

No 32, April 2004

Society for the Social History of Medicine

The Gazette



ISSN 0962-7839

Contents

Conference reports

"From Hospital Contributory Schemes to Health Cash Plans" (London)
— page 2

"Foundations of Globalisation" (Manchester)
— page 3

"Health, Medicine and Cultural History" (Durham)
— page 5

Announcements

Conferences, workshops,
calls for papers
—page 8

Roy Porter Student Essay
Competition
—page 11

Job
—page 11



Henry Wellcome displaying cultural artefacts from his collection

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>

From Hospital Contributory Schemes to Health Cash Plans

**Institute for Historical Research,
London, 22 October 2003**

The hospital contributory schemes in Britain provided a substantial proportion of the finances of British voluntary hospitals in the inter-war period. In the mid-1930s they were described as ‘one of the most outstanding examples of social organisation during the last two or three decades’. They mobilised enormous amounts of voluntary effort in campaigns to recruit supporters to their cause – in the case of the largest single scheme, the Hospital Saving Association, some 14 000 local groups were engaged in collecting subscriptions. They offered channels for citizen participation in influencing the development of hospital services, and scheme members and representatives also played important roles in the governance of individual hospitals.

Nevertheless the schemes have received relatively little attention from academics. Closing this gap has been the object of a research project directed by Martin Gorsky (London School of Hygiene and Tropical Medicine) and John Mohan (University of Portsmouth) with funding from the Leverhulme Trust and ESRC, and employing Tim Willis as research fellow. This conference was organised to mark the end of the project and present its major findings. It attracted a diverse audience including not only academics but also executives of the surviving contributory schemes, MPs who represent their interests in Parliament, and policy analysts from the department of Health and thinktanks.

The first paper, by John Mohan, presented evidence on variations between geographical areas in the membership of the schemes and in the resources raised. There were considerable variations between counties in membership and these were reflected in the resources generated. There is some evidence

that the schemes encouraged the ‘hospital habit’ and that this was reflected in an increasing propensity to use hospital services. If so the schemes may have simultaneously raised funds for hospitals and increased the demand for hospital treatment, thereby increasing the financial pressures they were established to address. As discussant, Steven Cherry (UEA) noted the methodological difficulties in evaluating the contribution and impact of the schemes, and pointed to their wider impact in promoting a ‘citizenship of contribution’ and the regional integration of hospital services.

Martin Gorsky’s paper, ‘Social insurance, the British hospital system, and the NHS debates 1941-8: a path not taken?’ then raised the question of why the option of funding the NHS through this form of social insurance was ultimately rejected. He showed that there were official concerns about impediments such as partial coverage and diversity in benefits offered, and scepticism as to the extent of popular support. Furthermore, the schemes’ representative body, the British Hospitals Contributory Schemes Association (BHCSA), was an ineffective lobbying organisation. The BHCSA leadership largely adopted a reactive stance, and was further weakened by internal divisions within the contributory schemes ‘movement’. It was therefore unable to formulate a clear vision of the future role of the schemes. Nor was it able to develop strong links with other organisations such as the BMA or the British Hospitals Association. Once it became clear that the post-war service would draw its funding primarily from public sources, the BHA and BMA formed a separate committee from which the schemes were excluded. The contributory schemes were therefore marginalised in the policy formulation process. Rodney Lowe acted as discussant and put the decline of the schemes in the context of Jose Harris’s observation, that the centralisation of the post-war British welfare state would not have been predicted given its pre-war development. He also noted that

given the pre-war growth of the schemes, understanding why their expansion was suddenly cut short is a key explanatory problem, and pointed to some options which the schemes might have considered – but did not – for their future development.



The first patient of the NHS, Sylvia Diggory with Health Secretary Aneurin Bevan in 1948

Tim Willis then considered post-1948 developments, which can be characterised as a move from ‘contributory schemes to cash plans’. A minority of contributory schemes remained in existence; some evolved into provident associations offering private health insurance; others remained committed to the provision of low-cost benefits to a blue-collar clientele, and continued to be known as hospital contributory schemes. Using national and individual scheme records, he outlined the market niche which they captured, investigated their role in postwar health provision, relative to the state system, and described and sought to account for the main trends in support for cash plan products since 1950. Finally he discussed the extent to which the schemes retained their character as a ‘movement’ with distinctive mutualist and charitable features, particularly in the more competitive environment of the later twentieth century.

