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OFFICIAL NOTICES

Launch of History and Policy

On 5 December 2007, a range of historians, civil servants, politicians and journalists gathered at the Churchill museum and Cabinet War Rooms, London for the launch of the ‘history and policy’ initiative. A unique collaboration between the University of Cambridge, The Institute of Historical Research, and The London School of Hygiene and Tropical Medicine, ‘history and policy’ aims to demonstrate the relevance of history to contemporary policymaking; to put historians in touch with those discussing and deciding public policy today; to increase the influence of historical research over current policy; and to advise historians wanting to engage more effectively with policymakers and media.

At the launch, Professor David Cannadine argued that policy making would benefit from the involvement of expert historians, and called on government to appoint a Chief Historical Adviser.

The ‘history and policy’ website, http://www.historyandpolicy.org, contains a wealth of information, including over 60 papers offering historical insights into current policy. Several relate to medical history. There is an open invitation for more papers. If any SSHM members would like to contribute, the details are at http://www.historyandpolicy.org/papers/submit.html

Abigail Woods
Imperial College, London

CONFERENCE REPORT

Kill or Cure? Water and Health in the Nineteenth and Twentieth Centuries

Centre for the History of Medicine, Warwick University, 28-29 March 2007.

In March 2007 the Centre for the History of Medicine took advantage of the University of Warwick’s new conference location, the Palazzo Pesaro Papafava in Venice, to hold a two-day workshop on water and health, organised by Jane Adams and Hilary Marland. The event was generously supported by the Wellcome Trust and the University of Warwick’s North American Fund.

This international workshop explored the ways in which water was represented as a potential hazard and source of disease as well as an important health resource in the nineteenth and twentieth centuries, with particular focus on Western Europe and Asia. The papers opened up debate on notions of water purity, responses to water-borne epidemics, the politicisation of water supply and usage, and the relationship of water with hygienic and healing practices and cultures. The workshop was partly inspired by questions arising from our Wellcome Trust funded Project ‘Healing Cultures, Medicine and the Therapeutic Uses of Water in the English Midlands, 1848-1948’, and brought together a group of scholars working with a variety of approaches within the field of medical history. The workshop illustrated the potential for the development of a network of international scholars working on the theme of water and health and for future publications on this topic.

Several papers addressed the huge interest in the curative potential of water in the nineteenth century, demonstrated by the expansion of hydropathic therapies and treatment centres and the continuing popularity of mineral water spas across Europe. The opening paper by Marguerite Dupree noted that hydropathy, although originating with one man, Vincent Preissnitz, proved to be a malleable phenomenon, reshaped within national contexts, a theme reflected on by several other contributors.

Dupree’s paper focused on the distinctive features of the hydropathic system in Scotland, noting its relative late flowering from the 1870s and arguing that its popularity was influenced by both religion and temperance. Although Preissnitz presented hydropathy as a complete medical system, to be practised in opposition to orthodox medicine, Borbála Csoma, using evidence from the private correspondence of aristocratic Hungarians attending Preissnitz’s own institution at Graeffenburg, showed that many patients took a more eclectic approach to healing possibilities, mixing his treatments with other systems, notably homoeopathy.
Sabina Roth’s paper on the Schroth water-cure as practised by Heinrich Traschler in Switzerland, also emphasised local variation in healing frameworks and practices. Schroth mixed specific elements of hydropathy, notably the humid pack, with dietetic advice and cast his system within a framework that incorporated popular and folk traditions, which, Roth argued, were important elements in fostering its popularity with clients drawn from the rural middle-class and urban artisans. Mariama Kaba and Vincent Barras discussed a comparative hydropathic approach in Switzerland, the hydro promoted by Glatz at Bains de Champel-sur-Arve. Using water drawn from the Alps, Glatz developed a commercial enterprise that drew on both French and German approaches using showers, half-baths, friction massage, walking-cures and electrotherapy. Jane Adams and Hilary Marland’s paper stressed the malleability of the water cure in nineteenth-century England where the rapid rise of hydropathic resorts and institutions from the 1840s took place against the backdrop of an existing tradition of visiting mineral water spas. By the 1890s there had been an explosion in healing sites using the water-cure which allowed access by patients from all social classes. Access to water cures embraced costly, refurbished and luxurious spas providing a huge range of therapies though to home treatments promoted through advice books such as those produced by John and Caroline Smedley.

