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Image: Physical therapy at Bath War Hospital. Watercolour by E. Horton, ca. 1918. Credit: Wellcome Images

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Welcome to the Gazette.

This is my final Gazette, and I want to take this opportunity to thank everyone who has contributed notices, news and reports during that time. It has been a pleasure to work with you all in sharing the work and interests of our research community.

I am very pleased to be handing over to the capable hands of Dr Anne Hanley (contact details on front cover), who was elected to the position at the SSHM AGM, which was held in Canterbury in July. We were also delighted to welcome Dr Anna Greenwood and Dr Stephen Mawdsley to the committee at that meeting.

This issue contains a bumper edition of conference reports from our bursary and conference funding recipients. In particular, the reports from the recent SSHM conference in Kent showcase the fascinating range of research presentations as well as the more practical discussions that occurred over the four day meeting. For those of you who prefer your soundbites in 140 characters, there is a Twitter Storify here:

<https://storify.com/SSHMedicine/sshm-conference-2016>

*With my very best wishes,
Katherine.*

SSHM UNDERGRADUATE ESSAY PRIZE: CALL FOR SUBMISSIONS FOR 2016 COMPETITION

The Society for the Social History of Medicine (SSHM) invites submissions to its 2016 SSHM Undergraduate Prize Competition.

Up to six prizes will be awarded for the best unpublished original research essays in the social history of medicine. We will consider two groups of undergraduate students, (1) humanities and social science students, and (2) medical, healthcare and allied science students. Up to THREE prizes will be awarded to each group. The winners will be awarded £100.00 each. The winning entries may also be published on the Society's website. Winning entries from previous years are here:

<https://sshmedicine.wordpress.com/undergraduate-essay-prize-blogs/>

Eligible candidates are undergraduate students, part-time or full-time, in the humanities and social sciences, or medicine, healthcare and allied sciences. All candidates must be SSHM members or submit an application to join the Society for the Social History of Medicine by the date of submission. The membership requirement may be waived for residents of developing countries, as listed on the OUP website.

The essay competition is open to those registered as undergraduate students as of the deadline for submission of entries and for those students who have been awarded their undergraduate degree in 2016.

Essays must be unpublished, written in English, 3,000-5,000 words in length (including footnotes), and in conformity with the basic bibliographic conventions of our journal, [Social History of Medicine](#).

If you are interested, please consult the competition rules on the SSHM website, where you can also find a submission form:

<https://sshm.org/portfolio/prizes/>.

Candidates who are uncertain as to whether they are eligible to enter the competition may want to contact the Membership Secretary: Dr Catherine Cox, School of History and Archives, John Henry Newman Building, Belfield, Dublin 4, Ireland. Email: catherine.cox@ucd.ie.



The SSHM's biennial conference, held at the University of Kent in Canterbury from 7-10 July 2016, considered the theme 'Medicine in its Place: Situating Medicine in Historical Contexts'. Here, SSHM bursary recipients reflect on some of the panels they found most stimulating.

ANDY HOLROYDE

The theme of the conference, *place*, was explored in a wide range of contexts in the many panels, roundtables and discussions. One panel which proved particularly interesting was entitled '**Sanatorium Spaces**', and focused on these institutions during the twentieth century in Denmark, Finland and Greece respectively. The panel reflected the diverse meanings of *place*, with each paper considering the term in a different way. These fascinating papers provoked much discussion about international trends and local peculiarities in determining and defining the sanatorium spaces in their different European locations.

Another panel considered different places in time, featuring papers from the medieval, early-modern and modern periods, on the subject of '**Spaces for Suffering, Recovery and Rehabilitation**'. This began with a wonderful guide through the stages of recovery in early-modern England, in which the sufferer transitioned from being confined to bed, to sitting up, to re-joining the household, and finally to going outside. The meanings behind the transitions through these seemingly mundane spaces were skilfully highlighted in terms of contemporary metaphors of a person being released from prison. This was followed by one of the more unique conceptions of the theme of the conference, as **Walton O. Schalick** highlighted the changing linguistic place occupied by the term 'patients' in the medieval period. The session concluded with a paper by **Stephen Bance** on the various places in which people suffering polio in Ireland during the twentieth century engaged in rehabilitation. In

particular, the paper highlighted places outside the medical setting, chiefly the home, where sufferers and their families would engage in the rehabilitative process as best they could.

There was standing room only available for the panel on '**Situating Disability in British Industrial Histories**'. The panel comprised three members of the *Disability and Industrial Society* project team from Swansea University, and focused on the subject of disability in the coalmining industry. **David Turner** opened the session, introduced the project and indicated how the industrial revolution impacted on the experience of disability. Importantly, the paper highlighted the need for further study into the relationship between disability and work. Considering this aspect in relation to coalmining, David suggested that those who had suffered injuries could be reintegrated into the social and economic life of the community. **Mike Mantin's** paper looked at the significance of the home environment for disabled miners. Similar to Bance's paper on Ireland, Mike explored how the home functioned as a place for rehabilitation. This encapsulated both the physical environment and the family unit, both of which could be hugely effected by the need to accommodate an injured family member. The excellent final paper considered the representations of disability which abound throughout coalfields literature. In particular this was linked with the notion of the coal industry itself having deformed the rural, idealised landscape. The session proved a fitting end to a hugely enjoyable and thought-provoking conference.

KATHERINE ALLEN

What struck me as being the most valuable aspects of the conference were two themes running across the panels: research approaches, and research challenges. **Ray Laurence's** presentation on social media spoke to both these aspects, as did the **roundtable on Digital History**. In the roundtable, **Justin Colson** introduced the Early Modern Practitioners project, and their increasingly complex approaches to tracing

and mapping practitioners. He also addressed the challenge of incorporating datasets stored in outdated formats. **Erika Dyck** highlighted obstacles historians of contemporary medical history encounter with regards to sensitive data. Her group's community-based approach to research gives a voice to psychiatric survivors in Canada. **Lauren Kassell** raised the problem of securing funding for digital projects, as well as the uncertainty of storing and maintaining databases in order to preserve the project's legacy, and to ensure its continued usefulness. **Lisa Smith** spoke on issues of collaboration and credit, and how digital history projects need to give agency to those who participate. Finally, **Carsten Timmerman** highlighted the importance of being clear and firm about what we want to get out of a project, especially when we collaborate with other scholars who may have different agendas.

Tom Dark, an editor at Manchester University Press, provided some much needed guidance for early career researchers on academic publishing. Dark encouraged us to ask editors questions, be open to their advice on titles and structure, be clear and realistic about our publishing aims, and be honest about what stage our proposals and writing samples are at.

The **panel on print and place** emphasised challenges early modern scholars like myself face with our research approaches to analysing print, readership, and use. **Sietske Fransen** showed us anatomical drawings in medical students' notebooks, while noting the difficulty in determining whether these students had drawing skills and observed anatomy lectures, or copied from printed diagrams. **Elaine Leong** spoke on the 'vernacularisation' of medical texts in early modern England, and the issues of space, place, and readership in the process of knowledge making. Investigating annotations and marks of ownerships is a valuable approach to determining both the readership and value of these texts and their medical knowledge. **Alex Bamji's** talk on ephemeral print (health passes) highlighted the initial challenge of finding these sources in the

archives. Examining these forms improves our understanding of how early modern disease and population control functioned, and helps reveal the rise in governance and notarial culture.

ELI ANDERS

The presenters in '**Unruly Climates: Medicine, Environment, and Society in the US South and West**' explored how specific climates and disease ecologies shaped, and were shaped by, ideas about citizenship, civic participation, and gender. **Kathryn Olivarius** persuasively argued that the 'immunocapital' acquired by yellow fever survivors was a vital determinant of social hierarchies in nineteenth-century New Orleans, impacting residents' access to employment and marriage, and undergirding local politicians' indifference towards state action to improve public health. **Elaine LaFay** explored nineteenth-century attempts to tame and transform the unruly tropical environments of Florida's gulf coast, making them suitable for invalid populations and other colonial projects. And **Jacqueline Antonovich** showed how female physicians and medical professionals found unique professional and political opportunities in turn-of-the-century Denver, while their work and the institutions they founded in turn profoundly altered Colorado's medical geography.

'**Communicating Public Health in Post-War Britain: The Place of the Public**' showcased the excellent research being produced by the 'Placing the Public in Public Health' project at the London School of Hygiene and Tropical Medicine. **Daisy Payling** considered what complaints about 1940s health surveys revealed about public concerns regarding privacy, liberty, waste, and changing national and ethnic identities. **Gareth Millward** explored how smallpox vaccination campaigns in the 1960s and 70s reflected contemporary social fears and concerns (in a paper memorably preceded by a live reenactment of a historical pro-vaccination play). And **Alex Mold** examined the multiplicity of publics envisioned by alcohol education campaigns in the 1970s,

including individual drinkers, the population as a whole, and citizen consumers.

