaged communities were affected by adverse effects of medical treatments.

### These are Birmingham, not Belsen: Conveying burns injuries in post-Second World War Britain – **Shane Ewen**

In 1946, Leonard Colebrook met freelance broadcaster Vera Scovell. He invited her to visit the Burns Ward at Birmingham Accident Hospital, which he managed. Vera was introduced to someone who had fallen into a fire, destroying his lips, nose and eyelids. Colebrook challenged Vera to look at his patients, which she did with some difficulty, before inviting her to assist him with preventive work. Vera presented some clinical photographs of Colebrook's patients to her producer and was promised a feature programme on burns. Soon after, the newly-married Vera and Leonard Colebrook used similar images to launch a 15-year burns prevention campaign centred on children, introducing a new Fireguards Act (1952). In the context of decades of coroners' rulings, the Second World War marked a significant shift in public communications and awareness of burns injuries and the Colebrooks' was a radical political and public health campaign. However, Leonard Colebrook was convinced that more detail and especially 'horror' should be included in order to give these and other campaigns greater impact. This paper will explore the use, controversy and debate – then and now – around the use of 'shock' and 'horror' images of children in accident prevention campaigns

and suggests that popular representations of health and medicine would soon catch up with Colebrook.

## Strand D

### Camera Medica: Photography and Medicine in the Modern Period

#### Chair: Roberta Bivins

Photographing Medicine: Ambivalence, Ambiguity and Anxiety in the nineteenth century –  
**Katherine Rawling**

Photography has been hailed as a liberating invention, one that revolutionised the way people interacted with images and the world around them. From its early days photographic technology was seen to offer new opportunities for science and medicine, especially in the fields of record keeping, evidence gathering, education, and diagnosis. However, the camera was often viewed with some uncertainty, both from the medical profession and patients; some doctors expressed concern over whether photographing patients could do them harm and occasional patient testimony reveals their reluctance in being photographed. This paper will explore this ambivalence to argue that the history of the camera in medicine is a story of mixed feelings, ranging from conviction that a picture tells a thousand words, to doubts that photography had any use in the clinical setting.

Asylum case books often contain photographs of patients. These can vary in style, content, and intention but are a useful archive for the historian seeking insight into patient experiences of institutional life in the nineteenth century. They are highly ambiguous sources and often relate to questions of resistance, conformity and deviance in medico-psychiatric discourse. Photographs of patients suggest fluid, experimental, and dynamic practices. In capturing the moment of the practitioner-patient encounter, they indicate a dialogue between photographer and sitter that helps us rethink the history of asylums and their patients. The history of the camera in the asylum suggests an evolving dialogue between enthusiasts and sceptics, and patients who complied with portrait-taking and those who resisted it.

Normalising the Medical Portrait Photogenic Protocols in French Institutions Around 1900 –  
**Beatriz Pichel**

At least since Michel Foucault's *The Birth of the Clinic*, historians of medicine have been examining the normalising effects of medicine, particularly psychiatry. This paper will engage with this tradition by examining not the normalisation of diagnostic categories, but of an important practice that led to construct those categories: photography.

At the Salpêtrière and beyond, neurologists, psychologists and physiologists took photographic portraits of their patients with the aim of keeping a record of their conditions and, eventually, share them with others to discuss the symptoms and treatment of their pathologies. While these photographs circulated widely through medical journals, textbooks and personal correspondence, they all looked very different. Photographing patients was key to understanding pathological conditions, but not all institutions conformed to the same model. The Salpêtrière built two photographic studios in 1883 and 1893, and its Head of Photography Albert Londe established a photographic protocol where everything was carefully calculated. On the contrary, Nicholas Vaschide took photographs at the Villejuif asylum outdoors interacting with his patients, while Charles-Émile François-Franck collected Vaschide's and

others' photographs in albums and projected them as lantern slides in his courses at the Collège de France.

This paper applies the concepts and methods of photographic history to interrogate the effects of the diversity of medical photographic practices in French institutions. It argues that examining photography is necessary to understanding how mental and nervous disorders were diagnosed, and how medical communication between disciplines and institutions worked around 1900.

Artistry, accuracy, style and standards: Dialogue and resistance between photography and drawing in mid-twentieth century medical illustration – **Harriet Palfreyman**

This paper explores the uses of photography and drawing in mid-twentieth-century medical illustration. By this period medical artists and photographers were becoming increasingly professionalised with associations, specialist journals, and dedicated hospital departments all being established. At the same time, conventions and practices of image-making were changing and adapting to new technologies, practitioners, and medical knowledge and practice. Amidst these developments conversations about the best practice for medical illustration were rife; one aspect of this was debate over the relative merits of photography and drawing.

The authors of one manual of medical photography confidently asserted that 'Medical artists' paintings have been largely replaced by color photographs' (*Photography in Medicine*, 1960). Others though argued that there were certain things that photographs simply could not do. One medical artist wrote that she took pleasure 'in reproducing beauty as well as well as scientific exactness' (*The Stethoscope*, 1945). In this debate, we can readily identify the troublesome idea of the photograph as an objective view contrasted with the subjective, stylised image created by the artist.

Despite this ostensible resistance between proponents of the two media, photography and drawing were more often to be found in dialogue with one another. Photographs were frequently used as the basis for medical artists' drawings, and drawn additions were often used to augment photographs to elucidate particular elements of the picture. This paper explores some of the intersections, productive and antagonistic, between photography and drawing, reflecting on the discourse around both as well as the illustrations produced.

## Strand E

### Life and Death Histories of Pain

**Chair: Lynda Bryder**

The 'Terrible Nerve Storm' of Modern Birth: Understanding Labour Pain in Turn-of-the-Twentieth-Century Canada – **Whitney Wood**

The pain women experience in giving birth is a universal, cross-cultural, biological reality. The ways in which women experience these pains, as well as the ways they were perceived by physicians and depicted in wider medical discourses, however, are historically and culturally specific. In turn-of-the-twentieth-century English Canada – a key period in terms of both the medicalization of birth and the professionalization of obstetrics – 'birth pangs' were understood in a number of varying (and at times competing) ways. Canadian physicians expressed a variety of opinions concerning the nature of labour pain. Throughout the nineteenth century,



doctors emphasized the broader utility of pain as a diagnostic tool and a physiologically necessary part of the birthing process. With the advent of anaesthetics including chloroform and ether, however, a growing subset of the medical profession simultaneously lauded the professional, physiological, and humanitarian benefits of pain relief. By the first decades of the twentieth century, shifting understandings of labour pain – and particularly, growing distinctions between “pain” and “contraction” in mainstream medical discourses – underscored the increasing use of obstetric anaesthesia, and in so doing, shaped medical orthodoxy and conventional practice. Drawing on a broad range of archival and print sources including medical textbooks, lecture notes, professional medical journals, and popular advice literature, this paper unpacks shifting understandings of labour pain, highlighting the many slippages between multiple and competing conceptualizations of women’s labour pain in modern Canadian medical history.

### Migraine Pain: Theory, Denial, and Experimentation in the Late Nineteenth Century – **Katherine Foxhall**

During the nineteenth-century physicians formulated new theories for head disorders including migraine. New classifications focused on the presumed cause and physiology of pain, rather than its character and bodily location as had been common since classical times. This paper examines how, by the end of the nineteenth century, two distinct cultural and social frameworks for understanding migraine emerged, and the important, yet very different, ways in which pain (or claims of its absence) was central to these parallel histories. On one hand, men of science became fascinated by visual disturbances known as aura, to the extent that these symptoms would come to dominate understandings of migraine as a disease of elite, intellectual men. On the other hand theories about migraine’s causes and experiments with potential treatments increasingly came to rely on the observations physicians such as William Gowers and John Hughlings Jackson made on their patients – particularly young women – in specialist settings such as the National Hospital for the Paralysed and Epileptic. I argue that while the authority of men of science to talk about migraine aura derived from a denial that pain hampered their ability to make accurate ‘objective’ observations, the same physicians relied on their patients’ subjective experiences of pain when theorising about migraine’s pathological basis, and experimenting with pharmacological substances as potential treatments. The history of migraine in the late nineteenth century is a useful case study to examine how a disease classification is created, and its boundaries policed, and how evidence of different historical voices can be either valorised or ignored in the history of medicine.

### Break on Through: Pain, Trippy End-of-Life Therapies, and the ‘Other Side’ – **Lucas Richert**

On November 22, 1963, Aldous Huxley, author of *The Doors of Perception* and *Brave New World*, passed away in his California home with his psychotherapist wife, Laura, at his side. Near the end, while suffering through the late stages of laryngeal cancer, Huxley requested of his wife a hit of LSD. Having lost the ability to speak, he scribbled the message for his partner and she dutifully administered the drug by needle. Huxley, well read on the subject of psychedelics, had long suggested that they might be of use among terminal cancer patients, aiding them in the process of dying.

Many physicians and researchers agreed, including Stanislav Grof and Eric Kast, who embarked on this type of psychedelic therapy in the United States. Their extensive work with LSD and cancer patients ultimately revealed a “lessening of the patients’ physical distress and a lifting of their mood and outlook that lasted about ten days.” Between 1967 (when rock-band The Doors released *Break on Through*) and 1972, studies in terminal cancer patients by Grof and his colleagues at Spring Grove State Hospital in Baltimore showed that LSD combined with psychotherapy could alleviate symptoms of depression, tension, anxiety, sleep

disturbances, psychological withdrawal and even severe physical pain. This paper places a spotlight on the use of LSD as an adjunct to end-of-life therapies, how the drug addressed pain, and it recounts how physical spaces, individuals, and emotions were impacted by the use of psychedelics in the treatments of the dying. This paper builds on my recent work on the use of heroin to alleviate pain in end-of-life settings. Using documents from the Cicely Saunders Collection (King's College) in London, the RD Laing Collection (Glasgow University), medical literature, and news coverage, I will attempt to highlight an experimental way of lessening pain and 'doing death' in the late 1960s-early 1970s.

## **Strand F**

### **Sex and Sexuality**

**Chair: Leon Rocha**

Deviant Bodies: Sodomy and Sexual Forensics in Britain, 1700-1850 – **Seth Stein LeJacq**

This paper investigates the sexual forensics of sodomy before the medicalization of homosexuality and both before and during the emergence of the forensic medical subfield in Britain. Unlike on the continent, British practitioners were slow to develop academic forensic medicine, a body of published work in that area, and a corps of expert practitioners. As a result, historians have found it challenging to explore how practitioners, courts, and laypeople approached sodomy--a crime that was regularly prosecuted in cases of male same-sexual contact--as a forensic medical matter.

Drawing on a corpus of over 750 sodomy trials and a comprehensive analysis of early published Anglophone forensic writings, I argue that there was a well-developed forensics of sodomy shared by laypeople and medical practitioners in the years before the professionalization of British forensics and the medicalization of homosexuality. This shared understanding of sodomy held that same-sexual acts and even a propensity to take part in them could be inscribed in and legible upon the body. Britons broadly agreed that they could read such signs, and initiated invasive investigations of others' lives and bodies in order to gather clues. They reasoned about such signs with reference to cultural stereotypes, animal sexual activity, lay and medical understandings of anatomy and physiology, and personal knowledge about orthodox sexual activities.

Historians of British medicine have tended to treat sexual forensics as a modern innovation. I show here that by considering sexual forensics in the age "before forensics," we are able to excavate medical views on this perilous topic rarely treated in published pre-modern medical writings and to uncover complex lay discourses about it that have seldom been visible to historians.

Recreating Virginity: Sexual Deviance in Early Modern England, 1540-1750 – **Stephanie Allen**

In early modern England, virginity was perceived to be an important quality for a woman, and its absence could be problematic. It was a crucial factor in regard to legal, social and cultural issues, including, rape, infanticide, and impotency cases. This paper will be assessing some of the ways in which women may have recreated their virginity using herbal concoctions and external props such as animals blood and leeches. By using an array of sources including

court cases, medical treatises, ballads and other forms of popular culture, this paper investigates why women deemed it important to conform to the gendered role of 'virgin,' and how they used female agency and bodily manipulation to recreate their virginity and its physiological signs. Medical texts established the methods many women could use, and influenced societal fears of false virginity, yet whether these methods were in practice as well as in theory remains to be discussed through this paper.

My current research investigates social and cultural beliefs of the defective and deceptive bodies in early modern England, 1540 to 1750. I completed my BA in History at the University of Northampton in 2014, and my MA in Medical History at the University of Exeter in 2015. The first paper I presented was at Royal Holloway University London in March 2017, and was titled 'The Performance of Fraudulent Beggars in Early Modern England, 1540 – 1750.' Since then I have gone on to attend and complete the Research Design Course in Cracow (November 2017), came second in the Three Minute Thesis Competition at Hertfordshire (2017), and will be presenting yet again at Royal Holloway in January 2018, on the topic of 'Recreated Virginity.'

**Queer Anatomies: Medical Illustration, Perverse Desire and the Epistemology of the 18<sup>th</sup> and 19<sup>th</sup> Century Anatomical Closet – Michael Sappol**

We're accustomed to reading about queer spaces in cultural geography, art history, sociology, literary studies, and gender studies, but not in the scholarship on anatomical representation. Focusing on canonical atlases by William Cheselden (1710s-40s) and Joseph Maclise (1840s-50s), this paper argues that anatomical illustration can have erotic investments and potentials that make it well-suited to serve as a queer space and a closet.

My analysis will draw on Eve Kosofsky Sedgwick's *The Epistemology of the Closet* (1990) and *Between Men* (1985) two foundational texts of queer theory. Sedgwick showed that gender performances — hetero/homo, normative/ abnormal — are always in fluctuating push/pull dialogue with one another, always make sense or nonsense in relation to each other. If so, then "queer" doesn't just belong to, or explain, self-identified "queers." Queer belongs to and explains everybody.

Queer theory also supplies us with useful descriptive terms for situations, settings and tactics: such as "flaunting", "clubbing", "panic", etc. The "closet" especially helps us think about what libidinal investments might be expressed or buried in the anatomical illustration — how anatomy might be a place where the love that dare not speak its name could show and even flaunt itself, between and among men.

This talk focuses on illustrations of naked men and women, and plates that feature provocative views of genitalia, breasts, and anuses. I will read those images closely and situate them in their professional, aesthetic, intellectual and social settings, within tangled thickets of perverse desire, same-sex erotics, connoisseurship, and medical politics and performance.

**Thursday 12 July 2018/ Session 4 / 9:00-10:30**

**Strand A**

**Deviance, War and Medicine**

**Chair: Catherine Kelly**

**ROOMS: A: CTH-LTB/ B: CTH-LTC/ C: CHAD-BARKLA/ D: CHAD-ROTLAT/ E: CTH-LTD/ F: CHAD-CHADWICK**

## Deviant Numbers: Military Records and Population Statistics in the 18<sup>th</sup> and 19<sup>th</sup> Centuries – **Erica Charters**

While historians of medicine have noted that military methodologies, particularly statistics, shaped the development of nineteenth-century clinical and bio-medicine, little attention has been paid to military records themselves. This paper examines the history and influence of eighteenth-century European military records, demonstrating how their privileging of numbers and categories of 'effective' fighting men shaped modern political practices of population and health surveys.

Growing out of accounting practices, military manpower records – variously called tables, returns, or reports – identified, tracked, and documented available manpower alongside numbers of soldiers who were sick, disabled, and dead. By the later eighteenth century, most European states had regular forms of manpower records that kept central authorities informed of manpower levels as well as their fluctuations due to disease and campaigning. These manpower records were adopted by medical and political officials, part of what has been called a 'trust in numbers' -- the growing acceptance of numbers and statistical methodology in modern medicine and governance.

Numeracy thus became a defining feature of modern medical and political practice, but military manpower records initially challenged contemporary views of numbers, which were considered misleading and untrustworthy. Indeed, they could undermine the authority of administrators assigned to collect them. But overseas military campaigns, especially in colonial contexts, thus allowed – even encouraged – experimentation with innovative methodologies. Military manpower records reveal the development of numerical methodologies from the peripheries of medical practice to the heart of public health and clinical medicine, progressing from unorthodox practices into methods that now define the health of populations.

## Arbitrating Medical Deviance in the American Civil War – **Margaret Humphreys**

During the 1850s the American medical profession was in turmoil. Women and African-Americans called for admission to orthodox medical schools, with limited success. Orthodox physicians urged a reform of medical practice, moving away from harsh heroic therapies to the "healing power of nature." Homeopaths and botanic practitioners wanted recognition and access to hospitals. Public health activists broadcast the deadly filth of American cities and demanded reform. With regard to all these ambitions, the federal and state governments responded that it was not for the government to legislate deviance and orthodoxy in medical practice.

The Civil War radically changed this relationship between government and medicine. When doctors were commissioned as surgeons, they were male, and they were initially all white. But in 1863 the Union began to enlist black troops in large numbers, and these regiments needed doctors at a time of physician shortage. The government turned to African-American physicians, although not without controversy. Female doctors likewise served, although in small numbers. Much more broadly, women worked in hospitals as nurses and matrons, putting paid to the notion that respectable women could not tolerate the physical realities of medical care.

The war governments discovered the necessity of running healthy hospitals and sanitary camps once the lives of so many men were of direct importance to the war effort. The educated elite of American medicine were at the top of both military hierarchies, and in a position to educate and reform medical men. War had transformed medical norms and power.

## Thinking the Unthinkable: Considering Bacterial Warfare, 1925-1950 – **Anne Hardy**

Following the German use of poison gas in World War I, and the great strides made in microbiology in the years between 1900 and 1925, scientists across Europe and in America

began seriously to consider the prospects for bacterial warfare in future conflicts. This paper examines these discussions, focusing on debates around the usefulness of possible bacterial agents, means of dissemination and of defence, and the likelihood of such methods being put to use.

## **Strand B**

### **Holistic History and the UK's National Health Service (NHS)**

**Chair: Alicia Rouverol**

Putting holism into historical practice in the UK's National Health Service (NHS) – **Stephanie Snow**

The NHS has played a central role in everyday life and work for a significant proportion of the UK's population since 1948. It is the largest employer in the UK and its unique interface with the elemental human experiences of birth, illness and death offers historians huge possibilities for exploring the complex changes across British life and work in the last half of the twentieth century and beyond. To capitalise upon its richness as a source for understanding the past, present and future possibilities for healthcare and the social history of the UK more broadly, we need to move beyond political and institutional perspectives and adopt a more holistic approach that seeks to embrace the diversity in workers, patients and communities, strives to integrate histories across the board, from marginalised groups to elites and understands that each healthcare organisation is the sum of its history – function, location, patient population, workforce, culture. The paper draws on the author's experience of working with a variety of NHS organisations using history in day to day practice and policymaking and leading a new Heritage Lottery Funded national public history programme on the NHS 70<sup>th</sup> anniversary in 2018. It argues that putting history to work in this way offers historians new opportunities but requires critical reflection on the potential of history and the role of the historian.

The risks and dangers of Oral History methodologies in health and medicine – **Sarah Lowry**

What are the particular dangers which manifest when running an oral history project in the field of health and medicine? How do these relate to patients, clinicians and the institutions involved? How can and insider / outsider interviewers mitigate or aggravate these risks? Is the involvement of a university ethics committee a hindrance or a help? How do project managers meet the challenge of transferring the usual academic terminology and protocols of such committees into forms that are both understandable and practical for participants? How can the training process make volunteers aware of the challenges without scaring them away? How do the dangers impact on the interview process? How do we balance expectations of participants and funders that the interviews will go immediately online against the need for giving full consideration to risks this might pose? Drawing on the author's experience of establishing the Royal College of Physicians' (RCP) Voices of Medicine project and undertaking Oral History training for the NHS at 70 project, this paper will use audio clips to illustrate the key points. It illuminates the complexity of such work and the challenges of balancing the different needs of funders, historians and participants.

Making Meaningful History: Volunteers, Heritage and Well-being – **Angela Whitecross**

Volunteering is argued to have multiple physical and psychological benefits that can help participants find new skills and move them away from social and economic isolation. Heritage projects, especially those funded by the Heritage Lottery Fund, rely on volunteers for delivering key outcomes around capturing and preserving heritage for future generations. But what is required to make volunteering a truly collaborative process of co-production that results in well-being? How can volunteers be empowered to challenge and enrich the projects they contribute to? This paper, jointly presented with a volunteer from the NHS at 70 projects, will seek to explore the challenges of working with volunteers on heritage projects and highlights the rewards for both health, heritage and people.

## **Strand C**

### **Histories of Psychology**

#### **Chair: Hilary Marland**

The Faint Echo of Voices from Below: Hearing patient practice through the writings of asylum patients in the late nineteenth and early twentieth centuries – **Dan Jewson**

The 200 patient letters within the Glamorgan Lunatic Asylum archival records offer a rare opportunity to 'hear' patients resist, amend, negotiate with or conform to the medical profession. As one letter states 'my words have real meaning and must not be ignored or twisted'. Yet, for various reasons, both doctors and historians have demonstrated an extraordinary deafness towards the communications of the disturbed. This paper places patient communications centre stage to explore the complex interactions between the perspectives, practices and responses of the confined through the lens of patient writings. By exploring the inner world of the asylum, and the 'interior word' of the patient, it will engage with broader debates within psychiatric history.

Patient letters reveal a wide range of bizarre, withdrawn, aggressive and abusive behaviours. Although usually interpreted by doctors as pathological symptoms of madness, many of these behaviours are far from random idiosyncratic or individual acts. A secondary level of analysis that apprehends patients' everyday life, social relations and their responses to the institutional environment reveals a complex range of 'patient practices'. These practices follow patterns and can be understood as explicable, deliberate and predictable acts of conformity, resistance, accommodation and deviance.

Through this analysis, and by addressing controversial methodological issues raised by the approach, this paper challenges established historical theories of medical authority. It offers new interpretations of the power dynamics of medical institutions by suggesting that many apparently bizarre patient practices can be understood as attempts to manipulate and control the institutional experience.

Beyond the 'Great Confinement': The Mad and the Socio-Legal-Political Networks in Eighteenth-Century China – **Hsiu-fen Chen**

In contrast to the fruitful studies of madness in European history, the socio-legal-political facets of the mad in pre-modern China remain largely unexplored. Based on over two hundred legal

cases from the Qing archives, this paper will be an attempt to glimpse the daily life of the mad criminals in eighteenth-century China. Not only their biographies – including age, gender, native place, ethnic group, occupation and marital status – will be detailed, but the social milieus surround them – such as their family cares, neighboring surveillance, and medical cures, if any – will also be discussed. By examining the crimes (and suicides in certain cases) committed by the mad as depicted in the legal case records, I will argue the rationales underlying legal judgements and political considerations. However, unlike the previous studies merely engaged in the debate on whether the confinement of the mad had become increasingly vigorous since the eighteenth century, I will pay no less attention to the mad in rather complicated and multiple realms. In so doing, this paper will hopefully contribute an alternative approach for looking into the mad and the interplay between society, law and the state in late imperial China.

#### **Madness and Asylum Transfers: Case Histories of European and Native Lunatics in Colonial India – Sarda Singh**

The paper uses the case histories of European and native lunatics in the colonial asylums of mid eighteenth-century India to illustrate the management of their asylum transfers. While the discharge of native lunatics to the asylums of their respective home provinces were arranged by the asylum authorities, the European lunatics were deported back to their home country. In the procedure for arranging the transfer by the authorities, I will locate in this paper how the discharge of native lunatics was different from the deportation of Europeans. Equally, important concern I will establish in this work is the important markers that caused the transfer of Indians or European lunatics along with the kind of administrative interventions that affected the transfer. While it will point out the relation between various kinds of insanity and transfer of native lunatics to their relations, it will also show as to what extent the families of European lunatics responded to the management of deporting Europeans. Moreover, the paper is an endeavour to build the narration of asylum transfers, which provides us an understanding of the world of the asylum and its patients.

### **Strand D**

#### **Another Communist Conspiracy: Right-and-Left-Wing Politics in British and American Medicine, 1945-1975**

##### **Chair: Theodore Brown**

**His Mother's Maiden Name: Anti-Semitism and Anti-Communism in American Medicine in the Early Cold War – Naomi Rogers**

During the 1940s and 1950s in her newsletter *American Medicine and the Political Scene*, Marjorie Shearon, a right-wing commentator specializing in health issues, warned that Americans who accepted the nascent Social Security system – which in the early Cold War excluded physicians along with other small business people, as well as domestic servants and farm workers – were taking the first step towards “state socialism.” The AMA's leadership similarly attacked any attempts to establish government-sponsored health insurance plans. Efforts by physicians like Ernst Boas, head of the liberal Physician Forum, to denigrate these commentators as anti-democratic largely failed.

While anti-Semitism had clearly been taken to extremes by German Nazis, continuing widespread restriction against Jews in the U.S. after the war barely abated. Most American medical schools continued to either bar Jewish applicants or admit them in very small

numbers. Shearon especially targeted Jewish social scientists, physicians and other bureaucrats in Truman's and then Eisenhower's administrations as the instigators of a Communist conspiracy. Concerned that her readers might not recognize these links – if, for example, some official had a seemingly innocent, Protestant-sounding last name – Shearon would also identify their mother's family name, a familiar anti-Semitic tactic.

Drawing on newsletters like Shearon's, as well as correspondence among Shearon and her readers, this paper will explore the ways that anti-Semitic and anti-Communist critics attacked proposals for national health insurance and other government-sponsored changes in health policy and medical care in the 1940s and 1950s, and the legacy of these critiques.

#### The National Health Service and Post-war Transatlantic Medical Activism – **Andrew Seaton**

This paper explores the significance of the British National Health Service (NHS) to transatlantic medical activism during the postwar period. In particular, it looks at the place of the NHS in American debates about extending health insurance, and the consequences of British participation in these politically charged disputes.

For progressives, like Dr Michael Davis and his Committee for Research in Medical Economics, the NHS represented a powerful symbol of reform. His papers reveal correspondence with prominent NHS-supporters in Britain, such as renowned welfare sociologist Richard Titmuss. Davis also visited the U.K. to study the NHS in person. For the medical right, however, led by the American Medical Association (AMA), the NHS constituted a nightmarish machine clamping down on individual autonomy. Critics of "socialized medicine" highlighted apparent problems with the NHS to deter attempts at reform during the Truman and Kennedy presidencies. The AMA amplified their critiques through funding speaking tours by British doctors hostile towards the NHS.

The British medical left sought to challenge this onslaught, perceiving it as a threat to the NHS's continuation at home. The founder of the NHS, Aneurin Bevan, gave interviews in outlets like the *New York Times*; British Information Services paid lecturers to promote the NHS to American audiences; left wing doctors undertook their own U.S. speaking tours.