The conference ended with a lively panel session in which speakers reflected on the implications of the discussion in earlier sessions for the health cash plans at the present policy juncture. Competing visions for their future role were mapped out, differing markedly on the desirability of greater private purchase of services, but converging on the capacity of the cash plan

model to address the health expectations of a consumer society. The speakers were Graham Moore, the chief executive of the Westfield Health Scheme, one of the largest of the cash plans; Ken Purchase, the Labour MP who, along with Conservative John Greenway (who was also present), represents the cash plans’ interests in the House of Commons; Calum Paton, Professor of Health Policy at the University of Keele; and Dr Tim Evans, director of the liberal think-tank Centre for the New Europe.

The papers presented are available from Martin Gorsky (martin.gorsky@lshtm.ac.uk) or John Mohan (john.mohan@port.ac.uk) and the project findings are being written up in a book to be published by Manchester University Press in 2005.

John Mohan
University of Portsmouth



CONFERENCE REPORT

Foundations of Globalisation

University of Manchester 6-7 November 2003

An International Conference on the Foundations of Globalisation was held at the University of Manchester, 6-7 November 2003. Featuring 19 speakers covering a wide range of American philanthropic foundations’ global activities – including the Green Revolution, public health, economic development or ‘modernisation’ strategies, foreign policy and the Cold War, management ideas and theories – the conference was attended by over 30 delegates from the United States, Canada, France, Italy, the Netherlands and Britain. The Conference papers mainly assessed the roles of the Ford, Carnegie, and Rockefeller Foundations, although a number of papers also examined, in part, Phelps-Stokes, Russell Sage, and other smaller philanthropies while one paper examined the relationship between 1990s philanthropies, such as Soros, with those of the early 1900s.

One of the main contributions that the Conference made was successfully to demonstrate the breadth of American philanthropy's activities and its global reach. Beginning from the early 1900s, the major foundations began an active global programme of health, disease control, food production, population control and other programmes. In addition, Rockefeller and Carnegie philanthropies built strong links with European and other institutions, principally with universities and research institutes, both in the social and natural sciences. In effect, the foundations began a process of building knowledge networks across the world, mainly to promote good causes but also to promote America's national interests. Established by some of the most successful industrial capitalists of the early twentieth century, and with boards of trustees who were heavily connected with Wall Street banks and international law firms and educated in east coast private schools and Ivy League universities, the foundations were steeped in the east coast WASP establishment. Their domestic and international programmes reflected the concerns of US elites who wanted to use their financial power for the public good, to improve society and the world. Their approaches were always elitist, technocratic, "scientific", and utilitarian – "to put knowledge to work", as one RF officer said. They were well-connected with the State Department and other foreign policy agencies of the US state, as well as quasi-state research and propaganda organisations, such as the Council on Foreign Relations and the Foreign Policy Association. The foundations were, from their very beginnings, globalist in outlook. In their view, America should lead the world, exporting its values and institutions.

During the Cold War, the foundations promoted American hegemony in numerous ways, in alliance with official agencies of the American state. Some of the papers in this section discussed efforts to establish American Studies at British universities, foundation policies on 're-education' in

postwar Germany and Japan, foundations' overt and covert links to the CIA and its attempts to manipulate European intellectuals, foundations' promotion of 'modernisation' theories of development in Indonesian, Latin American and African higher education, and foundations' roles in more generally promoting higher educational institutions abroad. Among the speakers who specifically discussed science, medicine or technology was John Krige (Georgia Tech.), who considered the Rockefeller Foundation's attempts after 1945 to 'Americanise' French science through its support for the CNRS, while Darwin Stapleton (Rockefeller University and Rockefeller Archive Center) examined Rockefeller public health fellowships' role in globalisation.

