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Medicine and Society in the Midlands, 1750-1950

**Centre for the History of Medicine,
University of Birmingham,
16-17 May 2003**

This conference, sponsored by the Society for the Social History of Medicine and The Wellcome Trust, was dedicated to the memory of Dr Joan Lane (1934-2001), a well-respected historian, who made a significant contribution, both to the social history of medicine and the wider history of the Midlands. The aim of the conference was to bring together historians interested in medicine and society in the Midlands.



Birmingham General Hospital, circa 1860

The theme of the conference was health and illness in the modern period, but the first speaker, Robert Arnott, (Director, Centre for the History of Medicine, Birmingham) set the scene by reminding us of the origins of the hospital in history. Arnott traced the history Birmingham's first hospital, St. Thomas the Martyr, from its foundation, c1286 to its dissolution in 1536. Little is known of what medicine or charitable activities the hospital practised, but Arnott proposed that it resembled other priory hospitals in offering relief to the poor and providing medical assistance to travellers and pilgrims. Arnott then considered its role within the growing commercial centre that was Birmingham at that time. Moving forward into the Modern Period, Megan Brickley presented a paper on the historical importance of fractures that

described a project undertaken by herself and her colleagues, Helena Berry, Rachel Ives and Gaynor Western at the University of Birmingham Institute of Archaeology and Antiquity. This involved the excavation and osteological analysis of skeletal remains of approximately 850 individuals from the vaults of St Martin's cemetery, prior to redevelopment of the site. Brickley suggested that the prevalence of fractures is closely linked to factors such as pathological conditions affecting a population, social factors such as inter-personal violence and work-place risk/technological advancement. Successful healing can be linked to the disease load of those affected and the type of medical care received, nutritional status and living conditions of the individual. Information provided by medical records and accounts from the period was used to complement the osteological analysis, thus providing a comprehensive account of the history of medicine relating to fractures in Birmingham during the eighteenth and nineteenth centuries.

Women and Healthcare was the theme of the next session and in the first paper Stuart Wildman (Birmingham) discussed the changing nature of hospital nurses c1841-1914. Wildman first reminded us of the nature of nursing before the introduction of systems of training, during the 1860s. He then described how the reforms brought about a change in the type of person who entered nursing. Using information gathered from census returns, probationer registers and hospital records, Wildman discussed the methods taken to improve both the intellectual and moral standard of recruits and thereby the standing of the profession. In the last paper of the day, Judith Porter (Worcester) examined the impact of maternity services on mothers in Worcester during the inter-war years. The increasing intervention of the medical profession in childbirth has been cited as one of the causes of maternal mortality in the 1930s. Porter demonstrated the importance of research at

local level and argued that geographical location also played an important part in the impact of maternity services on the health of the mother. The day concluded with a most enjoyable conference supper in the Sheraton Balti Restaurant.



Dr John Ash (1722-1789)

Dame Rachel Waterhouse DBE (Birmingham) opened the conference on the second day with a biographical sketch of Dr John Ash (1722-1789). Ash was fairly typical of eighteenth-century physicians; his classical education at Oxford allowed him to mix with the wealthier classes and establish himself in practice in Temple Row in Birmingham. Waterhouse described how his contacts with the Tory aristocracy were particularly useful in raising the capital to establish the town's first voluntary hospital, the General Hospital. Jonathan Reinartz (Birmingham) enlarged on the history of the General, describing how, from the outset, the hospital provided medical services to patients from surrounding counties. Between 1779-1900 the hospital received considerable funding from sources beyond the immediate town and county, establishing a pattern that subsequent generations of Birmingham

medical institutions followed. However, Reinartz demonstrated that the numbers were not as significant as suggested by the regional image the hospitals portrayed and declined further in the late nineteenth century, as other hospitals in the region developed. Judith Lockhart (Warwick) concluded the session with a paper on the early history of the Women's Hospital in Birmingham. Lockhart focused on the lay administration of the institution and described how her research had revealed that the hospital was the first, in 1872, to employ a lady resident medical officer and a female dispenser. The hospital also claimed to be first in the country to appoint a lady to the post of Honorary Medical Officer. Lockhart proposed that the important part that women played in the management of the institution may be one explanation for the opportunities that the hospital gave to women seeking a career in medicine.