Engaging presentations, excellent local hosts, the lovely surroundings in Canterbury, and a collegial atmosphere made for a stimulating and productive conference.

SUSAN ASPINALL

This year's SSHM conference was a lively and well attended four-day conference on the theme of situating medicine in historical contexts.

"Disease and Environments" on Saturday morning was a varied and stimulating series of papers, the first two on situating disease in its sociocultural contexts, and the third on 'cocolixtli', an epidemic in New Mexico in the second half of the 16th century. **Frederick Stephenson** discussed the geographies and spread of plague, and discourses linking bubonic plague with filth and poverty, as well as the contrasting responses to outbreaks between the Hong Kong Chinese and the Western 'Whitewash Brigades'. **Pavla Jirkova's** paper was a detailed and painstakingly researched analysis of the transmission of medical knowledge in Europe, using the case of Dr Arbeilleur, a Catholic physician who moved from Samuel Pepys' London to European courts before taking charge of a new plague lazaretto in Prague. **Sandra E. Guevara's** paper on cocolixtli in New Spain was thought provoking and inspiring, in that the author combined a semiotic approach to reading glyphs in indigenous codices depicting sufferers with narratives from a variety of Spanish colonial texts, in order to reconstruct what can be known about the epidemic.

Emma Brennan of Manchester University Press gave a useful presentation on how to turn a thesis into a book. She discussed themes such as broadening out the thesis, titles, scope and content, use of images and the copy editing process. The presentation concluded with a detailed look at a proposal form, including contents lists and sample chapters, with helpful suggestions on primary and secondary markets and on demonstrating knowledge of the field.

JENNIFER BROSAN

Aided by financial contributions from SSHM, Royal Historical Society and the University of Leicester CASSSH fund I was able to take part and present part of my PhD research in a paper to an engaged group of historians of medicine from Britain and beyond. Twitter played a large part at this conference in terms of networking and also following #sshm16 for the panels I was unable to get to.

The conference began with an introduction to the Conference Poet and the Conference Artist, an unusual but thought inspiring concept. Twitter provided a great source for seeing conference participants' drawing and also Stanfield's drawings throughout the conference.

'Scientific and Medical Environments for Women' linked directly to my thesis research and even a mention of Elizabeth Blackwell- the main focus of my thesis- by **Emily Seitz**. The geography of this panel concentrated on America suggesting that more work needs to be done on the British medical environments or British medical networks. Transatlantic links were mentioned by **Tom Quick** with the ever present Florence Nightingale making her mark on both England and America. This is certainly an area that deserves more attention and research.

I have never attended a Roundtable discussion at a conference before, but I was pleasantly surprised with how engaging this panel **'Roundtable: Putting Medical History in its Place'** was. It fuelled discussion later on with fellow ECR's about the need for a textbook or glossary of medical terminology for medical historians who do not have background knowledge or Latin. Some great points were made both by the panellists and the audience about the problems medical humanities faces within an academic setting. Overall, I thoroughly enjoyed attending my first medical history conference and look forward to the next in Liverpool in 2018.

JAMES CAMP

A pertinent roundtable discussion of where medical history should sit within university curriculums and departments highlighted an

overarching theme that interdisciplinary work is the way forward. It was felt that medical history, in itself, is an interdisciplinary subject. As a result, there is no consensus as to which department it should belong to; and this varies from university to university, country to country. Some universities place medical history within medical sciences, others within humanities; it very much depends on who is likely to study the subject. Interestingly, as universities and academia as a whole is moving towards interdisciplinary collaborative approaches, it was suggested in the discussion that medical history is one step ahead of the game.

On the subject of interdisciplinary approaches, **Graham Mooney** gave a fascinating insight into the inter-relation between space and place through the eyes of medical geography. He used place and space to mean two very different subjective ideas, and argued that they alter our perspective of the medical sphere. Within his discussion, he touched on the circulation of ideas, and how mobility contributed to the making of medical spaces. It was particularly interesting to reimagine the hospital waiting room and the ambulance as spaces, and how these two ideas led to the reconsideration and redesign of hospital layouts.

SUNNY HARRISON

The Friday morning panel '**Household as a domestic space**' included papers on the exchange of recipe books, and bioprospecting in the garden and beyond. These fascinating papers presented early modern healing texts as nexuses within a complex network of diffuse healing spaces.

'**Diseases out of Place**' took three quite different approaches to the siting of illnesses, from the late 15th to the early 20th centuries. **Elma Brenner** described the intellectual situating of 'morbus gallicus', alongside leprosy and pestilence; the cultural construction of the disease, as an 'other' or foreign invasion; and even the disease's cosmological situation, its explanation through astrology. **Mechthild Fend** also presented a disease which had implications of

foreignness or otherness, in the shape of the early nineteenth century 'Polish Plait' disease. Not only did the Parisian medical observers of this ailment construct it as inherently Polish in nature, they also linked it to the head of the Medusa. They placed it in an intellectual context of post-Revolutionary terrors associated with Greek monsters and applied this to the xenophobic fear of Polish beggars. **Patricia Marsh** discussed the peculiar and terrifying siting of a particular outbreak of encephalitis lethargica - Sleepy Sickness - in interwar Belfast.

In '**Medieval Spaces for Health and Illness**', **Winston Black, Irina Metzler and Katherine Harvey** considered the construction of medicalised spaces in the Medieval Christian West. Black's paper argued for the increasing medicalisation through the twelfth and thirteenth centuries of the confessional 'space' through Galenic language and the real and metaphorical connections between healer and confessor. Metzler discussed the church's reaction to illness and disability within its own ranks through a sensory interpretation of Canon Law's attitudes towards infirmity - mainly defined through 'purity' and 'idoneity' - suitability. Harvey's paper considered the construction (sometimes quite literally) of healthy spaces for English bishops.

ERNA KURBEGOVIC

Three panels stood out for me, especially because they addressed my research interests in the history of psychiatry. In the first panel, '**The Place of Mental Health in Hospitals**', **Kate Grauvogel, Chris Millard, and Clement Masakure** delivered presentations that explored the negativity aroused by institutional spaces. Grauvogel used the Beckomberga mental hospital in Sweden as case study to show how the stigma of mental illness was transferred to spaces and structures of former mental hospitals. Millard discussed hospital space within the context of pediatrics in the post-1945 period. He traced the concerns of child psychiatrists who viewed hospitals as places lacking emotional support for children, to concerns of some

paediatricians over Munchausen Syndrome by proxy and alleged child abuse in the hospital. Masakure presented a story of Major W.J. Cumper and his experiences in a non-mental institution – a general hospital and later a prison in Rhodesia, suggesting that treatment in these institutions was far from ideal.

In the second panel, '**Treating Madness in the Periphery**', **Jari Eilola**, **Anssi Halmesvirta**, and **Tuomas Laine-Frigren** addressed the understanding of mental illness and treatment in Finland and Hungary, and showed that treatment was socially and politically embedded in place and space. Eilola's paper focused on the understanding of insanity in 17th century Finnish parishes – an understanding that was embedded in the theological tradition. Halmesvirta explored the doctor-patient relationship through correspondences between a Finnish physician Konrad ReijoWaara and his patients, who suffered from mental disorders, real or imagined. Laine-Frigren discussed the treatment of childhood neuroses in post-1956 Hungary. He showed that child psychologists adopted western ideas and cultivated their own in the treatment of neurotic children.

In '**Places for Psychiatry**', **Sarah Phelan**'s paper looked at the experiences of Dr. Thomas Ferguson Rodger as a military psychiatrist during the Second World War, and his approach to officer selection. **David Freis**' excellent paper on Kaiser Wilhelm II's mental illness explored the political context of medical diagnosis. Freis showed that medical concepts became part of the political debate that sought to assign blame for the war and its outcomes, but also to find a way to understand post-1918 Germany. **Anna Kathryn Schoefert** focused on shifts in mid-20th century psychiatric spaces through a case study of a reconfigured Waldau psychiatric hospital in Bern, Switzerland.

All three panels provided important insight into research directions in the history of psychiatry: the history of mental health and mental institutions post-1945; the importance of space and place in understanding and treating mental illness.

PRADIPTO ROY

I would like to express my heartiest thanks at the outset, to the Society for the Social History of Medicine for the Overseas Conference Bursary to cover expenses related to my travel to the conference. Otherwise, it might not be possible for me to have this exciting opportunity to attend the conference from Bangalore.