Three papers placed the foundations' support for 'Green Revolution' programmes in the context of the Cold War. Nick Cullather (Indiana) analysed the ways in which justifications of the Green Revolution repeatedly had to adapt during the 1950s and 1960s to shifting ideas about third world population growth generated by demographers as well as to the critiques of high-tech agriculture developed by environmentalists. In addition to exploring a series of issues concerning the foundations' underlying assumptions, their relations to U.S. government agencies, and their potential gains from the Green Revolution, Robert Anderson (Simon Fraser) emphasised the need for more research on the all-important 'Consultative Group for International Agricultural Research' which has supported the Green Revolution since the 1970s. Placing the Green Revolution against the backdrop of the growth of high-tech agriculture in both Central Europe and the U.S. since the late 19th century, Jonathan Harwood (Manchester) sought to clarify the foundations' aims in championing the Green Revolution and concluded that despite frequent claims to the contrary, 'solving the problem of world hunger' was never seriously attempted.

A final set of papers looked at the foundations' support for, broadly speaking,

innovative management practices. Speakers considered, for example, the role of the Ford Foundation in OEEC/OECD institutional development, the organisational and group dynamic ideas used by the World Bank in its management of contemporary globalization processes, the interwar promotion of scientific management as an agent of progressive social change, and the philanthropic philosophy and practices in the 1990s of George Soros as compared with those of Carnegie, Rockefeller and Ford.

Many of the papers will be placed on a dedicated website, and plans are underway to set up a research network of interested scholars who will meet again next year and thereafter. Full details of the conference programme and papers may be found at:

<http://les.man.ac.uk/government/foundationsofglobalization.htm>. Inquiries to: jonathan.harwood@man.ac.uk

Jonathan Harwood
University of Manchester



WORKSHOP REPORT

Health, Medicine and Cultural History

University of Durham
30 January 2004

Over the past two decades, cultural analysis has influenced the work of historians of medicine in many ways. Surprisingly, however, debates and studies on the status of “the cultural” in medicine, and on the theoretical and methodological offerings of cultural history for the history of medicine, have remained in the background of medical history. This may have to do with the established, high status of “the social” in the history of medicine, but also with a certain feeling of uncertainty vis-à-vis the growing thickets of cultural studies, resulting in a kind of “wait-and-see” attitude.

“Health, Medicine and Cultural History”, a workshop organised by Lutz Sauerteig from the Centre for the History of Medicine and

Disease (CHMD) at Durham University, took up the relationship between history, medicine and culture more explicitly. Five speakers and 20 participants from the UK, the United States, Germany and Austria came together for a stimulating afternoon to discuss questions such as: What can cultural history offer to medical history? Which key issues can be identified? How can a cultural history of medicine contribute to a better understanding of today’s medical discourses and to a critical understanding of medicine? The event was sponsored by the Wellcome Trust and the Society for the Social History of Medicine. It also marked the foundation of a new centre for the history of medicine in the North of England, formed by the CHMD and medical historians at the University of Newcastle.

Following the welcome address of the CHMD’s director, Holger Maehle, an introduction by Lutz Sauerteig gave an overview of the more recent readings of the notion of culture. He emphasized the heterogeneous and encompassing character of cultural analysis, but outlined precisely some of the key vectors within a cultural history of medicine. These key vectors – images, material culture, experience and medical knowledge – turned out to be useful for the workshop’s subsequent discussions.

Bertrand Taithe (Manchester) started the line of presentations with a paper on the cultures of the colonial body in the French Empire and historiography. Assessing critically some of the recent epistemological approaches to politics in culture (e.g. Foucault and his concept of governmentality), Taithe discussed the history and historiography of tropical diseases in terms of a two-way transfer. Diseases not only represented the import-export trade routes between the “sick” empire and the nation’s health, but were also vicious commodities and signifiers of colonial domination. For this reason, Taithe argued, it is important to look at the hybrid character of transfer and interchange in the colonial spaces. The cultural alienation of French medical practitioners abroad

produced varied discourses of fragility and difficulties of acclimatising over there and assimilating those from over there. Consequently, these discourses were crucial for a 'colonial setting', a mix of knowledge, practices and artefacts, which not only shaped the construction of colonial bodies but also deeply influenced French national narratives and their representation in the metropolis.