The following two papers considered the occupational health risks of Midland occupations. Anne Spurgeon (Birmingham) described the incidence of lung disease associated with 'needle pointing' and argued that efforts to reduce the health risks were thwarted for many years by conflicts of interest between workers and employers. Tim Carter (Birmingham) continued with the question of how medical issues become entangled with socio-economic issues. Using a 1901 Factory Inspectorate study into 'brass poisoning' to illustrate his argument, Carter discussed contemporary attitudes to the risks associated with a particular industry and their regulation, at a time when approaches to the control of occupational diseases were rapidly evolving.

Graham Mooney (Portsmouth) opened the afternoon with a paper on public health services in later Victorian Birmingham. After some background information on the relevant legislation, and the medical and political reasons of those opposed to vaccination and notification of infectious disease, Mooney described the issues leading

up to the provision of publicly funded health services in the city. He proposed that, having established the reporting of cases of infectious disease to the local authority, the subsequent hospitalisation of vast numbers of patients, placed enormous financial demands on the city, both in terms of institutional provision and laboratory provision. Mooney argued, therefore, that by enabling the hospitalisation of patients and assisting in the creation of demand for bacterial analysis of specimens, infectious disease surveillance had profound implications for the way in which medicine was practised in the city.

Mental Health was the theme of the next session, opened by Jane Adams (Warwick), who presented a paper on the struggle to establish a County Asylum in Herefordshire. Adams described how, despite an active campaign for such an institution from the mid-1830s, a public lunatic asylum was not established in Herefordshire until 1851. Adams then explored the factors that underlay the campaign and the motives of those with involved in the provision of care of lunatics and linked the timing of the campaign in the 1830s to the provisions of the New Poor Law and the establishment of Poor Law Unions. Lunatic Asylums were also the subject of the next paper, presented by Len Smith (Birmingham). However, Leicester made early public provision for lunatics, the asylum being planned from the 1780s although it did not finally open until 1794. Leicester Asylum was associated with the Infirmary and Smith proposed that the establishment of this institution has been seen as an example of the move towards specialist hospitals, to deal with those normally excluded from general infirmaries.

The final session of the conference was devoted to regional healthcare in the twentieth century. Tim Willis (Wolverhampton) presented a paper on paying for health care in the era of voluntary hospitals. The most popular method for industrial workers was the Hospital Saturday

Fund, and Willis proposed that this provided the template for the Birmingham Hospital Contributory Scheme. Instigated by Birmingham Hospitals Council in 1928, this extended the contributory scheme to workers of 'moderate means'. Willis discussed the attitude of the medical profession to this initiative and assessed the scheme as part of civil society in Birmingham. John Welshman (Lancaster) brought us up to the end of our period with a study of resource allocation in the NHS. Using the Sheffield Regional Hospital Board as a case study, Welshman demonstrated the inequalities in resource allocation across the regions. Welshman argued that, in terms of such indicators as the ratio of staff to beds and the number of consultants, the league table of resource-rich and resource-poor Regional Hospital Boards remained essentially unchanged between 1948 and 1974. Moreover, this disparity was only partially resolved by the work of RAWP in the early 1970s. Welshman attributed this to the imbalance in inherited resources, the strength of the key personalities involved and proposed that Sheffield may have been further disadvantaged by the establishment of medical schools elsewhere in the region. Finally, Welshman examined the growing awareness of inequalities prior to the creation of RAWP but pointed also to the gap between evidence and action taken.