The establishment of the Society of Balneology and Climatology in 1894 is significant in showing how hydropathic and auxiliary practices, attacked as unorthodox earlier in the century, were incorporated into the orthodox medical canon. Jill Seward’s paper addressed the wider cultural context of European spas and mineral water resorts, exploring the interface between the rise of health and leisure tourism. She argued that the spa regime was significantly commercialised over the nineteenth century, taking advantage of an expanding clientele of urban dwellers whose lifestyles encouraged the ailments that the spa cure was able to address. Douglas Mackaman’s exploration of French spa practice highlighted the tensions between the healthy tourists for whom the cure was a way of organising their leisure and the deathly sick who sought to give their rigorous treatment regimes a veneer of the vacation. Eric Jennings focused on a contrasting group of visitors to French metropolitan spas, the ‘colonials’ who attended centres specialising in the treatment of tropical diseases such as malaria and yellow fever, for whom the annual cure was integral to fostering a bourgeois French identity.

Turning to water and disease, a crucial theme to emerge was the importance of water control as a precondition for healthy urban settings. Bernadino Fantini traced the various theories concerning the role of water in malaria epidemiology in the nineteenth and twentieth centuries, which initially established the
continued importance of the classical elements of water, air and earth. It was not until the end of the nineteenth century, with the discovery of the crucial role of the mosquito as vector, that control of water became just one component in larger preventive strategies. A colonial context to the political and technical difficulties encountered in water control was explored by David Arnold in his discussion of South Asia. Ritual bathing in sacred streams and tanks and the consumption of ‘purifying’ Ganges water were prominent features of Indian society, but became a source of concern to the colonial authorities due to the perceived threat of the spread of epidemic cholera from polluted water at bathing festivals. The complex history of drought and famine and attempts to improve water supplies in both rural and urban areas, attest to the central importance of water in the economic and political spheres. Political difficulties were not limited to the colonial context, as shown by Deborah Brunton who assessed the tensions between the private and public good in her discussion of proposals to bring a public water supply to Edinburgh from St Mary’s Loch. This scheme provoked huge opposition based on both cost and the alleged impurities of the proposed public water. Sally Sheard’s paper addressed the question of changing practices in personal hygiene regimes in addressing the ‘dirty-diseases’ of English industrial cities. She argued that although the supply of facilities for bathing and washing expanded through public initiatives, changing cultural practices were influenced by a much wider range of issues, such as the levels of personal hygiene required by schools.

David Cantor introduced a session based around film at the conclusion of the first day of the workshop on the theme of ‘War, Water and the Public Health Movie in the 1940s’, showing a selection of films held at the National Library of Medicine, Bethesda. These illustrated the vital importance of water in wartime in managing military and civilian health. Pure drinking water was vital to military and industrial efficiency, and the films demonstrated how impure water could damage the effectiveness of troops through diarrhoea and other stomach complaints. A final film showed the wide range of hydropathic treatments used in nursing in 1945. These varied topics, addressed to audiences including the military, health professionals and the general public, were presented though a variety of genres, including public information or training films and cartoons. Some of these movies attracted large budgets and Hollywood involvement and played to huge audiences, and thus should be seen to be as much about the wartime use of the movie as about wartime concern with water.

The workshop ended with the keynote paper delivered by Chris Hamlin who used the vehicle of Charles Kingsley’s *The Water Babies* to explore the moral and symbolic significance of water and hygiene the nineteenth century. In a discussion touching on moral reform, the rural and the urban, pollution and regeneration, he re-emphasised the broader cultural context for the study of water and its enduring symbolic appeal. The Palazzo provided a convivial backdrop for exploration of the conference theme in formal and informal sessions, and Venice an excellent base for such an event, and we anticipate that the Centre will make increasing use of it in organising future workshops and conferences.