While NHS-supporters did not salvage the institution's reputation in America nor encourage the U.S. to adopt a similar model, their struggle with conservative opponents abroad helped embed the NHS as a distinct and positive symbol of "Britishness."

#### Hypochondriacs and Malingerers: Right Wing Efforts to Rethink American Medical Care, 1945-1980 – **Nancy Tomes**

In the past decade, historians have produced important revisionist accounts of the rise of the conservative right in the late 20<sup>th</sup> c. United States. Inspired by them, I propose to revisit conservative views of medical authority and patient choice from the mid-1940s to the early 1980s. I will discuss the work of the libertarian economist Milton Friedman, a key advisor to Barry Goldwater during his 1964 Presidential campaign (who famously suggested in his 1962 classic *Capitalism and Freedom* that it might be a good idea if medical licenses were abolished); conservative views of health care promoted first by the John Birch Society (1958) and later by the Heritage Foundation (f. 1973) and the Cato Institute (f. 1974); and their diffusion by popularizers such as the syndicated news columnist George Sokolosky and the AMA's "coffee cup" meetings hosted by conservative women's groups. I am particularly interested in conservative arguments about the twin dangers of "overutilization" and "fraud" in the operation of health insurance plans, which they felt deflected personal responsibility for health and encouraged malingerers and hypochondriacs (often coded as women and Jews) to use "too much" medical care. While this conservative mind-set was seemingly defeated with the passage of Medicare and Medicaid in 1965, these critiques remained behind as potent weapons that continue to be deployed in current health care debates.



## **Strand E**

### **Disability and Activism**

**Chair: Jesse Olszynko-Gryn**

The impact of the drug thalidomide on families in Canada in the 1960s and 1970s – **Christine Chisholm**

The proposed presentation explores the immense impact of the drug thalidomide on families in Canada in the 1960s and 1970s. Specifically, it focuses on how medical science, despite having greatly failed mothers and babies, was nevertheless recruited in helping to resolve the tremendous physical and social problems now faced by thalidomiders and their families. Born in the early to mid-1960s, Canadian thalidomiders entered the world with a wide range of disabilities, most prominently phocomelia, caused by the teratogenic effects of the drugs Kavedon and Talimol that were marketed in Canada from April 1961 to March 1962 (although sample tablets had been available as early as 1959). This paper considers the role played by Canadian officials and medical professionals in the transnational effort to resolve the “scandalous” consequences of a poorly tested drug with newly-developed prosthetics and rehabilitation strategies. Based on my ongoing doctoral project that utilizes oral history methodology in collaboration with Canadians affected by thalidomide, the proposed presentation explores how patients and practitioners conformed to conventional rehabilitation practices, sought alternatives, and managed the sometimes contradictory attitudes towards the putative experts of thalidomide bodies. In doing so, it argues that conformity, resistance, dialogue and deviance were all essential aspects to the process of shaping new rehabilitation practices in Canada, a process that involved collaboration between medical professionals, thalidomide-affected children, and their families.

Stories, Figures and Contradictions: Representing the individual within disability activism – **Morven Cook**

The formation of disability studies as an academic field is closely bound to activist campaigns, particularly during the late 1980s and 90s. Scholar Lennard J. Davis writes that “[...] there is a reciprocal connection between political praxis by people with disabilities and the formation of a discursive category of disability studies.” Narrative representations feed directly into cultural perceptions of disability activism. In this paper, I discuss the film *Breathe* (2016), a biopic of disability rights activist Robin Cavendish; a tea broker who contracted polio while in Kenya in the late 1950s. Cavendish was paralysed and given months to live. Despite doctor's expectations that Cavendish would spend his remaining time in hospital, for twenty years he was actively involved in improving disability welfare and developing new technologies which would allow individuals to live outside of care facilities. The film is a key example, of the difficulties of portraying complex figures. Cavendish went on to take his own life, contradicting the anti-euthanasia stance of many current disability activist groups. In this paper I dissect the tensions in this main stream representation through the responses of the public and in the film itself.

Disability, dialogue and transformation: Life-writing and Agnes Hunt's Baschurch home in World War I – **Mary Clare Martin**

This paper draws on the unpublished life-writing of an untrained nurse to analyse the transformations facilitated by dialogue, not only between medical and care workers, but between such workers and patients. The location of this case study is the Baschurch orthopaedic open-air convalescent home for crippled (sic) children, founded by Agnes Hunt in 1900, which was used for nursing wounded soldiers in World War I, and where the eminent surgeon Robert Jones of Liverpool used to come on Sundays and operate on children unpaid. Unlike in Seth Koven's more gloomy representation of disabled children and wounded soldiers, the home was described by a young unqualified nurse as a place of happiness and fun.

Indeed, although simple materially, the home could be transformative, not only for children and soldiers, but also for the workers, as recounted by Frances Margaret Kenyon (1894-1979). While dialogues over medical care provided her with professional training, her frequent, recorded dialogues with patients, both adults and children, deeply affected her outlook on life. Told by a miner that she was going to be a doctor, not a nurse, after the war, and despite the drawback of little formal education, she qualified and practised, supporting four children after divorce, and becoming well-known locally as a school doctor and assistant medical officer for North Westmorland from 1948-1958.

## **Strand F**

### **Anatomy and Medical Knowledge**

**Chair: Laurinda Abreu**

Diseased Bodies and Works on Disease: Matthew Baillie's *Morbid Anatomy* and the 'Epistemic Genre' – **Richard Bellis**

Matthew Baillie's *Morbid Anatomy of some of the most important parts of the human body* (1793) was one of the most successful medical works of the late-eighteenth century, going through many editions as well as translation into four languages before Baillie's death in 1823. However, the initial response to the work amongst reviewers was negative, with criticism that Baillie had strayed from Giovanni Battista Morgagni's example, set down in his work *De sedibus et causis morborum* (1761, *On the seats and causes of disease*). In this paper I argue that this initial response was a reaction to Baillie attempting to change what Gianna Pomata has termed the 'epistemic genre' in which works on disease were published. Rather than publish in the medical case history genre, as Morgagni had, Baillie's book was a work of

anatomy on the subject of disease. Through doing this, Baillie challenged normative assumptions surrounding the study of disease in the late eighteenth century. The subsequent success of his work, and its role in providing what were seen as 'facts' regarding morbid appearances, had the affect of shaping the case histories of medical practitioners – and the genre generally – around the turn of the eighteenth century. I argue that crucial to continuing debates surrounding the study of disease during the period were publication formats, and their use and perceived misuse by medical authors.

#### The narrative efficacy of Medieval Humoralism in the Latin West – **Fernando Salmon**

Humoralism as it was developed in the ancient and medieval Mediterranean basin, is one of the most successful holistic systems of understanding health and disease in global history. The analysis of the complex processes of the circulation, appropriation and transformation of ideas and practices concerning health and disease within the main Christian, Islamic and Judaic medieval cultures has shaped a great deal of the historiography devoted to medieval medicine. However, these interests have not grown in parallel with the need to explain the cross-cultural acceptance and long-time success of this medical system that I would like to approach in this paper.

Taking the medieval understanding of the brain as a case-study, I will contend that the appeal of the system lies in the development of an efficacious narrative where dialogue and compromise were inevitable, not only at the bedside with every individual client but also at the classroom when dealing with an exemplary one. I will show that the locus where medieval medicine acted upon shaped but it was also limited by the experiential body of the patients. As result of a dialogical interchange emerged a body whose essentials could be summarized with a remarkable economy of words, made intelligible through domestic analogies and metaphors, and be intuitively grasped by the experts and by the lay.

#### 'The Art and Science of Healing Throughout the Ages': Interpreting Medicine at the Science Museum, London – **Natasha McEnroe**

The Science Museum has demonstrated its commitment to the history of medicine and its relevance today by dedicating to it the large first floor of its famous building in South Kensington. The medical collection of the Science Museum combines the Henry Wellcome Collection and the Science Museum's own medicine collections, totaling over 150,000 objects illustrating countless stories of health and medicine. Opening in autumn 2019, Team Medicine at the Science Museum are well on the way to delivering this exciting project.

But what are the challenges of curating the most famous and finest collection of medicine in the world? The new suite of galleries themselves offer physical challenges that impact the way our complex audiences will access the space and influence the layout and design. The galleries are to have a 25-year shelf date, making presenting current technology and news difficult, especially in terms of digital content. Such a large project requires close working with numerous stakeholders, including funders, an advisory panel of experts and a wide team of researchers. Ethical issues inevitably arise, not just sensitive areas common in portraying the history of medicine but issues peculiar to interpreting medicine within a museum of science.

How does this once in a generation opportunity offer new ways of framing working within the social history of medicine? Keeper of Medicine Natasha McEnroe will relate how through a

complex programme of participation work with community groups, oral histories and co-curation, the patient's voice will be heard in the new Medicine galleries.

**Thursday 12 July 2018/ Session 5 / 11:00-12:30**

**Strand A**

**Nursing before Nightingale redux, 1700-1823**

**Chair: Margaret Pelling**

**Nursing Disabled Ex-servicemen in the Royal Greenwich Hospital, 1705-1800 – Geoffrey Hudson**

In this paper I use a rich, hitherto untapped, set of records from the Greenwich Hospital for disabled naval ex-servicemen to examine the nature and development of nursing, and its broader social and medical significance, for the period 1705-1800.

Although institutional care provided work for large numbers of female nurses in the eighteenth century their experience and its import has not until recently been examined to any great extent by scholars. One reason for this gap in the literature is the perceived paucity of archival material. The Greenwich Hospital's records are very useful for this purpose however, containing complete registers of nurses, and a wide variety of materials that provide detailed insight into the social and medical life of the institution.

From these records I am able to track the careers of the over 800 nurses and matrons in the period, including their work-related practice and regulation. Nurses, usually war widows, were given considerable responsibility for the care of their disabled charges and paid wages and, upon retirement, pensions. They were also punished, sometimes severely, for infractions of discipline such as having sex with their patients (in a set of stocks for example).

My aim is to contribute to an analysis of the changing work of eighteenth century nurses, within the broader contexts of the history of health care as well as contemporary social and gender relations. I will engage with ongoing scholarly debates, including that related to standards of nursing care.

**Nursing Careers at Haslar and Plymouth Naval Hospitals, 1769-1800 – Erin Spinney**

In this paper I counter historiographical preconceptions about pre-Nightingale nursing through a detailed analysis of the nursing workforce at Plymouth and Haslar Naval Hospitals, in conjunction with the nursing regulations for naval medical care. As the experiences of nurses of Plymouth Naval Hospital show, the physical stability of naval hospitals allowed for nurses to develop healing and care skills over a period of longstanding employment.

This study draws primarily upon the available 18<sup>th</sup>-century pay list ledgers for Haslar (from 1769) and Plymouth (from 1777) which detail nurses' pay, pension, sick leave, and financial punishment for infractions. Such source material offers a wealth of untapped quantitative data on the careers of nurses at the naval hospitals. When this data is merged with other archival source material including regulations and official correspondence it is possible to show how

nursing offered a viable living and accommodation to the widows and wives of seamen in the port towns of Portsmouth and Plymouth.

Pay lists also demonstrate the importance of seniority, and experience to naval nursing. The decision to record nurses' names by seniority illustrates that they were valued by hospital administrators and medical officers as individuals with specialised skills. Skilled nurses were valuable in a monetary sense; the quicker a sick or wounded sailor returned to his ship, the better it was to the Royal Navy – both in terms of lost manpower and cost of care.

## Provincial Infirmaries and the predecessors of the unreformed nurse, 1745-1820 – **Alannah Tomkins**

This paper aims to re-evaluate the occupational experience of the infirmiry nurse in the generations before Nightingale's birth. It uses the archives of eight provincial infirmaries, and particularly an analysis of infirmiry governors' minutes, to consider the economic features of nursing work (salaries, tenures and terms of employment) but also the narratives surrounding nurses' work with the sick. The infirmiry as a working environment could be very challenging and negotiating interactions with patients was a complex business with particular tensions around chamber-pots and human waste. Discussion focusses on the gap between our rather jaded conception of the 'unreformed' nurse, presumed to be ubiquitous at all points before 1840, and the reality of working relations between nurses, matrons, patients, and medical staff. In the eighteenth century these relations might be fraught but were more often consensual or respectful. The research concludes that the predecessor to the 'unreformed' nurse was a valued member of infirmiry staff who lost out in changing gender ideology (as much as in altered medical demands) to become 'unreformed'.

## **Strand B**

### **Risks in Childbirth in Historical Perspective**

**Chair: Adrian Wilson**

Understandings of risk in homebirth: An Oral History of South Wales c. 1948-1970 – **Angela Davis**

Over the past seventy years, the culturally accepted place of birth in England and Wales has shifted dramatically. Before the Second World War, most births were at home. However, a gradual trend towards hospital birth was in progress; selection criteria for hospital birth were broadened and consultant bed numbers increased (Hunter 2013). By the mid-1960s, two-thirds of births were in hospital (Davis 2013). The 1970 Peel Report compounded this change, recommending provision for 100% hospital births. Since 1975 the hospital birth rate has never fallen below 95% (Davis 2013). While attitudes to place of birth continue to change - recent evidence from the *Birthplace in England* study demonstrating the safety of out-of-hospital births for low-risk women has been endorsed by updated NICE intrapartum guidelines (Delgado Nunes et al 2014) – the numbers of birth taking place at home remain very small. In this paper we will look at how this move to hospital birth influenced the ways in which mothers, midwives and doctors thought about home birth. Based on interviews with six mothers and six midwives who lived or practised in South Wales between 1948 and 1970, the paper

will analyse the ways in which risk in homebirth were articulated by each group, and between the different individuals within these groups. It will consider what the risks of giving birth at home were considered to be, whether they were changing over the period, and what risk meant for the two groups.

Medicine, clinical genetics and the prevention of disability in the United Kingdom and West Germany – **Salim Al-Gailani and Birgit Nemeč**

This paper focuses on the roles played by policy networks in articulating the 'prevention of disability' as a public health goal in the United Kingdom and West Germany in the postwar period. Declines in maternal mortality and pregnancy related morbidity brought unprecedented attention to the problem of congenital malformations in the decades after World War Two. Much expert attention initially focused on environmental risks to the developing fetus, especially in the wake of the thalidomide (known in Germany as 'Contergan') tragedy and rubella epidemics of the early 1960s. However, these concerns were increasingly marginalised by the 1970s as clinical genetics and new technologies of prenatal diagnosis became better established and promised the prevention, with abortion, of a range of hereditary and congenital conditions. In this paper, we follow the trajectories of expert groups and research programmes concerned with the assessment of risk factors in pregnancy and explain the success of clinical geneticists in both countries in positioning their discipline, and the expansion of genetic counselling, diagnosis and screening, as health service priorities. By taking a comparative approach, we can better appreciate how structural settings, political processes, and public health traditions intertwined with transnational developments in shaping medical and lay attitudes to disability, perceptions of risk in pregnancy, and the development of prevention programmes in two national contexts.

'Be glad to be a mother today!': Exploring how pregnancy magazines articulated risk in childbirth to parents from the 1950s to the 1990s – **Tania McIntosh**

This paper explores changing messages about childbirth offered to women by *Mother and Baby* magazine, a UK publication aimed at a general readership, focusing on the period between 1956 and 1992. The period was a time of significant change in the maternity services at both a philosophical and organisational level with a move towards hospital rather than home birth and a dominant discourse which privileged medical models of care over social ones. In keeping with this dominant discourse, *Mother and Baby* magazine moved from a social to a risk focused medical view of birth, with an emphasis on the safety of the baby and the sacrifice of the mother. These changes can be traced through both the organisation and the language of content between 1956 and 1992. However, the narrative presented by *Mother and Baby* magazine about changing maternity practice was not a simple one. Stories about, and support for, low tech approaches such as home birth were presented alongside high tech induced or operative births. All options privileged the health of the baby over the mother, with the powerful message that birth was always risky and that any intervention was justified as long as the baby was healthy. Pictures, photos, language and storytelling were used in a variety of ways to 'sell' this central message. This paper explores the complexity of the message offered by *Mother and Baby* magazine, and the ways in which the concept of risk was presented and refined across the period.

## Strand C

### Gender and Health in Colonial India

**Chair: Kieran Fitzpatrick**

**The Customer of Diet in the Making of Bengali Hindu widows in nineteenth century Bengal – Marnikarnika Dutta**

This paper will examine the health of Hindu widows in nineteenth century Bengal, exploring the various societal norms that dictated their food regime and nutrition intake. Using Bengali sources such as pamphlets, periodicals, treatises, biographies, memoirs, fiction, and cookbooks, it will explore the connected history of ongoing social reforms (banning of sati and child marriage, widow remarriage act, women's education), growth of medical education in Bengal, and women's health and nourishment. The Bengali widow, *bidhoba*, a major part of Bengali Hindu society, was expected to lead a strict and secluded life, denouncing every form of happiness and comfort. Her physical appearance, food habits, and social life would completely transform within hours of her husband's demise. A section of this paper will delve into the popular monolithic idea of a Bengali widow, and highlight the difference between a high caste widow within the Bengali *bhadralok samaj* and those belonging to the lower castes (*chotolok*). It will be interesting to see what the *shastras* meant to widows across the social fabric of Bengal, and thus explore the making of an ideal *bhadramahila* turned widow. Through a study of the compulsory food restrictions and dietary habits of widows, this paper aims to examine the extent to which widows conformed to the customs and traditions of the patriarchal society through their daily dietary routine.

**Evolution of the women medical service in Madras in the interwar years – Arnab Chakraborty**

After the First World War, the Government of India had surplus medics, many of whom were women experienced in treating injured soldiers. These women were inducted into medical service following the war. The women medical service was established to complement the Indian Medical Service (IMS), with the intention of providing healthcare to Indian women who had remained largely outside the domain of the western medical penetration. However, this service was mostly concerned with elite and rich women. Previously, the Dufferin Fund, introduced in the late nineteenth century, gave importance to healthcare for Indian women who used to be restricted within their *zenana*. *Dhais*, midwives and women doctors in rural dispensaries, as well as subordinate medical services, played an important role in providing care for a large number of women in the interwar period, the research on which rather modest. This paper will explore the contribution of women medical services in colonial Madras during this period. It will analyse the activities and impact of women medics on the transformation of public health situation in the southern-most presidency, and the specific nature of the involvement of Indians in colonial medical service as both practitioner and recipient of western medicine from the beginning of the nineteenth century to the interwar years. The focus will be studying how British and Indian women helped the expansion of western medicine in colonial India.

Gendering the History and Historiography of Expertise: Development and Women Doctors in Late Colonial India – **Samishka Sehrawat**

The Association of Medical Women in India (AMWI) was founded in 1907 and drew on a transnational scientific network to agitate for equal pay, professional opportunities and a greater role within the empire as for British women doctors acting as experts on colonial women's condition. Despite the centrality of these women experts in shaping development discourse regarding 'third world women', their activities have been largely ignored. The literature tracing the genealogy of colonial development has emphasized the importance of experts in shaping the global discourse of development that emerged from the 1940s but has focused largely on agrarian experts and economic development, rather than human development. The historiography on the emergence of tropical medicine and the international scientific networks that emerged with it has also ignored the role of female medical professionals in discourses of development as a late colonial project. This hidden history has been obscured due to the historical *and* historiographical marginalization of women colonial experts. However, this paper will not undertake an uncritical celebration of female agency, but rather seeks to shine a light on the role these women played in perpetuating imperial ideological frameworks in the newly emerging discourse of development and 'colonial welfare'. I will argue that examining the activities and writings of these women brings into view several blindspots in our current understanding of the history of development, the gendered nature of the construction of the colonial expert, and what development means.

**Strand D**

**Indigenous Peoples, Health and Medical Care: Inequalities, Encounters and Resistance**

**Chair: Nancy Tomes**

Colonial Extractions: Indigenous People and Oral Health Care in Canada – **Ian Mosby and Catherine Carstairs**

In 1964, the Director of the Indian Health Service (IHS), Percy Moore, wrote to the Regional Superintendent in the Foothills Region that prior approval would be needed for IHS funded dentists to do multiple fillings on their Indigenous patients. The reasoning was that a denture would likely be needed "sooner or later" and it would be a better use of "public funds" to extract the teeth immediately. This emphasis on extraction was very different from the care most white children in Canada (especially those from the middle and upper classes) were receiving at the time. In the post-World War period, dentists prioritized the care of children in the hopes that this generation could keep their teeth for a lifetime. Many southern children would have had dentists visit their schools to inspect their teeth and cards would be sent to their parents indicating whether they required dental care. Extractions were a last resort. There were inequalities in the provision of dental care in the south as well, caused by the fact that dental care was an expensive private service only occasionally covered by provincial programs, but Indigenous people – especially those living on reserve or in the far north – received very little care. The care they did receive, moreover, was usually rushed and not in keeping with the



standards of the day. As medical historians have shown, the medical care provided to Indigenous people, even in the post-World War II era, was inconsistent and occasionally harmful. This paper will demonstrate how inadequate oral health care was an important aspect of the general neglect of Indigenous people's health.

### Globalizing Indian Health in the 'Decade of Development' – **Jacob Tropp**

In recent years, scholars have increasingly examined the expansion of American international health interventions during the 1960s' "Decade of Development," as part of the broader U.S. engagement across the decolonizing Cold War world. This paper explores a significant and overlooked dimension of this project: how the government's domestic experience in providing health care for Native Americans, through the Indian Health Service (IHS), influenced certain overseas development initiatives deployed by the Peace Corps and the U.S. Agency for International Development (USAID). In the mid-1960s, growing activism and demand by Native American communities resulted in an expansion of IHS programs and new approaches to increasing Indians' involvement in managing their health and welfare. At the same time, many key actors in IHS and foreign aid agencies shared a conviction that the health care challenges of Native American communities and governmental responses to them had direct relevance for comparable American efforts to "modernize" health systems in "underdeveloped" and societies worldwide. The paper discusses how these dynamics together led to a range of Peace Corps and USAID activities – tied to programs in South Korea, Thailand, Liberia, and beyond – that involved American and foreign health practitioners' training in southwestern Native American communities and the exporting of IHS consultants to overseas assistance projects. In particular, the analysis critically interprets how and why specific IHS strategies and approaches – emerging out of shifting, "decolonizing" relations between the U.S. government and Native American communities – were configured to serve American health interventions globally and their accompanying Cold War agendas.

### A Smallpox cure amongst the Mi'kmaq: Agency and theft – **Farrah Lawrence**

This paper will trace the use of the plant *Mkoqewik* (*Sarracenia purpurea* or purple pitcher plant) in medicine in north eastern American indigenous cultures culminating in its use by Sally Paul and the Mi'kmaq communities at Shubenacadie and Dartmouth in the early 1860s for curing smallpox. This narrative is one that places medical knowledge as part of the social power of women within indigenous cultures of the north-eastern Americas, where medical knowledge was actively shared across vast distances and between diverse communities, and where cures for complex and devastating new diseases were being actively sought. Where indigenous contexts, and indigenous women, appeared in accounts of European commentators of the period, they did so as frozen figures. Practitioners that stood within stationary and incomplete systems of practice. This paper will present a different view, highlighting the active, vibrant and broad medical knowledge system that stands in contrast to the stationary figures of indigenous medical practices. While presenting a medical system that was not static, I will also present one that was not nostalgic. I will discuss the agency of Sally Paul, Mary Ann Farris, and the Mi'kmaq community more broadly in their interactions with Haligonian and British invaders. As Jace Weaver has demonstrated these interactions, from theft of knowledge to cooperation and sale of information and flora, did not un-indigenise these actors, rather it demonstrated the ever-moving and adapting lives of individuals. Sally and Mary were "'selves determined', but they were also self-determined".

## Strand E

### Spaces and States

**Chair: Martin Gorsky**

The British Government's Ministry of Pensions and the Disabled Great War Veteran Oversees – **Michael Robinson**

Disabled veterans remain on the periphery of the historiography of the First World War. The extensive literature on the conflict is largely dedicated military, socio-cultural and political histories. No research into the post-war experiences of disabled British Army veterans who resided overseas has been conducted. This paper will address this anomaly with an analysis of disabled First World War veterans residing across British imperial territories. This project will provide new and innovative insight into colonial medicine, disability and rehabilitative care in the British Empire. It will exploit the hitherto untouched administrative records of the Ministry of Pensions which was the primary government agency which accommodated disabled veterans with regards to financial compensation and medical treatment. The department's internal bureaucratic files contain invaluable information including the sizes of the various ex-service populations, the nature and scope of their disabilities, reports on the medical and rehabilitative infrastructure available in each territory, financial data and internal communications between Ministry, Colonial and Treasury officials. These research resources provide unique insight into how disabled veterans were treated and how various state initiatives were received. In the centenary year of the Armistice, this paper will demonstrate that the remit and functioning of the Ministry of Pensions, and its rehabilitation of disabled ex-servicemen, stretched beyond the British Isles and had transnational reach impacting upon numerous imperial territories.

Medical Cartography: Mapping Health Disparities in Nineteenth-Century England – **Lauren Killingsworth**

When cholera reached England in the 1830s, the field of medical cartography burgeoned as physicians began producing city maps of disease to advocate for their theories on the origin and transmission of cholera. John Snow's 1855 map of the Broad Street cholera outbreak is an oft-cited landmark in the history of epidemiology. Yet there are other maps, many predating Snow's, that warrant attention for their role in shaping perceptions of health inequalities, initiating dialogue on public health concerns, and defining space as "healthy" or "diseased". In Oxford, maps were produced in response to the cholera outbreaks of 1832, 1849, and 1854. The cholera maps of Oxford aided the portrayal of disease as a remediable public health issue, illuminated an inequality in disease distribution, and prompted debate over contagionist and anti-contagionist (localist) theories of disease. Here, I investigate two maps of cholera outbreaks in Oxford, William P. Ormerod's 1848 "Plan of Oxford shewing the parts visited by Cholera and Fever" and Henry W. Acland's "Map of Oxford to illustrate Dr. Acland's Report on Cholera in Oxford in 1854..." Using pamphlets, newspaper articles, and proceedings from the Ashmolean Society and Oxford's Public Health Board, I investigate the intended purposes of these maps and the responses to these maps. I show that the Oxford cholera maps were well received by both the public and academics, that they were used to argue for improved sanitation and water supply systems, and that they reinforced the perceived association between poverty, miasma, and disease.

