Keynote speaker, Professor Ruth Schwartz Cowan during the 'Devices & Designs' conference in Manchester

Editors: Carsten Timmermann and Cathy McClive
Correspondence should be sent to Carsten Timmermann, CHSTM, The University, Mathematics Building, Oxford Road, Manchester M13 9PL.

Email gazette@sshm.org
Web http://www.sshm.org
CONFERENCE REPORT

Devices and Designs: Medical Innovation in Historical Perspective

Manchester, July 11-13, 2003

This conference took place in Manchester over a long weekend in July – and its success could be measured ‘on the ground’ by the numbers of delegates foregoing the blazing sunshine to attend a packed programme. The event was impressive for the range and sheer number of papers – about 80 altogether. The organisers, Carsten Timmermann and Julie Anderson said at the beginning that they had hoped above all to avoid the conference being simply ‘old friends talking to themselves’ and they certainly achieved an impressive mix. From the perspective of someone attending it was clear that new connections and debates were springing up throughout the weekend, just as old ones were revisited and reinvigorated. Contributions came from anthropologists, political scientists, sociologists and health professionals as well as historians of science, technology and medicine and spanned a period from the sixteenth century to the present. Papers were organised thematically into parallel streams and perhaps the most difficult aspect was deciding which to attend.

In the first plenary, ‘How might the histories of medicine and of technology learn more from each other?’ John Pickstone discussed the case of orthopaedics and offered some notes of caution. It was important for historians of medicine to recognise that medical academe was not necessarily the same as clinical practice. This hope was fulfilled by many papers across the conference which attempted to get beyond high profile debates between politicians, clinicians and scientists to capture the myriad differences in medical practice at local level.

As well as bringing the richness of new ideas, the range of disciplines kept everyone on their toes. Some of the most interesting discussions were sparked by input from speakers with a medical background that forced everyone present to reflect upon their own discipline and personal assumptions about evidence, epistemology and knowledge. The nature of evidence was not only debated between disciplines, but also used to map developments in our subject, the history of medicine. Many papers returned to questions about the types of evidence used and tensions in the practice of medicine between scientific, clinical and experiential accounts in interesting sessions on risk, cultures of biomedicine and medical science, trials and evidence.
John also stressed the need to adequately deal with industrial intervention. ‘Most medicine is in some sense a commercial activity,’ he stated. In the case of orthopaedics, he argued that past medical technologies had often been the result of a contingent coming together of individuals and groups with diverse expertise. However, we must also develop ways of capturing the development of medical technologies in organisations and institutions where there was much less contingency – such as modern pharmaceutical companies. He suggested that we could learn from business history to address the ‘techne’ of profit and the place of technology and scientific goods in economic systems. One example of this on the first day was a paper examining the artificial arms manufactured First World War Germany to ‘recycle’ the male wounded into the labour force. This brilliantly illustrated presentation by Heather Perry was a timely reminder of the importance of a wider social, political and economic context to the medical history that we were examining.

In her keynote speech on the second afternoon, ‘For Want of a Horse the Kingdom was Lost,’ Ruth Schwartz Cowan also discussed the dangers of losing a meaningful history (the Kingdom) for lack of the material (Horse). She suggested that we must still work to explain and address the ‘technophobia’ that she identified in much recent historical writing. The example of histories of birth control illustrated very nicely the perils of ignoring the ‘technologies’ themselves, and their cost, availability or use, in the search for diverse political and moral accounts. She also offered the example of her recent work on thalassaemia in Cyprus, arguing that the decision to have mandatory genetic testing could only be understood if one paid proper attention to the nature of the disease itself and the (emotional and economic) cost of the treatments that had been developed.

Ruth found the source of technophobia not only in personal fear or lack of skills in dealing with technical accounts, but also in the recent development of ‘history’ as a discipline, the generations of young scholars who ‘angrily pummelled’ the privileged accounts of medicine, patriarchy and science. Further discussion picked up on this to mention the specific experiences of the Vietnam War and of the anti-nuclear movement, which also had emerged as an important issue in a paper on the public perceptions of risks of xeno-transplantation by Amy Fletcher and Bronwen Morrell. Stuart Blume suggested that we might also consider why historians and sociologists had suffered from ‘sociophilia,’ which encouraged further reflection on our own practice.