'**Disease, Spaces & Services**' is worthy of mention. Unpacking the debates surrounding the transmission of different strains of *Vibrio cholerae* in China from India and Burma, **Mary Augusta Brazelton** located local agencies in medical topography and argued how local responses and local materials were central to the development of different types of vaccines for different strains of *Vibrio* in South-west China. **Storm Graham** uncovered bio-politics in the development of the Sanitation College and Smallpox inoculation in eighteenth century Prussia. **Susan Aspinall** traced the development of homoeopathy in early 20th-century England, emphasizing local practices of homoeopathy, which were different both from the continent and the orthodox practice of medicine in Britain, and prioritized the patient as an individual full of human emotions and existence.

The **Round-table on 'The Place of the Digital History of Medicine'** included a presentation from **Carsten Timmermann**, who argued how intelligent use of digital tools like text-mining could become immensely helpful to discovering patterned texts or 'structures of texts' amidst huge historical records. We also learnt about active collaboration between technological-web experts and historians combining data, texts and images, such as the Casebook Project (**Lauren Kassell**), Early Modern Medical Practitioners Project (**Justin Colson**), Early Modern Recipes Online Collective Project (**Lisa Smith**), and The Eugenics Archive Project (**Erica Dyck**).

I had the privilege of chairing a session on 'International Sites of Care'. Based on prosopographic database and related records, **Laurinda Abreu** traced the tension between

the Chief Surgeon and the University in Portugal, and argued for increasing social mobility through empowering locally trained poor students to become medical elites.

Geoffrey L Hudson's talk showed tensions between the Ontario Advisory Council and the Federal Government, especially on the denial of the central authority over the differential and decentralised needs of the local places, regions and provinces with respect to disability. **Leonard Smith** unwrapped the complex stories of hospitals, lunatic asylums and poor relief in colonial Bahamas, and highlighted perspectives of poverty, medical care and relief in a space complicated by class and race divisions.

Being a doctor and working in hospitals, I was extremely stimulated by **Graham Mooney's** keynote presentation, and by the notions of 'patients as passengers'. By de-constructing medical history into 'circulation', 'fetching' and 'waiting', Graham argued 'Place' as an event, insisted on different kinds of mobility and provoked scholars to enquire the impact of space in knowledge and practice, and most importantly in knowledge production.

I had the opportunity to visit the historic Ramsgate Tunnels, and joined the Cathedral on Sunday in Evensong. I must say a big thanks to Julie for this kind suggestion. I'm proud to be a member of the society (now for the second year) and feel myself privileged to have these exciting experiences with a warm and encouraging reception from Julie, Graham, Carsten, Katherine and many others.

EMILY SEITZ

As a new attendee of this conference, I found fascinating panels, substantive discussion, and thought-provoking keynote addresses. I encourage graduate students and early career scholars to attend future SSHM meetings.

Thomas Bray, Grants Advisor for the Wellcome Trust, offered particularly helpful advice for successfully securing a grant: a project must have vision, significance, feasibility, and coherence to receive funding consideration. In short, graduate and early

career scholars: this conference is absolutely worth your time.

I am currently at work on a dissertation examining 19th-century U.S. women physicians' relationship to abortion care and the changing legal, social, and medical boundaries of life. Aside from my interest in the professionalization panels, I sought out sessions focusing on themes of gender, race, and disability and I found no shortage of selection. My first stop was "**The Household as a Medical Space in Late 17th and 18th-Century England**," which featured papers from **Katherine Allen, Sally Osborn, and Anne Stobart**. All three of these scholars work in a period and location outside of my expertise; however, I found their papers very helpful for rethinking women's access to medical ingredients and medical knowledge transmission amongst women's networks. I also found "**Locating Healthcare in the Home: The Experiences and Innovations of Nursing in the Domestic Sphere from the UK to New Zealand 1860-1960**" equally helpful for reevaluating the boundary between the home and medical treatment, and women's roles in both. **Rima Apple, Ciara Breathnach, Linda Bryder, and Janet Greenlees** examined case studies in home nursing services from the UK, Ireland, New Zealand, and Scotland (respectively) and identified how each situation differed in the organization of services offered to patients, funding sources, the relationships between the practitioner and the patient, and the long-term impact of the service on the broader healthcare system. Ultimately what emerged from the discussion were clusters of similarities regarding funding of the projects and the ways religious and cultural differences were addressed by healthcare providers, despite the broad geographical and temporal differences in each scholar's subject.

Graham Mooney urged us all to consider how *motion* affects the historical geographies of the medical practices we study. Put another way, how can we consider movement in our projects, and how may this motion actually redefine place, or perhaps even stillness?

CRAIG STAFFORD

The Panel **'Putting Shit in its place'** began with a graphic statement of dog mess in modern day Paris, following which **Chris Pearson** made the link between the inside and outside place and how such actions subverts dog mess itself. From describing the various techniques which the Paris authorities used to deal with dog mess, from training dogs to use the gutters to 'pooper scooters', Pearson explained how teaching Parisians to pick up mess was linked with civic pride and management of the modern urban space. **Neil Pemberton** concentrated on scientist AW Woodruff and his work on linking cases of roundworm, particularly in children, to dog mess. The link between the environment and dog mess in the 1970s resulted in alarmist and sensational panic-like responses and an 'anti-dog mood' gripped the UK, resulting in a backlash from pro-dog activists who argued against expelling dogs from parks.

In the **'Sites of Mental Illness'** panel, **Jennifer Farquharson** produced a fascinating paper, introducing a 'hidden history' of the First World War, namely the inpatient experiences of marginalised groups in British asylums. During the war physical illness and injury was prioritised over mental illness, asylums were converted into military hospitals and their patients moved elsewhere. For a time ex-servicemen were a privileged patient group in the 'new' asylums but moral fatigue led to a decline in sympathy, and for a present day researcher it is difficult to piece together the military careers of such patients. **Louise Hide** discussed mid-twentieth century re-assessments of mental health care, which attempted to address concerns over institutional cultures of violence by introducing unlocked and mixed wards. Reports from the 1980s gave a mixed response to the measure, with examples of sexual abuse amongst both men and women balanced with evidence that mixed wards did work, with women providing a calming effect and a more 'normal' situation amongst men. **Catherine Cox and Hilary Marland** presented research from their ongoing project on insanity in nineteenth century prisons. Using

case studies of 'feigning' they showed how prison medical officers and chaplains clashed over how best to deal with the issue, as prison authorities attributed mental disorder to weakness of mind rather than the prison system itself. **Laura Sellers** produced a fascinating look at disease in Millbank Prison and linked prisons as part of medical history and not simply as places as punishment and reform. She looked at the career of William Baly, the medical superintendent of Millbank and his efforts to eradicate dysentery and cholera from the prison. Sellers argued that Baly saw himself as part of the medical community, rather than a prison official. Finally, **Andrea Bělehradová and Kateřina Lišková** brought the panel into the present day by looking at concerns over the Czech practice of castrating sex offenders. Such practices emerged from Czech sexology, which flourished in the 1950s and 1960s, leading to the legalisation of therapeutic castration in 1966. Becoming engrained under Soviet rule, castration is still carried out on sex offenders today, with the process now being used on men as young as twenty-one.

ANNE STOBART

My research interests mainly focus around household medicine and so I particularly valued panels which had connections with the home, including **'The household as a medical space in late seventeenth and eighteenth-century England'** where I presented with colleagues.

The **roundtable 'Locating healthcare in the home'** focused on the period 1860-1960. **Rima Apple** spoke on the hiring of respectable working class women as health visitors in the Manchester and Salford area; **Ciara Breathnach** described district nursing in the Irish health system, revealing fears about the use of Protestant nurses; **Linda Bryder** discussed the Plunket nurses who were extremely popular in the first half of the nineteenth century in New Zealand, and strongly protected their independence from the medical profession; **Janet Greenlees** reported on nurses of the Queen's Institute who focused on developing a good

relationship with the patient, providing effective education and resourceful contributions in the home. Subsequent discussion showed a particular interest in the question of race and how this affected offers and take-up of home-based services.

The '**Landscapes and environments**' panel provided three contrasting contributions. From **Sophie Greenway**, we heard about how various magazine-style publications portrayed domestic aspects of gardens between 1940s to 1970s. Concerns about dirt and germs in the household contributed to gardening for vegetables falling out of favour in the post-war period. **Clare Hickman** considered the botanic garden in medical teaching 1768-1820. The importance of getting a 'good gardener' was apparent for the successful creation and maintenance of a botanic garden, since real plant specimens were passed around. **Stephanie Eastoe** used a study of the Caterham Asylum to describe how window views were purposefully enlarged and balconies were built for those who could not walk in the 'airing grounds'. The rationale was that work outdoors was beneficial - though this applied only to men as women were limited to 'airing courts'.