Jane Adams and Hilary Marland
Centre for the History of Medicine
University of Warwick

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**CONFERENCE REPORT**

**Representations of Early Modern Anatomy and the Human Body**

**Centre for the History of Health, Medicine and Disease, Durham University, 22 June, 2007.**

That the historical analysis of visual representations remains a vital and important field of enquiry was recently shown by the fourth Centre for the History of Medicine and Disease workshop at Durham University, Queen’s Campus Stockton. The one-day workshop, organised by Sebastian Pranghofer, discussed ‘Representations of Early Modern Anatomy and the Human Body’ and aimed at contributing to a better understanding of the body in its historical and cultural context. The focus was on visualisations of human bodies from the
sixteenth to the eighteenth centuries as represented in anatomical textbooks, public dissections, in private anatomical collections as well as in popular traditions and narratives. The speakers’ papers were as varied as the interdisciplinary background of the audience, ranging from medicine, anthropology and archaeology to the history of medicine and visual culture studies. The workshop was held on 22 June 2007 at the Wolfson Research Institute, Queen’s Campus, and was sponsored by the Wellcome Trust.

The first session examined the cultural context and significance of early modern anatomy. Rina Knoeff (Leiden University) used stories of early eighteenth-century Dutch women, who believed that they had animals living inside their bodies causing their illness, to show how early modern people actually experienced and imagined the otherwise invisible inner workings of their bodies. Knoeff’s paper ‘Animals Inside: Anatomy, Interiority and Virtue in the Early Modern Dutch Republic’ placed these early modern phenomena in the specific cultural and political context of the early eighteenth-century Dutch republic in which the material body and wealth of the nation was equally threatened by ‘little animals’ (pile worms) attacking and destroying dikes and houses. Simon Chaplin (Royal College of Surgeons of England, London) provided a fresh perspective on early modern anatomy with his paper on ‘Exemplary bodies: public and private dissections in Georgian London’. He compared the public dissections of convicted criminals at the Surgeon’s Hall from 1752 onwards with the privately conducted post-mortem dissections of wealthy patients by surgeon-anatomists like William and John Hunter. Chaplin linked these two kinds of ‘exemplary bodies’ to the opposing conceptions of public and private and their inherent implications for the establishment of medical authority in eighteenth-century London.

The second session examined the construction and representation of anatomical knowledge. In ‘The Visual Representation of the rete mirabile in Early Modern Anatomy’, Sebastian Pranghofer (Durham University), showed how debates over the existence of the rete mirabile not only reflected the absence of a consistent iconography. Its uncertain anatomical status mediated the equally ambiguous status of the human body at the time. Sachico Kusukawa’s (Trinity College, Cambridge) paper on ‘Andreas Vesalius and the Canonisation of the Human Body’ analysed the interrelation between images, texts and objects in Vesalius’ De humani corporis fabrica (1543). She demonstrated how Renaissance scholars positioned themselves in the Galenic tradition while at the same time directing the reader’s gaze towards their own understanding and interpretation of the idealised human body.

The last session focussed on gender, history and the representation of the anatomical body. The final paper by Roberta McGrath (Napier University, Edinburgh), ‘We have never been modern’, located the changing visual conceptions of the female body in anatomical illustrations of early modern obstetrics. She concluded by linking these to the development of our ‘post-industrial reproductive biotechnology’ in which the female body has become a mere object, detached from the foetus and human reproduction as such.

The final discussion summarized the common thread of all papers: the methodological issues related to investigating visual representations of the human body. It was argued that the relation between texts and images in particular and the specific historical context of visual images in general deserved more attention. Images in particular were conceived as agents shaping experiences: because of their ability to direct the eye of the beholder, they either changed or confirmed preconceived concepts and notions of the body. Another outcome of the workshop was that greater attention should be given to the engagement of researchers and historians themselves in bringing together images, texts and objects. Historians were often in danger of investigating texts and images as single units, thus adding to the process of separating them and/or or taking them out their respective context. An overall emphasis was placed on the importance of historical and cultural contextualisation and on the significance of interdisciplinarity for achieving a better understanding of the human body in its respective context.