While Taithe's analysis concentrated on processes of cultural transfer, Steve Sturdy (Edinburgh) called the workshop's attention to cultural differences. Sturdy presented a case study focusing on Edinburgh and Cambridge as two different cultures of modern medicine. How is scientific knowledge produced in different local settings, spaces and practices? How can the methodological views of the science studies, such as Karin Knorr-Cetina's concept of "epistemic cultures", be used for a cultural history of medicine? And what, then, is new in cultural history of medicine? Starting from here, Sturdy's intention was not to raise the question what culture *is*, but how culture is *done*. Between 1880 and 1930 Cambridge and Edinburgh provided two different medical cultures. In Cambridge, a widely research-orientated medicine, led by physiologists, tried to develop new experimental methods and tools in laboratories. These researchers aimed at defining systematic and general forms of scientific knowledge that were separate from clinical practice. In contrast, physiology was marginal in the Edinburgh medical school. Much more prominent were the pathologists, who had a strong interest in teamwork with clinicians. Therefore, the production of medical knowledge was more collaborative, involving the whole range of research carried out by several medical disciplines, and representing a diffuse spectrum of social relations. By analysing the particular styles of research at different locations, Sturdy was able to make it clear that a cultural history of medicine is very much indebted to the sociological studies of scientific knowledge.

Without doubt, another central issue for a cultural history of medicine is the realm of material culture. From ancient times onward, a great many medical technologies and instruments have been associated with certain norms, values and signifiers. Julie Anderson (Manchester) presented a further case study showing how contemporary medical technology becomes part of our lives. In her paper, entitled "The Cultural Significance of the Artificial Hip", Anderson looked at hip replacement surgery and its representation in popular magazines. During the 1970s, this technology has become a routine surgical practice in western societies and is now often taken for granted as an invisible metal-plastic implant. Hip replacement surgery raised a broad spectrum of responses in the mass media. What makes the story of the artificial hip so successful? Here again, one of the workshop's main issues, the acting and doing of cultures, was of utmost interest. The question is not what an artificial hip is, but what it does: it keeps elderly people in motion, making them mobile and socially flexible. It is only the capability of moving that makes an "active life" possible, thus changing the notion of what old age is and when it starts. This metal-plastic object tells stories about how women and men can experience and reinvent their ageing bodies as active ones.

The relationship between patients' experience and medical discourses has recently gained much attention in body history. How did early modern women and men experience and construct their bodies? How did traditional and new medical knowledge influence them? Michael Stolberg (Würzburg) has studied these questions by looking at a vast number of patients' letters and autobiographies. Taking nervous disorders as an example, Stolberg pleads for a microhistorical, patient-orientated approach within a cultural history of medicine. New medical theories might have captured the scientific discourses rapidly but hardly affected the way people explored their bodies. In fact, letters written by patients reflected multi-faceted and individual

narratives of bodily experience, mixing a broad range of popular and medical depositories of knowledge. For this reason, there is much evidence to suggest that the acceptance of a new medical paradigm very much depends on how people perceive and construct themselves in times of social change, looking for sense-making, trust-inspiring explanations. It was also here that the workshop encountered the problem of the material presence of the body. Discussions circled around some open questions of body history, such as: if only language can constitute the very possibilities of experiencing and conceptualising the body, what about its material existence, what about the flesh, the nerves and the bones? How do ideas and knowledge become flesh? Do we really have to limit ourselves to saying that there remains a gap between discourse and experience?