Clearly however, Ruth was talking to the converted in many ways, as papers repeatedly engaged with the design, development, diffusion and use of individual technologies. The conference worked well to put ‘material’ objects into the picture – and particular devices were frequently used to organise the stories that were being told. These devices ranged from different drugs such as penicillin or L-dopa, surgical techniques and medical appliances, such as the artificial heart or hip replacements to statistical methods. However, in making sense of these
technologies the presenters repeatedly had to return also to the individual biographies of inventors, innovators and clinicians, as well as issues of professional development and prestige.

An interesting session on the second day covered issues of trials and evidence in medicine. Sejal Patel suggested that the spread of evidence based medicine should be linked to the need for internal medicine specialists to establish a clinical and research identity, while Gerald Kutcher argued that despite attempts to create robust breast cancer trials and consensus statements on the best treatment, clinical treatment remained uneven in practice, and local decisions did not map easily onto national debates. Iain Chalmers’ paper on systematic review in medical research sparked a lively debate, which drew on the other presentations to consider the nature of scientific practice and evidence, as well as the reasons that medics or scientists publish.

There was comparatively little explicit theorising in the conference – although the broad selection of ‘stories’ told offered some fascinating pointers to developing broader questions and themes. In particular, the international spread of the papers was impressive – covering the UK, Germany, the former Soviet Union, the US, Canada and South American countries among others. These papers often hinted at sets of contrasts and comparisons between national experiences. In his final paper, The Politics of End Points, Stuart Blume called for this kind of ‘difference’ to be explored and used as a basis for local stories about science and medicine. He used the example of the varied political responses to cochlear implant technology to argue that national context was crucial to our understanding. Telling these stories gave positive examples for histories of the ‘sciences of the particular’ and for sociologies which were able to critique aspects of globalisation.

Stuart introduced two theoretical themes – ‘jurisdiction’ and ‘empirical slippery slope’. With the first, he offered a way to draw together the historical examples of the contestation of evidence and the importance of professional and political dynamics in explaining the development and acceptance of new medical technologies. The second concept pointed conversely to the way in which a technology once developed might spread despite attempts to regulate or restrict its use. He suggested that ‘evidence is almost always interpreted in such a way as to preserve the status quo’ and that ideas about institutional convergence, path dependency or ‘lock-in’ were important in explaining the process of accepting a technology. In the ensuing discussion, an important point was also raised by John Pickstone and Iain Chalmers, stressing the importance of the drug industry in ‘universalising’ medical practice and driving innovation – this had been relatively little explored in the papers offered to the conference. Perhaps while historians of medicine have endeavoured to combat technophobia, helped by events like this, there is still some way to go before they pay enough attention to the economics.

The conference ended with further reflexive debate on what medical history might try to offer. Francis Neary raised an interesting question about the extent to which medical historians might take a
position on their subjects – could he decide which artificial hip to have, if he needed it? John Pickstone argued that historians could speak to policy by telling stories about contingency and process and by building models to give a historical context to developments such as Evidence Based Medicine. Ruth Schwartz Cowan gave a plea for further thinking about the historical method. The fact that the conference worked, she said, showed that it was possible to tell stories about the local which were recognised as valid because they used qualitative and/or quantitative evidence systematically and rationally. Despite a clear lack of agreement on these points, the conference could I think unite around a quote by the theorist Jacques Ellul that Ruth included in her lecture, that ‘technologies are neither good, nor bad, not neutral’ and that social contexts matter in explaining them.

The conference was generously sponsored by the Economic and Social Research Council and the Wellcome Trust in addition to the SSHM. Special thanks must go to everyone in the Manchester CHSTM for all their hard work and particularly to Carsten Timmermann and Julie Anderson for fine organisation, energy and enthusiasm, even when faced with the recalcitrance of Power Point yet again. The effort was worth it when we were treated to presentations and images that helped bring the ‘devices’ to life. The social side should also get a mention – I am told the Indian meal on the first night was good and the pub crawl on the Saturday was a masterpiece of organisation. The numerous coffee breaks and great food also helped get people talking in what turned out to be a particularly friendly and open conference.

Catherine Will
University of Essex
With thanks to Wendy Churchill
McMaster University
Photographs: Carsten Timmermann

CONFERENCE REPORT

Early Modern Medicine
Wellcome Centre for the History of Medicine, London, May 23, 2003

The first of a series of Conferences on Early Modern Medicine organised by the Wellcome Centre for the History of Medicine at UCL, was long-awaited by all who wished an assessment of the state of scholarship since the publication in 1997 of Colin Jones and Lawrence Brockliss’s major work, The Medical World in Early Modern France.
In the beautiful setting of the Wellcome Building auditorium Hal Cook welcomed a varied audience including Friends of the Wellcome Library and international scholars of the field.