This insightful workshop raised many fascinating issues not only for medical historians. The subjects of the papers fostered lively discussions.
which, due to the various backgrounds of the participants, added fresh perspectives to the historical themes.

Stephanie Eichberg, CHMD,
Durham University

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**CONFERENCE REPORT**

**Putting Region in Its Place: An Interdisciplinary Conference on Health, Healing and Place**

University of Alberta, Edmonton, Alberta, Canada, 26-28 October 2007.

Of the social phenomena said to distinguish the modern era from previous periods of history, the process known as globalization is often held as paradigmatic. Notoriously ill-defined, the term denotes an ongoing set of processes by which science, technology and medicine are standardized and universalized, and industry, commerce, and communication become increasingly interconnected and integrated. For all the homogenization that globalization fosters in these myriad ways, the quality of life within the resulting landscapes and lived spaces is far from uniform. Indeed, the health challenges people confront across regions vary and health care practices and institutions often reflect aspects of regional geographies and cultures. As its overarching theme, this conference promoted an exploration of how the particularities of place, expressed in a vast range of localized rural and urban experiences and traditions, relates to universalized forms of knowledge and practice associated with health, healing and health care.

Sponsored by the Social Sciences and Humanities Research Council of Canada and the Alberta Heritage Foundation for Medical Research, the conference was both international and interdisciplinary. It attracted scholars from the United States, the United Kingdom and Canada representing disciplines including history, anthropology, psychology, nursing, native studies, medicine, sociology and geography. Rob Shields, Tory Chair in Sociology and Art & Design at the University of Alberta, delivered the conference’s thematic address on the meanings and understandings of place. For Shields, place is real, but intangible, a qualitative expression of community formed in part by the relationships between people and between people and things. In this sense, place transcends geography.

The University of Birmingham’s Johnathan Reinarz explored a variation of this theme in his examination of medicine in nineteenth-century Birmingham. Most medical practitioners of that time, he noted, would have insisted that medical science was not influenced by the environment in which it was employed. An analysis of local realities in Birmingham, above all, its historical function as an industrial town, noted Reinarz, suggests the contrary. He highlighted the frequent occurrence of various illnesses associated with industry, the industrial support given to medical charities and institutions, and physicians’ records, which often articulated an understanding of illnesses in relation to local weather and the industrial environment. These records well illustrate how the particularities of region can shape the ways residents understand health and health care.

Victoria Blake of Durham University explored similar ideas in her examination of medical practice in nineteenth-century England. She challenged the tendency of histories of the period to focus on London, often held to represent the whole of the British medical community. Blake argued that regional institutions deserve much more consideration for their contributions to the professionalization of medicine from the mid-nineteenth century to the early twentieth century. She focused on the Northumberland and Durham Medical Society’s (NDMS) role in advancing clinical science. The physicians of the NDMS were determined to maintain a highly professional organization with the same rigorous standards of self-regulation, use of specialized vocabulary and advancement of scientific knowledge and clinical practice as those that governed medical societies in London. On the surface, it might appear that comparable states of medical knowledge, practice and organization in metropolis and hinterland locations suggest a universality of medicine that undermines the importance place in medicine. Blake countered this assumption, noting that the high degree of professionalization characterizing the NDMS reflected a struggle against marginalization strongly rooted in place. In this sense, the Society’s efforts to establish a professional
identity were inextricable from efforts to establish a regional identity.

Many conference challenged monolithic definitions of health as deriving strictly from the presence or absence of a portable set of standardized medical practices and institutions. Instead, they conceptualized health and health care through the lens of centre-periphery, gender, race and class relations in certain cultural and geographical environments, particularly aboriginal communities. Celeste Henery of the University of Texas observed how black women in Brazilian favelas have created their own collective health institutions in which song is used for curative purposes. In this milieu, music is less a substitute for modern medical facilities than an expression and celebration of individual self-esteem and solidarity against systematic oppression. As such, music both engenders and registers the socio-political and cultural health of the community, broadly defined here as social justice.