Mark Jenner (York) closed the circuit of the speakers by picking up again the problem of the multiple notions of “culture” and the “boundary drawing” that each methodological turn claims for itself. What is, for example, the status of public health in a cultural history of medicine? Based on his research into 16th- and 17th-century English conceptions of cleanliness and dirt, Jenner approached the invention of modern sanitation from an anthropological perspective. A culturally inspired history of public health has to involve the “cultures of dirt”, analysing the cultural construction of pollution, environmental problems, medical policies, urban civic orders, norms of behaviour, and social reforms in terms of overlapping discourses. Clearly, this approach should not lead into an arbitrary understanding of culture, producing a huge, shapeless rubbish heap of symbols, signifiers, figures, and images. In other words, it will not do to understand culture as a cacophony of discourse effects. Only different models of culture, Jenner emphasized in view of his example, are able to deconstruct the linear, teleological story of public health in modernity.

In this sense, Jenner’s paper was the connecting piece to a summing-up of the workshop’s results. I became clear that cultural history challenges the history of medicine in many ways. The workshop demonstrated how historians of medicine have grappled with the issues raised by cultural analysis and gave strong evidence of the deep entanglement of medicine with culture(s). What next? What are heuristically useful approaches to a cultural history of medicine? Speakers and participants agreed that there is neither a single notion of culture nor a key concept which historians can synthesize by looking into the past. Moreover, to claim a cultural “turn” in the history of medicine seems inappropriate. Doing cultural history is not to suspend the more recent approaches and results of social history, simply substituting “the social” by “the cultural”. Instead, cultural history continues, amplifies and intertwines what historical, sociological and anthropological studies of medicine have offered. Culture is context and contingent, culture is eclectic and heterogeneous, and culture always demands emphasis on encompassing perspectives. Precisely because of this, however, a cultural approach in the history of medicine should be careful with regard to generalisations of its approaches and results. The term and notion of culture differ strikingly depending on what one is looking at. By looking at the self-construction and self-experience of bodies, the production of medical and scientific knowledge and its socio-political consequences, and by looking at the significances of medico-technical artefacts, we see different notions and understandings of culture. For this reason, a cultural history of medicine is probably at its best when it is done in case studies – keeping the rich offerings of cultural analysis in view, but referring to a specific approach and understanding of culture.

Hans-Georg Hofer
University of Freiburg

SSHVM **CONFERENCE ANNOUNCEMENT**

**Mediating Biomedicine:
Engaging, Resisting,
Negotiating**

**CHSTM, University of Manchester,
10-11 September 2004**



Like contemporary specialists in science communication, historians of medicine and science have largely rejected simple “top-down” models of interactions between everyday people and biomedical experts. Instead, they focus on the complexity and diversity of motives, interests, and understandings that have characterized past as well as present encounters centred on biomedical knowledge.

This small, workshop-style conference will bring together historians exploring dynamic relationships between educators and audiences, experts and laypeople, professionals and patients. The questions we will address include:

- How have expert producers and lay consumers of biomedical knowledge regarded each other, and how have they viewed the actors - journalists, popularizers, educators, activists, officials, and others - who have sought to mediate between them?

- How have these relationships evolved over time? How have the roles of the actors and institutions that mediate biomedicine changed? Have new media altered these relationships and roles, and if so, how?
- How can our historical understanding of past efforts to mediate biomedicine inform present attempts to comprehend and improve relationships between experts and laypeople?

A limited number of places are still available on the conference programme. We invite scholars interested in presenting to submit a 300-word abstract to the conference organizers. Please send abstracts, including full contact information, to:

Dr. Elizabeth Toon
CHSTM, University of Manchester
Maths Tower Rm. 3.32A, Oxford Road,
Manchester M13 9PL (United Kingdom).

For full consideration, abstracts must be emailed or postmarked by 16 April 2004.

SSHVM **CONFERENCE ANNOUNCEMENT**

**Healthy Towns, Healthy Cities:
public health in British cities,
1844-2004**

**London School of Hygiene and
Tropical Medicine, 12 November 2004**

The inspiration for this conference was the observation by a public health academic that the historical community had failed to mark the 150th anniversary of the Health of Towns Association. Formed in 1844 in the wake of Chadwick’s seminal *Report on the Sanitary Condition of the Labouring Population* the Association was a key advocate of environmental public health interventions in Victorian Britain. A commemoration of its foundation therefore offers the opportunity to reflect on the town as locus of public health initiatives in the sanitarian era. It also

provides the chance to bring historical perspectives to bear on the present, now that the city is enjoying a revived role in promoting the 'new public health' at the turn of the millennium.