MARYSTELLA RAMIREZ GUERRA

While I took advantage of attending a few panels that were thematically or chronologically linked to my own research it was also an opportunity to listen to research that I would not usually have dedicated time to. During the **panel on mental health in New Spain** the similarities between the New Spanish and Colonial British India in their approaches and reactions to mental illness highlighted how culturally influenced mental illness treatment is. In this paper the focus was on the Catholic friars and monks in New Spain while sufferers in British India were usually women who had travelled with their spouses as part of the colonial government. Though this was not the central point of the paper on "Madness in Bourbon Spain", which emphasized the hidden nature of mental illness amongst members of religious orders during the modern period (up to the end of

the 18th Century), it is a point that reminded us of the different conceptualization of the body in the early modern and modern period.

The next panel focused on "**Disease and Environments**". The geographically decentered nature of the panel, from Hong Kong extending to Mexico passing through Bohemia and Silesia, was made less obvious by the concurrence in how the population and governments appeared to react to the outbreak of an epidemic disease. Each paper focused on a period in which outbreak was a recurrent factor. This meant that there was time to put into place a tested structure of response to plague outbreak. For Central Europe the model came from a plague order developed in Silesia, which served as the model for all subsequent plague orders in the region and was being republished well into the 18th Century. In Mexico the pestilence came in the form of Cocoliztli, which the sources identified as a strictly indigenous disease and was thus treated exclusively within the indigenous system of health. In this incursion into a non-western medical tradition **Sandra E. Guevara** highlighted the political and social importance not contracting this disease had for the colonizing power. The Spanish were not usually susceptible to the cause of Cocoliztli or if they did manage to contract it, because prolonged exposure to the New World environment had weakened the sufferer, it manifested in a much milder form. It was central to the colonizing power that their constitutional superiority be maintained. In this section of the panel there was a return to the early modern notion of the influence of climate and food on the body's constitution. This tied the end of the conference with the beginning around the subject of the humoral understanding of the body.

'Dietary Innovation and Disease in the 19th and 20th Centuries' took place on San Servolo Island in Venice, Italy, from June 8th to 10th. It was co-organised by David Gentilcore (University of Leicester) and Matthew Smith (University of Strathclyde) with funding from the Economic and Social Research Council's 'Rough Skin'

project and SSHM. Here, SSHM Bursary recipients reflect on the event.

DANYA GLABAU

The Dietary Innovation and Disease Conference brought together scholars from history, sociology, anthropology, and STS for an interdisciplinary conversation about the history of dietary science and novel nutritional practices. The conference was organized into panels of three to four speakers on themes including Diet and Disease, Food Politics and Public Health, Colonial Diets, Dietary Advice, and Diet and Ideology.

The tension that exists between understanding the diet as a cause versus a cure for disease in the Western biomedical imaginary was a major theme of the conference. This debate is not unique to late-capitalist-era anxieties about the global spread of Western “lifestyle diseases”. For example, high protein diets characteristic of 19th century middle-class British and American diets might at times figure as a cure for tropical deficiencies, as in John Nott’s talk on the evolution of the concept of “protein deficiency” among European doctors working in colonial Africa in the middle of the 20th century. In other places during the same period, the relative lack of fiber in so-called “Western” diets is singled out as a key contributor to disease, as in Sarah Tracy’s research on Dr. Denis Burkitt’s (also known as “Dr. Fiber”) research on dietary fiber in Uganda in the Dietary Advice session. As Tracy explained, the liveliness of these debates about the healthfulness of the “Western” diet illustrates the “challenges [to] the teleology of modernization” embedded in expert biomedical research in the 20th century.

Nowhere are challenges to the forward march of dietary innovation more prominent than in the advice of diet gurus. Examination of gurus’ lives and science emerged as an unexpected connective thread in the two Diet and Disease sessions. Travis Weisse explored the late-twentieth-century battle for scientific credibility between Robert Atkins and Nathan Pritikin, the inventors, respectively of the low-carbohydrate, high-fat Atkins Diet and low-

fat, high-carbohydrate Mediterranean Diet. Both diets implied a rejection of modern convenience foods for the sake of health. In making the case for their specialized diets, Robert Atkins and Nathan Pritikin offer up not only their professional training but also their own bodies and medical records as evidence of their dietary authority. Later in the session, Rachel Meach explored John Yudkin’s 1960s and 1970s diet books that explicitly warned dieters away from processed foods with added sugars. Yudkin took a different tack for bolstering his credibility than Atkins and Pritikin, drawing on the growing “slim body ideal” for women in the 1950s and 1960s to move self-help books. In all three cases, the status of the guru’s program was underwritten not (at least initially) by scientific research, but by cultural and personal factors.

It is worth keeping these stories about the creation and popularization of medicinal diets in mind today. Even though they are now becoming rationalized and evaluated through the techniques of evidence-based medical research, their origins are rather arbitrary and shot through with ideologies of colonialism, expert rule, and normative femininity. As organizer Matthew Smith suggested in his closing plenary lecture, the anticipated edited volume based on this conference has the potential to intervene on scientific debates about the “right” way to eat, making these discussions more thoughtful, rigorous, and just.

LISA HAUSHOFER

Three sessions in particular expanded on the theme of nutritional knowledge in context. The session *Nutritionism and Food Science (1)* explored the relationship between nutritional research and practice, and the construction of nutritional knowledge in the contexts of industry, public health and the state. Emily Contois examined the construction of masculinity in advertisements of nutraceutical milk products. Building on Gyorgy Scrinis’ notion of “functional nutritionism,” Contois argued that nutraceutical milk products negotiated notions of masculinity and the

“natural” based on a functional conception of health. The making of the Mediterranean Diet was at the center of **Isabel Fletcher’s** presentation, which argued that the diet was institutionalized and widely recommended as a result of an unstable and contested consensus built around the harmful properties of cholesterol. How nutritional knowledge was created in conjunction with attempts of the state to forge a national identity was explored by **Jia-Chen Fu**. The Chinese Diet, Fu argued, was part of a broader development which sought to incorporate science into aspects of political life, and was intended to forge a sense of togetherness through a national way of eating.

The theme of nutritionism was continued in the session *Nutritionism and Food Science* (2), in which **Molly Laas** discussed the attempts of Quaker John Stanton Gould to survey and reform the diets of prison inmates in mid-nineteenth century New York State. She argued that although Gould based his suggestions on the chemical food framework established by Liebig and English chemists, Gould’s scheme was distinct in that it attempted to find a middle way between a punitive and a charitable approach, an orientation largely influenced by Quakerism. The session was concluded by **Peter Scholliers**, who presented his new project on the emergence of the concept of the calorie, shifting the focus from the production and application of nutritional knowledge to its popularization. From an analysis of Belgian newspapers during World War I, Scholliers showed how mentions of the calorie were increasingly unaccompanied by explanations of its meaning, and how medical practitioners acted as translators between nutritional science and the public.

The production of nutritional and dietary knowledge explored by these two panels was put into dialogue with political and religious belief systems in the session *Diet and Ideology*. **Bryce Evans** explored the little studied emergence of ‘National Kitchens’ in Britain during World War I. Deliberately distinguished from their predecessors, public kitchens and charity kitchens, the National

Kitchens were enveloped in a jingoistic rhetoric and championed a mission of civilizing and improving Britain’s diners, Evans argued. **Francesco Buscemi** complicated the well-known association of meat with masculinity by showing how vegetarianism was linked to fascist and Nazi ideologies through the construction of a religious rhetoric. The relationship between nutrition and dictatorship established by Buscemi was further explored by **Tristan Landry** in a comparative perspective on visions of the “new man” in Nazi Germany and Stalin Russia. **Catherine Newell** continued Buscemi’s theme of religious rhetoric in relationship to diet in her analysis of testimonials taken from dieters who ‘converted’ from the so-called ‘Standard American Diet’ to vegan and Paleolithic diets.

Together, these three sessions illustrated how “Dietary Innovation” occurs through the contested practices making up the production and diffusion of nutritional knowledge, and how that knowledge, in turn, interacts with broader political, social and religious ideas.

JOHN NOTT

San Servolo Island proved a popular location for a conference. The international group of thirty speakers provided an informal and encouraging atmosphere. Although each paper deserves mention, as a historian of the Global South, some were particularly relevant to my interests in the colonisation and globalisation of nutritional science.

Opening the first panel with an early description of the interaction between food and chronic disease, **Agnes Arnold-Forster** explained how cancer in Victorian England result from ‘civilised’ diets. Tracing its epidemiology from London to the peripheries of the country and empire, cancer was seen as a danger of modernised consumption. **Sarah Tracy** similarly explained that diseases caused by deficient dietary fibre were conceptualised in the 1950s as a problem of ‘Western’ civilisation. Citing Dennis Burkitt’s work in Uganda, diet can be seen to interact with the medical conflation of race and progress. How

the apparently deleterious effects of dietary modernisation have influenced the 'epidemiological transition' model deserves more attention.