This session concluded what had been a most enjoyable and stimulating conference. The full programme of papers by historians working on diverse aspects of health and illness in the Midlands attracted representatives of history departments across the country, and also many medical practitioners, local historians and archivists from across the Midlands. For this, acknowledgement should be made of the organisational skills of Robert Arnott and Jonathan Reinartz, University of Birmingham School of Medicine, Centre for the History of Medicine.

Judith Lockhart
University of Warwick

National Health Policies in Context

Stein Rokkan Centre for Social Studies, Bergen University
27-28 March 2003

Earlier this year, ten participants met in a surprisingly warm Bergen to compare the development of health policies in different national contexts, in particular Britain, Norway and Sweden. Organised by Svanaug Fjær and colleagues at the Stein Rokkan Centre for Social Studies, Bergen University, this workshop brought historians of health and medicine from London School of Hygiene and Tropical Medicine to meet a Norwegian group of political scientists, a historian and a literature specialist.

With overlapping interests including psychoactive drugs, psychiatry, psychology and reproduction during the twentieth century, the participants were keen to discuss their research. The formation of health policy involving these subjects and disciplines also revealed the recurring themes of professionalization, the role of technology and expertise and the importance of language.

As a valuable conceptual introduction, and a caution to those stretching comparisons too far, Nina Berven set out the bases for comparison and the need for conceptual tools which would 'travel' across settings. This also brought out the potential for confusion resulting from the use of similar terms. For instance, although 'welfare state' translated directly into Norwegian, the term hid many differences in the two nations' systems.

Virginia Berridge, Ornella Moscucci and Sarah Mars, from the LSHTM History Group, Svanaug Fjær, at the Stein Rokkan Centre and Asmund Arup Seip, from the Fafo Institute for Applied Social Science,

Oslo, presented work relating to the prescribing of psychoactive drugs. The definition of 'life' and debates about abortion and childbirth were considered by Ornella Moscucci, Thorwald Sirenes and Merethe Flatseth. Kari Ludvigsen and Asmund Arup Seip addressed the roles of psychology and psychiatry in policy responses to troublesome children. Stuart Anderson, a pharmacist and historian, considered the dynamic relationship between pharmacists and the British state.

As the presentations and discussion looked at the various influences on health policy within and across countries, the juxtapositions began to throw light on the question "What shapes health policy?" Is it determined by the population's health and behaviour, by developments in scientific knowledge and technology or by the process of policy-making and opinion forming?

Thorwald's comparison of British and Norwegian abortion debates showed that contrasting definitions of the foetus were important in determining policies in the two countries. Here, measurement and classification were influential, yet we then saw that two countries sharing the same underlying model could develop quite different policies: Svanaug described the rise of epidemiology and the infectious disease model that underpinned Norwegian illicit drug policies in the 1960s, but although this led to a drug free approach to treating Norway's addicts, the same model in Britain resulted in a policy of heroin prescribing.

If a shared understanding and conceptualisation of a country's 'problems' did not account for the shape of health policies, could the parties involved in policy making and their interests? Stuart, Sarah, Kari, and as discussant, Asmund, showed the influence on policy of the health professions, their structures and relationships with the state.

Stuart's description of the British pharmacy profession, where community pharmacy and its small business model dominated, leading to resistance against salaried status for pharmacists contrasted with Sarah's description of the British medical profession in the treatment of drug dependence, where the dominance of salaried NHS psychiatrists resulted in attempts to control the business model of private prescribers and their chosen approach to treatment. Kari contrasted the hospital based treatment for troubled children in Sweden with school-based approach in Norway: the Swedish hospital-based health care system resulted from close ties between medical profession and central government, orientated to cure rather than prevention, while Norway's paediatrics expert groups had weaker representation in policy making.

As well as these structural explanations, the familiar theme of significant individuals remained strong, particularly in small circles of policy actors where there was cross-over between the civil service and expert professional groups. This was found in both Norway's child psychology policies and British drug and alcohol policies. The role of patients and the 'public', activism and consumerism emerged in Ornella, Virginia and Merethe's works.