## Strand F

### Animals and Human Health

**Chair: Chris Pearson**

Stroking with Words: Caress and the Making of the Guide-Dog-Human Partnership in 1930s America – **Neil Pemberton**

The late 20th century witnessed the simultaneous rise and diversification of varied entanglements of humans and animals in the pursuit of health and wellbeing. Clinical examples include the use of maggots to treat chronic wounds and the post-surgical use of leeches to aid healing. In wider society we might consider service animals, such as guide dogs, diabetes alert dogs and emotional support animals. In each case, human health and wellbeing rests on the cultivation of relationships with other species.

This paper historically investigates these entanglements of humans and animals, focusing on the role of emotion and the sense of touch in guide dog training and in the making of guide dog-human partnerships in interwar America. It does so by critically examining the training philosophy and practices assembled by the head trainer Jack Humphreys at The Seeing Eye guide dog School in New Jersey, examining the performative dynamics through which guide-dog, the guide dog trainer and the guide dog user jointly came into being.

Crucial to the formation and binding of the partnership was the transformation of 'caress' into an instrument through which allowed both parties – dog and human – to act, respond and affect the other. For Humphreys, caress took its power from proximity, from a relationship of touch and contact between two species but, significantly contact was verbal as much physical for distinctive reasons. By examining how 'verbal' as well as physical caresses served as relationship and world-building practices, across sensorial and species boundaries, we can get a sense of how being a member of this dyad involved both parties' learning to attend to each other's presence, ultimately leading to the emergence of a new multi-species relationship; a mobile dyad that could safely navigate the urban environment. By recapturing how new worlds and relationships came into being by learning to stroke with words in 1930s America, this article stakes a claim to reach out to a 'more-than-human' of the history of emotions and views emotions as shared, relational and productive.

Species loss and the ecology of human-animal health: Understanding and preventing extinction in the twentieth century and beyond – **Duncan Wilson**

This paper shows how key scientists and organisations drew on ecological work highlighting the interdependence between species to argue that animal extinction posed a grave threat to human health from the 1940s onwards. Drawing on the work of the International Union for the Conservation of Nature's Species Survival Committee, and particularly its longstanding chair Peter Scott, I show how these claims linked human health to the fate of endangered animals in new and profound ways, and raised difficult questions about which species we should preserve. I will chart how an ecological view of species loss fostered tension between advocates of a traditional focus on 'charismatic' large mammals, which many believed were crucial to ensuring public and financial support for conservation, and a growing belief that preference should instead be given to less iconic species that were increasingly seen as critical to preserving human health. Given dire warnings about the rate and consequences of species loss today, now widely labelled as the 'sixth mass extinction', I argue that uncovering

this history is vital for helping us reflect on the changing connections between human and animal health, and on why we value some animals over others.

**From Orthodoxy to Deviance: Medical Responses to Cattle Plague in Britain, 1865-1867 – Abigail Woods**

Between 1865 and 1867, Britain experienced a devastating epidemic of cattle plague which killed 420,000 cows. For veterinary historians this was a seminal event, which enabled vets to win a permanent, state-sanctioned role in contagious animal disease control, and to establish the 'stamping out' method of mass slaughter and trade restrictions. But while vets worked to establish their own methods of controlling cattle plague and to claim a special understanding of its effects on bovine bodies and the livestock economy, many medical commentators sought to minimise species differences and bring their own expertise to bear on it. This paper examines their efforts to determine the effects of cattle plague on humans, and to apply to its bovine subjects their knowledge of, and approaches to analogous diseases in humans, for example by drawing parallels with typhoid fever, establishing sanatoria to test out therapies, or applying smallpox vaccination as a preventive. These interventions were portrayed as deviant by vets – and subsequently by their historians. Yet at the time, they were entirely orthodox. They grew out of a long tradition of medical engagement with animal bodies and diseases, in which doctors worked productively alongside vets. In situating medical responses to cattle plague within this tradition and exploring why co-existence with veterinarians gave way to conflict, this paper aims to illuminate the highly zoological nature of mid-19<sup>th</sup> century medicine, and the process whereby species boundaries came to align with professional boundaries, to produce the humanized medical domain that is more familiar to us today.

**Thursday 12 July 2018/ Session 6 / 14:00-15:30**

**Strand A**

**The NHS at 70: Anniversary Reflections from the Perspective of Cultural History**

**Chair: Jenny Crane**

**Something for Nothing or All Our Tomorrows: Remembering and Remaking the NHS – Roberta Bivins**

In this 70th year of the British National Health Service, progress is already underway to celebrate a much prized, yet apparently fragile and at-risk national institution. But have we always remembered and celebrated the NHS with such fervour? This paper will explore the ways in which the founding and survival of the NHS was (and was not) commemorated in previous anniversary years, using archival, visual and media sources. It will assess the degree to which such events have reflected the perceived status of the NHS on Whitehall, in UK society, and internationally; and what they reveal about the attitudes taken towards the Service by key constituent groups: politicians, bureaucrats, staff and patients. It will also attend to differences in commemorative practices across the four nations of the UK, and in times of confidence and of crisis. If the NHS has operated as a symbol of orthodox national virtues, what can its anniversaries tell us about Britain's changing national self-image? Finally, it will ask: how have NHS stakeholders envisioned and sought to use its past to shape the future of the NHS?

**Anniversary Fever: Memory, Mourning and Loss for the NHS – Natalie Jones**

As the NHS turns 70 this year, a great deal of time and thought will undoubtedly be given over to reflecting on the origins of this much-treasured national institution. By their very nature as cultural ‘birthdays’, anniversaries invite a consideration of how certain institutions or historical events came to be. Such origin stories contribute to a sense of identity for the institution or event in question, and the NHS has not been immune to such myth-making cultural practices. This paper will explore, therefore, how the NHS has been framed around two seemingly contradictory myths that are traceable back to its ‘birth’; the more positive notion of the NHS as a ‘gift’ to the nation (with the sense of contractual obligation expected from the British public as citizens that this encompasses), and the NHS as always ‘already lost’ – consistently under threat from its very inception. Using a critical theoretical lens, episodes of loss and trauma for the NHS will be situated alongside its cultural representation within literature, reflecting on its history as a history of potential loss. Here historiography and anniversaries of the NHS become markers of a peculiar, yet inseparable link between memory and mourning for the NHS.

The 70<sup>th</sup> Anniversary of the NHS and the Challenges of Cultural History – **Mathew Thomson**

The NHS has not been turning 70 quietly. Perhaps this should be no surprise given its longer history of anniversary. However, it also of course reflects the intense public concern about the state and future of the NHS that characterises our own times. This paper reflects on the degree to which historians have been drawn into the process of marking this anniversary, and of the opportunities but also the challenges that have arisen in public engagement within such a climate. Secondly, it assesses the historical picture of the life of the NHS that emerges in these acts of commemoration in 2018. Finally, it asks whether there are new ways of understanding the meaning of the NHS that emerge from our cultural history of the NHS, how this helps us to rethink the institution’s seventy-year life, and how comfortably this fits with the dominant public narratives of 2018.

## **Strand B**

### **Revisiting British Asylums**

**Chair: David Wright**

The Asylum and the Public Mind: The Lancashire Lunatic Asylums in the local press, 1851-c.1901 – **Claire Deligny**

This paper explores the politics of representation of the Lancashire lunatic asylums, and primarily the Rainhill and Prestwich institutions (1851), in the Lancashire press until the end of the Victorian era. Based on a thorough analysis of the British Newspaper Archive and the Guardian archives, this study examines the introduction and representation of these institutions, introduced after the 1845 lunacy legislation rendered them compulsory in every English counties and boroughs. While frequency analysis enables us to determine the relative importance of asylums in what was designated as “the public mind”, the examination of the press articles enables us to delineate several co-existing discourses around the institutions and asylum practice. These included promotion articles or sensationalist accounts of violence or even murder at the institutions, but also mentions of the asylums in local events which rather pointed at their relative integration with their respective neighbouring communities. It shows, in particular, how the asylum authorities regularly used the press to defend their institutions, through the promotion of the institutions in the years following their opening, to a mere defense of the complex nature psychiatric treatment in the context of several “lunacy

panics” from the early 1860s onwards. More importantly, this analysis highlights how the image of the lunatic asylums was constantly negotiated, between the asylum authorities themselves and the local Boards of Guardians.

### Shattered Ribs and Disputed Boundaries: Prisons, asylums and the meaning of lunacy in the late nineteenth century England and Ireland – **Hilary Marland and Catherine Cox**

In December 1897 the *Manchester Evening News* revealed a ‘scandal’ at the city’s Strangeways Prison, involving insane prisoner Edward Cox. The resulting Home Office inquiry revealed that during a struggle with several prison officers Cox had suffered a number of broken ribs and had become violently insane, and questioned the ability of prison medical staff to deal with mentally ill prisoners. Taking this and similar cases in England and Ireland, our paper examines controversies surrounding the movement of mentally disturbed offenders across the prison and asylum estates, as prison medical officers and psychiatrists disputed the boundaries of medical expertise and criminal deviance. Prison doctors generally had little training in psychiatry yet claimed extensive experience in managing mentally ill prisoners, while psychiatrists working outside of prisons lambasted prison doctors for their lack of expertise and for retaining mentally ill offenders. The resulting ‘turf war’ between prison doctors and the prison commissioners on the one hand and asylum doctors and lunacy commissioners/inspectors on the other, centred around cases where tardy removals from prisons to asylums resulted in prisoners’ deaths, or where prison doctors were accused of negligence and abuse. At stake was not only professional recognition but the definition of mental illness in the criminal justice setting. Drawing on official papers, asylum and prison records, and press reports, we question how doctors sought to disaggregate mental defect from criminality, and to establish boundaries between madness and badness, casting new light on the meanings and practices of psychiatry in the late nineteenth century.

### Resistance to Moral Treatment: Pauper Deviance in the Nineteenth Century Lunatic Asylum – **Cara Dobbing**

Within the vast array of existing literature concerning the county lunatic asylums constructed throughout the nineteenth century, explanations of the methods of treatment used have centred on the enlightened regime of moral treatment. Asylums came to be operated using a system of non-restraint, and imposed a routine based upon regular exercise, a good diet and useful employment. To extend the work of Anne Digby and others, this paper will seek to explain what happened when patients failed to conform to the routines placed upon them in lunatic institutions, and what happened when the asylum doctors were not able to effectively impose the regime. Research conducted as part of a PhD thesis will be utilised to offer case studies and explanations as to why patients deviated from the asylum regime. The records of the Garlands Lunatic Asylum (county institution of Cumberland and Westmorland), previously unused by historians, will be presented with a view to recount ‘history from below’, in order to gain a better understanding of pauper deviance in these fascinating institutions. The aim of the paper is to go beyond the historiography and to show what occurred when patients deviated from the accepted regime they were expected to follow. This will offer a more comprehensive understanding of the patient experience within the nineteenth century asylum, particularly that of the pauper class, as they were not always willing to abide by the facets of moral treatment, a portrayal that has largely been left absent from the historiography.

## Strand C

### The Control of Women and Reproduction in India

**Chair: Elizabeth Toon**

'Unauthorised Experiments in New Methods': American Birth Control Advocates and the Search for an Indigenous Oral Contraceptive in India – **Dana Johnson**

In the 1950s, American birth control advocates viewed India as the nexus of a putative world population crisis. The already enormous Indian population was rapidly increasing, stoking fears of a Malthusian calamity that could only be averted with new contraceptive technologies. Existing contraceptives, including diaphragms, were assumed to be too expensive and complicated for widespread use among the masses of poor Indian women. Eugenic assumptions about the fitness of the Indian population animated this discussion, as fears of unrestrained breeding by poor Indians drove researchers to find an acceptable alternative. The search for a cheap and effective contraceptive led Dr. Clarence Gamble, an American birth control advocate, to partner with Indian researchers to create an oral contraceptive pill from readily available indigenous ingredients.

This paper analyzes birth control studies performed by Dr. S.N. Sanyal of Calcutta in concert with Dr. Gamble. Sanyal created a contraceptive pill from the local field pea plant (*Pisum sativum linn*) but his studies were ineffective and dangerous. He did not collect enough accurate data for comprehensive statistical analysis and toxicity studies were conducted only after hundreds of women had already taken the medication. Gamble's support of Sanyal's work and his dismissal of legitimate objections from the Indian birth control establishment demonstrate his cavalier attitude toward research and experimentation on poor, Indian patients.

Whose body? Whose health? Reproductive Health in Post-Colonial India – **Indira Chowdhury**

One of the first countries to adopt a National Family Planning Programme in 1952, India quickly moved to implementing an agenda that included coercive interventions through reproductive technologies. This paper will argue that the framework of health adopted by the postcolonial state derecognised and delegitimised indigenous forms of bodily knowledge driving local practices and traditional knowledge underground. Looking at the debates around family planning and women's bodies that were articulated at two different moments in Indian history – 1) writings of advocates of population control such as Dhanvanthi Rama Rau and Savitri Thapar in the 1960s and 1970s when the government programme was just a few decades old and 2) *Na Shariram Nadhi* (My Body is Mine) a book that resulted from a radical feminist programme that sought to bring together the framework of the Boston Health Collective's *Our Bodies, Our Selves* (1971) with explorations of women's knowledge of their bodies and local health traditions. The first justified the state programme which was shaped through partnerships and negotiations with global agencies such as the WHO, UNICEF and UNFPA, while the second conceptualised bodily knowledge in opposition to state-run programmes. Analysing the difference in approach, this paper will attempt to map out the sources of resistance to the state-supported health system and show the entrenched nature of social and cultural legacies of colonialism that created frameworks of understanding health which not only subjugated indigenous knowledge of the body but also dismissed medical pluralism that existed on the ground.

## Strand D

### Racialized Medicine in the Early Twentieth Century United States

**Chair: Naomi Rogers**

Fighting for Life: Race and Infant Welfare in the Early 20<sup>th</sup> Century U.S. – **Wangiu Muigai**

Beginning in the 1920s, the U.S. Children's Bureau allocated federal funds to help reduce poor birth outcomes among African Americans. In 1924 the agency hired Dr. Ionia Whipper, a black obstetrician, to lead this federal effort to improve black maternal and infant health. At the time, black midwives attended more than half of all African American births across the country, and in the eyes of government health officials these birth attendants posed a "special problem" in the South where maternal and infant mortality rates were considered embarrassingly high. As the Bureau's only African American physician, Dr. Whipper worked intensively across the South holding well-baby clinics, overseeing birth registration campaigns, and developing a standard syllabus to train midwives. Dr. Whipper was instrumental in modernizing the care black midwives provided, yet the Children's Bureau rarely credited her work in its publications. Drawing from her official reports, government correspondence, and coverage in historical newspapers, this paper examines the strategies Dr. Whipper developed to reach black communities, as well as the challenges she navigated in the course of working in the racially segregated South. Her work was key to raising government awareness of black health needs and modernizing the care black midwives provided, and centering her contributions to the Bureau sheds new light on the regional politics and racial tensions of public health work in the early twentieth century. In doing so, this paper contributes to scholarship on the history of maternal and infant welfare, public health, and midwifery.

Black Skin, White Science: Refashioning Psychoanalysis in the Jim Crow South, 1900-1920 – **Elodie Grossi**

The *Psychoanalytic Review*, one of the very first American journals to be devoted to psychoanalysis, was founded in 1913 by two psychiatrists, William Alanson White and Smith Ely Jelliffe, only four years after Sigmund Freud's first visit to the United States. In the first volumes of the newly founded journal, a group of psychiatrists from St Elizabeth Hospital in Washington DC (where White also served as superintendent), John Lind, Mary O'Malley, Arrah B. Evarts and William Bevis published a wide range of papers aiming to give the broader scientific community insight into the behavioural patterns of the African-American patients interned at their hospital. These publications present a double interest today. Firstly, they reveal the circulation of science, as their own theories on black bodies and black brains were deeply influenced by the readings of Sigmund Freud, Pierre Janet, and Alfred Adler. Secondly, they show the adaptation of broader psychoanalytic theory to a specific local context, namely the segregated Jim Crow South. This paper will investigate the advent of psychoanalysis in the US South by looking both at the medicalisation of race and deviance, as well as the politicisation of these medical theories in relation to Civil Rights issues.



## Strand E

### Battling Deviance in State-Socialist East Central Europe

**Chair: Dora Vargha**

'Lighting up under the No Smoking sign': Tobacco control in Poland between 1974 and 1989  
– **Mateusz Zatonski**

In 1974 the Polish authorities passed an anti-tobacco law prohibiting smoking in restaurants, coffee houses, shops, railway and bus stations, commuter trains and lecture halls. The Polish news agency PAP boasted that 'it is the first legal act taken by a European nation against smoking in public.' Despite these grand declarations, cigarettes in Poland continued to be cheap, easily accessible, and omnipresent, while the new regulations were widely flouted. The government anti-tobacco propaganda efforts appeared chaotic, poorly planned, and executed without conviction. Health advocacy groups were fraught by internal conflict and accusations of corruption. The Polish Anti-tobacco Society complained that 'the anti-tobacco campaign in Poland is confronted with a society that is not very susceptible, that it can provoke a reaction opposite to what was intended.' As a result, by the 1980s Poland became one of the countries with the highest per capita cigarette consumption in the world, and with soaring lung cancer rates among men.

This paper offers an analysis of tobacco policy of the Polish state and the activities of health advocates in the final 15 years of communist rule. Its findings are based on research conducted in the archives of the Polish Interior Ministry, press collections, documents of anti-tobacco organisations, and the internal documents of the tobacco industry; and supplemented by oral history interviews. The paper argues that during the period of Gierek's 'consumptionist socialism' cigarettes obtained the status of a strategic good, discouraging the authorities from undertaking any effective tobacco control efforts.

Treating Deviance under Socialism: Experiences of Patients with Sexually Transmitted Diseases and Alcohol Addition in East Germany – **Markus Wahl**

In 1952, a report of Dresden's Social Welfare Department outlined the lives of fifteen women and five men, who showed 'deviant' behaviour. The 20-year-old Eva, for example, was described as "a beautiful but totally unbridled girl", who would fail to go to work, suffered from a sexually transmitted disease [STD] and thus was institutionalised. Despite a similar 'deviant' behaviour, the report showed more empathy with the 22-year-old Gerhard, stating that he "cannot be described as bad or degenerated as he is a very good-natured but helpless being", which led to a more lenient treatment. All twenty cases of the report illustrate the bias and gendered experiences that people faced in the German Democratic Republic [GDR]. The underlying mentality, the language used, and the social and medical treatments applied for 'deviance' can be traced back to the nineteenth century and were nothing unique to East Germany or Socialism. Women encountered with random men at night were seen as 'promiscuous' and carriers of STDs, whereas men were mostly targeted for 'slandering Socialism' in a drunken state or failing to go to work. In this paper, I provide an overview of the development of this biased social and medical treatment throughout the existence of the GDR and exemplify the implications on people's lives, using ego documents. I argue that the treatment of 'deviance' depended on locality, people in charge, the individual reputation, and the circumstances of seeking treatment (forced or voluntarily), offering a more differentiated image of socialist health provision in East Germany.

Curing Sex, Strengthening the Family: Psychiatric Hospitals as Sites for Treating Sexual Deviance and Dysfunctions in Normalization Czechoslovakia – **Katerina Liskova**

Marriage and the family were important institutions throughout the course of forty years of state socialism in Czechoslovakia. The focus even sharpened during the late stage, in the period called Normalization (1969-89). The already existing medical expertise, particularly in sexology and psychiatry, linked with the heightened priority the state placed on lasting marriage and strong family. The individuals who did not conform to the familial norm or spouses whose union was threatened by sexual difficulties were newly sent for treatment to specialized wards in psychiatric hospitals.

The first group of inmates were heterosexual men who committed an act of sexual aggression towards a woman, yet the court did not send them to prison. Based on expert examination by sexologists, the judges deemed such “sexual delinquents” ill rather than simply criminally liable. These men were sentenced to the sexological wards of psychiatric hospitals. Czechoslovak sexologists began experimenting with the treatment of aggressive heterosexual men in the 1970s and the treatment protocols consolidated in the following decade.

The second group were married men and women whose sexual lives were afflicted with dysfunctions such as lack of desire in women or erectile problems in men. Such spouses were invited for a voluntary sojourn in a psychiatric hospital where a Masters-and-Johnson style treatment was being introduced. After achieving high success rates, the treatment spread to out-patient clinics across the country.

In this paper, I will present two clinical approaches through which the institution of family was “normalized” in late socialist Czechoslovakia.

## **Strand F**

### **Alternative Treatments**

#### **Chair: Clare Hickman**

#### Gender and Greek Baths: Representations of Spa Visitors and Patients in Greek Literature (Mid 19<sup>th</sup> to Early 20<sup>th</sup> Century) – **Melina Kostidi**

The period 1833-1890 is considered a crucial moment in the development of Greek spas, as it was during this period that their urban space began to be transformed and their first public formed. The second period of development of Greek resorts could be considered their «heyday». In the period 1890-1930 Greek spas became popular tourist destinations due to legislation that favoured the operation of luxurious Grand hotels and entertainment facilities. In this paper I will attempt to explore the representations of Greek spas' visitors and patients in short stories, memoirs and autobiographical novels. These texts are important historical sources as they reveal the preferences and experiences of the public of Greek resorts. The Greek spa towns in the last decades of the nineteenth-century and in the early twentieth-century served as a source for inspiration for novelists who chose to depict the urban space of Greek spas and the profile of their visitors in literary texts. I will claim that these texts (novels, short stories and memoirs) were often based on the experiences and the impressions that their writers had during their stay at the thermal and seaside Greek resorts. The main themes of these life-writing texts were: the hope of patients for cure, the existence of social discriminations and the need of the public for entertainment and sociability at the leisure facilities of resorts.

## 'What Better Service Could We Perform?': Women Chiropractors in Minnesota, 1899-1919 – **Monica Howell**

Approximately 65 women advertised chiropractic services in Minnesota from 1899 to 1919. Chiropractic was “discovered” in 1895 by D. D. Palmer in Davenport, Iowa, and its popularity spread rapidly. Chiropractic technique could be learned quickly, and its philosophy appealed to the vitalist and populist movements of the time. Many early students in Palmer family-led programs were women, who made up 25-50% of their tutorial students and graduating classes in 1895-1905. An unknown additional number of women studied at other chiropractic schools or were taught individually by practicing chiropractors. For example, Minnesota, which is just north of Iowa, had at least 44 chiropractors and schools advertising for students from 1899 through 1919. This study draws upon newspaper advertisements, city directory listings, and published letters to identify women chiropractors and consider their reasons for joining the chiropractic profession. While some early students were already health care practitioners in other fields, many likely were drawn to chiropractic for its populist stances decrying perceived medical monopolies and promoting individual choice and healing ability. Some wives and husbands enrolled together in chiropractic schools, often receiving a steep tuition discount, and later entered practice together. Schools also targeted women students prior to and during World War I, seeking to stem enrollment losses and keep practitioners available as men joined military service. Additionally, many women practitioners reported entering chiropractic school after experiencing their own or a family member’s health crisis, especially one treated by a chiropractor, and reported beliefs that women are natural physicians.

## Mobilising Bodies: Rethinking the Development of Medical Rehabilitation Through the History of Massage – **Kay Nias**

Massage is an ancient and transcultural treatment; historically low-status it has traditionally been practiced by lay-therapists in a range of contexts. While in Britain massage had long been on the medical landscape, undertaken by various fringe and alternative therapists such as ‘rubbers’, ‘shampooers’, bone-setters and Swedish gymnasts, from the second half of the nineteenth century it was put upon a scientific basis and assimilated into orthodox medical practice.

This research shows that one of the primary forces driving massage into medicine was the broader social turn towards the treatment of disabilities and injuries in the mid-nineteenth century. Evidence shows that massage was commonly used alongside other physical therapeutic treatments such as remedial gymnastics, hydro-, and electro-therapy for chronic conditions such as scoliosis, paralysis and rheumatism, as well as in the treatment of traumatic injuries. This paper will argue that the assimilation of massage into medicine in the context of rehabilitation stimulated the professionalisation of physiotherapy, because while the medical profession sought to harness the therapeutic value of physical methods, professional prejudice and ignorance meant that it was unwilling to undertake what it considered to be low-status manual work.

Existing scholarship argues that there was little-to-no medical provision for the disabled before WWI and research that does trace the roots of medical rehabilitation focuses on the medical profession (particularly orthopaedics, Hugh Owen Thomas and Robert Jones) rather than medical practice more broadly conceived. By tracing medical practice this research widens our knowledge and understanding of medical rehabilitation and the social construction of modern physiotherapy. It gives give agency to marginalised practices and auxiliary practitioners for shaping, remolding and advancing orthodox medical practice.

## Abstracts – Thursday 12 July 2018/ Session 7 / 16:00-17:30

### Strand A

#### Consumption of Health and Medicine

##### Chair: Anne Hardy

'Sunbeds for your Health and Safety': Sunbed adverts in the Mersey Yellow Pages 1978-2002  
– **Fabiola Creed**

According to a wide-range of newspapers, Liverpool has 'six times the national average of tanning salons per city'. Nonetheless, scholars have not yet explored the historical origins of the sunbed industry. Consequently, this paper will be the first to suggest why this industry became extremely popular in Liverpool from the late 1970s onwards.

Adverts from local sunbed businesses, placed in the Mersey Yellow Pages, will be cross-referenced with Liverpool's annual public health reports, the *British Medical Journal*, and regional newspapers to demonstrate two key points. First, a quantitative analysis of the location of sunbeds in the Yellow Pages (both categorically and geographically) illustrates how sunbeds were advertised as a luxurious activity, which improved both 'health' and 'fitness'. Despite the increase of medical reports - warning that sunbeds caused skin cancer - this positive representation continued into the new millennium. Consequently, the authoritative weight of the Yellow Pages, combined with the sheer mass of 'health and safety' claims, both misinformed and miseducated the Mersey public for decades. This false sense of security undermined anti-sunbed advice into the long future.

Secondly, a qualitative evaluation on the adverts will challenge the misconceptions about who initially used sunbeds. The adverts illustrate both men and women were regular consumers. Moreover, sunbed users came from diverse socioeconomic backgrounds; and finally, the original consumers were often individuals who were most concerned about improving their health, wellbeing, and fitness. This regional study on the sunbed industry builds on the medical history of directories and trade catalogues.

Patient Consumers or Patient Citizens? The THX Patient Movement in Sweden 1974-1978 –  
**Maria Josephson**

Since the 1990s', historians of medicine have pointed to a change in the status and self-image of the patient in the western world; patients, it is claimed, have gone from being passively dependent on medicine to become active consumers of health care. This narrative does not consider that western countries differ a great deal regarding access to health care, access to alternative treatments and the status assigned to formal expertise. The paper aims to contribute to a more historically nuanced understanding of the transformation of the patient into a consumer through an analysis of the Swedish "THX movement". This patient movement was trying to gain legal access to and formal approval of the controversial anti-cancer drug THX in the 1970s'.