With a well-received degree of dark humour, **Travis Weisse's** discussion of the deaths of two rival dieticians left the audience questioning whether the physical fallibility of a health evangelist can determine the credibility of their ideas. **Emily Contois**, on the other hand, took a moment away from her live-Tweeting of the conference to explain the history of milk marketing and the gendering of high-protein milk-based products in the US. Like Tracy, Contois reminded the audience that, although ostensibly universal, good nutrition is in fact constructed in view of cultural prejudice. Like Weisse, **Rachel Meach** explained in a prescient first conference paper on the demonization of sugar by personalities like Yutkin and Oliver, that we also cannot discount personal preoccupations.

One of the more provocative papers was **Tripp Rebrovick's** discussion of 'eco-dietetics' as a paradigm through which we can understand the emergence of new dietary ideals. Informed by the politics of environmentalism or anti-commercialism, the eco-dietetic discourse moves to consider diet in a more holistic sense, though is also prone to co-option by commercial forces. **Catherine Newell** explained that the moral authority drawn from related dietary regimens, vegan or paleo diets in this case, indicates the tacit spirituality of the consumer.

A number of papers spoke to how Malthusian ideas were influenced by nutritional science. **Lisa Haushofer** explained how blood cakes, meat biscuits and fluid meat presented a commercial salve to insufficient nitrogenous nutrition. **Bryce Evans**, conversely, explained how state-sponsored 'national kitchens' addressed national efficiency during the First World War until political fears regarding class agitation and state intervention in the restaurant business forced their closure.

My research often attempts to approach malnutrition from an empirical standpoint, as an extension of food economics. However, the

papers presented on here highlighted the caution with which we should approach studies of food, and just how subject dietary advice is to the vagaries of time and space, personality, politics and doctrine.

MOLLY LAAS

One prominent theme of the conference which I particularly appreciated was that of the relationship between food politics and public health, a subject that was explored from the perspective of both regulators and consumers. **Brigit Ramsingh** gave a particularly interesting talk about how toxicologists in Europe have developed standards governing the acceptable daily intake level for food additives. **Tripp Rebrovick** examined contemporary discourses of food consumption, which he characterized as "eco-dietetics": a term to describe the current emphasis on eating local and organic foods that privileges the effects of eating on the environment. **Tristan Landry** offered an incisive comparative analysis of food and biopolitics in Nazi Germany and the USSR, showing how each state attempted to use nutrition science to create a "new man."

A further theme of the conference was the global spread of nutrition science, and the different ways that this science has been interpreted to alter traditional diets. For example, **Jia-Chen Fu** analyzed how European and American-trained Chinese scientists in the early twentieth century conceptualized the traditional Chinese diet as deficient for its lower levels of protein (by European standards) and reliance on rice. In a similar vein, **Silvia Inaudi's** work detailed efforts by international aid agencies in the wake of World War II to get Italians to drink more milk. Knowledge of dietetics could also flow from traditional sources to biomedicine. **Sarah Tracy's** talk detailed the investigations of a British physician into the fiber-rich traditional diets on the wane in post-colonial Uganda and South Africa in the 1970s, and his efforts to help understand and treat "diseases of affluence" like constipation and other gut problems arising from the low-fiber, high

protein diets eaten in Europe and North America.

A third theme of the conference was dietary innovation: the invention of new foods that hold out the possibility of making eating optimally efficient and nutritious. **Lisa Haushofer's** work on predigested foods in the late nineteenth century highlighted how one particular product, Darby's Fluid Meat, fit within physiologists' shifting conceptions of digestion and nutrition, as predigested meat was thought to require less effort for the body to assimilate. Taking up a more contemporary example, **Emily Contois** analyzed a recent marketing campaign for a protein-enriched, "improved" milk. The co-organizer of the conference, **Matthew Smith**, capped off the conference excellently with a plenary talk laying out the evidence for a connection between food allergies and mental health.

SARAH TRACY

This meeting was a seamless combination of quiet retreat, historical tourism, and cross-Atlantic networking with scholars working at intersections of food history, history of science, and cultural history. It was also thrilling to find myself in the majority of participants, who were coming at these questions early in their career: senior graduate students, postdoctoral researchers, and junior faculty. A few weeks shy of defending my doctoral thesis on the transnational history of the food additive and flavour enhancer monosodium glutamate (MSG) (Department of History, University of Toronto), I presented a side project developed by myself and Sebastián Gil-Riaño (University of Pennsylvania) on the history of what we've called the 'dietary fibre paradigm' – the public health prescription of seeking out dietary fibre as prevention for afflictions of the gastrointestinal tract (e.g. hemorrhoids, diverticulosis coli, appendicitis, bowel and colon cancer) – by following the work of former colonial physicians such as Dr. Denis Burkitt in, for example, Uganda and South Africa. The paper was called, "Developing Constipation: Dietary Fibre, Western Disease, and Industrial Carbohydrates," and it will

appear in print in the Fall 2016 edition of *Global Food History*.

Given my interest in food intolerances and sensitivities, chemical exposures, and the vagaries of nutritional wisdom, virtually all of the papers were inspiring for the next directions in my research. I was particularly interested to hear the paper given by **Danya Glabau** called, "The Hygienic Sublime: Making Food Safe for People with Food Allergies." Glabau discussed the top eight food allergies presently in the United States (milk, soybeans, peanuts, shellfish, wheat, eggs, tree nuts, and fish) at the interface of regulatory frameworks, commercial producers, and consumer experience (particularly mothers of allergic children) navigating a market full of novel and underspecified risk.

I was excited also to hear **Lisa Haushofer** speak on "Darby's Fluid Meat: Artificially Digested Foods and the Pathophysiology of Sickness." The late-nineteenth century history of this as-marketed "pre-digested" commercial offering for invalids is related to that of Liebig's famous beef extract and MSG's origin in early nutritionist thought in Japan, and therefore of great interest to me.

Trauma, Tragedy and Triage: narratives of troubled children and families in late nineteenth century England and Wales.

Scholars, archivists and representatives from the Children's Society met together at The Centre for Medical Humanities in the Faculty of Humanities and Social Sciences at Oxford Brookes University on 12 May 2016.

Presentations were heard from: Professor Harriet Ward (Loughborough), Dr Annie Skinner (Oxford Brookes), Dr Steven Taylor (Huddersfield), Dr Alysa Levene (Oxford Brookes), Prof. Ginger Frost (Samford, USA), and Professor Pamela Cox (Essex) Prof. Laurence Brockliss (Oxford) and Dr Marius Turda (Oxford Brookes) chaired the session discussions, and Prof. John Stewart chaired the round table discussion.

In summing up the day, John Stewart observed that a number of themes and issues had emerged, explicitly and implicitly, even though most of the papers had been 'work in progress'. The first, and most obvious, point was the richness of the archives held by the Children's Society and their evident usefulness for those working in a range of areas, including the history of medicine and the history of voluntary welfare organisations. Second, the intimate relationship between the Poor Law and the Society had been a feature of a number of the papers and of much of the discussion. Boundaries were porous, both in terms of social attitudes and of personnel.

Third, and of course this is now fairly well established in the history of childhood and youth, the papers had shown further evidence of how childhood came to be pathologised in the late nineteenth century, a phenomenon which was taken on ever greater salience in the twentieth century. From a slightly different perspective, and fourth, the issue of trauma in childhood had been raised. Difficult to capture and analyse, this was clearly an area worthy of further research. Fifth, adoption and illegitimacy too had featured in several contributions and these too merited further exploration via the potential offered by the Children's Society's archival holdings. Sixth, the relevance of class, as well as age, to our understanding of nineteenth century British society was re-affirmed. Finally, the always difficult question of how these historical matters informed present-day discussion was formally and informally discussed. Rather depressingly, for a number of the participants, given the trajectory of many child welfare policies today, the clear answer was that lessons from history had been either ignored or not learned in the first place.

Dr Marius Turda announced that the Centre for Medical Humanities and Oxford Brookes University intend to use the symposium as a springboard for further work and collaboration in the field of child care.

Annie Skinner, Oxford Brookes

'Cultures of Harm in Institutions of Care. Historical and Contemporary Perspectives.' Birkbeck, 14-16 April 2016



Most historians working on institutional care have to some degree addressed abuse. Yet, few have directly confronted the topic, particularly in respect of adult institutions. This conference built on our department's standing in the study of violence and aggression by bringing together scholars from the humanities and social sciences, as well as clinicians, to investigate a new strand of inquiry. Delegates took a cross-institutional approach to debate the nature and causes of abusive practices in different types of institution – hospitals, psychiatric facilities, asylums, care homes and children's homes – throughout the modern period. Our aim was to deepen our understanding of how systemic abuse arises, and of the ways in which it is perpetuated and disrupted within different cultural and institutional contexts.