They first listened to Andrea Carlino (Geneva) and Ian Maclean (All Souls, Oxford) who discussed medical humanism in the sixteenth century from two different perspectives: Carlino used the example of Charles Estienne to discuss Walter Pagel’s “historical necessity” of medical humanism, while Maclean contrasted the principles of semiotics taught in Montpellier and Paris; concluding that the former was heavily influenced by Paracelsianism.

Then, Helène Berlan (Université Paul-Valéry, Montpellier) gave an overview of her Ph.D. on the Montpellier Medical School, and provided a strong analysis of its scope and teaching practices. She reassessed the Montpellier faculty as a “medical machine”, which produced poorly-educated practitioners in great numbers.

Importing theories of the history of the book in the medical field, Christelle Rabier (Université Paris 1) presented the initial results of her research on the libraries of surgeons, their contents and use in late-eighteenth and early-nineteenth-century France.

Lawrence Brockliss, who succeeded Colin Jones as chair for the afternoon, introduced Hubert Steinke (Bern) who reassessed the reception of Albrecht von Haller's physiology in France – and Europe – thanks to a detailed analysis of his correspondence, scientific journals and institutional archives.

Kathleen Wellman (Dallas) then, discussed the roots of the medical enlightenment.

Next, Londa Schiebinger convincingly developed her analysis of the drug-market in the French colonies, in which the natives, the African slaves and the metropolitans struggled for the control of plant-lore.

Finally, the day was concluded with papers by Ann Vila (Wisconsin-Madison) who tackled the literary and physiological theme of the “maladie de l’homme de lettres”, with special emphasis on Voltaire’s bowel movements and by Elizabeth Williams on moral therapeutics in Cabanis’ work during the Revolutionary period.

Strong points of the day were the discussions surrounding the impact of the French Enlightenment on medicine, comparisons between the two major faculties of Montpellier and Paris and the application of socio-historical methodologies to medical and intellectual history. In contrast, the seventeenth century fell by the wayside and medical practices were largely overlooked. Nonetheless, the symposium marked the start of a promising series of conferences focusing on early modern European medicine, which is set to continue in the Spring with a day on Italy organised by Sandra Cavallo (Royal Holloway, London) and David Gentilcore (Leicester).

Christelle Rabier
Université Paris 1

SYMPOSIUM ANNOUNCEMENT
Environment, Heredity & Medicine
Centre for History of Medicine,
University of Exeter
September 11-13, 2003

The Centre for Medical History is pleased to announce a limited-place symposium to be held at the University of Exeter on 11-13 September (to be confirmed) to discuss its successful five-year research Strategy Award
on the theme of Environment, heredity and medicine.

Participants are invited to present a short summary of work which is related to the broad area of environment and medicine in historical perspective.

Interested colleagues should contact the organisers Professor Mark Jackson (M.A.Jackson@ex.ac.uk) or Dr Joseph Melling (J.L.Melling@ex.ac.uk) or Rick McLain (Medarch@ex.ac.uk).

Joseph Melling
University of Exeter

CONFERENCE ANNOUNCEMENT

Hospital Contributory Schemes to Health Cash Plans: A 20th Century History of a British Institution

Institute of Historical Research,
Senate House, London
October 22, 2003

The theme of this conference is the history of the hospital contributory scheme movement in 20th century Britain. It will interest historians of medicine, health policy, and voluntary sector institutions.

Consumer choice, decentralisation and empowerment are at the forefront of health policy-making today. What can the history of the hospital system tell us about how these issues were addressed in earlier periods? And what can we learn of past examples of popular participation and workers' activism in the health field?

Beginning in the 19th century with workplace collections in aid of voluntary hospitals, contributory schemes developed by the 1930s into a low-cost, quasi-insurance system. Despite covering millions of subscribers the schemes were accorded no place in the tax-financed National Health Service when it began in 1948. However, many continued to exist in the post-war period as non-profit health insurers, occupying a distinctive niche by providing a mix of benefits to lower-income contributors.

The day will focus on three main themes:

- Origins of contributory schemes, and patterns of finance and utilisation before 1939.
- Their role in the National Health Service debates, 1937-46.
- The movement's provision of low-cost health insurance in the era of the NHS.