The aim of the conference is first to look back on the classic phase of urban sanitary reform which followed the mid-century Public Health Acts. We are interested in work which reappraises the role of Edwin Chadwick as progenitor of reform, as well as studies of pioneer Medical Officers of Health and their efforts to drive down mortality rates in their cities. Moving into the first half of the twentieth century, we want to consider both the zenith of municipal medicine and the implications for health of the town planning movement. Although the National Health Service initially lessened the community health responsibilities of city authorities, it is arguable that this trend began to be reversed at the end of the twentieth century. We therefore wish to conclude the day with an appraisal of the 'Healthy Cities' initiative, begun in 1986 to implement the goals of the World Health Organisation's 'Health For All 2000' programme.

The day will be organised around four sessions:

- Edwin Chadwick: his work and legacy
- The Victorian Medical Officer of Health and the health of towns
- The 20th century: (a) before the NHS
- The 20th century: (b) after the NHS

Speakers, provisionally confirmed, will include James Hanley, Christopher Hamlin, Bill Luckin, Tim Boon, David Smith and John Ashton.

For further information please contact:

Martin Gorsky or Virginia Berridge
London School of Hygiene & Tropical Medicine
Keppel Street
London WC1E 7HT, UK
Email: martin.gorsky@lshtm.ac.uk
virginia.berridge@lshtm.ac.uk

CONFERENCE ANNOUNCEMENT & CALL FOR ABSTRACTS

Health and History: International Perspectives

The 9th Biennial Conference of the Australian Society of History of Medicine

**University of Auckland, New Zealand,
17-19 February 2005**

This conference aims to cover topics relating to the history of health and medicine in Australia, New Zealand and other British dominions and colonies, as well as Europe, the Americas and Asia. By bringing together scholars from around the world we hope to foster discussion of health and medicine from different perspectives. Topics will include indigenous health, psychiatry, nursing, hospitals, clinical trials, public health, women's health, and sexuality and health. We are also planning to organise a witness seminar on Auckland's contribution to neonatology.

We are currently negotiating to bring keynote speakers from Canada, Japan and the UK. Expressions of interest in attendance have been received from Europe, North America and South Africa.

Authors intending to submit an abstract for must submit a synopsis of 200-300 words outlining the aims, contents and conclusion of their paper. Deadline for abstracts is 1 August 2004. Please submit your abstract electronically (alternatively you can mail) to:

Neenu Madan
Email: n.madan@auckland.ac.nz
Centre for Continuing Education
The University of Auckland
Private Bag 92019, Auckland, New Zealand
Phone enquiries: +64 9 373 7599 extn 87443

For programme enquiries and further details, please contact:

Professor Linda Bryder
Email: l.bryder@auckland.ac.nz

SSHMH **CONFERENCE ANNOUNCEMENT
& CALL FOR PAPERS**

**Health, Heredity and the
Modern Home, 1850-2000**

**Centre for Medical History, University
of Exeter, 21-23 March 2005**

The Centre for Medical History at the University of Exeter is hosting an international conference to be held at Crossmead Conference Centre, Exeter, on 21st, 22nd and 23 March 2005.

The conference will have two main themes. First we are hoping to explore the relationship between health, disease and the home. Thus, we are keen for contributors to explore the manner in which modern materials and the emotional domestic environment have been implicated in disease aetiology and, conversely, how shifting understandings of the determinants of health and disease have shaped modern architectural and domestic fashions. Secondly, we are also keen to explore tensions between hereditarian and environmental explanations of disease, or more particularly the diverse ways in which parenthood (most notably motherhood) has been constructed as a determinant of health.