The esteemed anthropologist Allan Young launched the conference on Thursday evening. In his keynote and public lecture 'Trauma and Harm', he addressed how child soldiers and American war veterans were traumatised as they were encouraged to recall distressing memories in the clinic. On Friday morning, Jonathan Metzl opened the main academic conference with his highly topical keynote 'Bringing Weapons of Harm to Institutions of Care: Guns in Schools, Guns in Hospitals, and the Societal Implications of an "Open Carry" Society in the US'. This was followed by 15 papers in five panels, which explored the underlying structures, systems and ideologies that have facilitated human experimentation; the use of treatment as

punishment; issues around race, gender and age; and mechanisms of resistance and reform.

Richard Bessel, our third keynote, spoke on Saturday morning on 'The violence of care'. He showed how changed understandings of unacceptable violence have affected perceptions of abusive behaviours in institutions of care. This was followed by five speakers who addressed narratives, representations and media reportage of abuse in different types of institution from late nineteenth century reformatories for women to the more recent 'Mid-Staffs scandal'.

Whilst the academic conference ended at lunchtime on Saturday, there was a final public event organised with Emma Sandon from the Birkbeck Institute of the Moving Image (BIMI) in the afternoon. Titled 'Undercover. Institutional Abuse, Covert Investigations and History', cultural historians and media practitioners, as well as users and providers of health services, came together to explore how ideas of authority and 'truth' are embodied in both the person recording abuse and the means or medium through which it is exposed. Four speakers spanned over a century of undercover reporting from W.T. Stead's revelations of child prostitution in London's East End (Helena Goodwyn) and Nellie Bly's exposure of abuse in a New York lunatic asylum (Matthew Rubery), to the 1982 film 'Police' about the questioning of a rape victim by the Thames Valley police (Joanna Bourke) and, finally, BBC Panorama's work on exposing abuse in various institutions such as Winterbourne View (Joe Plomin).

Following the presentations, Daniel Pick chaired a lively round-table discussion and Q & A, which could have continued well into the evening.

This was a packed three days that stimulated discussion and debate around how history can deepen our knowledge into why institutional abuse occurs. A number of points emerged, one being that group and individual abuse tends to take place within the intersections between poor policy making at the macro level and more localised ward cultures.

Another common theme drew together the ways in which notions of 'abuse' are historically and culturally contingent on the changing meanings of 'care' and of 'harm', as well as around the social values ascribed to individuals who are 'cared for' and those who do the caring. Complicity, 'turning a blind eye', 'scapegoating' and denial at individual and institutional levels were found to be embedded into some ward and hospital cultures, serving a range of interests.

Finally discussions returned time and again to the changes that took place during the 1970s and '80s following a string of institutional inquiries, the closure of many large hospitals, the privatisation of long-term care, and the growing audibility of voices from the new survivor and 'rights' movements.

Institutional abuse is an important and neglected field of historical inquiry. Much work needs to be done – not only to fill the chasms in the historiography but also because historians can make a valuable contribution to contemporary public inquiries and policy-making. To this end, we are creating a new interdisciplinary network of scholars, planning a series of workshops in 2017, and beginning work on a special issue of the *Social History of Medicine*.

The Birkbeck Trauma Project website contains descriptions of the events and podcasts of the keynotes:
<http://www.bbk.ac.uk/trauma/events/undercover-institutional-abuse-covert-investigations-and-history/>

The event was organised by Louise Hide, Joanna Bourke and Ana Antic from the Department of History, Classics and Archaeology, Birkbeck, University of London. Funding was generously provided by the Wellcome Trust, the Birkbeck Institute for the Humanities, and the Department of History, Classics and Archaeology, Birkbeck. The 'Undercover' event was funded by the Birkbeck Wellcome Trust Institutional Strategic Support (ISSF) Fund.

Image: Bellevue Hospital, New York City: a dormitory with bunk beds, 1885-98. Wellcome Images, L0031136.

Louise Hide, Department of History, Classics and Archaeology, Birkbeck, University of London

DE PARTU HISTORY OF CHILDBIRTH GROUP MEETING.

Friday July 15th 2016 .

The De Partu History of Childbirth group took place in Manchester at the John Rylands Library. There was a business meeting in the morning followed by an 'open' session of three presentations in the afternoon. Two speakers were library staff, who gave De Partu members an opportunity to hear about some of the work being carried out there. Project Archivist, Karen Rushton, discussed her one-year project to organise and catalogue around 316 items originally in the Manchester Medical Society's collection. Manchester and the North West made significant contributions to midwifery/obstetrics during the eighteenth and nineteenth centuries, and approximately 25% of the material is related to midwifery and childbirth. The archives include lecture notes on midwifery and descriptions of cases, including what is thought to be the largest extant collection of lectures by Thomas Young, Professor of Midwifery in Edinburgh. The work of Thomas Radford of Manchester Medical School also features heavily in the collection, and other material includes the archives of the North of England Obstetrical and Gynaecological Society, the Charles White Club, Daniel Dougal lectures and printed collections. In the second part of her talk, Karen discussed approaches to public outreach and dissemination of information about the collections using blogs and social media.

The second speaker was Dr Cathy McClive from Durham University, who introduced her project on Madame Baudoin's letter on the Art of Childbirth to Dr Vallant (1671), sent to him for publication, but, while annotated by Vallant, never actually

published. Her research has established that Mme Baudoin was a midwife of note, spending some 30 years as Governor of the Hotel-Dieu in Clermont Ferrand. Despite adopting an apparently modest approach in her letter, Cathy argued that Mme Baudoin wished to ally herself with the superior knowledge and status of physicians, illustrating this with occasions when she was herself consulted in difficult cases. As a result, it was fascinating to discover that midwives were using forceps in France as early as 1671, when many French accoucheurs were not in favour of their use. She also provided some interesting information about some less widely known French midwife authors such as Marguerite du Tertre de la Merche (1677), and Madame Coutanceau (1784).

The final presentation was by Carol Burrows (Collection and research support manager) and James Robinson (Heritage photographer), on Heritage Imaging at the Library. Photographic recording of items from its collections has been in progress since at least 1911, but now their work is largely digitisation. Their illustrated talk told of the development of this area of the work in the library, of the types of equipment required, and how the archives were handled (or not!). They have completed a number of major digitisation projects and also undertake work for outside companies and researchers. Carol explained that successful bids to digitise library materials had enabled the department to keep ahead of the game and purchase state-of-the-art photographic equipment. They have also been involved in developing multi-spectral imaging, using a camera adapted to show infra-red to examine paintings to reveal underlying earlier work or restorations. Similarly, it is now possible to examine texts and compare ink in different sections of a text, to see if parts may have been written at different times. The revelation that Bosch may have repainted two non-paying patrons as vegetables in a once-secret artist's revenge brought a fascinating afternoon to an end with a smile.

*Janette Allotey
Alison Nuttall*

NATIONAL SYMPOSIUM ON THE HISTORY OF PSYCHIATRY IN INDIA

Twenty presenters from different parts of India and abroad came to together to debate and share their works and ideas on mental health at the two day **National Symposium on History of Psychiatry in India, held on June 15-16, 2016 at the National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore, India.** The symposium was part of the activities under the Wellcome Trust *Turning the Pages Project* at NIMHANS, and also supported by the NIMHANS Heritage Museum and the NIMHANS Integrated Centre for Yoga. Presenters in the conference ranged the disciplines of literature, philosophy, history, western and ayurvedic medicine, psychiatry and mental health activist groups. Over a hundred participants from different parts of India (which means sometimes by travelling of about 1500 miles) enthusiastically and interactively participated in the program.

The first day covered institutional histories and their current relevance under the title *Lived History of Mental Hospitals & Current Relevance*. Sanjeev Jain and Santosh Chaturvedi described the rapid changes in psychiatric practice in the 20th century in their introductory remarks, and Pradipto Roy followed up with a more detailed analysis of the social and political aspects of medical services in general and mental health care in particular, followed by Sarah Ghani describing the clientele and practices at the Mental Hospital of Bangalore in the inter-war years (1920-1940). Purushottama Bilimoria debated Foucault's history of madness in the early American Development, with due comparison with Indian settings, and the conflicted positions that existed between lunatic asylums and the colonial experience. Sudipto Chatterji, who has established a project that helps recovered patients to be placed back in the community after long periods of in-patient care, described their experiences.