Speakers and discussants will include John Mohan, Steven Cherry, Martin Gorsky, Rodney Lowe, Tim Willis, Geof Rayner, Graham Moore

For fuller details and a registration form, please contact:

Mrs Julie Hayward,
School of Humanities, Languages and Social Sciences, Millennium City Building,
Wulfruna Street,
Wolverhampton, WV1 1SB
Email: J.Hayward@wlv.ac.uk
Tel: 01902 322145

The conference is organised in collaboration with the London School of Hygiene and Tropical Medicine and is sponsored by the Economic and Social Research Council and the Society for the Social History of Medicine.

Martin Gorsky
m.gorsky@wlv.ac.uk

CONFERENCE ANNOUNCEMENT

The Foundations of Globalization?

University of Manchester
November 6-7, 2003

The focus of this conference is the contribution of American philanthropic foundations (eg Rockefeller, Ford, Carnegie) to what is now called Globalization.
Foundations have historically been in the forefront of knowledge-construction and institution-building around the globe – in the natural, medical, and social sciences, as well as in the transfer of knowledge among a range of public, private and non-governmental institutions. Among the speakers who have already agreed to participate are Robert F. Arnove, Martin Bulmer, Donald Fisher, Giuliana Gemelli, and Darwin H. Stapleton.

For further details see the conference website:
http://les.man.ac.uk/government/foundationsofglobalization.htm

Enquiries and expressions of interest including suggestions of general themes and of specific papers by 18 April 2003 to:
Jonathan Harwood
Email: jonathan.harwood@man.ac.uk

Registration details from the conference administrator:
Adrian Jarvis
Email: adrian.jarvis@man.ac.uk

CONFERENCE ANNOUNCEMENT

Medicine at the Border: The history, culture and politics of global health
Sydney, Australia
July 1-3, 2004

- SARS and its precedents
- foreign-ness, diaspora and contagion
- travel, migration and quarantine
- disinfecting mail, from leprosy to anthrax
- colonialism and hygiene
- vaccination and histories of nations
- race, immigration and medico-legal border control
- frontiers, medicine and cultures of aid
- history of international health and hygiene
- detention, dangerousness and risk
- medical history and epidemiology
- genealogies of geography and population

Sponsored by the Departments of History and Medical Humanities, University of Sydney.

Call for papers: 300 word abstract and CV in hard copy by 1 December 2003 to:
Dr Alison Bashford,
Department of History
University of Sydney,
NSW 2006, Australia
Email: alison.bashford@history.usyd.edu.au
Web: www.arts.usyd.edu.au/departs/history/conferences.shtml

CONFERENCE ANNOUNCEMENT

Anatomical Knowledge in the Ancient World: From Prehistory to Late Antiquity

Society for Ancient Medicine
European Meeting 2004, University of Birmingham Medical School (UK)
June 16-19, 2004

Next year, the Society for Ancient Medicine will be holding its first European Meeting at the University of Birmingham in the form of a conference with the theme "Anatomical Knowledge in the Ancient World: From prehistory to Late Antiquity." I am sending a copy of the First Circular as an attachment. The conference is being organized by Robert Arnott, Director of the Centre for the History of Medicine of the University of Birmingham Medical School, and is co-sponsored by the Institute of Pathology of the Bogenhausen Academic Hospital, Munich (Prof. Dr.med. Andreas Nerlich), and the Institute of Ancient History and Culture, University of Salzburg (Dr Rupert Breitwieser).

The traditional SAM Meetings at the annual American Philological Association convention have obviously been primarily a venue for scholars of ancient medicine.
working in America to exchange ideas with one another. We hope that a SAM Europe meeting will encourage more international exchange.

Further information contact:

Robert Arnott
Sub-Dean of Medicine and Director
Centre for the History of Medicine
The Medical School
University of Birmingham
Birmingham B15 2TT (UK)
Telephone: 0121-414 6804
Fax: 0121-414 4036
Email: R.G.Arnott@bham.ac.uk

**JOURNAL: SOCIAL HISTORY OF MEDICINE**

**New Journal Editors Appointed**

We are pleased to announce the appointment of two new editors for the journal:

Dr Waltraud Ernst,
Reader in History,
Department of History,
University of Southampton.

Professor Bill Luckin,
Professor in Urban History,
Bolton Institute.

Waltraud Ernst will succeed Helen King in September 2003, and Bill Luckin will succeed Roger Davidson in September 2004.

**Wanted: New Reviews Editor for Social History of Medicine**

John Stewart has sadly tendered his resignation as Reviews Editor for *Social History of Medicine*. We are therefore looking for a replacement, who would be able to start as soon as possible, although John is prepared to stay on until November 2004.