Ornella's paper demonstrated how, despite medical opposition to drug induced pain relief during childbirth during the early years of the last century, public demand and lay campaigning stimulated its provision, with London obstetrician Eardly Holland observing in 1933 "In fashionable private practice in London the cry is for 'drugs, drugs & still more drugs'; & one gets no credit unless one dopes deeply." Similar tensions could be seen in 1980s Britain when the medical addiction establishment led by salaried psychiatrists restricted their prescribing of opiates while the more consumerist model of private practice responded to demand from patients.

The modes of communication and the way in which issues were presented constituted a significant influence on health policies, whether in terms of language used, or the involvement of the media. The impact of activism on health policies, and its increased potential through the media came across in Virginia's comparisons of the large scale anti-opium movement of the nineteenth century and the much narrower, professionalised Action on Smoking and Health (ASH) of the late twentieth. Here, changing modes of communication were crucial, and language re-emerged as shaping public perception and policy.

Finally, technological innovation and its take-up clearly marked policy developments, both in their effects on behaviour on the ground, such as the introduction of the cigarette widening tobacco smoking, or in medicine, where, as in the case of reproductive technologies, they might bring both apparent 'solutions' and new dilemmas.

While historical factors cannot be 'controlled' for, cross national comparisons can help to test hypotheses and sometimes lend new a sight of contextual factors with which we have become overly familiar.

Sarah Mars
London School of Hygiene and Tropical
Medicine

SYMPOSIUM ANNOUNCEMENT

Health, Medicine and Cultural History

**Centre for the History of Medicine and Disease, University of Durham
30 January, 2004**

Sponsored by the Wellcome Trust and the Society for the Social History of Medicine. In Collaboration with the School for Health and the Department of Philosophy, University of Durham, and the School of Historical Studies, University of Newcastle

It is widely agreed that medicine as well as science are part of culture and do not stand as natural kinds outside of culture. The production of medical knowledge, medicine's practices and its institutions, as well as the ways in which disease and the body are framed, perceived and experienced, are socially fashioned and hence historically contingent. Such an anti-essentialistic position has had far reaching consequences for historical research and for teaching. It not only changed the range of research topics (bringing in, for example, the realm of experiencing disease and the body, or the issue of representation and imaging) but also the way of our writing, of our narratives of the history of medicine.

The term 'culture' encompasses in its heterogeneity not only social practices and power relations (e.g. in healing) or language and linguistic traditions (e.g. in the communications between doctor and patient or in scientific writing). It embraces also the material culture of medicine (e.g. instruments and machines used to produce meaningful knowledge about the body) and the production, representation and circulation of medical knowledge and ideas.

The aim of this workshop is to discuss what Cultural History can offer to History of Medicine. We want to examine the various

approaches of cultural history regarding their theoretical premises, and the methodological implications they have for medical history. Which of the theoretical premises are heuristically useful for us? Where do we have to be careful not to transfer approaches, theories and models developed in and for other fields to the history of medicine? It has been noted that within cultural studies often the historical dimension has been neglected. Hence, there is also the question what a cultural history of medicine can offer to cultural studies.

Although numerous books and articles have been published on various aspects of cultural history and cultural studies, only a few publications have taken up the task to specifically engage with the cultural history of medicine. This workshop will to bring together historians who work on different aspects of cultural history of medicine. We would like to discuss the following key issues:

- the ways and means of producing, representing and distributing medical knowledge via images and language
- the material and technological culture of medicine
- the experience of disease and the body

Speakers include Bertrand Taithe (Manchester), Steve Sturdy (Edinburgh), Julie Anderson (Manchester), Michael Stolberg (Würzburg), and Mark Jenner (York).