Histories of the treatment of tuberculosis in Canada revealed how both race and class have acted as determinants of health and health care. Ebba Olofsson argued that for Inuit living in northern Quebec in the 1950s, contracting tuberculosis was an occasion for cultural deracination. Upon receiving a positive diagnosis, Inuit were sent to distant hospitals in southern Canada, often in provinces outside Quebec, where they often remained isolated from family and community for extended periods. Brock University’s Maureen Lux focused on two very different attempts to establish federal treatment centres for tuberculosis in Canadian prairie cities. At the turn of the century, Calgary’s civic boosters saw such a treatment centre as a means of attracting health seekers, promoting the virtues of the city’s dry climate and raising its profile as a healthy and desirable place to live. Fifty years later, residents of Edmonton rioted in response to the federal government’s plans to build an aboriginal sanatorium in the city. The different reactions evoked by these programs revealed radically different notions of the value of urban health care infrastructure conditioned by prevailing notions of race and class.

Several presenters explored the consequences for hunter-gatherer societies displaced by resource extraction employing powerful technologies. University of Alberta historian Liza Piper correlated intensive exploitation of placer gold deposits and chronic morbidity in the Yukon River basin beginning in the late nineteenth century. Waterways became disease corridors as supply and dredge barges pushed mining operations deep into the heart of the Yukon Territory, leaving mercury tailings and raw sewage in their wake. Western-style frontier medical outposts established near mining camps were unable to cope as aboriginal communities were ravaged by disease. Using Anglican Church burial records, Piper noted how disease patterns were determined by the riverine nature of placer mining and accompanying gender, class and racial dynamics. Tuberculosis became the primary cause of death amongst young aboriginal women. In contrast, cancer was relatively unknown among aboriginal peoples, mainly afflicted middle-aged white males.

Carly Dokis, Christine Schreyer and Brenda Parlee, all from the University of Alberta, examined the complicated relationship between economic prosperity and the health of aboriginal communities in large-scale hydrocarbon extraction projects in Canada’s northwest frontier. While the current construction boom has provided well-paying jobs, it has also caused the disappearance of natural food sources. Industrial tar sands development in Alberta has created a vast physical barrier that inhibits access to natural areas and ecological knowledge central to the survival of aboriginal groups. As a southern Canadian urban lifestyle has been transplanted to the resource hinterland, the health of aboriginal peoples has declined markedly. For Dokis, industry’s tendency to consider human health and the state of the environment as separate and unrelated entities fundamentally misconceives this relationship. Similarly, the University of Victoria’s Robin Yates argued that the suicide rate is considerably lower among aboriginal groups in British Columbia able to preserve “cultural continuity” and traditional communal life, both of which are tied to the land.

The conference’s second keynote speaker, Joseph P. Gone of the University of Michigan, elaborated on the tendency of aboriginal communities to closely associate place, cultural autonomy and health in his study of the
ethnotherapeutics of the Gros Ventre aboriginal nation of north-central Montana. Gone explained the processes by which individuals acquired healing knowledge and recognition within their communities as “doctors,” underscoring the vast gulf between aboriginal and western understandings of space, time, medicine and medical expertise. Like many aboriginal groups, the Gros Ventre perceived natural places as living entities and the ultimate source of health and well-being. In Gros Ventre cosmology, human beings were at the low end of the natural hierarchy. Tribal culture understood human “doctors” as supplicants appealing for insight from a higher supernatural order rather than active inquisitors after natural knowledge. Through fasting and self-mutilation in sacred wilderness sites, novices expressed their humility and tenacity, hoping to invoke the pity and favour of powerful non-human beings. Successful supplicants, endowed by the entities with gifts of secret ritual knowledge, returned to their communities, where they had to prove the efficacy of their medicine before their status as “expert” could be ratified.

Other conferees noted the health challenges posed by the built spaces of cities. As socio-cultural crucibles, the urban environment is ambiguous terrain, presenting both opportunities and hazards; they attract the lion’s share of resources and services, yet access to these spaces has historically been governed by class, race and gender power dynamics. The University of Chicago’s Elyzabeth Gaumer noted a positive correlation between rent controls and the health of low-income tenants New York City, but noticed no such relationship on the health of higher-income groups. For those forced to migrate to cities as the result of shifting economic conditions, or long-term government policies, the urban environment can present a perplexing wilderness with numerous barriers to health services. In these circumstances, treatment cannot be separated from context. Thompson Rivers University’s David Scheffel made a similar point. He argued that in Slovakia, state housing projects are used to ghettoize Roma people, allowing governments to tout progressive credentials while using the cramped and poorly serviced built spaces as a catch basin for the socially undesirable.