THX-patients, it is shown, did not wish to be regarded as consumers or clients. Their arguments were firmly rooted in a collective, citizen-oriented identity as "the people" who expected the state to meet their needs. They pointed to their collective experience as evidence of THXs' efficiency, and emphasized the popularity of THX treatment and rejected the results

of several scientific trials initiated by the medical authorities. THX patients made use of the culturally resonant frame of collectivity in Sweden at the time, as well as of a widespread belief that the medical authorities were corrupt and insensitive to the needs of ordinary people.

**'Appetite Juice': Taste, Stimulation, and Consumption in Kellogg's Health Foods – Lisa Haushofer**

This paper examines the interplay of medical orthodoxy and non-conforming ideas about health through a study of notions of taste and 'stimulation' in the production of John Harvey Kellogg's Health Foods. Kellogg has become symptomatic of a period in the history of medicine in which practitioners were tightening the boundaries around orthodox medicine, while grappling with a productive relationship to commercial medical enterprise. Much scholarly interest in the relationship between medicine and capitalism has focused on how these boundaries were constituted through institutions, regulations, and social relations. Less attention has been paid to how boundary work was performed at the conceptual level. In this paper, I examine how Kellogg navigated the boundaries of orthodox medicine, religious health reform, and consumer culture, by articulating new physiological notions of taste and stimulus, complete with a new conception of the consumer. Using in-house correspondence of food experiments conducted at the Battle Creek laboratory, as well as scientific and promotional literature, I show how Kellogg and his collaborators sought to reconcile their nutritional and promotional goals by simultaneously invoking elaborate scientific and consumerist notions of taste and stimulus. Understanding the conceptual ambitions of Kellogg, I argue, illuminates a larger issue in the history of medicine and consumption: that the very ideas and concepts of nutrition science and digestive physiology, the most technical scientific ways in which food was imagined interacting with the body, were intimately connected to the articulation of philosophies of capitalist production and consumption.

## **Strand B**

### **Bodies, Spaces and Conformity in the Second World War**

**Chair: Graeme Gooday**

Capable and conforming civilian bodies: Representations of health and strength in the Second World War – **Ellena Matthews**

During the Second World War, both the military and civilian population experienced threats to their physical and emotional health. Sustaining the health of both was considered essential if war was to be fought effectively. However, despite the threats to civilian health, wartime propaganda placed great emphasis upon illustrating that civilians were coping with the physical and psychological stresses of war; indeed, it was believed that the portrayal of a healthy body would act as a tool for bolstering a healthy mind. One way this was achieved was through decorating the civilian body in a way which drew upon notions of heroism, and consequently strength and capability. This paper will explore this construction in detail, in the way that the civilian body was represented as a symbol of health and capability in wartime through the way that the body was adorned and displayed as heroic. Discussion will particularly focus upon how representations of a healthy body were achieved through the way the civilian body was adorned with medals and uniforms, and how such embellishment served

to strengthen notions of the heroic body as strong, capable and healthy. Through using a wealth of sources, including government propaganda, personal testimonies and physical objects I will argue that the wartime capable civilian body was not limited to military definitions of capability. Men and women, the young and old, the able and the disabled could all be represented as figures of health and capability and able to participate in the battle for victory.

**Cupboard Love: Sexual Conformity in Enclosed Spaces in Second World War Hospitals – Julie Anderson**

Second World War hospital magazines made salacious references to ‘going’s on’ in confined spaces in hospitals and rehabilitation units for disabled ex-servicemen. Enclosed spaces such as linen cupboards and empty operating theatres provided places for intimacy. While some individuals welcomed privacy, others found the isolation threatening, as disused spaces created difficulties for some in fending off unwanted advances, and limiting physical encounters. Male long-stay patients at these units often developed close relationships with the individuals responsible for their care; the mainly female staff provided attention and emotional support on the ward, and audiences for the milestones of improvement in spaces such as the gymnasium. Part of the staff’s function of was to encourage recovery through concentrating on contemporary masculine behaviour of physical strength, bravery, and competitiveness. This focus on a specific type of masculinity encouraged by hospital authorities, which encompassed constructions around patients’ sexual attractiveness and potency in spite of disability, normalised sexual behaviour by patients and required staff to willingly or unwillingly conform in some cases.

This paper examines the enclosed space as a location for intimate encounters. It explores the ways that the reinforcement of patient masculinity had an impact on the experiences of the staff who worked in these hospitals and units. Using a range of sources, from interviews to hospital magazines, the paper investigates the normalisation of sexual encounters and the complex relationship between patients, hospital staff, and authorities responsible for disabled ex-servicemen from the Second World War.

**Strand C**

**Medicine and Health in Latin America**

**Chair: Theodore Brown**

The Medical Field in Early Modern Brazil: Dialogues and Resistances between Portugal and its colony – **Laurinda Abreu**

The medical field in Portugal in the early modern period was marked by the institutional relations between the two authorities that controlled it, both of which answered to the Crown: the University of Coimbra, which trained doctors, and the chief physician (Físico-Mor), who accredited doctors trained abroad and examined apothecaries and surgeons who wished to act as physicians. This paper seeks to extend the research already begun on metropolitan Portugal to its empire, particularly Brazil. This colony is the one that features most often in the relational database (for the period 1495–1826) that underpins this research. Of the more than 24,000 records of surgeons, apothecaries and physicians who at some point in their lives had dealings with the government, roughly 2,000 are associated with Portuguese America. How were European healing arts received by the local people? How did Portuguese surgeons and physicians interact with traditional medicines and healers? Was there resistance or dialogue? And how did the Portuguese Crown deal with Brazil as regards the organization of the medical field? Was there any room for private interests? These are some of the questions analysed in this paper, which will examine two main issues: the impact in Brazil of the main reforms affecting the regulation of medical practice and the healthcare professions, ordered by the Portuguese Crown; and the extent to which military doctors and surgeons provided medical care for the civilian population in the colony.

Subversive Doctors: The Politics of Medical Professionalism under Military Dictatorship in Chile, 1973-1990 – **Jadwiga Pieper Mooney**

In the aftermath of the military takeover that deposed socialist President Salvador Allende on September 11, 1973, the threat of incarceration and torture of those who opposed the regime became realities of everyday life. Some scholars framed the role of the medical professional “class” as inseparably linked to the right-wing military that sought to eradicate the left, asserting that “Doctors, like bankers and corporate managers, possess economic advantages and customary life-styles that they do not willingly sacrifice on behalf of the masses of people trapped in an existence of poverty.” I acknowledge that medical doctors did not escape the left/right dichotomies of the Cold War – but argue that we have to re-address international, national, and local realities that politicized medical professionals in multiple ways. This study relies on sources such as medical biographies, oral histories, and interviews conducted with Chilean doctors and health officials to examine the politicization of medical practice under Chilean dictatorship. I seek to complicate categorizations of left and right, and to pay attention to both, the role of key professional organization such as the Chilean Medical Society as well as to doctors as individuals who negotiated professional responsibilities and questions of rights in the midst of a nation that had silenced all open engagement with the latter. In this context, I trace specific acts of medical resistance through social medicine practice in Santiago.

The Cardiac Olympics in the Land of Mañana: The Politicization of Public Health in Mexico, 1968 – **Julia Sloan**

Mexico City sits 7000 feet above sea level and as such, its selection as host city for the 1968 Summer Olympics presented a challenge to the world’s athletic community; namely how to mitigate the impact of altitude on the Games. Particularly at risk, both of physical injury and skewed competitive results were those participating in endurance sports. Dire predictions of Olympians suffering serious injuries or dying abounded in the press in the weeks following Mexico City’s selection. The concerns about altitude were emblematic of broader international perceptions of public health and safety that might best be summed up in Mexico’s ‘land of *mañana*’ image.

Mexico attempted to combat its backward image by showcasing its modernity at every opportunity. While the Mexican Olympic Committee was successful in dispelling many of the international community's most serious concerns about the 1968 Games, the fact that it had to speak volumes about perceptions of danger still impacting the fates of postcolonial nations.

This paper will explore the dialogue related to public health, safety, and medicine surrounding the 1968 Olympics as generated both by Mexico and the international community, which would include the IOC, national Olympic committees, participating governments, and the foreign/sporting press. While this discourse is reflective of broader Global South realities, the 1968 Olympics provide a unique example of a developing nation using public health and medicine to advance its international status.

## **Strand D**

### **New Sources and Perspectives on Racial Science and Medicine**

**Chair: Stephen Kenny**

**The Kindness of Enslavers: A Boston Physician's Travels among 'Tropical' Slavery – Chris Willoughby**

This paper explores the mutually beneficial relationship between enslavers and scientific travelers from non-slaveholding regions during mid-nineteenth-century expeditions to slave countries. Specifically, this paper focuses on the comparative anatomist Jeffries Wyman's residence in Richmond, Virginia in the 1840s as a medical professor at Hampton Sydney College and a scientific expedition to Dutch Suriname, undertaken as a professor at Harvard in the 1850s.

In this paper, I show how Wyman relied on enslavers while living and traveling through slave countries. In Suriname and Virginia, he stayed in planters' homes, ate their food, and depended on their knowledge of local flora and fauna. Likewise, during his trips, enslaved African descendants waited on him, guided him through nature, and collected specimens on his behalf. On the corollary, Wyman praised the enslavers and denigrated the enslaved. He described slavery as healthy, viewing the enslaved through the degrading lens of mid-century racial science. Ironically, he depicted planters as most harmed by the institution. Despite nominally opposing slavery, Wyman's descriptions of the system were exceedingly complimentary. For example, he described the enslaved as a "very happy & jolly set."

In short, through Wyman, this paper argues that in return for aid during their expeditions, anti-slavery physicians often became proxies for planters. Through their legitimacy as eminent medical men, Wyman, like many others, aided in the reaffirmation of the slave system. This paper represents a small part of a larger project to show how much of nineteenth-century medicine was produced by the grace of global imperialism.

**Measuring Miscegenation: Eugenics, Race, and the Legacy of Slavery – Rana Hogarth**



Interracial sex—particularly between blacks and whites—alarmed American eugenicists in the early twentieth century. The offspring of such unions had the potential to appear white despite their black ancestry, and, more importantly, to disrupt the common assumption that racial identity was legible through skin color. Due to social and legal proscriptions against interracial unions in the United States, American eugenicists struggled to locate mixed race populations for eugenic study. Undeterred, they looked beyond national boundaries. Charles B. Davenport, for example, turned to ex-slave colonies in the British Caribbean and used Jamaica’s black, white, and mixed race population to conduct two race crossing studies: *Heredity of Skin Color in Negro White Crosses* published in 1913 and *Race Crossing in Jamaica*, published in 1929. These studies are widely known for quantifying the skin color of mixed race people through the use of color tops, but, as this paper demonstrates, they were also instrumental in rehabilitating long held beliefs from the era of slavery about the physical and mental capabilities of mixed race people’s bodies. Davenport’s study reframed terms like “mulatto,” defining it as a precise, scientific label that allowed eugenicists to assess intellectual and physical capacities in addition to phenotype. Moreover, this paper also shows how ideologies about race that emerged within former slave-holding societies of the Americas laid the groundwork for eugenic ideas about race mixing. Finally, it centers the Caribbean as a critical site upon which American eugenicists’ relied to uphold the fiction of racial purity and white supremacy.

## Strand E

### Professional Sites of Control

#### Chair: Martin Moore

#### Sick Note Britain – Regulating Sickness at the Birth of the Post-War Welfare State – **Gareth Millward**

While 2018 is commemorated as the 70<sup>th</sup> anniversary of the National Health Service, this was not the only radical shift in welfare policy from Attlee’s Labour government. The social security system was overhauled to provide benefit payments to all citizens, regulated through the National Insurance and National Assistance systems. These replaced the old Poor Laws which utilised Guardians – usually local, middle class representatives of rates payers – to determine whether the poorest were worthy of financial support.

With this extensive overhaul, government, the medical profession, business representatives and trades unions all accepted the need to expand and continue eligibility for benefits and services for sick and disabled people. But with the NHS on the horizon and a nation to be rebuilt after the devastation of war, how would the state ensure that these benefits could only be accessed by the “genuinely” sick? Could clear medical criteria be found in a system that, according to the 1949 Report of the Inter-Departmental Committee on Medical Certificates encompassed twenty-three different government departments in England and Wales alone? This paper explores how these debates played out in the years immediately following the War. In particular, it uses the extensive discussions between the Ministry of Health and the British Medical Association about the role of General Practitioners as gatekeepers to this system. In doing so, it shows that concerns over sickness and sickness certification procedures exposed wider anxieties about the nature of work, citizen’s rights and the British economy in a new-but-uncertain political era.

'Men often call and get something for their wives': The medical profession and the acceptance of abortion for 'social' reasons in Northern Ireland, 1900-1968 – **Mark Benson**

In Northern Ireland, opposition to illegal abortion, and to the proposed 1967 Abortion Act, could be found among 'elected representatives and various church leaders'. Senior medical figures contended that 'no further legislation [was] required on this side of the Irish Sea to deal with this very infrequent problem'. In the absence of agitation for legal reform, public figures made assumptions about the private positions held by the local population. These assumptions allowed the Attorney General to argue against extending the 1967 Abortion Act to the region by stating that the 'feelings of many people here on these matters do not coincide fully with those of the people in Great Britain'. Through an examination of the legal, illegal and specifically the 'discreetly legal' activities of doctors, nurses, midwives and pharmacists, this paper challenges the perception that abortion was not an accepted part of regulating birth in Northern Ireland.

Drawing on previously unused medical records, the paper establishes an approval of legal 'therapeutic abortions' in Northern Ireland's hospitals for reasons that mirrored those found in Great Britain. Furthermore, through an analysis of court records, the paper also reveals networks of clandestine, discreetly legal abortion providers involving members of the medical professions. The discreetly legal abortions they provided, exclusively linked to non-medical motivations, and arguably an open secret, directly challenge the Attorney General's assertion that the people of Northern Ireland would not accept the 1967 Abortion Act and the 'social' reasons that were inherent within the legislation.

How do corporate pharmacists tolerate and navigate the commercial, professional and public service pressures that their jobs present, especially in periods of change – **Katey Logan**

In January 2018 the BBC's current affairs programme *Inside Out* broadcast "Boots: Pharmacists Under Pressure?" which attacked the UK's iconic high street pharmacy chain for under-resourcing its professional pharmacists and consequently risking patient health. This within nine months of *The Guardian* expose of Boots pharmacists allegedly "milking the National Health Service" by undertaking non-essential, but NHS-funded, patient medicines' reviews.

How do corporate pharmacists tolerate and navigate the commercial, professional and public service pressures that their jobs present, especially in periods of change?

My research investigates professional identity formation and transition between 1930 and 1960. I focus on a period of intense market change when the government-funded NHS was introduced, in 1948. This affected pharmacists by overnight integrating them into the newly-established public healthcare sector, turning private corporate chemists into quasi-public servants; and at the same time diminishing their role at the forefront of community medicine – a position that GPs, with their free consults and free medicines, would now dominate.

For this paper I want to talk about the expression of identity, identity work and identity transition depicted in cartoons that Boots pharmacists published in their company magazine. For a thirty-year period the communication of identity is present in the visual jokes and satire of cartoon humour, providing a novel lens through which to observe pharmacy professionalism develop as pharmacists and their stakeholders experience the seismic mid-twentieth century changes in market conditions and pharmacy practice. My research shows how the little acts of

resistance, challenge and solidarity in cartoon humour, contribute to the voice of a profession under pressure.

## **Abstracts – Friday 13 July/ Session 8 / 9:00-10:30**

### **Strand A**

#### **The Popular and the Radical: New Approaches to Histories of Women's Health**

**Chair: Gayle Davis**

Rethinking and Reframing the 'Everyday': New Approaches to Women's Health in Britain, 1960-1990 – **Tracey Loughran**

What do we mean when we describe a person or experience as 'everyday'? Recently historians of modern Britain, including Claire Langhamer and Jon Lawrence, have problematized and challenged notions of the 'everyday'. Investigating 'everyday' health likewise reveals not only how power relations shape dominant discourses of health and illness, and consequently the archive itself, but how historians' own concepts of the 'everyday' can unwittingly confirm and replicate assumptions about class, 'race', and sexuality. Uncovering these blind spots offers new ways into understanding agency, subjectivity, and everyday practice.

This paper explores some of the difficulties in researching and writing women's 'everyday' experiences of health in Britain between the 1960s and the 1990s. Its starting point is the proposition that we still know little about the everyday health experiences of women in the postwar period, when the pattern of their lives changed almost beyond recognition. Throughout this period, women retained their status as practitioners of 'everyday' healthcare within the family. In fulfilling this role they negotiated multiple potentially conflicting messages from 'authorities' including family members, doctors, and journalists. How can we best understand how private experiences and public forms shaped women's perceptions and experiences of bodily and emotional health?

Finally, I argue that investigating the 'everyday' reveals that many of our categories for thinking about orientations to health and medicine – conformity, resistance, deviance, compromise – do not adequately convey the complexity of lived experience. How might we start again, and what might a new history of women's 'everyday' experiences of health look like?

The Radical, the Popular and the Political: Negotiating Discourses of Regulation in the Women's Health Movement in Britain, 1960-1990 – **Kate Mahoney**

The development of Women's Liberation politics in late 1960s Britain was accompanied by the emergence of the Women's Health Movement. A loosely-connected network of local groups and initiatives, the Women's Health Movement has been historically defined by its desire to overcome the regulation of women's health by male doctors. Its proponents encouraged the development of self-examination and self-help techniques to ensure women's autonomy in the provision of their mental and physical wellbeing. Little attention has been paid, however, to the ways in which members of the Women's Health Movement continued to negotiate discourses of regulation in their development of, and engagement with, feminist self-help approaches to health.

Drawing on oral history interviews, Women's Liberation periodicals and feminist publications, this paper examines how individual women sought to incorporate Women's Health Movement approaches into their everyday lives. It explores how and why the popularisation of specific tenets of women's health activism, notably the practice of self-examination and advice contained in Susie Orbach's *Fat is a Feminist Issue* (1978), left some women feeling guilty when their application of these self-help techniques was unsuccessful. This paper therefore assesses the interrelation of popular and radical ideas in the Women's Health Movement, uncovering how its approaches, initially designed to empower and liberate, also came to command a degree of conformity. In doing so, it demonstrates how the identification of various discourses of regulation, enacted at both personal and institutional levels, in individual women's narratives, bolsters broader understandings of their health as an everyday practice.

### Women's Health in Magazines and Newspapers, 1960-1990 – **Daisy Payling**

In the 1960s, sales of women's magazines in Britain reached over 12 million copies per week, with an estimated five out of every six women laying eyes on at least one magazine every week. Magazines aimed at 'new women', such as *Cosmopolitan*, *Nova*, and *She*, presented women's health issues in a multiplicity of ways: through features, editorials, letters pages, adverts and images. At the same time, the women's pages of newspapers were, under the leadership female editors like Mary Stott at the *Guardian*, increasingly tackling issues which were deemed interesting to 'ordinary... intelligent' women, specifically health and medicine.

This paper explores how we can write histories of women's health using popular sources such as women's magazines and mainstream newspapers. Building on Penny Tinkler's approach to working with magazines in an 'inclusive' rather than 'fragmentary' manner, this paper extends the analysis of periodical provision to include newspapers alongside magazines. It positions mainstream media as major sources of information about health and illness in women's everyday lives and asks how health messages were communicated to women. What health concerns were prioritised and who was setting the agenda through the printed press? Could journalists speak *as* and *for* women as well as *to* them? How were the boundaries between expertise and authenticity negotiated between medical practitioners, journalists, and readers – so-called 'ordinary' women – through lenses of class, race, and sexuality?

By exploring the preoccupations of women journalists and agony aunts both on and off the published page, this paper traces emerging networks of expertise and experience, and explores how health engaged the popular reader.

## **Strand B**

### **Fracturing Citizenship: Medical Institutions, Health Practices and the Public in the UK, 1939-1993**

**Chair: Alex Mold**

'It's easy to think it couldn't happen to you': Heart disease and health education in 1980s Britain – **Peder Clark**

In the 1980s, heart disease was "the biggest killer in Britain". To address this epidemic, the Health Education Council (HEC) and its successor, the Health Education Authority (HEA), ran

an energetic campaign which urged Britons to *Look After Your Heart*. Television adverts, workplace health initiatives, and community grants were all part of a programme that aimed to persuade people to exercise more, smoke less and adopt healthier diets. In highlighting the individual's lifestyle, *Look After Your Heart's* slogans were redolent of Margaret Thatcher's belief that "no government can do anything except through people and people look to themselves first. It is our duty to look after ourselves." This focus however was highly contested, not only by new campaigning organisations such as the Coronary Prevention Group, but also by individuals themselves. As sociologists such as Charlie Davison demonstrated, people developed their own "lay epidemiology", which provided popular counter-narratives to the official messages of health education. This paper explores how health citizenship was defined, communicated and disputed in 1980s Britain, using the archives of the HEC and HEA held at The National Archives and Wellcome Library. It traces the continuity between *Look After Your Heart* and pre-Thatcherite health policy, while illustrating how its lifestyle messaging was challenged and disrupted by people's lived experiences.

### 'It hurts like hell': Pain, citizenship and sickle cell anaemia in Britain, 1975-1989 – **Grace Redhead**

In 1979, a Department of Health study estimated that 3,000 people in England and Wales lived with the inherited blood disorder sickle cell anaemia. Despite this, the National Health Service offered little training to healthcare professionals concerning the management of the condition, found most commonly among those of African descent. The 'vaso-occlusive crisis', a painful characteristic of the disease, produced a charged encounter between sicklers and healthcare professionals. This pain was often perceived as drug-seeking behaviour or racialized with assumptions about Black people as either hypersensitive or numbed to pain. Pain relief, given at the discretion of the doctor, could be dependent upon the sickler expressing and performing their pain quietly and deferentially. This paper will examine how sickle cell sufferers understood this treatment as evidence of their alienation from an institutionally racist British state and challenged this by demanding recognition (and relief) for their pain. It follows recent work by Kenyetta Hammond Perry and Camilla Schofield, who have shown how migrants' everyday experiences of discrimination, and their articulation of their experiences, shaped ideas of what it meant to be Black and British in postcolonial Britain. This paper will draw upon the patient surveys undertaken in Brent and Newham by branches of the Sickle Cell Society to explore the strategies employed by sicklers to negotiate access to healthcare. It will also examine the work of the artist Donald Rodney, who adapted the paraphernalia of his sickle cell treatment into his art to examine British institutional racism with a pathologist's eye.

### Itching to Serve: Entomology, Infection, and Experimental Citizenship in Wartime Britain, 1939-1945 – **Dave Saunders**

During the Second World War, British medical researchers warned of an imminent invasion of the national body by an army of lice, mites, and other unwanted parasites. With the pandemics of the Great War still fresh in the minds of many public health officials, some feared that vector-borne conditions such as typhus, scabies, and relapsing fever would "spread like wildfire" in the country's overcrowded air-raid shelters and bomb-damaged suburban homes. Responding to these anxieties, the Medical Research Council sponsored a national network of entomological investigations, requiring a large cohort of volunteers willing to serve both as breeding grounds for parasitic populations and as test subjects for harsh chemical treatments. This paper will examine the experiences of the various individuals who were recruited for this unenviable task: a diverse group of laboratory technicians, conscientious objectors, unemployed dock workers, foreign labourers, and homeless people. How did the differing

social, political, and economic statuses of these individuals influence perceptions of their medical and scientific service? How did their daily practices as experimental subjects, and their shifting awareness of their own bodies as itchy, sore, and teeming with parasitic life, change their understandings of what it meant to be a citizen in wartime Britain? Using archival materials from the Medical Research Council and the London School of Hygiene and Tropical Medicine, this paper will argue that entomological experiments reveal profound social fractures in the façade of British wartime unity.

## Strand C

### Colonial Medicine and the British Empire

#### Chair: Erica Charters

Gamblers and Calumny: Fortune-making, professional culture and institutional neurosis in the Indian career of an Irish surgeon, 1887-1895 – **Kieran Fitzpatrick**

This paper examines a key chapter in the professional life of Peter Johnstone Freyer (1851-1921), which illuminates how deviant, subversive and problematic colonial surgeons could be perceived as being for the institutions by which they were employed. Freyer was a surgeon from Connemara in the west of Ireland, who practised in the Indian Medical Service from 1875 to 1895. Between 1887 and the year he left the Service, he became embroiled in an acrimonious schism with the Government of India. That schism resulted from his treatment of the Nawab of Rampur, and his being very publicly paid a sizeable fortune from the principality's coffers (a *lakh* of rupees). By receiving that payment in the manner that he did, Freyer trod upon deep-seated neuroses concerning how the Government of India could view their employees. Most pointedly in Freyer's case, the State's neuroses manifested as follows: that in taking the Nawab's reward, Freyer had contravened the formal and informal codes of professional 'honour' and 'selflessness' expected of colonial civil and medical servants. His 'calumnious insinuations' whilst stationed in the principality required the transfer of the *lakh* to the Government. Little is currently known about the history of professional cultures in institutions of colonial governance, and Freyer's archive (currently held at NUI Galway) has reposed unknown since his death in 1921. This paper will encourage further knowledge of him and the broader topic, recommending new terms - 'gamblers', 'intriguers', 'subversives' - to describe the history of colonial professional lives.

Airtight Tubes and Ivory Points: Lymph Preservation and Medical Epistemology in the British Empire, 1893-1903 – **Kristin Brig**

At the end of the nineteenth century, doctors in the British Empire faced a distressing problem: the glycerinated lymph they received from pharmaceutical companies like Savoy & Moore became inert, thus failing to protect colonial populations against smallpox. In order to address this issue, imperial doctors took a fresh look at the preservation media used for lymph, and how different kinds of media reacted to the variety of imperial climates. Using medical correspondence and scientific reports from India and Uganda, I argue that debates over lymph preservation provide a lens through which we can understand a growing late nineteenth-century divide between imperial and British doctors. In these debates, imperial doctors cooperated with British lymph imports, but only when those imports worked. This paper suggests that the preservation media in which lymph was suspended during production

symbolized an emerging self-sufficiency in the imperial medical community, putting them at odd with the British Medical Community from which they had originated.

While well-researched in American and British settings, the history of smallpox vaccination in the British Empire during the nineteenth century remains underexplored. To address part of this gap, this study uses the case of vaccine preservation to challenge Helen Tilley's assertion about the lack of a clear "colonial science." As British scientific knowledge about lymph was passed across and through colonial landscapes, it took on a fundamentally different form, and shared more similarities than differences from colony to colony.