BN Gangadhar (Director, NIMHANS) gave an account of the personalities and

events around the first use of electro-convulsive therapy in Italy. A small illustrated booklet that described the early histories of six major mental hospitals of India was released, and this was based on the moving poster exhibition on the history of mental hospitals in India. The show, titled 'More than brick and mortar: Reconstructing Histories of Mental Hospitals in India', was supported jointly by the Wellcome Trust, Indian Psychiatric Society and NIMHANS, and was exhibited for the first time at the 68th Annual National Conference of the Indian Psychiatric Society in Bhopal in January 2016. Alok Sarin and Pratima Murthy walked the participants through the posters at the exhibition.

The second day focused on *Traditional Systems and Mental Health: Historical Traces and Contemporary Relevance*. In his introductory comments, BN Gangadhar described some aspects of the history of indigenous medicine, mental health and yoga practices. Melukote Sridhar, Rajani Jairam described ideas on suicide and depression in the Indian classical texts and epics of Ramayana and Mahabharata, while Lakshmikant Moharair and Veena Gangadhar described the accounts of mental illness in the works of Vagabhata, Charaka and Sushruta, the classical canons of traditional medicine in India. Manjunath Shrama then gave an overview of the history of yoga, and this was followed by some exciting research into contemporary applications. These included correlations between constitutional traits (as described in Ayurveda as vata, kapha and pitta) and risks and outcomes in stroke, by Archana Purushottama, a specialist in neuro-vascular medicine. Bhavna Prasher followed up with a description of the work by their large group (the AyurGenomics initiative under the CSIR).

The event was of its first kind in the subcontinent, in its scope and challenges. For the first time in south Asia, a hospital and advanced medical institute pursued its interest in medical history up to a country-wide symposium. Situated against the 'salubrious' climate of Bangalore at its second highest hillock, the beautiful landscape and

the highly plural ethos of the campus set the tone of such an interdisciplinary program. The event does need a mention as interest in medical history and humanities in Indian medical institutes seems to have receded over the last few decades, except recent interest from Bangalore, the city at the heart of the peninsular India. The marvellous centres for the history of medicine at the Osmania Medical College in Hyderabad and at the All India Institute of Medical Sciences in New Delhi became non-functional in the 1990s. A corporate healthcare market driven by neo-liberal economic forces has fostered mushrooming of private nursing homes, halfway homes, and medical colleges in the subcontinent, and the interest in higher medical research receded. No wonder, wider interests in learning of medical history, philosophy and ethics started decaying. But with considerable and systematic institutional interest from NIMHANS and the St. Johns Medical College in Bangalore, interest in medical history within the medical schools is returning. This conference attempted to sensitize the audience on the wider aspects of medical history, humanities, ethics and philosophy through discourses in mental health.

This program was also part of our wider engagement with the history of psychiatry in India and south Asia. Prompted by stumbling upon case notes from nineteenth century within the hospital, and subsequent archives in Bangalore, Delhi, Calcutta, Cambridge and London, as well as interactions with colleagues and researchers all over the world, the group at NIMHANS hopes to continue researching the history of mental health and wider aspects of medical history in south Asia, and we hope you could join us in these activities.

Pradipto Roy (NIMHANS, Bangalore)
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SSH M CALLS FOR PAPERS

European Association for the History of Medicine and Health
 2017 Biennial Conference

Bucharest, Romania | 30 August - 2 September 2017

The Body Politic: States in the History of Medicine and Health

Venue

'Carol Davila' University of Medicine and Pharmacy
 Bulevardul Eroii Sanitari 8, Bucharest



Institut für
 Geschichte der Medizin
 Robert Bosch Stiftung

Stichting
 Historia
 medicinae



The state, as we have come to know it, is very much a 19th-century creation. After poverty, ill health was the dominant social issue targeted by the interventions of emerging - states. Following the principle of the fair allocation of resources to meet basic social and economic needs, many countries introduced collective funding of health care in the 19th century. National healthcare systems came to epitomise the principle that all citizens have an equal right to health and that costs should be shared equitably. At the end of WWII, the WHO defined health as a universal human right. In the UN's Universal Declaration of Human Rights (1948), it was proclaimed that:

"everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including medical care".

Over the course of the 20th century, health and disease have become a matter of direct concern for the state. As an aspect of democratic citizenship, the provision of medical care is not considered a favour, but a civil right guaranteed by the state. In recent decades, we have witnessed a globalisation of disease patterns, the rise of chronic disease, rapid technological change, spiralling healthcare costs, and the demise of the nation state. From 1990 onwards, we have seen

heated public and political debates about the organisation and financing of collective healthcare. One key question has been: to what extent can the state be held responsible for the health of citizens and the practice of medicine?

In many countries, collective arrangements were critically reconsidered, reformed or transferred to “the market”. Rationalisation and commercialisation brought in managers, who took control from professionals, creating new bureaucracies that to a large extent withdrew from democratic supervision. Triggered by the crisis of the welfare state since the 1980s and by the reassessment of the system of nation states since 1989, this conference sets out to rethink the role of the state in the domain of healthcare.

This is the first EAHMH biennial conference to be hosted in Eastern Europe. To date, Eastern Europe has received only limited attention from medical historians. Due to large political shifts, the history of the region is embracing new opportunities. While detailed regional studies are still required to uncover the pathways and processes of knowledge construction, the conference intends to foster discussions about how historians have considered the role of power and politics in the construction of medical knowledge. The conference organisers seek abstracts that relate to the following themes, but not limited to these alone:

- *To what extent is the state allowed to interfere with the (private) lives of its citizens?*
- *Can health be considered a civil right and if so, what does that mean in practical terms? How far does the individual responsibility of citizens go?*
- *Given the fact that democratic citizenship not only involves entitlements but also responsibilities and obligations, can health or the prevention of illness and a healthy lifestyle be imposed on citizens as a civic duty?*
- *How do collective health care arrangements, professionalism and democracy relate to each other?*
- *How should the responsibilities of state, civil society, the medical professions and individual citizens be distributed?*

- *Can we speak of “national” diseases, or even national ethics?*
- *Is health a precondition for the realisation of citizenship?*
- *To what extent is citizenship a precondition for health?*
- *When faced with global health challenges, how should states relate to international bodies in the field of governance of health (care), and what is the role of non-state actors?*
- *The State and the new international medical economy: towards two Europes?*

The Scientific Board of the EAHMH invites proposals for 25-30 minute papers or panels of three or four papers on any aspect and era broadly relating to the topics and questions suggested above.

Abstracts should be approximately 500 words in length and accompanied by a short CV.

Proposals should be sent to **eahmh2017@gmail.com** before 31 January 2017. A full programme featuring keynote speakers will be published in May 2017.

MEDICAL PRACTICE IN EARLY MODERN BRITAIN IN COMPARATIVE PERSPECTIVE – CALL FOR PAPERS

University of Exeter (UK)

4-6 September 2017

Papers are invited for an international conference funded by the Wellcome Trust Senior Investigator Award for ‘The Medical World of Early Modern England, Wales and Ireland 1500-1715’ led by Prof. Jonathan Barry and Dr Peter Elmer at Exeter (project website: <http://practitioners.exeter.ac.uk/>). This conference will consider the outputs from this project, in particular the database which has been created of more than 30,000 medical practitioners operating in the period, and the opportunities this offers for new research in the field. It will also consider comparative perspectives on early modern Britain, both spatially and temporally, and so welcomes papers from colleagues working on medical practice in other parts of Europe or its colonies, on other cultures (Islamic, Indian,

Chinese etc) and also on the periods either side of our 1500-1715 focus, so that we can place the findings of the project in the widest possible context. Proposals for panels will be welcomed, but so will individual paper proposals, including from research students (for whom bursaries covering the cost of attendance will be available). Those attending will be given exclusive access in advance of the conference to research findings from the project database, which they will be encouraged to consider in their contributions, which we expect to be pre-circulated to encourage the highest level of focused debate during the conference. Senior scholars willing to act as commentators on papers are also encouraged to express an interest in this role, as well as in offering their own papers.

Major themes for consideration include the following:

- *Continuity & change in character and scope of medical practice, including impact of war and imperial expansion on pre-existing medical culture, influence of new ideas and/or persistence of established approaches across the period, as well as the significance of attempts at regulation.*
- *Trends in education, training and career patterns, encompassing hereditary succession, patronage, apprenticeship and university study, and levels of provision in different regions and types of settlement.*
- *The roles played by women, in popular and domestic medicine and beyond, and by other alternatives to orthodox male practitioners, and by the growth of new methods for the production and sale of medicines.*
- *The place of medicine within processes of social and cultural change in the British Isles more generally, and the wider parts played by medical practitioners in scientific, intellectual, political, military, confessional and other spheres.*
- *The opportunities for comparative research across national boundaries, both in tracing the movement of medical practitioners and in comparing levels and types of medical provision in different cultures.*

If you are interested in participating please send an email to Professor Jonathan Barry at J.Barry@exeter.ac.uk, with an abstract of c. 200

words indicating the proposed topic of any paper or panel, preferably by 15 September 2016.