Place is a key factor in regional comparisons of health and health policy. Athabasca University history professor Alvin Finkel looked to political culture to explain the radically different approaches to health care adopted in Canada and the United States. Although Franklin D. Roosevelt sought to recast the Democratic Party as social leveler during the Depression, libertarian traditions remained deeply rooted in the party. Despite their alliance with organized labour during and after the Second World War, liberal Democrats were unable to overcome resistance to national health insurance from the party’s right wing. Consequently, noted Finkel, the party became increasingly hostile to social welfare during the Cold War. Activist groups resorted to private voluntarism and non-governmental organizations, with a notable lack of success. In contrast, organized labour and women’s groups in Canada have consistently viewed the state as the fundamental vehicle of progressive health policy. Perhaps the most important legacy of this was the formation of a social democratic party—the Cooperative Commonwealth Federation/New Democratic Party—as an alternative to the two traditional bourgeois parties. Through negotiations with the Liberal minority government in the mid-1960s, the new party played a vital role in establishing a national medical insurance program.

The divergent paths followed by Canada and the United States reveal that health and health care are influenced not simply by place, but place defined by time. Deconstructions of place cannot provide fixed frameworks in which to examine health and health care. Instead, the meanings associated with a particular place also speak to the social, political and economic trends in a particular period. Scholarship on health and medicine during wartime helps underscore this point. University of Alberta historian Susan Smith examined mustard gas experiments conducted on tens of thousands of American soldiers during World War II. While the governments of England, Australia, and Canada also sponsored similar experiments, she noted that the American testing was unique in that it was specifically designed to determine whether mustard gas had different effects on soldiers of different races. The racialization of this program reflected assumptions and prejudices rooted in American history, highlighting the significance of place in informing medical research. Smith also
highlighted the temporal aspect of place by emphasizing the military nature of the research. She noted that an underlying objective of the testing was to cause harm, an objective antithetical to the medical objective of healing that was justified on the grounds of wartime expediency.

The University of Exeter’s Matthew Smith examined the ways the political, economic, educational and cultural circumstances of the Cold War shaped psychiatry. He argued that the Soviet launch of the world’s first satellite in 1957 was a major contributing factor in the rise of the new and frequently employed diagnosis of hyperactivity. In the race to compete against the Soviets, American psychiatrists, teachers and pharmaceutical companies believed it was imperative to improve the intellectual performance of students. In this atmosphere, psychiatry was politicized and hyperactive behaviour in children became pathologized.

In the closing keynote address, the University of Manchester’s John V. Pickstone sought to reconcile the particularity of place with universal health issues. Pickstone noted that the concepts of local autonomy and central administration should not be perceived as mutually exclusive, but must be interpreted in historical context. He urged scholars to pay particular attention to economic shifts over time, illustrating his point by analyzing the changing structure of public health in Britain. In the nineteenth century, health solutions reflected prevailing laissez-faire attitudes and were largely shaped by local volunteerism - philanthropy, civic boosterism and working class activism - in unique regional milieus. With the establishment of the National Health Service after the Second World War, the availability of state funds enabled modes of public health care sensitive to local conditions while providing universal access and coverage. In the 1980s, this approach began to be undermined as health services were increasingly privatized. In a process of centralized devolution, London-based bureaucrats imposed standardized market reforms on regions while encouraging treatment on a class, ethnic and confessional basis, ignoring the accumulated experience of regional and central health service authorities. Pickstone suggested that health care planning should incorporate careful consideration of the rich and complex history of health care. Only by exploring these past experiences, he observed, can analysts and policy-makers develop health care systems that successfully strike a balance between social diversity and social justice.