### **Native Physicians in Colonial South India: The Re-establishment of Traditional Aiddha Medical System – K. Balamurugan**

Studies on native medical systems in India have so far focused mainly on the Sanskritic Ayurveda and Arbic Unania aspects ignoring the Tamil Siddha medical system. In the wake of colonial modernity restructuring primordial knowledge base was part of the project of social transformation in the thoughts and practices of regional and vernacular leaders. The modern reconstruction of traditional medical system by native Tamil physicians could be identified within this framework. In this engagement native physicians from hitherto marginalized and non-Brahmin communities were influential. In such a scenario the act of reconstructing and re-establishing a Tamil medical tradition in a pluralistic society, such as colonial India, was forged by accomplished native medical persons. It is with this understanding that this paper examines the discursive and contentious practices of Tamil physicians. Particularly the contributions of prominent native physicians from subaltern and non-Brahmin communities, such as Iyothee Thass Pandithar (1845 - 1914), Pandithar S. S. Ananthan (1876 - 1972), C. Kannusami Pillai (1875 - 1946), and P. Varadha Rajulu Naidu (1887 - 1957) are significant in this regard. Crucial to this analysis is their argument that "professionalization is functionally significant for various native medical traditions' restoration and social relevance". In addition, this paper will also engage with the impact of the western medicine on the restoration and reinforcement of traditional medical practices among the native physicians in South India. The published magazines, medical journals, and pamphlets as well as the conference proceedings and regular meetings of the native Tamil physicians will be archive for this study.

### **Strand D**

#### **Slavery, Race and Medicine in the Nineteenth-Century United States**

**Chair: Stephen Kenny**

An Important item of interest on our capital: Forced reproduction, medicine and slavery –  
**Andrea Livesey**

In the 19<sup>th</sup> Century U.S. South physicians were acutely aware of the extent that their medical treatment of enslaved people was related to the profitability and survival of the institution of slavery.

After the close of the Atlantic Slave Trade in 1807 slaveholders had to rely on the natural reproduction of enslaved people to maintain an enslaved labour force, but by the mid-nineteenth century, capitalist ideas of labour consumption had merged with more obscure ideas of enslaved people's human- commodity reproducing status to the extent that enslaved children came to be considered 'interest' on the capital invested in their parents. This paper will explore the infiltration of professional medicine in the planter's world, encompassing both

physical (plantation hospitals), and intellectual spaces (agricultural magazines). It is in these spaces, I will argue, that southern physicians were able to influence slaveowner knowledge relating to the sexual and reproductive health of enslaved people, and in doing so played a significant role in legitimising, contributing to and spreading knowledge of sexual and reproductive exploitation of enslaved people in the South and buttressing the institution of slavery.

**Milk and Medicine: Race, Motherhood, and Enslaved Wet-nursing in the Antebellum South – R.J. Knight**

Wet-nursing was a practice increasingly rejected by medical institutions in the antebellum south, yet tens of thousands of enslaved women were used to breastfeed their owners' children. White women - for reasons ranging from their physical health to personal proclivity - used enslaved women both for individual instances and throughout their childbearing lives, and for enslaved mothers, this marketised and commodified form of labour routinely entailed the appropriation or transferal of their mother-work and separations from their children. In this paper, I explore the relationship between these ideas and practices of infant feeding, examining the ways in which white women engaged with popular medicine to shape a practice of maternal exploitation. Enslaved wet-nursing emphasises the tensions between essentialist ideas of motherhood and its inherently racialized constructions, where relative racial ideas around women's milk, their health, and their emotional capacities as mothers intersected with human bondage to form a unique kind of enslaved mothers' exploitation and a site of bodily and emotional trauma.

**Strand E**

**Sexual and Emotional Health**

**Chair: Jonathan Reinartz**

**Treating the 'Undesirably Mobile': Syphilitic Merchant Seamen in 1920s New Zealand – Jen Kain**

This paper examines how syphilitic merchant seamen, some on New Zealand's troopships, were dealt with through the early twentieth-century immigration controls in this region. It uses immigration case records to show how the arrival of these crewmembers resulted in confused responses from the health and customs departments. Some men were allowed to land, while others were treated alongside the returning troops on island quarantine stations. Seamen therefore experienced an 'in-between' state under a legal framework which relied on the whim of local officials operating under a porous regulatory system. Those who refused treatment or absconded were classed as 'prohibited immigrants' and therefore deportable.



Barbara Brookes has examined the use of the quarantine station on the island of *Kamau Taurua* off the coast of Dunedin for the treatment of returning soldiers with venereal diseases. The cases used in this paper show that while merchant seamen were on occasion also treated there, as non-New Zealanders, they held the least priority. Their status as 'outsiders' encompassed many factors: disease, employment, and (non) residency. Their treatment fluctuated depending on the severity of their condition, and the need for manpower. Local authorities had to balance public health concerns with ensuring that the troopships were fully-crewed.

This paper is part of wider on-going project which looks at the policy and practice of how the disembarkation of sailors classed as undesirable was thwarted by a legal framework built on public health concerns. It is hoped that it will appeal to the conference theme of exclusion in a transnational context.

### Only three weeks to live: Soldiers, sex and the campaign to control venereal disease in the British Army in the Second World War – **Emma Newlands**

In June 1943, Private Henry Butterworth was deployed to Egypt where he served as an infantryman with the 1<sup>st</sup> Border Regiment in the North African Campaign. One of the first things he and his friends did was to visit a brothel in Cairo that had been placed 'out of bounds' to British troops. Explaining this later in an interview, Henry commented: 'You had only three weeks to live. That's how we looked at it. We couldn't care less.'

This paper explores the ways in which British soldiers on active service between 1939 and 1945 responded to the army's efforts to shape and control their sexual behaviours. During the course of the Second World War, the military medical services imposed a range of interventions on servicemen in order to control the spread of venereal disease. These included educational practices, medical precautions, and traditional military punishments. The testimonies of men like Henry Butterworth reveal that soldier's bodies were often far from ideal and served to frustrate the army's intentions. Others suggest, however, that men were willing to comply with regimes that they found desirable. Drawing first-hand accounts, this paper examines men's motivations for engaging in or abstaining from activities that were deemed illicit or unsafe, the ways in which conformity and resistance were manifested and experienced, and what can be drawn from these instances by way of larger observations about Britain's conscript army in this period. Analysing the meanings that soldiers attached to their own sexual behaviours also opens up broader issues of gender, class and emotional responses to war.

### "Like Entering a Further Circle of Hell": Psychiatric Accommodation and Ireland's Intellectually Disabled, 1965-1984 – **David Kilgannon**

In 1958, Ireland housed 0.7% of the state's total population within psychiatric institutions. In the ensuing decades, the numbers resident within psychiatric care declined steadily from this internationally high peak. During this period of contraction for inpatient services, it was expected that service provision would improve, with the correction of long-standing physical deficiencies in hospitals and the introduction of segregated services for different patient groups. However, this change largely failed to materialise, as services and conditions continued to decline within many hospitals, leading to a 1985 article that warned readers how 'one needs strong nerves, and a stronger stomach, to enter one of the state's mental hospitals'. How did this happen? This paper will explore the experiences of one significant minority population across the district 'mental hospital' network, that of the intellectually disabled, whose population remained relatively constant during this period of decline for

inpatient psychiatric services. Using recently released inspections reports, it explores how the intellectually disabled were housed within blatantly unsuitable and unsafe accommodation across the crumbling district 'mental hospital' network; a 'treatment' that was avoidable for the mentally ill through the provision of psychopharmacological interventions via outpatient services. This paper seeks to contextualise the experiences of those with a disability within the 'mental hospital' network during this period of institutional decline, and to account for the repeated failure of the Irish state to reform the state's 'mental hospital' services.

## **Strand F**

### **Everyday Perspectives on Health**

**Chair: Catherine Cox**

Urban Life, Death and the Everyday at the Dublin Coroners' Courts, c.1900 – **Ciara Breathnach**

Urban life at the turn of the twentieth century was fraught with the perils of poorly-regulated, fast-moving and powerful draft horses, carts, carriages, trams and trains, which combined with uneven surfaces and falling debris to pose pervasive threats to life on the streetscape. Workplaces were the scenes of horrendous industrial accidents as health and safety precautions were sorely lacking. For the risk averse poor the very architecture of the home offered cold comfort; crumbling tenements, burns and scalds all feature heavily as cause of 'sudden death' in domestic settings, especially in cases concerning children. In both public and private spheres periodic eruptions of violence often precipitated 'deaths in suspicious circumstances'. The adjudication of whether or not deaths were considered accidental or suspicious fell to the coronial courts and a network of police, medical professionals and eye-witnesses all contributed to the medico-legal spectacle. In keeping with the conference themes this paper will begin by positioning the coronial courts in the Irish legal context and will examine how it operated to prevent or orchestrate the exclusion/inclusion of its cases in the proceedings of higher courts. Drawing particularly on South Dublin Coroner's Court records dating from 1900-1901 it uses case study and life cycle approaches to assess who, from socio-economic and gendered perspectives, were among the most vulnerable city dwellers. It will pay particular attention to tracing tropes of social class and deviancy, as well as the language of medico-legal literacy.

'Monty, Bring the Blood Can!': Toothache and Tooth Removal in Working Class Lancashire, 1900-1948 – **Claire-Louise Jones**

Working class health cultures before the NHS have attracted a great deal of attention from historians in recent decades. As perhaps the most well-known, McCray Beier's *For their Own Good* draws on oral history to outline how working class communities in the North of England dealt with ill-health revealing a long-standing reliance on home remedies and the expertise of family members. However, despite the fact that oral histories and other sources reveal a great

deal about the preponderance of toothache between 1900 and 1948, little serious historical attention has been paid to it. This paper therefore seeks to demonstrate the centrality of toothache and oral hygiene more generally to the lives of working people in the North of England before 1948. It re-evaluates oral history material, as well as local government records, to demonstrate that tooth removal (by a chemist, a dentist or neighbour) formed an important ritualised part of life for those who lived in Lancashire between 1900 and 1940. While acknowledging differing responses, the paper identifies how different generations within a family experienced toothache and oral health. Parents were often fearful of the dentist due to their own traumatic experiences, while those young in the 1920s and 1930s regarded having their teeth removed after toothache as a normal part of growing-up, often taking themselves to the dentist, chemist or neighbour. This new oral health perspective then expands our existing knowledge of working class health cultures and the ways in which individuals conformed to and deviated from middle-class medical professional expectations.

**Bad for the Health of the Body, Worse for the Health of the Mind: Female Responses to Imprisonment in Mid-19<sup>th</sup> Century England – Rachel Bennet**

When reflecting upon his first year serving as the medical officer at Brixton female convict prison in 1854, James Rendle stated that he had found that ‘women as a body do not bear imprisonment so well as the male prisoners’. Similarly, John Lavies, the surgeon at Tothill Fields prison, remarked in 1863 that women’s health was less robust and they were ‘liable to many ailments peculiar to themselves’. With a primary focus upon the 1850s and 1860s, and the creation of female-only prisons in this period, the proposed paper will question the perceived effects of the prison routine, including the separate confinement and silent association systems, upon women’s physical and mental health. It will interrogate how women’s health was negotiated and contested by prison officials, including the medical officer, and the importance of broader temporal gender beliefs in dictating the treatment of women in this carceral space. In turn, it will explore instances of ‘breaking out’, a term often used by officials to describe when women displayed violent tendencies towards prison property but also towards themselves and others. It will demonstrate that, while their behaviour was attributed to their being subject to temporary fits of insanity, it was also characterised as refractory and sometimes as an attempt to feign mental ill health to resist the conditions of their imprisonment. To examine the treatment of these women, the paper will detail case studies that are illustrative of the interplay that existed in the mid-nineteenth-century between health-centred and behavioural debates and the difficulties prison authorities faced in reconciling the maintenance of health alongside the maintenance of discipline.

**Friday 13 July 2018/ Session 9 / 11:00-12:30**

### **Strand A**

**‘Neither Sick nor Sound’: Convalescence and Recovery in British History and Culture**

**Chair: Sally Sheard**

**Licking up Vomit: Deviant Spiritual Responses to Recovery from Illness in Early Modern England – Hannah Newton**

In early modern England, recovery from disease was believed to be ordained by God. After illness, patients were bombarded with advice about appropriate spiritual responses to the ‘gift

of healing' – the main duty was to 'sin no more'. While many patients diligently followed such advice, there were plenty who did not. This paper focuses on the experiences of the latter cohort, exploring how and why these so called 'bad recoverers' came to deviate from prescribed behaviour, or to use an unpleasant contemporary metaphor, what drove them to 'return to their sins like dogs to their vomit'. It also uncovers the techniques employed to counter this behaviour, such as 'keeping alive' and 'constantly recalling' the 'feares, tremblings, and pains' of the recent sickness.

While historians have examined religious responses to illness, little has been said about reactions to divine healing, perhaps due to the assumption that it was rare to survive serious disease at this time. As this paper shows, however, recovery was a widely reported outcome of sickness, and one which reveals most powerfully the close connections between bodily and spiritual health, and medicine and religion more broadly in early modern culture. The research also contributes to the history of emotions, bodies, sociability, and gender. For example, we will see that men were more closely associated with the stereotype of the deviant convalescent than women - the allure of the alehouse, together the physiology of male genitalia, were thought to tempt men to return to their 'old lusts and wicked companions'.

### Narrating a 'Twilight Existence': Convalescence in the Victorian Novel – **Hosanna Krienke**

This paper uses historical descriptions of convalescence to reconsider the portrayal of illness in Victorian novels. Readers of Victorian novels are familiar with the drawn-out, and often inconclusive, recuperations of characters like Esther Summerson in Charles Dickens's *Bleak House* or Lucy Snowe in Charlotte Brontë's *Villette*. While scholars have treated such laborious rehabilitations as symbolic representations of psychological distress, I show how Victorian writers actually valued the prolonged uncertainty of the convalescent state as an ethical paradigm for interacting with complex causal structures. Historically, convalescent patients were taught, in light of the vast array of factors at work on the recuperating body, to resist the urge to predict the outcome of their care. I argue that literary scenes of convalescence are designed to train readers to resist ascribing inevitability to the novel's own later resolution. In this argument, I join a recently scholarly turn that argues that "narrative middles" of Victorian novels often have distinct ideological stakes, apart from narrative endings. My project anchors this formal observation in a newfound discourse that not only valued the middling period of convalescence but also theorized the profound ethical stakes of unresolved narratives.

Drawing on rehabilitation scenes in a number of Victorian novels, this paper lays bare the narrative forms surrounding scenes of convalescence in nineteenth-century literature. Particularly, it illustrates how such scenes complicate previous understandings of illness narratives, particularly the perceived division between stories about chronic illnesses and narratives of cure.

### 'Every Reasonable Prospect' of 'Ultimate Recovery': Defining Convalescence in Late Victorian England – **Eli Anders**

This paper explores the meanings of convalescence in nineteenth- and early twentieth-century England. Hundreds of convalescent institutions were founded during this period to care for working-class patients recovering from hospital stays, surgeries, and illnesses. Convalescence operated as a powerful claim on sympathy, charity, and medical care in Victorian culture, which required new categories in which to place experiences of ill health that were being gradually excluded from the shrinking boundaries of ever-more-specific disease definitions. But designating particular patients as 'convalescent' was fraught with complexity. The meaning of convalescence, which occupied the liminal space between illness and health, was subject to constant negotiation and contestation, and convalescent institutions engaged

in continual boundary work to ensure that the patients they admitted conformed to idealized notions of convalescence.

Using administrative documents, admissions records, and philanthropic reports, I show that various stakeholders—including hospitals, home administrators, and philanthropies—emphasized different and sometimes conflicting characteristics of convalescence. These tensions helped shape a ‘convalescent role’ in late Victorian culture. Unlike the figure of the invalid, which epitomized withdrawal and stasis, the convalescent implied progress, movement, and resolution, suggesting the possibility of reconciliation between economic progress and social dislocation; between industrialization and health; and between urban disruption and family stability. This research sheds new light on our understanding of convalescence as a distinct category of patient experience and therapeutic concern, and on how the meaning of convalescence was shaped by larger concerns about medicine and political economy.

## **Strand B**

### **Managing Hospitals and Health Services**

**Chair: Stephanie Snow**

Understanding the political economy of the NHS in Britain since 1948 through the (almost) three lives of the Royal Liverpool University Hospital – **Michael Lambert**

Since 5 July 1948 Britain has had a National Health Service (NHS) free at the point of use financed by general taxation. It is, however, far from the ‘neat administrative structure’ of Rudolf Klein’s imagination or post-war intention and remains a ‘muddled patchwork of health care provision’ redolent of the organisational, if not financial, plurality from which it emerged. It was, and is, a *National* Health Service in name alone: showing considerable variation in operational practices and provision; deploying a spectrum of competing notions of health and care; and with fluid notions on the nature, form and function of the service being provided. Efforts towards centralisation, standardisation and normalisation through repeated reforms in the NHS have sought, but failed, to realise national aspirations. This paper uses a case study of a single institution across the lifespan of the NHS, the Royal Liverpool University Hospital (RLUH), to expose and examine these tensions. By using records relating to institutional, local, regional and national governance of the RLUH, it becomes possible to appraise how the processes propelling the political economy of the NHS. Rather than signifying political or ideological consensus, they reflect a myriad of professional, administrative and financial concerns which vary by place, medical care and service provision. Ultimately, they point to NHS *nationalisation* of historic elite medical control which remains at the centre of hospital-based, teaching-driven, bed-focused medical care.

The McKinsey Moment? Management Consultants and the 1974 NHS Reorganisation – **Phil Begley**

This paper examines the first major reorganisation of the National Health Service in 1974, and in particular the role played by McKinsey and Co. Management consultants are now part of the fabric of the NHS. They engage in an increasingly diverse range of activities throughout the NHS and its constituent parts, monitoring, reporting and advising, with hundreds of millions of Pounds spent on their services every year. But this appears to be a relatively recent

development. The use of management consultants has increased significantly, and their role has changed over time.

The 1974 reorganisation appears to be the first time that consultants were engaged at such a high level – by the Department of Health and Social Security – on a project of such importance. Indeed, many remember this as the ‘McKinsey reorganisation’. But to what extent should we see this a turning point in the ongoing story of consultants engaging with health policymakers?

The archival record has been complemented by a recent witness seminar, and the evidence suggests that whilst this was clearly an important moment, not least symbolically, it was something a little less than a critical juncture. Nonetheless, many debates about the use of external consultants today; the lack of expertise inside the NHS, the lack of accountability and responsibility, cost and pressure on resources, and political tensions, were directly foreshadowed in the early 1970s. By better understanding this history what can we learn about the current situation, and can we begin to think about future policy lessons?

The Visible Hand of Management in the New Large Hospitals of Europe and North America before World War II. An International Comparison – **Paloma Fernandez Perez**

Between the end of the nineteenth century and the early 1950s there were at least three competing hospital models applied to the new large hospitals of Europe, North America and Japan: the horizontally centralized military headquarters model; the vertically centralized Taylorist scientific model; and the decentralized hygienistic blocks model. In these new hospitals, regardless the design, there were two radically different managerial models: one led by professional scientists in coordination or not with the owners and financial sponsors of the hospitals; and one led by local elites in coordination or not with the professional scientists that worked in the hospital. Depending on the leading managerial style, the criteria to collect income, and above all distribute expenses, played a dramatic influence in the degree of adoption of the radical scientific and technological innovations of those years. The paper studies and compares hospital budgets and hospital styles of management of several large hospitals in Spain and in the United States, in the context of the modernization of hospital management in Europe, the US and Japan before the golden age of growth and the expansion of the modern professional large hospitals. The objective is to indicate the diversity of models, and the implications for the slow or fast introduction of scientific innovations in the diagnosis and healing of patients.

## Strand C

### Disseminations of Medical Knowledge

**Chair: Chris Pearson**

Pasteur and the Prophet: Islam, Colonial Power, and the Limits of Cross-Cultural Dialogue in North Africa – **Hannah-Louise Clark**

In North Africa under French colonial rule, indigenous resistance to French medicine was frequently attributed to religious superstition. Colonial officials and physicians tended to view the orthodox Muslim beliefs of the general population as a barrier to “the scientific spirit”. This did not stop some, however, from promoting the use of Islamic symbols and Quranic verses

to win acceptance for French medicine. This paper studies the latter phenomenon, by looking at an attempt to popularize Pasteurian medicine in interwar Algeria.

Marshalling tools from the history of the book, translation studies, and the history of medicine, I analyze an underexamined text: 'The Book of Health Preservation for the Muslim Populace of North Africa' also titled 'The Book of Good Health', produced in Arabic and French by European researchers at the Algiers' Pasteur Institute.<sup>1</sup> The handbook was targeted at a Muslim readership and strove to root the precepts of germ theory and sanitary regulations in Quranic revelation. But why and for whom was the handbook written? How did it go about reconciling Pasteur and the Prophet? What assumptions did it carry about legitimacy in Islam, colonial power, and Muslim bodies? And how did French attempts at cross-cultural medical dialogue relate to North Africans' own efforts to engage with Pasteurism? The paper answers these questions by combining close readings of the handbook with essential historical, political, and cultural context. Ultimately, it demonstrates the importance of religion in colonial biomedicine outside of Christian missionaries, until now the main focus of research in this field.

### The Doctor is now in: Bringing Medicine into the Living Room – **Claire Macindoe**

New Zealand, with a small multicultural population and widely geographically dispersed over two main islands, quickly embraced the radio in the 1930s. This made it the perfect medium for the Government to use to inform the wider public about important health and sanitation issues. Beginning in 1943, the Department of Health daily broadcast public health information via their *Radio Doctor* segment, written and narrated by Dr H B Turbott. This paper argues that radio, a medium often overlooked by historians, overcame the challenge of how to communicate effectively to New Zealand's large rural population. It served to help educate women based in the home and created discussion about health. At a time when the health of the nation was of utmost importance, and it was every woman's civic duty to keep their family fighting fit, the *Radio Doctor* program was celebrated throughout New Zealand. Originally aimed at the mother and wife, primary documents show that a broad range of listeners were actively following and interacting with the health information provided, many of whom specifically tuned in to hear the program. The talks were such a resounding success that they were printed and distributed by the Health Department to medical centres throughout New Zealand. The *Radio Doctor* continued until 1984, significantly longer than Britain's Radio Doctor service, highlighting the continued need and popularity of the program, even after the advent of the television. Radio provided a way of creating a dialogue about health matters: it aimed to create conformity to medical orthodoxy but opened up the possibility of debate among listeners.

### Teaching Colonial Health and Strength – **Thomas Williamson**

My paper examines the connection of public health and embodiment in colonial Malaya. Rather than focusing on state interventions, I am interested in how seemingly marginal actors had an outsized influence on creating a modern relationship to the body. I focus on two Malayan texts from the late 1930s, a health science textbook and a bodybuilding periodical. These works were both derivative genres, but they nevertheless depicted localized particularities about how their readers might become clean and strong. They formed part of the larger project of "teaching public health" that aimed to reshape intimate practices of home, hygiene, and the body. In their composition and distribution they were thoroughly transnational undertakings, ones that tied Malaya to other colonies, as well as to the U.K. and the United States. Though a product of the late-colonial era, the ethos of these texts is

curiously contemporary, revealing how modern scientific sensibilities cross the familiar chronological markers of the twentieth century. My analysis finds Malayan intersections between conformity and resistance, enacting the ideology of the colonial state while also imagining a state of being beyond it.

## **Strand D**

### **Framing Race and Disease**

**Chair: Leon Rocha**

'Falling-Out' in Miami: Race, Religion, and Biomedicine in the Seventies – **Catherine Mas**

In the 1970s, a condition known as “falling-out” confounded physicians at Miami’s major county hospital. Patients described how, in situations of extreme stress, they suddenly collapsed and entered a state of semi-consciousness. At the emergency room, cases were typically diagnosed as idiopathic epilepsy and treated with anticonvulsants or dismissed as a form of hysteria. Researchers based at the University of Miami’s Department of Psychiatry argued that falling-out was neither epilepsy nor hysteria, but a “culture-specific psychogenic syndrome” prevalent among the area’s African American and Afro-Caribbean populations. They explained that while falling-out was expected and even desired in religious contexts such as Pentecostal services or Afro-Caribbean ceremonies, in secular contexts it became a maladaptive dissociative disorder.

This paper traces the process in which falling-out became a clinical entity in the 1970s. Falling-out, I argue, lies at the boundaries of biomedicine, where religious behavior came under the scrutiny of psychiatrists and anthropologists in Miami who collaborated to label new forms of disease. Their research probed the links between culture, behavior, and health, as scientific attention to altered states of consciousness gained broader interest. Acknowledging the limits of biomedicine, they encouraged revaluing alternate healing sources, such as spiritual healing and Afro-Caribbean ritual. I further situate falling-out in the transnational context of Miami, where the American South and the global South converged and where health became a neutral site for negotiating issues of citizenship. The management of falling-out reflected larger efforts to manage racial and ethnic difference amid a fluctuating social order.

Immune by Nature: Yellow Fever Susceptibility in the Nineteenth-Century Gulf South and Lower Mississippi Valley – **Urmí Engineer-Willoughby**

In 1878, residents of the southern United States experienced a devastating yellow fever epidemic that spread to regions that had never encountered the disease. This paper examines how the epidemic changed the way that medical professionals and others understood the health and safety of their local environments. Throughout the nineteenth century, they believed that both individuals and environments could be susceptible or immune to yellow fever. When yellow fever appeared in cities (including New Orleans and Memphis), residents with the means to do so fled to towns that they believed were safe to wait out epidemics. Not only did these towns elect not to establish quarantines, but private homes and hospitals welcomed and treated victims of yellow fever. In 1878, due to the construction of new rail lines in the lower Mississippi Valley, numerous refugees were able to flee cities quickly, causing a



disastrous epidemic that affected small towns and rural districts that had not previously confronted the disease. The epidemic was particularly devastating to African Americans because of postwar migrations of freed people to cities.

This paper explores individual and institutional responses during and after the outbreak. The epidemic instigated radical changes in how locals understood the relationship between disease and the environment, as it became evident that environments that they had previously considered safe were susceptible to yellow fever. When yellow fever re-appeared in 1879, public health authorities established quarantine regulations along rail lines, and residents attempted to prohibit the entry of refugees by forming armed quarantine patrols.