For further details, registration and the full programme, please visit our web page at www.dur.ac.uk/chmd/events/workshop.htm or contact:

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**SSH/M COLLOQUIUM
CALL FOR PAPERS**

**Mélanges, crases,
temperaments: La chimie du
vivant dans la médecine et la
biologie anciennes**

**Institut universitaire romand
d'histoire de la médecine et de la
santé (IURHMS), Lausanne and
Geneva
6-8 May 2004**

Deadline for abstracts: 15 January 2004.
For details, please contact:

IURHMS
1, chemin des Falaises
CH-1005 Lausanne
Tel +41-21-314 7050
Fax +44-21-314 70 55
Email hist.med@inst.hospvd.ch

**SSH/M CONFERENCE ANNOUNCEMENT
AND CALL FOR PAPERS**

**Medicine and the Humanities:
Towards Interdisciplinary
Practice**

**Association for Medical Humanities,
2nd Annual Conference**

**University of Wales Swansea
19-20 July 2004**

Abstracts are invited for short, fifteen-minute papers on topics falling within any of the conference themes to be explored in the parallel sessions listed below:

- Arts and Health.
- History.
- Literature.
- Medical Humanities in International Perspective.
- Medical Humanities in the Medical Curriculum.

- Medical Humanities in the Nursing Curriculum.
- Music.
- Philosophy.
- Poetry and Music: Readings and Recitals.
- Reflective Practice.
- Religion.
- Visual Media.

Abstracts of between **200 and 300 words** should be submitted by **e-mail** on a **pro-forma** available from the Conference's Academic Administrator:

Dr Alison Golby
Email a.golby@swan.ac.uk

They should identify the theme, give a title, and include name, affiliation, postal address, and telephone number. The deadline is **27 February 2004**. Decisions will be communicated by **23 April 2004**. Those wishing to receive further details of the Conference should send their contact details to Dr Golby.

Conference Organizers: Professor Anne Borsay, Dr Paul Wainwright, and Dr David Greaves, Centre for Philosophy, Humanities and Law in Healthcare, School of Health Science, University of Wales Swansea.

**SSH/M CONFERENCE ANNOUNCEMENT
AND CALL FOR PAPERS**

**The Cultural History of Health
and Beyond**

**Ministère de la Recherche,
Paris, France
7-10 September 2005**

This important conference is being sponsored jointly by the **European Association for the History of Medicine and Health** and the **Society for the Social History of Medicine**. It seeks to gauge the state of the discipline of medical history in the last decade and to explore the many new

directions emerging in the field. It will address recent trends in the history of medicine and explore the points of convergence between the history of medicine, life sciences, cultural, economic and environmental history, together with other important disciplines.

Once the preserve only of those trained in medicine, history of medicine has in recent decades been a field undertaken by both historians and medical practitioners, and it continues to diversify and attract scholars from a wide range of disciplines. It has mirrored developments in historiography more generally, having provided fruitful terrain for social historians for some decades and, more recently, cultural historians.

The conference hopes to address all domains of medicine and health: mental health, professional versus lay medical cultures, health services and administration as well as individual preventive behaviour or scientific doctrines. Suggestions for sessions that foster cross-national and comparative themes or perspectives are particularly welcome.

Key themes that might be addressed include:

- colonial, postcolonial and subaltern medicine
- medicine, politics and power
- the intersections of medicine and psychology
- medicine and health in visual culture
- patients, bodies and experiencing illness
- metropole and periphery
- medical and illness narratives
- medicine as text
- material cultures of medicine
- war and medicine

The conference aims to bring together leading representatives and exponents of these new directions with other interested scholars to lay groundwork for continuing contact and interaction among them. It

hopes to stimulate, enrich and develop what has become one of the most exciting lines of inquiry within the discipline of history.