If you would like further information, please contact Roger Davidson, Editor, SHM.

Email: roger.davidson@ed.ac.uk

**BOOK SERIES: STUDIES IN THE SOCIAL HISTORY OF MEDICINE**

The Society’s Series with Routledge, *Studies in the Social History of Medicine*, is a flourishing enterprise. There are two editors: Anne Borsay, who has responsibility for edited collections, and Joseph Melling, who handles monographs. Both welcome enquiries. We suggest that full proposals should be at least six pages in length and between 15 and 20 pages if sample material is not available. However, we encourage the submission of a brief preliminary approach to test the water. The guidelines for proposals may be found on the Series’ page of the SSHM web site. Members of the Society are entitled to a discount of 30 per cent on the recommended retail price for any
book in the Series. There is an order form
on the web page.

Anne Borsay, School of Health Science, Vivian
Tower (7th Floor), University of Wales
Swansea, Singleton Park, Swansea, SA2 8PP.
E-mail: a.borsay@swan.ac.uk

Joseph Melling, Centre for Medical History,
University of Exeter, Exeter, EX4 4RJ.
E-mail: j.l.melling@exeter.ac.uk

Recent volumes:

D. Smith and J. Phillips, eds, Food, Science,
Policy and Regulation in the Twentieth Century:
International and Comparative Perspectives (2000).

R. Davidson and L. Hall, eds, Sex; Sin and
Suffering: Venereal Disease and European Society

A. Bashford and C. Hooker, eds, Contagion:

W. Ernst, ed, Plural Medicine, Tradition and

J. Stanton, ed. Innovations in Health and
Medicine: Diffusion and Resistance in the Twentieth
Century (2002).

S. Sturdy, ed., Medicine, Health and the Public
Sphere in Britain, 1600-2000 (2002).

The 2003 Roy Porter Student Essay
Competition: Rules

The Society for the Social History of
Medicine invites submissions to its 2003 Roy
Porter Student Essay Prize Competition.

1 Prize: One prize will be awarded for
the best original, unpublished essay in the
social history of medicine in this
competition. The winner will be awarded £500.00. The winning entry may also be
published in the journal, Social History of
Medicine, subject to the usual editorial
procedures, including double blind refereeing.

2 Eligible Candidates: Students:
undergraduate or postgraduate, part-time or
full-time.

All candidates must join the Society for
the Social History of Medicine. A
membership form is available on the back
cover of this journal or on SSHM’s website
<http://www.sshm.org>. Alternatively,
please contact the Membership Secretary of
the SSHM.

Candidates who are uncertain as to
whether they are eligible to enter the
competition should contact the Membership
Secretary before preparing their entry.

3 Essays must be:

* Unpublished
* Written in English
* 5000-8000 words in length (including
footnotes).
* In conformity with the bibliographic
conventions of Social History of Medicine,

NOTE: The same essay cannot be
submitted more than once, and entries from
previous years will not be accepted.

4 Assessment Panel:
The panel will consist of the Chair of the
Society for the Social History of Medicine,
the Society's Representative on the Editorial
Board, and the Editors of Social History of
Medicine, with the assistance of other members of the editorial board.

5 To enter:
Please complete the form on the back cover of this edition of the Gazette and send it with 4 copies of the essay to Dr. Lesley Diack, School of History and History of Art, University of Aberdeen, Crombie Annexe, Meston Walk, Aberdeen AB24 3FX, United Kingdom. The deadline for entries is 31 December 2003; a decision will be made by 31 March 2004, and the announcement of the prizewinners will be made at the AGM of the Society.

NOTES -The Editors of Social History of Medicine reserve the right to consider any of the entries for publication, subject to normal refereeing procedures.

Members of the Executive Committee of the SSHM or the Editorial Board of Social History of Medicine may not enter either competition, even if otherwise eligible.

The prize will not be awarded if the Assessment Panel considers that none of the essays reaches an acceptable standard.

Membership Secretary: David Cantor, Division of Cancer Prevention, National Cancer Institute, Executive Plaza North, Suite 2025, 6130 Executive Boulevard, Bethesda MD 20892-7309, U.S.A.

Email: competition@sshm.org

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I have read the rules for the SSHM’s 2003 Roy Porter Student Essay Prize Competition. I agree to abide by these rules.

I declare that I am eligible to enter this competition according to the terms of rule 2.

Signature.................................................................................

Full Name...............................................................................

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