UPCOMING EVENTS

FROM MICROBES TO MATRONS: THE PAST, PRESENT AND FUTURE OF HOSPITAL INFECTION CONTROL AND PREVENTION

On 1st and 2nd September 2016 at the Royal College of Surgeons, London, a symposium will bring together historians, healthcare professionals and policy makers to consider the contemporary relevance of past infection control practices. As the first of its kind in terms of interdisciplinarity and subject matter, the symposium aims to forge new synergies between disciplines by reflecting on the historical lessons of antiseptic and aseptic practices in the nineteenth century, and the introduction of antibiotics and drug resistance in the twentieth. It examines the extent to which recent failures in hospital hygiene, as the focus of high profile hospital scandals, and critical levels of global antibiotic resistance have resulted in a current shift to a more ecological model of infection control originating in the nineteenth century (Healthcare Commission, 2007; Mid Staffordshire Inquiry, 2010). The symposium also takes on the task of suggesting innovative potential futures for infection control and prevention strategies.

Key questions of the symposium include:

- How have policies relating to infection prevention and control been implemented in practice and to what success?
- How have hospital hygiene methods and practices of infection prevention and control and post-operative wound care evolved and changed since the nineteenth century?
- How have practitioners and policy makers responded to challenges of the past?
- How have these methods and practices varied according to hospital and geographic location?

- Who have been the key players in hospital infection prevention and control?

Confirmed speakers include: Dr Thomas Schlich (James McGill Professor in History of Medicine at the Department of Social Studies of Medicine at McGill University); Dr Pamela Wood (Associate Professor, School of Nursing, Eastern Institute of Technology, New Zealand); and Neil Wigglesworth, (Deputy Director of Infection Prevention and Control, Guys' and St Thomas' NHS Trust, London).

There are a few places remaining for students and early-career researchers to attend the symposium free of charge. Places are limited and will be offered on a first come first served basis. Please contact Dr Claire L. Jones (Claire.l.jones@kcl.ac.uk) if you would like to attend or for any other information. Student and early-career Society for the Social History of Medicine travel bursaries are available to attendees who are SSHM members <https://sshm.org/bursaries/>

The symposium forms part of a Leverhulme Trust-funded research project "From Microbes to Matrons: Hospital Infection Control, 1870-1970" based at King's College London (co-PI Professor Anne Marie Rafferty) and the University of Glasgow (co-PI Professor Marguerite Dupree). It is generously supported by the Wellcome Trust and the Society for the Social History of Medicine.

THE USE OF RESEARCH RESOURCES IN MIDWIFERY HISTORY

De Partu, the History of Childbirth Group, is holding a study afternoon in Edinburgh on 14 October 2016, 1.30-5.30 at the Royal College of Physicians, 9 Queen Street, EH2 1JQ, cost £25. All are very welcome to attend.

Entitled 'The Use of Research Resources in Midwifery History', the afternoon includes a rare opportunity to see and hear about midwifery-related items from the College collections, and to view and discuss the archive film *Birthday*, made in 1948. Three

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new researchers – Joan Cameron, Maelle Duchemin Pelletier, and Claire Shearer - will also present their work on (variously), Midwifery training in the 70s and 80s, Stillbirth in 20th-century Scotland, and the Experience of Using Oral History as a Methodology for Researching the History of Midwifery.

For further details, please go to <http://departu.org.uk>, or contact Dr Alison Nuttall, email: alison_m_nuttall@hotmail.com.

THE FACULTY OF THE HISTORY & PHILOSOPHY OF MEDICINE & PHARMACY & THE BRITISH SOCIETY FOR THE HISTORY OF PHARMACY: THREE DAY COURSE IN THE HISTORY OF PHARMACY AND THE PHARMACEUTICAL INDUSTRY

28 - 30 November 2016

The course will be hosted across three venues: The Worshipful Society of Apothecaries, The Wellcome Trust and The Royal College of Physicians.

There is a full programme of lectures, tours and sessions each day. The lectures cover themes of:

- the origin and development of pharmacy
- researching the history of pharmacy
- the history of drug development
- the history of the pharmaceutical industry

For full programme details, please see - <http://www.apothecaries.org/faculty-of-the-history-philosophy-of-medicine-parm/who-we-are/history-pharm-course>



WELLCOME LIBRARY NEWS

Wikimedian in Residence at the Wellcome Library

The Wellcome Library and Wikimedia UK are jointly supporting a Wikimedian in Residence (Dr Alice White), who will engage with librarians, members of the public, researchers and other organisations to encourage contributions to the development of

Wikipedia articles and to make the Library's content more publicly accessible.

The residency will especially focus on adding and improving articles on the history of and mental health. This coincides with a project to digitise historical records of key UK psychiatric institutions and personnel, and two exhibitions at Wellcome Collection - States of Mind: Tracing the edges of consciousness and Bedlam: The asylum and beyond.

There are lots of ways to get involved:

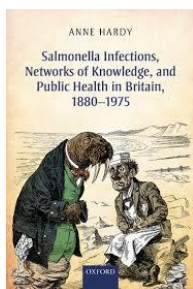
- Suggest pages to be created or developed at edit-a-thons
- Attend edit-a-thons at the Wellcome or host a satellite event somewhere else
- Suggest or plan events / talks / activities that could happen in conjunction with edit-a-thons

Please get in touch via the [project page](https://en.wikipedia.org/wiki/Wikipedia:G_LAM/Wellcome) (https://en.wikipedia.org/wiki/Wikipedia:G_LAM/Wellcome) or email Alice (a.white@wellcome.ac.uk) if you'd like to get involved.

For regular updates on the work of the Wellcome Library, see our Blog (<http://blog.wellcomelibrary.org/>) or follow us on Twitter @wellcomelibrary.

Ross MacFarlane
Research Engagement Officer
Wellcome Library
r.macfarlane@wellcome.ac.uk

SSHM NEWS FROM CENTRES



LSHTM Centre for History in Public Health Professor Anne Hardy wins the Pickstone Prize

Congratulations to Honorary Professor Anne Hardy from the Centre for History in Public Health, LSHTM who has just won the Pickstone Prize for her book on the history of salmonella in Britain, *Salmonella Infections, Networks of Knowledge, and Public Health in Britain, 1880-1975*. This prize is given out by the British Society for the History of Science (BSHS).

The British Society for the History of Pharmacy is delighted to announce that applications are now open for the **Juanita Burnby Memorial Bursary 2017**. The Bursary is open to all students (undergraduate, postgraduate, pharmacy and any other related subject). Applicants are invited to submit a proposal for a 20 minute presentation on an original pharmacy history topic. The successful student will present their paper at the BSHP Annual Conference in London on 1 and 2 April 2017. The Bursary covers their conference fees including accommodation and meals, and an additional £250 payment to the Bursary winner. Further details, previous winners and the application form are available on the BSHP website www.bsph.org. Deadline for applications is 30 November 2016. 2017 is BSHP's 50th anniversary so we look forward to celebrating with an excellent Bursary paper!"

SSHM EXHIBITION

ROYAL COLLEGE OF PHYSICIANS: 'TO FETCH OUT THE FIRE': REVIVING LONDON, 1666

COMING SOON: free exhibition on the 350th anniversary of the Great Fire of London.

1 September - 16 December 2016
Monday-Friday only, 9am-5pm FREE ENTRY

Human tragedy, cultural catastrophe, medical emergency

The 1666 Great Fire of London was a final calamity for a city weakened by more than three decades of destruction.

Discover the fascinating story of the razing and rebuilding of the Royal College of Physicians in the heart of the city after the firestorm engulfed it.

Our exhibition follows the story of London's 17th century physicians as they were divided by war, battled with plague and almost ruined by flames, only to emerge with a magnificent new home designed by Robert Hooke.

Explore our 17th century collections which survived: medical remedies and potions, fascinating archives, silver, rare books and our stunning collection of portraits, including some that survived the fire and have the scars to prove it...

Evening lecture: Monday 5 September 2016
'By permission of heaven' historian Adrian

Tinneswood OBE reveals the drama and destruction of London's Great Fire

• Address: Royal College of Physicians, Regent's Park, London, NW1 4LE

• Opening times: Monday-Friday only, 9am-5pm (last entry 4.30pm)

Opening times can vary - do check our visiting page for closure days before your visit

• Full accessibility information

Contact us: history@rcplondon.ac.uk | 020 3075 1543

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<https://sshm.org/portfolio/the-gazette/>