We now invite proposals for presentations, as well as posters, within this broad framework. Abstracts in English, not exceeding 500 words in length, may be submitted either electronically or in paper form by **30 June 2004** to:

Professor Dr Patrice Bourdelais
Ecole des Hautes Etudes en Sciences Sociales
54 Boulevard Raspail
F-75006 Paris
Email bourdela@ehess.fr



CALL FOR ESSAYS

Society of Apothecaries of London & Royal College of General Practitioners

The Rose Prize

This prize commemorates William Rose, Apothecary of London, whose court case of 1701-04 established the legal foundation of General Practice in England and Fraser Rose, a co-founder of the Royal College of General Practitioners. The Worshipful Society of Apothecaries of London and the Royal College of General Practitioners are pleased to announce that the Rose Prize for original work in the History of British General Practice will be awarded for the first time in Spring 2005.

Submissions are invited from all non-professional historians either as individuals or as a group who are, or who have been, involved in primary health care. The work should be original and previously unpublished, with demonstrable emphasis on primary source material, and it should have been undertaken in the previous two years. It should also be appropriately illustrated. Any topic on the history of British general practice may be chosen. Typescripts should not exceed 8,000 words, but submissions in other media will be accepted provided that

they are of comparable intellectual rigour. Publication will be encouraged.

The winner(s) will have their name(s) engraved on the plinth of the Rose Bowl, which they will keep for two years, and they will also receive a suitably inscribed certificate. The award will be presented at either Apothecaries' Hall or The College and the winner(s) will be expected to give a short presentation of their work.

For further details and entry forms contact:

Ms Kate Messent
The Royal College of General Practitioners
14 Princes Gate
London SW7 1PU
Tel +44-20-7581 3232
Email cmessent@rcgp.org.uk

 **CAMPAIGN**

Open-Air School site in South London under threat

The former Aspen House Open Air School for Delicate Children was in 1926 probably the first purpose built example of an Open Air School in Britain (there were upwards of 70 before WWII, educating children with TB and asthma). The unique site - a walled garden with four listed timber chalets and a number of support buildings, surrounded with mature trees - is currently under threat, offered for sale to the highest bidder by Lambeth Council. To find out more, please visit the Save the Orchard Centre website:

<http://www.friendsorchard.org.uk/>
Duncan Law
duncan@duncanlaw.charitydays.co.uk

 **MEMBERSHIP NEWS**

Warwick Anderson

Warwick H. Anderson, M.D., Ph.D., has been appointed Robert Turell Professor of

Medical History and Population Health and Chair of the Department of Medical History and Bioethics at the University of Wisconsin-Madison. In 2003, Basic Books published his book on the history of medicine and social thoughts in Australia, *The Cultivation of Whiteness: Science, Health, and Racial Destiny in Australia*. Currently he is completing a book on the history of tropical medicine and ideas of race in the colonial Philippines. His next project concerns the history of investigations of kuru in the highlands of New Guinea.

 **CORRECTION**

Report on 'Menstruation' conference in *Gazette* 29, April 2003, page 6

The report of the Menstruation Conference held in Liverpool in January states that it took place in "the luxurious setting of Liverpool University's medical school". A statement that must be very puzzling to frequenters of that venue.

The conference actually took place at the Liverpool Medical Institution, a Grade 2* listed building which is the home of Liverpool's medical learned society. The Liverpool Medical Institution is an entirely independent organization for qualified medical practitioners and healthcare professionals in the North West

Mair Pierce Moulton
Librarian
Liverpool Medical Institution

 **ROY PORTER STUDENT ESSAY COMPETITION**

Call for Submissions

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*, available at <<http://www.sshm.org>>.

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 note the changed address]

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, Dr. Lesley Diack, Research Fellow, School of Pharmacy, Schoolhill, Aberdeen, AB10 1FR, 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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SOCIETY FOR THE SOCIAL HISTORY OF MEDICINE

2003 ROY PORTER STUDENT ESSAY PRIZE COMPETITION

ENTRY FORM

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.....

Date.....

Address.....

.....

.....

.....

Email.....

Please visit the SSHM Website at <http://www.sshm.org>