## **Strand E**

### **Resistance and Alternatives to Medicalisation of Reproduction**

**Chair: Jesse Olszynko-Gryn**

The Fungus that Changed American Childbirth: Maternal Mortality and the Ergot Controversy, 1927-1932 – **Naomi Rendina**

By the mid-20th century, childbirth became a widely sought after commodity that sat at the intersection of the counterculture and pervasive consumerism of post-war American society. Historians emphasize the mid-century health activism against hospital-based childbirth in the United States, however, this paper argues that the resistance to hospital-based childbirth started in the 1930s. During this period, sensational journalism contributed to women's skepticism of pharmaceutical interventions during childbirth. In the late 1920s, an importer of crude Spanish ergot, Mr. Howard Ambruster, accused the American Medical Association and the Department of Agriculture of conspiring to ignore importation regulations. Ambruster suggested that the poor quality ergot contributed to the dismal state of maternal mortality rates in the US, and many physicians agreed. As this paper argues, the problems associated with modern obstetrics in the 1920s and 1930s, as highlighted in popular media, encouraged American women to seek alternatives to medical interventions in childbirth. This paper suggests that mid-century counterculture was not the first instance of resistance to medicalised birth, rather, it was a resurgence of an earlier idea. While medicalisation spread throughout the United States in the early decades of the 20th century, a small, but vocal population of women led a resistance initially through word-of-mouth networks. As activist organizations and feminist health centres popularised, more "consumable" goods were created to disseminate information that educated women about their choices of birthing alternatives.

Infertility counselling, identity and childlessness in Britain before IVF, c.1945-1980 – **Yuliya Hilevych**

Infertility experiences such as those of adoptive parents, impotent husbands and childless wives have rarely found their place in history. The invention of IVF in 1978 increased the public visibility of a range of modern reproductive identities: from cross-border reproductive tourists

and surrogate mothers, to same-sex parents and desperate single-childless women. But are these identities as new as they seem? What is the role of pre-IVF experiences of infertility in understanding contemporary reproductive identities and views on reproduction and parenthood overall? By taking Britain – the birthplace of IVF – as a social laboratory, I address these continuities and the ‘making’ of pre-IVF infertility identities through the study of infertility counselling. Drawing on the analysis of self-help books and advice literature provided by FPA, Tavistock Centre for Couple Relationships, and Marriage Council among others, as well as patients’ correspondence with them, I explore how patient’s vulnerability associated with incurable infertility was handled, what advice was provided, what alternatives to (biological) parenting were available, and, subsequently, what infertility identities were constructed as a result. This paper suggests that as professionals tried to empower their clients to find new meaning in life, especially in the case of those who rejected adoption, accepting childlessness became the main alternative. Further on, with the rise of the sexual liberation movement, individual and collective struggles and vulnerability surrounding infertility reinforced the vision of childlessness as a right and choice and with it the normalisation of childlessness as one’s reproductive identity.

#### Resistances to Fordist childbirth in France in the aftermath of May 1968 – **Sezin Topçu**

Much criticism at the heart of current debates over ‘obstetrical violence’ in France was first articulated in the aftermath of May 1968. In particular, the critique of the Fordisation of childbirth, and of the hypermedicalisation of the maternal body, gained ground in the mid-1970s -- a period when hospital deliveries corresponded to 96% of all births. Such criticism was fuelled by (i) the popularisation of Leboyer’s method (‘birth without violence’), and the strong controversy that it generated between advocates of ‘science/security’ vs. ‘nature/respect’; (ii) by the institutional ‘turn’ of 1972 in favour of ‘big’ maternity units; and (iii) by the more general criticism of medicalisation and of medical authority specific to the period. While the critique of technocratic childbirth took place at the margins of ‘second-wave’ feminism, alternative forms of feminist, anticapitalist, and antiauthoritarian activism were elaborated, mostly by groups from the ‘second-left’ (*deuxième gauche*), and, to a certain extent, within communist circles. Based on institutional reports, trade-union archives, feminist bulletins, as well as oral sources, this paper tackles such forms of resistance. It sheds light, in particular, on the controversies over and the mobilisations against the project of rationalisation (including perspectives of shut down) of two Parisian alternative maternity hospitals in the 1970s.

### **Strand F**

#### **Psychiatry and Psychoanalysis**

##### **Chair: Mathew Thomson**

Encountering the Adolescent: Psychologists, Teachers and Youthful Deviance in Britain, c.1920-1970 – **Andrew Burchell**

The medical sciences, and the sciences of the mind in particular, are modelled around encounters: between patient and therapist, and between therapist and allied professions. At each of these junctures lies the possibility to resist both group authority and the analytic gaze,

whether intentionally or otherwise. This paper will examine how teachers and psychologists interacted with each other in Britain from the 1920s to the 1960s, and specifically in the construction of a vision of adolescent development and delinquency. This occurred at a juncture in which educational opportunities for teenagers were expanding (after the 1944 Education Act) but so were concerns over their behaviour (juvenile delinquency and an alleged 'blackboard jungle' in the schools). I will begin by tracing interest in the science of child and adolescent development among academic psychologists and teachers from the early part of the twentieth century, with particular reference to their explanations of deviant behaviour. I will then briefly examine how psychologists and teachers, together with other local actors, constituted specific referral systems for treating this kind of deviance through medico-psychological methods. Turning towards the children themselves, however, I argue that it was the liminal stage of adolescence – situated between childish dependence and maturity – as well as the adolescent's ability to express ideas explicitly in words (unlike the infant) which was ultimately able to resist and frustrate the medico-analytic models of both psychology and pedagogy and lead to inter-professional distrust.

Habeus Cerebrum: Donald Winnicott and the Physical Therapy Controversies in the British Medical Press – **Nicola Sugden**

The opposition of psychoanalyst and paediatrician Donald Woods Winnicott (1896-1971) to 'shock treatment' and psychosurgery - as against contemporary enthusiasts such as William Sargant - is regarded as being in alignment with the principles of his life and work, and has in some quarters been understood as a position representing the insights of psychoanalysis in contrast to the errors of hospital psychiatry. The dichotomy employed in such narratives belies the variety and nuance of medical opinion on the physical therapies in mid-Twentieth Century Britain. Detailed examination of a series of controversies in the correspondence pages of the British Medical Journal and the Lancet between 1943 and 1956 allows these differences to come to the fore. Medical opinion differed not only by disciplinary allegiance or by increments along a scale of enthusiasm, but according to different conceptions of scientificity, ethics, and the nature of mental disease; different priorities in the treatment of patients; and different hopes and fears for the future of scientific psychology. This paper discusses these themes alongside an exposition of the development of Winnicott's views on physical treatments for mental illness.

Accessing the Psychosocial in 1930s Glasgow Psychiatry: Exploring Orthodox Psychoanalysis and 'Common Sense' Therapy in the 'Dream Books' – **Sarah Phelan**

This presentation discusses the unknown Scottish psychiatrist, Thomas Ferguson Rodger (1907-1978), exploring the most intractable material from his archive. In the 1930s, while Deputy-Superintendent at Glasgow Royal Mental Hospital (Gartnavel), Rodger adopted and modified the psychoanalytic technique of dream analysis in an attempt to ameliorate the psychological distress and debilitating physical symptoms of five male patients. These sustained therapeutic encounters are preserved within the so-called 'dream books', six manuscript notebooks from the interwar period. Rodger later became Professor of Psychological Medicine at the University of Glasgow (1948-1973), with his NHS Department based at the Southern General Hospital. There, he advocated an 'eclectic' psychiatry, combining physical treatments such as tranquilisers and ECT with an adapted, rapport-centred psychoanalytic-psychotherapy. This presentation expands upon the origins of Rodger's later psychotherapy through investigating his earlier experimental dream analysis.

Situating Scottish psychiatry's uptake of psychoanalysis in terms of early twentieth century psychiatry's 'therapeutic pessimism' (Hinshelwood 1998), I describe Rodger's interwar psychoanalytic-psychotherapy as environmentally attuned and as acculturated to his Glaswegian clinical locale. I trace this to Rodger's foremost psychiatric influences: David Henderson, Gartnavel's authoritative superintendent, and Adolf Meyer, of the Phipps Clinic in Baltimore. Deciphering transcribed dream analytic sessions, I explore how Rodger's psychoanalysis was tempered by a pragmatic 'common sense' therapy, and position his dream analysis as one of the avenues through which the psychosocial impressed itself upon 1930s Glasgow psychiatry.

**Friday 13 July 2018 / Session 10 / 14:00-15:30**

**Strand A**

**Material and Object Cultures**

**Chair: Wendy Kline**

'Kindly Hearts and Tender Hands': Exploring the Asylum and Patient Narratives through the Archaeological Record – **Linnea Kuglitsch**

By the middle of the nineteenth century, a marked change in how society viewed and treated the mentally ill had occurred. This new approach, known as moral management, recognized madness as treatable through a series of specific interventions—from the relocation individual sufferers to the specialized landscape of the asylum, which curated a safe, ordered, and cheerful landscape that served as a backdrop to the regime of respectful treatment, a structured daily schedule that emphasized spiritual, occupational, and recreational activities. For over a decade, scholars have picked over these historic entities, and have done so from a multitude of perspectives. Yet, with the emergent material turn in history, new methods of analysis have emerged that stand poised to enrich our understandings these institutional pasts. This presentation introduces a research project that integrates archaeological resources and perspectives with traditional historical approaches as a means of expanding on the extant literature to the history of the asylum. In this presentation, artefactual and archival evidence gathered from two historical asylums in the United States—the Eastern Lunatic Asylum and the Western Washington Hospital for the Insane—will be used to explore the tensions that arose between asylum patients' personal identities, needs, and actions and the regulative, curative practices that typified life in a morally-managed asylum.

Medical Technology in Print: Inventors, Advertising and the Lancet in the late nineteenth century – **Sally Frampton**

This paper looks at the invention of medical instruments and devices through the prism of print culture in nineteenth-century Britain. My focus is the 'New Inventions' column, which ran on a semi-regular basis in Britain's leading medical journal, the *Lancet*, from 1850 until the 1960s. Remarkable for its longevity within a journal that frequently changed in both style and content, the column brought new technologies to the fingertips of doctors, guiding readers to the latest inventions in the field, from hernia trusses and prosthetic feet to contraptions for moistening the air of sick-rooms.

In this paper I seek to elucidate the multiple meanings of the 'New Inventions' column. In part it functioned as a form of validation, featuring endorsements by medical men of new products as well as, intriguingly, the journal's own in-house testing of devices. The column also brought press coverage to inventors, bringing them into dialogue with the wider professional community; for those who were not doctors, or who had not collaborated with doctors, approval from the *Lancet* could be especially crucial in gaining the trust and custom of the profession. But the column also raises interesting questions about the extent to which medical journals were vehicles for 'product placement', where advertisements were concealed under the guise of other forms of content. Given that doctors were increasingly susceptible to charges of excessive commercialism in the late nineteenth century, this paper explores the ways in which the 'New Inventions' column saw medical journals provide space for publicising new products while negotiating a contemporary framework to medicine which necessitated a conformity to the ostensible ethical standards of the profession.

## **Strand B**

### **Changing Cultures of Conformity**

**Chair: Oisín Wall**

Contradictions that Characterize the Medical Attitudes towards Menstruation and Menstrual Disorders since mid 19<sup>th</sup> Century – **Anne Charlotte Millepied**

I would like to propose a reflexion on the contradictions that characterize the medical attitudes towards menstruation and particularly menstrual disorders since the mid nineteenth century. In this paper I will show how menstruation has been pathologized in medical discourses as well as in therapeutic practices, and how this has contributed to construct women's bodies as inherently weak and in need of medical intervention. But as the same time, a lot of women's complaints have long been dismissed as imaginary or psychological and not properly cared for. Endometriosis, a chronic and debilitating gynecological disease of which the main symptoms are dysmenorrhea (painful menstruation), menorrhagia (abundant menstrual flow) and dyspareunia (painful intercourse), that affects between 10 and 20% of women in their reproductive age, gives us a pertinent illustration of the lack of credit given to women's pain and complaints, as it may have long been misdiagnosed as hysteria, according to some of the literature, ignored and underestimated until now even if it was first precisely described in 1860. Through the analysis of medical literature between the second half of the nineteenth century and the mid twentieth century, I propose to examine the tensions between the normal and the pathological as they are visible in medical discourses and practices concerning menstruation and endometriosis, but also to look for hints of how women dealt with their symptoms and responded to medical care during this period.

Exploring the menstrual product industry through analysis of a Tampax campaign – **Camilla Mork Rostvik**

This paper explores the menstrual product industry through analysis of one Tampax campaign. In 2007, Tampax (Proctor & Gamble) was struggling with unexpected competition, in addition to a growing consumer crisis related to an aging female population and consumers who skipped menstruation through use of hormonal birth control. Taking a large financial risk, Proctor & Gamble hired the advertising agency Leo Burnett to help. The resulting advertising campaign was based around the idea that 'Mother Nature is a Bitch', and employed an actress

to personify Mother Nature with a red box to symbolise menstruation. Consumers were encouraged to 'Outsmart Mother Nature' by using Tampax. Menstrual advertising at the time was seen as boring, cliché and offensive, with the industry itself making fun of the 'white shorts and blue liquid' tropes that had dominated it since the non-reusable market grew in the 1930s. It was before the current popular culture and media interest in menstruation had started, and periods were often considered taboo by the consumer base. The campaign succeeded, and ensured Tampax taking back control of the global tampon market from 2008. This paper investigates the 2000s Tampax crisis, the 'Mother Nature' campaign, and the ensuing (re)establishment of Tampax, all within the broader historical context of menstruation history in the late-20<sup>th</sup> and early 21<sup>st</sup> century. The paper draws on archive material, and marketing reports from Tampax and Proctor & Gamble, in addition to interviews with the actress who played Mother Nature, and individuals from Leo Burnett and Proctor & Gamble. It argues that understanding menstrual product advertising can reveal how big brands, which dominate the menstrual market, think about their consumers and influence menstrual discourse.

A Demand That Can Result in a Moral and Social Crisis: Conformity, deviance and the making of trans medicine in France, 1970s-1990s – **Olivia Fiorelli**

"Trans medicine" is the ensemble of procedures, technologies, knowledge associated with the fact of modifying the body, for those who want it, in order to express a gender different from the one assigned at birth. Emerged at the intersection between the fierce demand for gender affirmation brought by gender diverse people who were categorised as "deviants" and social anxieties around "sexual difference" and its norms, trans medicine is a privileged terrain to interrogate the relationship between conformity and deviance in medical history. This paper intends to interrogate this relationship by looking at the history of trans medicine in France. This field emerged in the 1970s, in a climate that was saturated by alarmed medical discourses denouncing the advent of a supposed "sex change epidemics". Building on trans and feminist scholarship and drawing on documentary and archival research and medical literature review this paper will analyse the conditions that favoured the emergence and stabilisation of trans medicine in the country and the rationale that underpinned its institutionalisation. As I will show, cis-normative notions of "deviant" and "conforming" gender expressions and identities, but also economic arguments concerning "productive citizenship" and "marginality" oriented the practice of the physicians involved in the nascent field. I argue that trans medicine in France gained legitimacy thanks to the intense boundary work performed by a number of physicians that built their reputation as experts of "transsexualism" and gained credit by presenting as gate-keepers against the uncontrolled "growth of a demand that can result in a moral and social crisis" (Kuss, 1982).

## **Strand C**

### **Health in the Commonwealth**

**Chair: Stephen Mawdsley**

A good death, mercy killings and the bounds of compassion: towards a history of euthanasia in South Africa – **Julie Parle**

Pivoting on the 1970s, this paper explores legal, medical, and popular debates about 'mercy killings' in South Africa. I first give a brief account of late nineteenth and early twentieth century

indigenous practices accompanying the death of the elderly, ill and infirm. These underwent change under the impact of Christianity and western law especially. Secondly, I focus on the 1975 trial of Dr A. Hartman, found guilty of the murder of his elderly and terminally ill father. The court found that his long treatment of his father had been 'close, correct and compassionate' but that in hastening death he was guilty precisely because his 'compassion knew no legal bounds'. In a popular judgement, Hartman's sentence was suspended. He had yet to face the disciplinary proceedings of the South African Medical and Dental Council, however, and when he did so it was with personally disastrous consequences. Nonetheless, and thirdly, in my reading of the trial transcripts, the accompanying press coverage, and the subsequent professional and public debates (in which the voice of Drs Christiaan and Marius Barnard were loud) about the desirability of a 'good death' I show that illegal acts of 'mercy killing', as well as passive euthanasia were not infrequent in South Africa, although whether and for whom compassion could be shown under western law was less clear. In conclusion, I suggest that current debates about the law, euthanasia and assisted suicide in South Africa would benefit from a deeper historical perspective than has yet been the case.

### Boots the Chemists and overseas development, 1920-1960 – **Hilary Ingram**

Between 1920 and 1960, British pharmaceutical retailer Boots' overseas presence grew significantly – through research, wholesale, and retail development. Boots relied upon strong international contacts to secure raw materials for manufacturing, to help build their research department, and to find new products to bring to British customers. Through overseas holdings and international collaborative partnerships, company research influenced pharmaceutical refinements in this period for several popular medicines, such as aspirin, insulin and, eventually, cortisone. Despite clear international contributions, many Boots products were still being marketed to the home customer in this period as 'all-British'. This paper will explore how Boots justified these claims, demonstrating through advertisements and company initiatives ways in which Boots identified and utilised Britain's position as an imperial power to sell international products, while simultaneously defending their growing overseas presence as an 'imperial duty'. The proposed paper is a result of extensive research undertaken at the Walgreens Boots Alliance Archive over the past year. Using Boots as a case study, the paper explores ways in which formal and informal processes of Empire influenced and impacted upon British pharmaceutical growth over the twentieth century. It will examine how Boots built a developing international presence during this period, how they fostered collaborative research networks, and marketed international products to British customers.

### Putting Rakai on the Map: HIV/AIDS Research and Social Geography in Uganda – **Julia Cummiskey**

Among AIDS researchers today, Rakai is a well-known location—home of one of the longest-running cohorts for HIV research in the world. The Rakai Health Sciences Program (RHSP) has produced hundreds of articles, pioneered numerous preventive and treatment interventions, and launched the careers of dozens of Ugandan investigators. Using archival material, grey literature, published scientific papers, and oral history interviews collected in Uganda, the United States, and Europe I will show how the RHSP and its findings, were shaped by and constitutive of the social geography of the District.

In order to conduct their first major intervention trial in the mid-1990s, a trial of STD control for HIV prevention, the Rakai Project had to fundamentally re-imagine the physical and human geography of the district. Using the data collected during their preliminary observational studies, they constructed a new organization of the district in order create knowledge about

HIV prevention that could be generalized to rural sub-Saharan Africa. This required an intensive mapping program. These maps continue to structure the RHSP's long-running community cohort study.

This talk will explore the maps' production, their use in the STD trial, and their afterlives as instruments of research, treatment, and community-building. It will explore the relationship between these maps and the larger conceptualization of Rakai as a site of death, research, and recovery. It will argue for a broader understanding of the significance of medical maps and the way that geography, society, and disease are linked.

## **Strand D**

### **Looking backwards to plan forwards: The 1918-1919 influenza pandemic**

**Chair: Paul Atkinson**

Combating the flu: Regional Responses to the 1918-1919 influenza pandemic in Ulster –  
**Patricia Marsh**

The 1918-19 influenza pandemic, struck in three concurrent waves throughout the world and Ireland was no exception with a death toll of at least 20,000 and as many as 800,000 people could have been infected. In Ulster, as elsewhere in Ireland and Great Britain, it was the local authorities and their Medical Officers of Health that were responsible for the public health in their respective towns and cities and thus the production of an influenza policy for the management of the disease.

This paper will discuss how local authorities in various Ulster towns responded to the influenza pandemic. It will explore the mortality, morbidity; medical, local authority and charitable response to the disease at a regional level and highlight deficiencies in response to the pandemic that persisted not only in Ireland but also in the rest of the United Kingdom. This paper will examine how the lack of a cohesive medical and welfare response to influenza at central government level impacted on the local response to the pandemic. The regional approach will also emphasise how insufficient guidance and support from the Local Government Board for Ireland to local authorities also impacted on local responses to this medical crisis. It will discuss if the impact of the 1918-19 pandemic made both central and local authorities more aware of their responsibilities with respect to the health of the people during future outbreaks of epidemic disease.

The Modern Memory of a Forgotten Pandemic: The Centenary of the 1918-1919 influenza –  
**Hannah Mawdsley**

The 1918-19 'Spanish' influenza has spent much of its history referred to as the 'forgotten' pandemic, despite infecting a third of the world's population and killing up to 100 million people within a year. However, the pandemic and its memory have undergone a renaissance in recent years, as we have drawn closer to 2018, its centenary year. For a long time the memory of the pandemic was overshadowed by the First World War, yet new attention is now being given



to this disease and its victims. The resurgence of pandemic memory over the last two decades has been striking, but with the arrival of the centenary, 'memory' of the pandemic is reaching new heights. We are seeing new memorials, both physical and digital; new interest in the fields of both academic and popular history; exhibitions; artistic interpretation; and a surge of media interest, including TV, radio, and podcast programming. This paper examines some of the most recent efforts to memorialise and commemorate this pandemic, and considers the reasons behind this resurgence of memory on its centenary.

Oral Histories of the 1918-1919 influenza pandemic: life stories rather than a single life event  
– **Ida Milne**

This paper draws on oral histories with survivors and families of victims of the 1918-19 influenza pandemic. The interviews, collected between 2006 and now, reflect on the impact of the disease on families, both in the immediate emergency of illness and death, and longer term issues. Some interviewees were in their 90s or 100s, reflecting back on the impact it made over the full course of their lives. For many, life was radically altered after the pandemic, even if they and their loved ones survived. The influenza sometimes inflicted emotional trauma and economic change that is still evident a century later. For some, the oral history interview became a means of teasing out this impact.

The association between socioeconomic status and pandemic influenza: Protocol for a systematic review and meta-analysis – **Svenn-Erik Mamelund**

Pandemic mortality in 1918 and in 2009 were highest among those with the lowest socioeconomic status (SES). Despite this, low SES groups are not included in the list of groups prioritized for pandemic vaccination, and the ambition to reduce social inequality in health does not feature in international pandemic preparedness plans. We describe plans for the first systematic review and meta-analysis of the association between socioeconomic status and pandemic outcomes during the last five pandemics.

The planned review will cover studies of pandemics that report associations between morbidity, hospitalization or mortality with e.g. education and income. The review will include published studies in English and Scandinavian languages, regardless of geographical location. Relevant records were identified through systematic literature searches in Medline, Embase, Cinahl, SocIndex, Scopus and Web of Science. Reference lists of relevant known studies will be screened and experts in the field consulted in order to identify other sources. Two investigators will independently screen and select studies, and discrepancies will be resolved through discussion until consensus is reached. Results will be summarized narratively and using three meta-analytic strategies: Coefficients expressing the difference between the highest and lowest SES groups reported will be pooled using a) fixed and random effect meta-analysis where studies involve similar outcome and exposure measures, and b) meta-regression where studies involve similar outcome measures. In addition, we will use all reported estimates for SES differences in c) a Bayesian meta-analysis to estimate the underlying SES gradient and how it differs by outcome and exposure measure.

## Strand E

### Asylum Culture

**Chair: Claire Hickman**

**'Conformity and Cure': Appropriating Social Activities in British Asylums, c.1800-1845 – Ute Oswald**

Madhouses and asylums in the first half of the Nineteenth century were often portrayed as places of wrongful confinement and physical restraint. Yet many of these institutions were run by superintendents who actively engaged with their patients, offering them a varied social activities programme in a domestic setting aimed at recovery and rehabilitation. As part of the recently established moral treatment regime, these included religious services, balls, sports fixtures, drama, music and art.

This paper will investigate how the role of activities developed throughout this period of reform and to what extent both patients and staff manipulated these to suit their needs. It will disclose how those in charge employed activities to achieve conformity and cure, at times through a system of rewards and punishment in response to patient resistance. Yet it will also show how they provided those confined with opportunities to exercise agency, thereby challenging certain historiographical notions of social control.

Drawing on information from annual asylum reports and medical treatises, this paper seeks to expose the rationales behind and the impact of social activities, and prompt a discussion around the rehabilitative value of this –arguably- innovative treatment programme, potentially staking a claim in identifying the forerunners of art, music and drama therapy.

**Both an Insanity and a Cause of Insanity: Alcoholism in Irish Asylums, c.1890-1945 – Alice Mauger**

To date, there has been little consideration of medicine's influence on attitudes towards alcohol consumption in Ireland. While the long held "drunken Irish" stereotype, still prevalent today, has been assessed from several viewpoints, we have yet to investigate how Irish medical communities interpreted, informed and/or absorbed this labelling. The Irish relationship with alcohol was further complicated by the notion that sobriety was essential for successful national self-governance, but there has been little reflection on how this dovetailed with the emergence of the Irish medical profession, which sought vigorously to establish a central footing in the 'new Ireland' at the turn of the twentieth century.

The 1890s was a pivotal juncture for medical understandings of alcoholism as it became widely recognised as a disease rather than a vice. While medical communities debated whether alcoholism was a cause of insanity – or insanity itself – asylums increasingly became the principal receptacle for alcoholics. By 1900, 1 in 10 Irish asylum admissions were attributed to intemperance. This paper will explore the evolution of medicine's role in framing and treating alcoholism in Ireland, from the 1890 to 1945. Centring on asylum provision and medical discourses surrounding care, treatment and health implications, it will question how, why and to what extent medicine came to influence the treatment, care and rehabilitation of alcoholics in Irish asylums. In doing so, it will assess the role of class, gender and ethnicity.

The mental hospital as garden city: Scottish asylum culture in the first decade of the twentieth century – **Gillian Allmond**

The historiography of the asylum has usually been dominated by the claim that late nineteenth and early twentieth century institutions for the insane represented the victory of therapeutic pessimism with asylums increasingly being used as ‘warehouses’ to sequester society’s unwanted, within an ideological climate that often presented the insane as indicators of degenerative social decline. This presentation will question this assumption, using the spatial and material evidence of early twentieth century asylums in Scotland. These asylums, built on a village model in contrast to English asylums of the period, were inspired by several prevalent socio-cultural movements, such as the sanitarian movement in public health, the domestic revival in architecture, the garden city in planning and the labour colony in social engineering. This presentation will examine how these currents came together in a style of asylum construction that was adopted in Scotland, but largely rejected for general asylums in England. This development may be viewed as illustrative of asylum culture north of the border, where there was a particularly strong emphasis on freedom and individuality when compared with England at this period. The presentation will consider the complexity of asylum environments in terms of both their intentional effects and those that betray attitudes to the insane poor that were prevalent both within the asylum movement and more widely.