With this broad context in mind, we are hoping to attract a range of speakers and delegates, with interests in the following (and/or other) topics:

- Heredity
- Hygiene
- The concept of the home
- Housing, architecture & the ergonomics of modern living
- Disability
- Models of the family, including extended relationships
- The concept of parenthood

If you would be interested in contributing to the conference, please can you forward, by 16th July 2004, an abstract of 250 words to the Centre Co-ordinator:

Claire Keyte
Centre for Medical History
University of Exeter
Amory Building
Rennes Drive, Exeter, EX4 4RJ
Email: cfmhmail@exeter.ac.uk

SSHMH **CONFERENCE ANNOUNCEMENT
& CALL FOR PAPERS**

People and Places

**The 37th International Congress for
the History of Pharmacy**

Edinburgh, 22-25 June 2005

Hosted by the British Society for the History of Pharmacy in conjunction with the Society for the Social History of Medicine.

The history of pharmacy has traditionally been strong on artifacts and antiquarianism and weak on practice and people. It is a history of *pharmacy* rather than of *pharmacists*. We know much more about materia medica and the tools used to make medicines than we do about the people who made them.

In this international congress the people of pharmacy will take centre stage. Within the broad framework of 'people and places' the congress will have four sub-themes:

- **The Pharmacy Workforce:** Who became pharmacists and how were they educated?
- **Pharmacy Practice:** Where did they practice and what did they do?
- **Leaders and Innovators:** Who shaped the practice of pharmacy and how?
- **Patrons and Clients:** Who supported pharmacists and how did they help?

Papers, in either English, French or German, will be presented in a series of parallel sessions. A number of student

bursaries are being offered by the Society to assist young historians to present papers at the congress. All time periods and all geographical areas are eligible.

The conference will be opened by the Lord Provost of Edinburgh. The plenary sessions will cover a number of subjects including the history of the Royal College of Surgeons of Edinburgh, who are celebrating their 500th anniversary in 2005.

For further details about the congress and arrangements for the call for papers check on the BSHP website at:

<http://www.bsHP.org/congress>

Kate McIntosh
IChP 2005, Index Communications Meeting
Services (Scotland) Ltd, 7 Summerhall Place
Edinburgh EH9 1QE
Email: scotland@indexcommunications.com
Phone: +44 131 667 9982



ROY PORTER STUDENT ESSAY COMPETITION

Call for Submissions

The Society for the Social History of Medicine invites submissions to its 2004 Roy Porter Student Essay Prize Competition from student members. The deadline for submissions is 31 December 2004.

Rules and entry form are available on the SSHM website:

<http://www.sshm.org/prize/prize.html>

Both Rules and form will also be included in the next issue of the *Gazette*.

JOB

Assistant Professor of Science, Technology and Society, 3 year fixed term, Penn State

The Science, Technology, & Society (STS) Program at Penn State is seeking a talented, energetic scholar to teach core interdisciplinary courses at the undergraduate level. The applicants should have completed a Ph.D. degree and have teaching experience and outstanding teaching abilities. Area of specialization is open, but the program is interested in scholars with demonstrated achievements in one or more of the following areas: theory and/or sociology of science and technology, medicine and society, sustainability, STS and the media, or scientific laboratories/big science.

Candidates should send an application letter, curriculum vita, single writing sample, and the names for three references (with complete contact information, including mail, telephone and email) to:

Chair, Search Committee
STS Program - Penn State
102 Old Botany
Pos. #: H-17165
University Park, PA 16802

Screening of applicants will begin April 1, 2004 and continue until a selection is made. For further information or inquiries, please contact the main office at +1-814-865-9951 or the search chair, Dr. Steven Walton at

Email: STS-search@psu.edu

Disclaimer

Any views expressed in this Gazette are those of the Editors or the named contributor; they are not necessarily those of the Executive Committee or general membership. While every care is taken to provide accurate and helpful information in the Gazette, the Society for the Social History of Medicine, the Chair of its Executive Committee and the Editor of the Gazette accept no responsibility for omissions or errors or their subsequent effects. Readers are encouraged to check all essential information appropriate to specific circumstances.

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