## **Strand F**

### **Professional Identify in Healthcare**

**Chair: Sally Sheard**

Silence or Negotiation? Doctor-Patient Dialogue and the Questions of Consent and Truth in Late 19<sup>th</sup> England – **Andreas-Holger Maehle**

The question to what extent nineteenth-century doctors informed their patients and sought their explicit consent before treatment remains notoriously difficult to answer. In the early 1980s, the heyday of Anglo-American debates on informed consent, the historical interpretations of Jay Katz and Martin Pernick clashed. While Katz described a ‘silent world’ in which paternalistic physicians expected patients to trust them without questions, Pernick aimed to show that in America consent-seeking was part of an ‘indigenous medical tradition’ already in the nineteenth century. More recent studies by Kathleen Powderly on the USA, Karen Nolte on Germany, and Sally Wilde on Britain and Australia have pointed to various forms of ‘negotiation’ between nineteenth-century doctors and their patients, especially if a risky treatment or mutilating operation was proposed.

In this paper I focus on an English legal case from the 1890s, *Beatty v. Cullingworth*, which demonstrates that even if a patient was informed and the proposed treatment discussed, consent could be a contested issue. In 1896, Alice Beatty, a professional nurse, accused the senior obstetric physician of St. Thomas's Hospital London, Charles Cullingworth, of assault by having removed her ovaries without her valid consent. The various dimensions of this case - professional ethics, law, gender, and the history of gynaecological surgery - add to its complexity. However, I want to argue that the key to its understanding and to the problem of consent more generally lies in nineteenth-century medical traditions of restricted truth-telling, which have hitherto been mostly regarded as a separate matter.

### Catholic Medicine as a Vocation: The Belgian Society of Saint-Luc and Aide Médicale Aux Missions, 1920-1940 – **Maarten Langhendries and Reinout Vender Hulst**

The historiography of Belgian medicine indicates that the Catholic world had an ambiguous attitude towards medicine. On the one hand, the church intelligentsia was reluctant to embrace science as an essential characteristic of modern medicine. Catholic physicians, on the other hand, saw their complete devotion to the sick as an expression of their faith in God. Furthermore, Catholic medicine was not confined to the Belgian metropole. Belgian Catholic missionaries played a vital role in colonial health care in the Belgian-Congo.

In the aftermath of World War I political Catholicism in Belgium was in relative decline. As a reaction to this evolution, a number of Catholic physicians founded the *Société Médicale Belge de Saint-Luc* in 1922. This medical association had an outspoken Catholic profile and argued more than ever that medicine and religion were highly complementary. As much as the priest, the Catholic physician regarded the care for others more as a vocation, rather than as a profession. Together with colonial experts and university professors, the Saint-Luc Society founded a colonial spin-off organisation in 1923. The objective of this new society, the so-called *Aide Médicale Aux Missions*, was to collect financing in order to enable Belgian missionaries to set up a medical framework in the Belgian-Congo.

Our objective is to examine how the dialogue between medicine and religion travelled back and forth between Belgium and the Belgian-Congo. We will do this by analyzing the journals of both societies by using the medical vocation concept (Guillemain, 2009).

### 'Extravagant and Unmanly Exaggerations' in defence of Poor Law hospitals – **Felix Goodbody**

In 1910, readers of the Liverpool *Courier* aired their frustration at the derisive attitude of the eminent commentator on hospitals Sir Henry Burdett, who, in his journal *The Hospital*, had reported on the lamentable condition of the Brownlow Hill Poor Law Infirmary in Liverpool. Burdett's exposé of the care, condition, and moral status of the infirmary sought to dissuade the public from further entertaining the notion of "rate or state supported hospitals," rather, as champion of the voluntary sector, he contrasted it with the services at the nearby Liverpool Royal Infirmary.

Representatives from the leadership of the Brownlow Hill Infirmary objected to their municipal institution being compared to the up-to-date facilities at the celebrated voluntary hospital in the city, the Liverpool Royal Infirmary. This presentation considers the relationship between different types of hospital provision in the pre-NHS period; the reliance on large Poor Law institutions for their bed capacity and ability to accommodate large numbers of chronic sick, alongside the management of the public profile of the voluntary hospitals to ensure continued donations and investment without the loss of autonomy over management and admission criteria.

Recent scholarship has challenged the notion that the voluntary hospital sector in the inter-war period was no longer financially solvent, and that takeover by a National Health Service was inevitable. This presentation uses documentary sources from local and national periodicals to explore the presentation of different kinds of hospitals, and the public discourse surrounding their perceived failings and successes.

**Friday 13 July 2018/ Session 11 / 16:00-17:30**

**Strand A**

**Variation and Tolerance**

**Chair: Samishka Sehwat**

**Overcoming Modern Medicine: Sakurazawa Yukikazu's Natural Medicine, 1929-1945 – Sookyong Hong**

The discourse on science and technology during the fifteen-year war period (1931-1945) in Japan has often been characterized as a search for the uniqueness and superiority of Japan in service of wartime mobilization. One of the examples of this trend can be found in medical discourse from the 1930s onward, particularly centering on the concept of Japanese Medicine (*Ninon igaku*). This presentation discusses one of the most conspicuous advocates of Japanese Medicine, Sakurazawa Yukikazu (桜澤如一 1893-1966, aka Georges Ohsawa). Even though Sakurazawa was a high-profile figure in the world of postwar health food movement called macrobiotics, little has been known about his wartime activities as a key leader in the “eating right (*seishoku*, or *shokuyō*)” movement. Resonating with the Kampo (Sino-Japanese medicine) revivalists, Sakurazawa appropriated the yin-yang theory (*eki*) to reformulate the *seishoku* tenet into “Oriental medicine” and ultimately into what he called “Natural medicine.” In what ways did Sakurazawa deploy the notion of “nature” and the practice of “natural eating” as an antithesis of modern biomedicine? How did he address the problematic of universality in science and medicine while relying on the dichotomous framework of the Orient and Occident? This paper aims to explore these questions by unpacking Sakurazawa’s role as a cultural broker or translator between “Oriental medicine” and French medical holism in the 1930s.

**‘No Inferior Swedes shall be found in this country!’: The Public Health Association of Swedish Finland, conformity and minority nationalism, 1920s-1950s – Sophy Bergenheim**

The paper showcases how transnational movements, ideologies and medical knowledge have been transformed into local phenomena and activities. It explores Folkhälsan (the Public Health Association of Swedish Finland, est. 1921), a non-governmental social and health policy organisation in Swedish-speaking Finland, in the early half of the twentieth century from a biopolitical perspective.

Folkhälsan consisted of medical experts – doctors, researchers and public health nurses – and its activities stretched from ambulant grassroots-level services to academic research and legal committees. It thus not only exercised high-level political power, but also extended a medical gaze, in a Foucauldian-Armstrongian sense, over the entire Swedish-speaking community.

Folkhälsan's ideology was marked by racial hygiene, as was commonplace at that time. The paper illustrates how the association's ideology was intertwined with class-based and minority nationalist fears. The Swedish-speaking bourgeois elite, which Folkhälsan also represented, feared political and cultural oppression in face of the Finnish-speaking majority. In addition, it perceived the working class and left-wing activism as a threat.

Against this background, a socially and culturally homogenous and mentally, physically and genetically healthy Swedish-speaking 'folk' was perceived as the means for survival. Folkhälsan thus conducted a mixture of language, identity and class politics combined with racial hygiene, biopolitics and a genuine will to improve the life of fellow citizens.

### A Dishonourable Practice? The Debate on Counterfeit Publishing among Dutch, Belgian and French Physicians, 1800-1850 – **Joris Vandendriessche**

The reprinting of foreign texts was a common feature in early and mid-nineteenth-century medical journals. The absence of international copyright agreements enabled editors in the Low Countries to freely fill their pages with articles from French, German, Italian and British journals. Some focused on one area. The *Encyclographie des sciences médicales* systemically reprinted Parisian medical journals for a Belgian audience. While available scholarship has framed these practices of counterfeit publishing as part of a history of literary piracy, I want to discuss them in light of the historiography of scientific publishing. My paper will explore the debate on the reprinting of foreign scientific texts among Belgian, Dutch and French physicians in the middle of the nineteenth century. In this period, the changing geopolitical circumstances (the Congress of Vienna, the Belgian Revolution) also affected the international medical community and the relations between physicians who suddenly belonged to different nations. After 1830, several French editors presented 'Belgian medicine' as a scientific province of France in their journals, while at the same time the contacts between Dutch and Belgian editors greatly diminished. In a context of heightened patriotism, too much reprinting became regarded as 'dishonourable'; it was said to impede the development of an 'original' national medical literature. My analysis reveals that counterfeit publishing in the sciences was above all a matter of conventions among scholars on how to regulate the circulation of knowledge – conventions that were, certainly for foreign texts, the result of balancing one's allegiance to national and international scientific communities.

## **Strand B**

### **Institutionalism and Standardisation**

#### **Chair: Virginia Berridge**

Who will challenge Dr. H? Patient abuse, clinical autonomy and institutional complicity in South Ockendon Hospital, 1970s – **Louise Hide**

In 1974, a report was published detailing the findings of an inquiry into institutional abuse at South Ockendon Hospital for the 'mentally handicapped' in East London.

The Report revealed a culture of cruelty, abuse and neglect on certain wards. One was Cypress Villa, a purpose-built medium secure unit for men. The consultant in charge, who carried full responsibility for patient care, was a Dr H. who had previously worked in an

establishment for the criminally insane. Following his appointment, Dr H. implemented drastic changes including the increased use of seclusion in side rooms, as well as requiring all patients to wear pyjamas.

The inquiry revealed a pervasive web of attitudes and practices that facilitated the abrogation of responsibility to challenge Dr H. at every clinical and managerial level: doctors refused to contravene codes of professional respect; charge nurses would not cross a professional boundary; and the Hospital Management Committee claimed to have 'no jurisdiction in such matters', conceding that, as lay people, they felt intimidated by Dr H.

For this paper, I will be revisiting the transcripts of interviews with staff and patients involved in the inquiry. Through close textual analysis of the mechanisms that constructed cultural vectors – language, silence, behaviours, and the use of space and objects – I will explore in depth how conformity to entrenched attitudes and codes of conduct ultimately reinforced a culture of abuse that reached beyond the bullying and hubristic behaviour of a single consultant and into deeper systemic failures at both management and clinical levels.

#### Normal Breathing: The Medical Research Council and the Classification of Respiratory Disability 1936-1945 – **Coreen McGuire**

During the first half of the twentieth century, the mining industry in Britain represented a site of contested medical knowledge, in which the risk to miners' lungs from coal dust was disputed by various governmental, industrial, and medical bodies. That the miners themselves had situated 'lay' knowledge about the danger the air posed to their bodies has been demonstrated by scholars including Bloor (2000) and Melling (2010). This paper will consider how miners' subjective reports of breathlessness were used in the Medical Research Council's work in South Wales between 1936 and 1945 to create corresponding objective measurements. To combat the difficulty of measuring breathlessness and the impossibility of making direct measurements of lung capacity, the surrogate measurement of vital capacity was made using spirometers. The MRC used this measurement to numerically code breathlessness, which allowed them to scale, standardise, and adjudicate for levels of respiratory disability. Yet such efforts were permeated by tension and disconnect between subjective reports of breathlessness and objective measurements. The measurement of vital capacity must therefore be contextualised as part of a wider scientific programme to statistically analyse the norms of human bodies through instrument-based measurements. Efforts to accurately measure and scale breathlessness through spirometry were infused by the need to first define the measure for normal breathing – there can be no deviance from the normal without an initial definition of its parameters. However, recurring questions over whether limits of normal breathing were universal or varied between groups marked all such attempts: normal breathing for whom?

#### Nature or Nurture? Scientific Discussions on Mental Illness in Children in Denmark and England c. 1900-1950 – **Jennie Sejr Junghans**

At the dawn of the twentieth century, psychiatrists in Denmark and England began writing on the mental health of children and by the mid-1930's, the first few child psychiatric wards and clinics had been established. Because the medical understanding of mentally disturbed children was heavily influenced by eugenics, treatment efforts were however limited. During the following decades, child psychiatry was slowly developed and by the early 1950's, child psychiatry was officially acknowledged as a scientific discipline. Using medical textbooks and articles, I examine how this process was initiated and which arguments the psychiatrists in Denmark and England made use of in order to claim children's mental disorders as a medical specialty. I pay special attention to the first two international child psychiatric conferences held in Paris in 1937 and in London in 1948, because the reports from these conferences reveal

how theories and arguments changed drastically after the Second World War. I argue that the early development of child psychiatry was a complicated process framed by the socio-political unrest of the 1930's and 1940's, but also closely tied to different and changing conceptualizations of 'mental health', 'childhood' and 'the good mother'. Furthermore, I argue that the child psychiatric consultation was a place of conflict and negotiation due to differing therapeutic convictions and interests of psychiatrists, psychologists, parents and others.

## **Strand C**

### **The Politics and Practices of Health Services**

#### **Chair: Philip Begley**

What did it mean to wait in the early NHS? Discourses of waiting in the British health service c.1940s-1960s – **Martin Moore**

Contemporary discussion of waiting in the UK National Health Service (NHS) has often centred upon waiting as a symbol of failure, whether that is a failure of central government to provide sufficient funds, or a failure of institutions and practitioners to provide quality service. Such a discourse is, of course, closely related to the way in which waiting times and waiting lists have been quantified and managerialised since the 1980s; a process that, as Sheard has recently demonstrated, was fostered by the development of new areas of health economics and managerial expertise.

In this paper, however, I explore how the meaning of waiting was constructed during the early decades of the NHS. Specifically, I examine the ways in which changing institutional, political, and technological contexts of post-war Britain offered waiting a new set of often contradictory values. Media outlets, politicians, and health think-tanks, for instance, discussed waiting in diverse ways: as a symbol of egalitarianism, as abandonment, as an inevitable outcome of socialist ineptitude, and as a consequence of professional self-interest and poor co-ordination. Crucially, however, I suggest that the construction of waiting as a problem for healthcare was not simply a top-down process. It was – at least in part – a product of interaction and dialogue between the public, service users, and novel mechanisms of surveillance, through which dissatisfaction and praise could be expressed and translated into meaningful utterances.

Greece under the Swastika (1941-1944): Studying and Practising Dentistry in Occupied Greece – **Aristomenis Syngelakis and Vasiliki Lazou**

The German occupation of Greece in WWII was extremely harsh due to famine, massacres, the enormous destruction of infrastructure, as well as of housing. The State had collapsed, while there was widespread looting of the national wealth and outright robbery and pillage of cultural treasures and private property. Despite these dramatic economic and social conditions, dental students and dentists were highly resilient. The paper examines Dentistry in occupied Greece and describes the social conditions under which study and practice were performed, as well as struggle of dental personnel for survival. The research is based on detailed archival research in the records of the University of Athens, the Greek State Archives, the Hellenic Dental Association and the Contemporary Social History Archives between 1940 and 1945, as well as extensive review of secondary literature.



The official documents of the Third Reich and the collaborationist government of Greece, the announcements and decisions of the Athens University authorities and the Hellenic Dental Association, in addition to dental students' correspondence reveal the dramatic conditions of dental practice. Also, evidence is provided for some lesser known aspects of the devastating consequences of the German occupation of Greece, as well as of the Greek people's magnificent resistance against the Axis.

In spite of Greece's extremely brutal and violent occupation by the Axis, members of the dental community made superhuman efforts to continue their work, thereby both fulfilling their social mission and resisting the Nazis.

## Strand D

### Confronting Difficult Emotions

**Chair: Chris Pearson**

Deformed, Damaged, and Covered with Blood: François Chaussier's Contribution and Legacy in the Practice of Forensic Autopsies in the 19<sup>th</sup> Century France – **Sandra Menenteau**

In "Considérations médico-légales sur la manière de procéder à l'ouverture des cadavres" published in 1824, François Chaussier criticized the operating techniques health professionals (physicians, surgeons, anatomists, *officiers de santé*) usually used when practicing forensic examinations of dead bodies.

Chaussier was one of the French physicians who promoted forensic sciences by the end of the 18<sup>th</sup> century. In 1794 he was called by the *Convention* (the revolutionary French government) to contribute to the reorganization of medical schools. One of Chaussier's most significant contributions to this project was the introduction of forensic medicine lessons in the training of all the medical students. Through his works and his publications Chaussier tried to convince medical and legal communities that a forensic autopsy should only be performed as per a certain operating protocol. Because of the major role body examinations could play during the police and justice investigations, physicians should be well prepared and be aware of the scientific and technical difficulties these post mortem activities could pose to them.

Firstly, my paper will present Chaussier's operating protocol and the critics he formulated towards the methods used in dead bodies examinations so far. Secondly, through autopsies reports I will study if the 19<sup>th</sup> century regular doctors followed Chaussier's technical advice and if they changed their own way of performing autopsies. Finally, based on medical literature I will try to determine if Chaussier's contemporary and future confreres welcomed and propagated his method.

Faith, Fortitude and Love: Conflicting Emotions in Nursing, 1915-1925 – **Sarah Chaney**

In 1925, the College of Nursing moved into a new purpose-built home in London's Cavendish Square, where the Royal College of Nursing is still based today. In the grand main hall were three stained glass windows, commissioned from Welsh artist J. Dudley Forsyth, presenting the "three chief virtues of the nurse": faith, fortitude and love. This connection between nursing and specific emotional states was not a new one. However, it was in this era that a conflict

was starting to emerge between the emotional and professional identities of nursing in the UK, which remains unresolved in the modern era.

In this paper I explore the conflicts and continuities between the idealised view of nursing presented in the three windows and the rapid professionalization of nursing in this period. I argue that these three simple terms – faith, fortitude and love – encapsulate the key influences on the development of the nursing profession: a background of religious charity, a notion of care based on idealised motherhood, and the military context of the First World War, in which nurses were simultaneously presented as brave heroes and innocent – even angelic – victims. This idealised stereotype sat awkwardly alongside contemporary efforts to promote nursing as a trained profession, through the founding of the College of Nursing in 1916 and the introduction of state registration in December 1919. I conclude by considering the ways in which this conflict between emotion and profession remains in place in nursing today, presented through dichotomies like vocation versus education or compassion versus clinical skills.

#### **Paternal Child Killing as reported in a Selection of National English Newspapers in the Period 1900-1939 – Jessica Butler**

My paper will explore instances of paternal child killing as reported in a selection of national English newspapers in the period 1900 to 1939, with a particular focus on the use of the insanity plea and the language used to discuss the mental health of perpetrators whose sanity was in question. The paper will examine the concepts and ideas of insanity discussed in newspaper articles by journalists, the accused fathers, lay witnesses, lawyers and judges, and medical experts. It will seek to explain what their reported testimony consisted of and how the sanity of paternal child killers was conceived of during this period. The paper will consider whether current medical thinking regarding mental health was evident in the newspaper coverage, particularly in the reported testimony of medical experts, or whether older ways of thinking were adhered to. By examining the reported testimony from these different sources, it can be determined how mental health was thought about across the period, what changed and why, what influenced concepts of mental health, the language used to talk about it, and who was likely to use certain terms. Additionally, the paper will consider how the sanity of paternal child killers was viewed in relation to their criminal culpability and whether this influenced how discussions of the mental health of these men were shaped.

### **Strand E**

#### **Filling the Gap: Towards a History of Oral Health of Britain**

**Chair: Claire Louise Jones**

**'The Miseries of False Teeth'? Emotional Dimensions of the Material Culture of Dentures, 1848-1948 – Rebecca Kearney**

Late nineteenth- and early twentieth-century visual depictions and written accounts of artificial teeth made from bone, ivory, porcelain and later, vulcanized rubber represent strong human feelings and emotions. While such sources portray the wearer in humorous terms, the wearer's experience is associated with feelings of revulsion, misery and shame. Yet, despite the strong association between emotion and dentures, existing historical literature on dental prosthesis has almost solely focused on technological developments in materials and production techniques. This paper, however, seeks to address this historiographical gap by focusing on the emotional dimensions of the material culture of artificial teeth as a factor in their uptake from the years 1848 – 1948. By drawing on the collections of the Science Museum, newspapers, advertisements and satirical cartoons, this paper takes emotions as the lens through which to investigate why and how individuals conformed or deviated from accepted norms by denture wearing. It will explore how physical expressions of happiness were negotiated through the use of dental prosthetics and uncover the ways emotional motivations impacted consumer choices in the burgeoning artificial teeth market. As the paper will demonstrate, emotive advertising was pitched differently at male and female customers. Furthermore, it will consider what emotional responses to false teeth indicate about the cultural codes and values of the period. In building on existing research in the commodification of prostheses, cultural histories of the smile and analysis of dental pain, this paper contributes to recent scholarship combining material culture within the history of emotions and offers important insights into the subject-object relationship mediated through feelings.

**Tommy's Teeth: Dental Health among British Army Recruits in World War One – Helen Franklin**

During World War One, statistics relating to medical rejections of potential recruits highlighted the poor dental condition of otherwise fit men. Medical and military historians have shown interest in combatant's experience of war, yet the dental health of soldiers has not seen any academic interest. Research on morbidity in the trenches, includes trench fever, but not trench mouth. Indeed, no research exists on the pain and the effects on the body and mind of Tommy's toothache in the trenches, nor the problem of his dentures in the dug outs. Just how did they cope? The Great War was not only fought and won in the theatres of war. The value of the morale boosting efforts on the home front are well documented. Nearly 18,000 registered War Charities existed between 1916 -1920, yet no research has considered charities supporting the dental health of soldiers. This paper aims to fill these gaps through a wide use of sources, from war diaries to *Punch*. It will argue that the poor dental condition of soldiers in World War One reflected the poor dental health of the British population. Statistical knowledge together with campaigns on the Home Front, helped raise awareness of good dental hygiene in the post-war era.

**'Does it really make you look old?': Dentures, Ageing and Aesthetics in late twentieth-century Britain – Georgia Haire**

The association with dentures and old age is a relatively recent phenomenon. As late as 1968, 37 per cent of adults wore full dentures (Rousseau et al, 2014), many having had them removed as children or young adults in order to save money in dental care later in life. Throughout the late twentieth century, however, increased dental health education,

technological innovations and the introduction of fluoridisation meant that fewer younger people required dentures. The majority of denture wearers today are those who were young in the 1930s to 1960s, contributing to the association between tooth loss, denture use and aging. Sociological and historical accounts have explored the aesthetic implications of ageing in the twentieth century, and how this effects men and women in diverse ways, but there is little that focuses on the impact of tooth loss. This paper will use dentures to examine the social and cultural constructions of ageing and related gendered experiences. Focusing on the 1950s to 2000, I draw on advertising, the Mass Observation archive and material culture related to the use and care of dentures. I explore how denture users were represented in media, the different experiences of denture-wearing among male and female users, and how these aspects of dental health have changed throughout the late twentieth century.

## **Strand F**

### **Experts' Advice, Activism and Individual Practices: Navigating Norms and Laws Around Sexuality and Birth Control, c.1930-1980**

**Chair: Hannah Kershaw**

'This isn't so boring if you get your climax!': Women doctors and sexual pleasure in Britain, 1930s-1970s – **Caroline Rusterholz**

Caroline Rusterholz explores women doctors' contributions in sex and medical manuals, scientific publications and in sexual counselling sessions in English family planning centres from the 1930s to the 1970s, and the extent to which these contributions reflected or challenged broader prevailing conceptions about heterosexuality and gender norms. Women doctors' work raised important issues about the relationship between women's sexual pleasure and 'pathology' and emphasized the role of the clitoris as the locus for sexual pleasure. While their views might have been at times contradictory, they nevertheless opened the path for more female agency in the realm of sexuality.

'Harmful Surgery' Revisited" Expert-to-Expert Discourses on Abortion in Poland, 1950s-1980s – **Agata Ignaciuk**

The legalisation of abortion in 1956 made this procedure a mandatory part of the medical practice for doctors employed in public hospitals, where terminations were performed for free. Despite its wide availability (or perhaps because of it) doctors who produced expertise aimed at the general public consistently framed abortion as last-resort solution which, even if performed by a professional, could potentially lead to sterility. However, in Polish medical journals the debate about abortion were much more nuanced. Through the analysis of popular medical literature as well as *Ginekologia Polska*, the professional journal for obstetrics and gynaecology, this paper examines tensions and contradictions in expert discourses on abortion in state socialist Poland from the 1950s to the 1980s.

'It is the Patients who make the Moral Decisions': Medical Authority, Patients' Agency, and Contraception in Ireland, c.1964-1979 – **Laura Kelly**

Laura Kelly examines the role of doctors in debates around the legalisation of contraception in Ireland, from 1964-1979. While some doctors acted as passionate advocates of change in the law, others held more conservative views and campaigned against change. The paper illustrates the importance of medical authority in the era prior to legalisation, and the significance of doctors' voices, particularly in relation to debates around the contraceptive pill,

which was marketed in Ireland as a 'cycle regulator' from 1964. However, while doctors attempted to retain expertise, 'ordinary' individuals exercised remarkable agency in gaining access to contraception and sexual knowledge, while Irish feminist groups challenged traditional medical authority.

The Bowland Bust: Medicine, Midwifery and the Law in 20<sup>th</sup> Century California – **Wendy Kline**

Wendy Kline analyses the 1974 arrest of lay midwife Kate Bowland, charged with practicing without a license, and the resulting Supreme Court case, *Bowland v. Municipal Court* (1976), as a critical moment in the history of reproductive rights. Citing *Roe v. Wade*, feminist attorney Ann Cumings argued that childbirth was not a disease and therefore did not require licensed medical supervision or state regulation. But the court disagreed. *Roe* had “never been interpreted so broadly as to protect a woman’s choice of the manner and circumstances in which her baby is born” – indeed, the “state’s interest in the life of the unborn child supersedes the woman’s own privacy right.” In the context of birth, *Roe* became a vehicle to constrain reproductive rights, rather than expand them.

## **Roundtables, SSHM AGM and Mind-Boggling Medical History Showcase**

**Wednesday 11 July 2018 /12.00-13.30**

**A: SSHM AGM (CTH-LTA)**

**B: Deadly dope & magic bullets: Locating intoxicants in the history of medicine (CTH-LTB)**

**Nancy D. Campbell (Chair), David Herzberg, Lucas Richert, Samuel K. Roberts**

Do questions about drugs come up more often in your work or that of your students? Where do you look these days for fresh work on relevant connections between critical drug studies, drug policy history, and the social history of medicine? What are the limitations and strengths of the current state of knowledge in the field? What are the core questions, continuities and discontinuities, and future prospects?

Our panelists will respond to these questions while engaging broader conversations about the state of the field. The history of psychoactive drugs and pharmaceuticals has grown substantially in the past decade thanks to scholarly interest and contemporary crises. Even as it has begun to mature in reach and significance, however, it has not been fully integrated into the social history of medicine. Our round table, organized by the recently appointed co-editors of a rejuvenated *Social History of Alcohol and Drugs*, provides snapshots of our own research combined with broader arguments about the current and future directions of the historiography. Nancy D. Campbell will present on the movement of the overdose antidote naloxone from the medical enclave into broader publics; Lucas Richert on contested end-of-life drugs; Samuel K. Roberts on harm reduction as resistance in the Movement for Black Lives; and David Herzberg on the long history of pharmaceutical addiction crises in the U.S. All four will also survey and discuss some of the most exciting areas of current focus in the field, including (but not limited to): the history of research into and knowledge production about 'addiction,' its treatment, and its publics; historical development of the pharmaceutical

industry; global drug governance; race/class/gender and drug commerce, use, and policy; and interdisciplinarity in 'critical drug studies.'

### **C: Cultures of Medicine and Discourses of Accountability in the Biomedical Era (CTH-LTC)**

**Frank Huisman (Co-Chair), Nancy Tomes (Co-Chair), Erica Charters, Martin Gorsky, Sally Sheard**

This is a variation on the standard roundtable format. For this session, Huisman and Tomes have pre-circulated a working paper, which they will summarize briefly during the session. After that, three respondents will comment on it. The paper grows out of our current effort to compare the political cultures of medicine in the post-WW 2 U.S., UK and the Netherlands. As a framing device, we have chosen the concept of "accountability" in medicine. Since the 1970s, physicians in developed nations have been called upon to account for themselves in new ways to patients and politicians. After roughly a fifty-year period (early 1900s to early 1950s) when doctors enjoyed a high degree of respect and autonomy, they had to start explaining and defending their actions in new ways. The demand for accountability has covered many different aspects of the medical profession's performance: research ethics, clinical efficacy, effectiveness in patient relationships, and - perhaps most painfully - cost-benefit analysis. While transnational in origin and scope, postwar accountability regimes have been based on seemingly "universal" concepts, standards, and dynamics. The scientific truths of biomedicine, the definition of "human rights," the dynamics of the modern marketplace and the Hippocratic ideal seem to transcend national boundaries. Thus, practices associated with informed consent, evidence-based medicine, cost-benefit analysis and the 'universal' doctor/patient relationship circulate widely between countries.

Over the past half century, doctors in developed nations, as well as governments and other stakeholders, have come to devote considerable time and energy to maintaining accountability schemes directed at medical research, patient treatment, medical ethics, and economic feasibility. Yet even as those schemes get more elaborate, their weaknesses are very apparent. The development of clinical "gold standards" and their acceptance by all physicians remains difficult. The doctor/patient relationship remains very asymmetrical in terms of knowledge and influence. Attempts to use market methods to restrain health care costs have had limited, sometimes even counterproductive results. Meanwhile, health care's dual identity as a postindustrial economic powerhouse and a major contributor to social welfare costs complicates every aspect of medicine's regulation. If you look at the contemporary medical politics of today, you see the same set of problems occurring in many countries across the western world.

Yet at the same time, it is also evident how much national cultures still matter in how problems are being defined and acted upon. To name just a few factors, historic variations in health care funding, patterns of health advertising, conceptions of social solidarity, and attitudes toward profit making in medicine, produce different patterns in different countries. While they often concern new technologies, those variations reflect deeply rooted patterns of historical development. This process deserves a closer look because it can reveal so much: by studying these shared problems, fundamental assumptions about both biomedicine and medical "capitalism" become apparent. We see what is similar and what is not. The controversies they produce allow us to study important variations in the cultures of medicine that we need better to understand.

We would like to present our ideas about points for comparative investigation and reflection, and then invite commentators representing other 'political cultures' to comment on the paper. Our goal is to encourage a lively debate about the goals and limits of medicine and health care 'systems' in the second half of the twentieth century.

Please note: the longer version of our 'framing device' (explaining the ratio of our choice for

countries and topics we would like to compare in an attempt to shed light on developing forms of governance in western health care systems) is available on request.

#### **D. Dialogue between Social Historians and Clinical Historians: Is there a Problem? (CTH-LTD)**

**Christopher Derrett (Chair), Linda Bryder, Mike Collins, Mike Davidson, Hilary Morris**

There is little evidence of constructive dialogue between clinical medical historians and social historians with an interest in medical history. The two groups rarely collaborate on research projects and joint publications are unusual. Why is this and is it a situation that needs to be addressed?

On the one hand, some social historians, consider that people working in health care and with an interest in medical history are essentially amateurs who tend to have little regard for historiography and who are interested only in 'the good and the great of medicine'. Clinical historians, on the other hand, sometimes feel that their clinical training and experience gives them special insight into the relevance of the history of medicine which is ignored by academic colleagues.

In this panel discussion two academic historians and two clinical historians will endeavour to explore what are the areas of common ground, what sort of historical research might benefit from a joint approach and how can a constructive dialogue be established.

**Thursday 12 July 2018/12.30-14.00**

#### **E: Values and Ethics of the SSHM (CTH-LTA)**

**Richard A. McKay (Chair), Richard Frank Huisman, Margaret Humphreys, Yewande Okuleye, Margaret Pelling, Abigail Woods**

This roundtable session will see the first public discussion of a working paper in which the Society for the Social History of Medicine articulates the values underpinning its mission. Inaugurated in 1970, the SSHM has since July 1979 aimed 'to advance the education of the public in the social history of medicine and as ancillary thereto and in furtherance of the said object to promote research and disseminate the results.' In an attempt to expand descriptively upon these objectives, members of the SSHM's executive committee have engaged in a reflexive exercise to articulate the Society's values, or, in other words, to think about how and why we do what we do.

The process began in June 2015 with our Freedom of Information Act submission to secure several hundred responses to a request for information issued by the U.S. National Institutes of Health earlier that year. This exercise had aimed to review the mission of the National Library of Medicine and articulate a strategic vision for the institution's future. We correctly hypothesised that we would find among the responses a variety of justifications for the importance of the history of medicine. We analysed these justifications and organised them according to several emergent themes: the contextual; the inspirational and foundational; the ethical; and the educational, civic, and political. The resulting document formed the basis of a draft statement of values for the Society. Following internal committee discussions and a subcommittee's editorial refinements, we finalised a working paper in December 2017. This concise statement of values has been pre-circulated to five historians of medicine at various career stages for their comments. In this session we will hear their responses and together

discuss what it means to do work in the social history of medicine today and why this matters to all of us.

## **F. Primodos: A Roundtable Discussion on the Value of Historical Research in Patient-led Activism (CTH-LTB)**

**Jesse Olszynko-Gryn (Chair), Jason Farrel, Charles Feeny, Marie Lyon, Neil Vargesson**

In the 1960s and 1970s Primodos, a hormone-based drug marketed by Schering (now Bayer), was widely prescribed as an invasive pregnancy test that acted on the woman herself. If the tablets induced menstrual-like bleeding in the patient, then she was not pregnant (a 'negative' result). No bleeding meant pregnancy ('positive'). Primodos was initially marketed as plausibly advantageous over cumbersome and expensive laboratory urine tests and, before thalidomide, neither patients nor doctors were accustomed to associating prescription drugs with risk of harm to the fetus. In 1967, however, medical experts began to debate whether Primodos was causing miscarriages and birth defects in the children of mothers who had taken the drug while pregnant. Schering withdrew Primodos in 1978 and the Association for Children Damaged by Hormone Pregnancy Tests (ACDHPT) formed to campaign for answers and compensation. Legal action was started, but then halted in 1981 on the grounds that there was insufficient evidence to proceed. The presiding judge allowed that legal action could be restarted pending new evidence.

It is now forty years since Primodos was taken off the market and thousands of pages of recently catalogued archival records pertaining to government policy, legal action, and a possible cover-up have come to light. These have reinvigorated the long dormant campaign and formed the basis for reporter Jason Farrell's *Primodos: The Secret Drug Scandal* (2017). Shown in Parliament last year, this Sky News documentary provoked Lord Alton of Liverpool to ask whether the government would 'consider establishing a public inquiry into the alleged failure of the regulator at that time to protect public safety.' Meanwhile, Neil Vargesson, a developmental biologist at the University of Aberdeen has recreated Primodos in the laboratory and is studying its effects on animal embryos. Led by Marie Lyon, a lay expert and patient-activist who took Primodos in the 1960s, the ACDHPT is now supported by 127 MPs, including Louise Ellman in Liverpool, and by legal experts, including Liverpool-based barrister Charles Feeny.

This roundtable will seek to explore the value of historical research in patient-led activism from the perspectives of diverse stakeholders with a common goal. Chaired by a historian (Olszynko-Gryn), it will bring together a campaigner (Lyon), a journalist (Farrell), a scientist (Vargesson), and a legal analyst (Feeny), to discuss their mutual interest in the historical use and regulation of Primodos. It will explore how the case of Primodos can be a model for cooperation between historians and other lay and professional experts with a vested interest in historical research, as well as the potential for impact beyond academia. Beyond Primodos, the roundtable will discuss the potential challenges that may arise when historians work closely with activists, journalists, scientists, and lawyers, and how to navigate these.

The discussion will be preceded by a screening of Jason Farrell's special report on the recently published government study on Primodos that MPs have called a 'whitewash' (13 min).

## **G: De-essentializing Asian Medicine: Histories and Praxis in an Age of Globalization**

**Leon Rocha (Chair), Aya Homei, Lan Li, Yuriko Tanaka, Ran Zwigenberg (CTH-LTC)**

This roundtable examines the place of Asia-focused histories across social histories of medicine. Historians of medicine have increasingly been drawn to what is often labelled as



'non-western' histories, as a field that engages with global history. With this backdrop, the participants extend the project of decentering the field of social history of medicine as well as the studies of Asian science, technology, and medicine through examining how Asian practitioners engaged with the "world" of medicine. Over half a century ago, Joseph Needham famously characterized modern science as "being like an ocean into which the rivers from all the world's civilizations have poured their waters." In his attempt to highlight the significance of Chinese science, technology and medicine in world civilizations, Needham admirably argued for putting non-Western medicine on the same level as Western medicine. Such an approach however, its good intentions notwithstanding, obscures the power dynamics of the meeting between "Asian" and "Western" medicine. It also homogenizes "Asia" as a monolith whole and downplay intra-Asian dynamics. Thus, our panel examines the encounters between Asia and the West, as well as the ways in which inter-Asian connections mobilized regional/global medicine. Focusing on the men and women who were at the forefront of such encounters, the papers in this panel demonstrate how colonial and postcolonial encounters shaped the practice of medicine in Asia and the impossibility of disentangling some form of "pure" Asian medicine from its global context. Yuriko Tanaka's paper examines the 19<sup>th</sup> century encounter between Japanese and Western sciences and the establishment of bacteriology in Japan by Shibasaburo Kitasato as part of the Japanese project nation building and modernization. Ran Zwigenebrg's short presentation will examine the way medical practitioners in Japan and the US dealt with the psychiatric ramifications of the use of nuclear weapons in Hiroshima and Nagasaki. Lan Li's examines the modern history of acupuncture analgesia and its entanglement with Communist politics in China. Aya Homei's paper looks at the 1970s establishment of the Asian Parasite Control Organization (APCO) and the way pan-Asian medicine was entangled with the longer history of colonization and Cold War politics.

### **H: Mind-Boggling Medical History Showcase (CTH-G-Flex)**

#### **Sally Frampton and Sarah Chaney**

Drop in any time during lunch to find out more about "Mind-Boggling Medical History", an AHRC-funded educational game. The game is aimed at students and healthcare practitioners, to encourage debate and critical thinking about how ideas are adopted into practice in medicine and how they are over-turned. Try out the game and sort cards into the three categories: past, present or fictional theories in health and medicine and find out more about how you can use it in your teaching. A limited number of free games are available for participants at SSHM.

**Friday 13 July/12.30-14.00**

### **I: Reinforcing or Challenging Conformity: The Value of Dialogue in the Oral History of Health and Medicine (CTH-LTA)**

#### **Sally Sheard (Chair), Virginia Berridge, Linda Bryder, Hayley Brown, Eleanor MacKillop**

Witness seminars arose out of the historical methodology of oral history that took off in the 1970s. Oral history itself was an offshoot of the new social history or 'history from below' in which voices that had not made it into the written record could be heard. Witness seminars

were initially developed as a means of uncovering the history of policy and were pioneered by the Institute for Contemporary British History. The methodology transferred across into the medical and health arena. In 1990 the Wellcome Trust's Twentieth Century Medicine Group began to run regular Witness Seminars on medical topics, conducting and publishing no less than fifty witness seminars. The methodology has also been used by others in the field as a useful way of promoting the understanding of past medical advances and health policies. With this goal, the Witness Seminar, unlike other forms of oral history, generally targets the elite, with its participants drawn from medical and other health professionals, scientists, politicians, civil servants, and activists.

Witness seminars bring together a group of people who have been involved in a chosen event or series of events in the past. The idea is that they will interact and will discuss a set of focused questions. Like other forms of oral history, the intention is to elicit spontaneous discussion rather than pre-prepared statements, since the real value of witness seminars occurs when participants spark memories and insights off each other and tell 'what it was really like'. Participants may be willing to challenge one another in a way that it would be difficult for an interviewer to challenge an interviewee during a one-on-one interview. The dialogue generated within the group in a witness seminar can act in different ways - it can confirm an agreed story i.e. underwrite conformity – or can disrupt conformity and help establish a different historical understanding.

This roundtable discussion seeks to discuss the value of this form of history, how oral histories of elites and witness seminars in particular can contribute to the history of health and medicine. The panel will reflect on what witness seminars add to already existing records. It will also examine the methodological and pragmatic challenges of conducting seminars, which could also prove instructive for those considering running Witness Seminars in the future. Panel members will give their experiences of deciding who to invite, and how to manage the seminars. The participants have experience of conducting witness seminars in the United Kingdom and New Zealand on topics including, for the UK, the Black Report; the great 'London smog' of the 1950s; HIV in prisons, and the emergence of health economics in British health policy; and for New Zealand, developments in perinatal medicine, health policy reform in the 1980s, and the experiences of New Zealand doctors undertaking postgraduate training in Britain in the 1950s and 1960s.

## **J: The legacy of James Marion Sims; Exploring the Intersections of Health, Gender and Racial Inequalities (CTH-LTB)**

**Stephen Kenny (Chair), Vanessa Northington Gamble, Nicole Ivy,**

Since the 1970s, scholars have produced exciting new scholarship that links slavery, race, gender, health, and medicine. One deeply divisive historical figure that connects these themes is James Marion Sims (1813 – 1883), otherwise known as "The Father of American Gynecology." Sims' early experimental gynecological work on American enslaved women took place during the mid-to late 1840s (and later on poor Irish immigrants in the 1850s), left a troubled legacy for gynecology. Since the nineteenth century, American medical professionals and researchers have produced studies that have shown divergent health outcomes for black and white people such as differences in mortality rates for women and infants and low birth weights. In these studies, black women and infants fare(d) worse than white women and infants. In nearly every study, the racial divide between these two groups is great and still widening. One major barrier to eliminating these gaps is racism's omnipresence in medicine.

Nearly 170 years ago, when James Marion Sims successfully repaired obstetrical fistulae on enslaved women in Alabama after a five-year experimental trial, he helped to continue and

legitimize a pattern of medical treatment founded on principles of biological difference and black women's alleged inability to experience pain. As recently as 2016, the University of Virginia reported that some white medical professionals still believe there are biological differences between black and white people that impact their tolerance for pain. Thus African Americans are often undertreated for pain and although this practice is not the major reason for health disparities between black and white people, it is an important one to examine.

Our discussants are Vanessa Northington Gamble (The George Washington University), Nicole Ivy (The George Washington University), and Stephen Kenny (University of Liverpool). Northington Gamble, a physician and historian of medicine, will examine Sims' legacy in medical education and practice. Kenny will discuss the historiographical twists and (wrong) turns in literature about Sims. Ivy will explore how Sims' surgical work impacted other antebellum-era gynecologists, especially as they continued their practice of experimental research on enslaved women. It is this panel's intention to collectively analyze Sims' legacy as a pioneering surgeon in myriad ways that reveal how his early surgical work, writings, and even canonization within American medicine impacts how black and white patients are treated and written about by physicians and scholars today. In alignment with the conference's theme, we want this roundtable discussion to assist audience members "to think about how medical orthodoxy has been shaped" across time and space. A transnational nineteenth-century figure, James Marion Sims retains relevance in twenty-first century conversations about medicine, health, and racial inequality precisely because of his centrality in building the edifice for which gynecology stands.

### **K: Operating with Feeling: Surgery and Emotion, 1800-present (CTH-LTC)**

**Michael Sappol (Chair), Agnes Arnold-Forster, Michael Brown, James Kennaway, Alison Moulds**

This roundtable will feature members of the Surgery & Emotion team. This is a four-year (2016-2020) research project funded by the Wellcome Trust and based at the University of Roehampton. It will explore the emotional landscape of surgical practice from the nineteenth century to the present day. While the history of emotions is a burgeoning field, it has made relatively little impact on the historiography of surgery so far. In the cultural imagination, the surgeon has typically been viewed as a dispassionate figure, detached from his or her interactions with patients. To what extent do surgeons (past and present) conform to or resist this image? Members of the Surgery & Emotion team will discuss the aims and ambitions of the project and share their early research findings.

Michael Brown will briefly examine the role of anxiety and compassion in the early nineteenth-century surgical encounter, drawing on surgeons' private correspondence and casebooks. He will consider how practitioners constructed their surgical identities in relation to notions of sensibility.

James Kennaway will look at ideas about the patient experience in the context of Victorian military surgery. How were racial and ethnic groups thought to experience pain differently? Who was expected to show fortitude and why? He will consider how these conceptions of pain intersected with national and religious prejudice and racial ideologies.

Agnes Arnold-Forster's research focuses on surgery today and involves conducting oral interviews with practising surgeons, bringing her into dialogue with the profession. She will investigate how surgeons describe the emotional aspects (both professional and personal) of practice. She will consider how their self-reported experiences relate to or deviate from images of the surgeon in popular culture, in TV shows and in surgical memoirs.

Lastly, Alison Moulds will talk about the project's long-term plans for engaging with historians, surgeons, patients and the wider public. She will explore the opportunities for, and challenges of, sharing the history of surgery and the history of emotions. During the roundtable, researchers will reflect on their methods and sources. They will also interrogate the utility of drawing parallels between the nineteenth and twenty-first centuries. This roundtable will encourage audience members to participate actively in the discussion. The project team will invite responses to their emerging research findings and their plans for the future, creating a critical dialogue with social historians interested in medicine and emotion. The team would welcome this opportunity to challenge and refine their ways of working.

### **Poster and Visual Display Abstracts (CTH-G-Flex)**

**Morag Allan Campbell**, Odd, Eccentric and Immoral: Conformity, Deviance and Unnatural Motherhood

The term 'puerperal insanity', describing mental disorder associated with childbirth, is one which 'belonged' to the nineteenth century, and which fell out of use at the beginning of the twentieth century. This diagnosis, it has been suggested, was defined in terms of 'proper womanly behaviour' and it conveniently explained the behaviours and actions of women who appeared to reject that most treasured of Victorian ideals, the role of motherhood. These women shocked their physicians and families with their language and behaviour, and their apparent contempt for their maternal duty. As Showalter noted, 'their deviance covered a wide spectrum from eccentricity to infanticide.' While the shame of giving birth to an illegitimate child was seen as making a woman vulnerable to mental disturbance, Quinn has argued that the puerperal insanity diagnosis itself was applied most often not to women who 'deviated from the borders ... of natural motherhood' but instead to those who had in fact striven to uphold those ideals, and to conform to middle class moral values. Drawing on the case notes of patients at Dundee Royal Asylum during the period 1890 – 1910, this presentation will examine how women suffering from puerperal mania were perceived to have deviated from 'notions of domesticity and femininity'; how their good conduct and remorse, or lack of it, influenced their diagnosis and treatment; and how their journey towards cure and redemption was charted in terms of their willingness to conform to middle class ideals.

**Amie Bolissian McRae**, Medical Perceptions and Treatments of Older Patients in Early Modern England

Despite low life expectancy figures, older men and women were a significant presence (7-9% over 60) in early modern England. Focusing on the diseases of this age group, the proposed poster will challenge the historiographical assumption that the 'maladies' of the aged were 'regarded with ... resignation' by their relations, and that elderly patients and their physicians eschewed the common 'debilitating medical routines that purged and bled the sick'. On the contrary, even in an era of fatal epidemics and high mortality, families and medical practitioners were eager to seek treatment for the elderly sick. Drawing on sources such as published medical texts, case histories, diaries, and letters, the poster asks to what extent older people conformed to, or resisted, the ideas propagated in elite medical texts about the diseases and treatments of this age group. Whereas the former generally suggest negative outcomes for disease in old age, and counselled against evacuative treatments, we

will see that in everyday life, ageing sufferers and their medical providers were keen to exhaust every therapeutic option. The older patient is revealed as possessing significant agency in a medical context, regardless of 'extreme' old age or gender. Exploring these complex dynamics transforms our understanding of early modern old age itself: it was not always a helpless 'second childhood', as suggested by contemporary medical and theological theory, but rather a phase of life differentiated by individual strength, status and personality. This poster is a product of my MA dissertation research, in preparation for doctoral study.

**Katarzyna Grunt-Mejer**, The arguments for sexual orientation change efforts - historical and philosophical analysis

Homosexuality ceased to be listed as a mental disorder in 1974 in the DSM and in 1992 in the ICD. However, ICD-10 still contains the category of ego-dystonic sexual orientation that applies in cases where sexual orientation is a source of distress for the patient. The presence of this diagnostic category further serves to justify sexual orientation change efforts (SOCE) as a valid therapeutic response to a homosexual client. SOCE have had devoted supporters and vigorous opponents using a rich repertoire of arguments to support their opinions. We will provide a historical analysis of the changes in these arguments. We will argue that, initially, shifts in argumentation have reflected the more general attitudinal changes towards the nature of mental illness and have been accompanied by heated debates on the abuse of medical power to define normality and enforce treatment on those classified as abnormal. More recently, some SOCE defenders cite the client's autonomy and the special nature of therapeutic relationships as valid moral grounds for providing treatment. It is claimed that clients' values (usually stemming from their religious convictions) should be respected even if the same values are the source of distress. We will provide a philosophical analysis of these new arguments and demonstrate that they are neither scientifically nor ethically valid.

**Christina Malathouni**, Modern architecture at the service of mental healthcare in the post-war Welfare State

The proposed poster focuses on the commissioning and design of mental healthcare facilities in England following the launch of the National Health Service in 1948 in order to investigate the relationship between the social history of modernist architecture and mental healthcare. It is part of a larger interdisciplinary research project that aims to bring together: general architectural history; healthcare architectural history; history of psychiatric care; built environment heritage evaluation and protection; and the tangible and intangible heritage of mental health.

The poster aims to examine two principal research questions:

- a) Within the particular context of mental healthcare, how were principles of modern architecture in the post-war period related to perspectives of the medical and nursing professions, healthcare managers and policymakers?
- b) How were utopian and practical aspects of modernist architecture, that related to hope and progress but also deviated from established stylistic and material norms, embraced as the most appropriate means to complement the latest developments in mental healthcare?

The poster focuses on two case studies: the New Admission Unit, Fair Mile Hospital, Berkshire (1956); and the Sick and Admission Unit, Borocourt Hospital, Oxfordshire (1964). Both buildings were designed by Powell & Moya, one of the most important post-war modernist architectural practices in England. The practice is particularly famous for their

“Skylon”, built for the 1951 Festival of Britain, and was awarded the Royal Gold Medal of the Royal Institute of British Architects in 1974. A number of their modernist buildings are listed at Grade II and Grade II\*.

**Hannah Sainsbury**, *Were the asylums of the Nineteenth Century a Storage Place for Society’s Deviants?*

The aim of this poster is to determine whether the asylums of the Nineteenth century were used as holding grounds for the deviants of society. Opinions and evidence from contemporaries at the time and the interpretation of these statements by historians are used in the review to explore this idea.

The poster focuses on the key topics of how society perceived the mad, including their fascination with mental asylums and their terror at the thought of being wrongfully detained. As well as this, the role of the family in the care of the mentally ill and the incentives for the family to detain a relative who was troublesome is discussed. Moreover, the different ways in which Victorians dealt with the mentally ill is debated and whether these alternatives are preferable to admission to a madhouse. Among these alternatives is the workhouse and prisons which were used as places to cheaply store the more violent lunatics. There was no hope of curing the insane in these institutes due to the lack of medical professionals and their skills. Finally, the poster explores the treatment that would be received in an institution and how this varied from the style of ‘moral treatment’ to the more punitive methods of restraint and the use of cold showers. Looking at the 19<sup>th</sup> Century will give a wider context to the contemporary issue of mental health which is still prevalent in our society today. The transition between then and now shows how far we have come in the search of the cure for mental illness.

**Kathryn Smith**, *Poisoned Pasts: A Nutshell Presentation of a Current Touring Exhibition*  
This is a visual display of selected elements of the current touring exhibition *Poisoned Pasts: Legacies of the South African chemical and biowarfare programme* (2016 – ongoing), developed by Smith, Gould and Rappert in partnership with the Nelson Mandela Foundation in Johannesburg; and Gould and Rappert’s non-linear book *Dis-eases of Secrecy: Tracing History, Memory and Justice* (Jacana, 2017), developed in parallel with the exhibition. Project Coast was the code name for a secret chemical and biowarfare programme that came to light during the South Africa’s Truth and Reconciliation Commission. Through the endeavors of the TRC and subsequent investigations, both criminal and civic, Project Coast – and the figure of its manager, cardiologist Dr Wouter Basson – has come to symbolize the perversities of apartheid. And yet, each attempt to determine what took place has been delimited by the very terms of the investigations set up to establish the truth. The exhibition was developed in the context of recent political unrest and the rise of distrust in the media in South Africa and globally, in which its continuing significance was painfully apparent, and its lack of ‘resolution’ all the more unsettling, particularly where medical ethics and the dual uses of science are concerned. This presentation will highlight the particular strategies we developed across the exhibition and the book, towards active engagement and questioning of received information, finding new ways of acknowledging the partiality of historical records for new audiences. Some of these include how notions of presence and absence can be engaged to offer new (or underutilized) possibilities for representing secretive pasts; what role they might play in rendering bodies (in)visible; what the demands might be in (re)investigating the past, and what the commitments and affordances of ‘unearthing’ might be.