Pickstone’s address elicited a lively discussion amongst conference delegates regarding the utility of the concepts of place or region for research on health and healing. After two days and more than forty presentations, there remained some disagreement on definition of terms. For some, place or region described concrete geographical or physical entities. Others, however, defined them as socially constructed spaces. Despite the range of meanings associated with these terms, this diverse group of scholars remained strongly committed to using place or region as conceptual tools to guide, or frameworks within which to set, research on health and healing.

Matthew N. Eisler and Katherine Zwicker
University of Alberta, Edmonton, Canada

CONFERENCE REPORT

Regimens of Health: Perceptions, Representations and Practices.

Centre for the History of Medicine, University of Warwick, 13-14 December 2007.

This two-day workshop, organised by Jane Adams and Susan Aspinall, gathered together nine speakers to explore concepts of regimen from the late eighteenth to the twentieth centuries. The aim was to analyse practices aimed at health promotion and maintenance in a variety of contexts and locations.

Chris Lawrence (UCL) began the Thursday session with an insightful analysis of the relationship between political, moral and social citizenship and health since the Enlightenment. His paper explored the trajectory of the regulation and ordering of the healthy mind in the healthy body from eighteenth-century civil society to twentieth-century mass citizenship.

Hilary Marland (Warwick) followed with a focus on the health regimes devised for school girls
from the late nineteenth to the early twentieth centuries. Noting the difference between ideals of health promoted in the period and health status, she explored the role of schools in remedial health work, as well as in promoting new opportunities for sport and exercise for girls. She went on to question the extent to which responsibility for girls’ health rested with parents, schools or girls themselves.

Neil Carter (De Montfort) concluded the afternoon session with a study of the health regimes of professional footballers through the Victorian and Edwardian periods into the twentieth century. His paper addressed the gradual introduction of discipline and regulation into the players’ overall regimen.

Friday began with a paper given by Ian Miller (Manchester) which looked at popular notions of the ‘unhealthy’ stomach. He explored cultural reconstructions of digestive health and dyspepsia, noting that conceptions of stomach illness and, consequently, notions of prevention reflected wider social themes within a particular society.

Evert Peeters’ (Leuven) paper considered vegetarianism and health promotion in Belgium in the years around 1900. He demonstrated how vegetarianism, as part of the Life Reform movement, sought a pre-modern life style to heal the modern body. Particularly interesting was the complex relationship he elucidated between those leading vegetarians who were scientists and the Life Reform movement.

The final session before lunch focused on advice literature. Angela Davis (Warwick) began with a comprehensive consideration of the extent to which British obstetrician Dick Grantly-Read influenced the antenatal preparation of expectant mothers in Oxfordshire between 1930 and 1950. Anne Borsay (Swansea) followed with an analysis of advice to parents, as well as to professional practitioners, with regard to disability. She noted subtle shifts in the importance of the notion of heredity and re-constructions of the normal and abnormal.

After lunch Vladimir Jancovic (Manchester) addressed the question of clothing, convincingly demonstrating the role of social and economic factors in the years around 1800 in promoting the healthiness of woollen clothing.

Vanessa Heggie (Oxford) gave the final presentation, which analysed the origins of sports medicine from the late nineteenth to the twentieth centuries, placing it firmly within the context of developments in medicine at this time.

The wide range of themes raised at the workshop stimulated a lively debate. Several of the papers focused on codifications of health practice and the ways in which regimen was held to be constitutive of wellbeing. Subjects of discussion included definitions of health and of fitness, constructions of the natural, and the shifting relationship between health of mind and of body, as well as reworkings of classical notions of constitution and temperament. All-in-all the workshop provided a fascinating two days of papers and discussion, confirming the need for further thought about the significance of ideas on regimen for shaping attitudes to health and its practices.

Susan Aspinall and Jane Adams
Centre for the History of Medicine
University of Warwick

CONFERENCE REPORT

The Medical Marketplace and Medical Tradition: Interfaces between Orthodox, Alternative and Folk Practices in the 19th and 20th Centuries

Centre for the History of Medicine in Ireland, University College Dublin, 1 February 2008.

At the commencement of the 21st century intense interest in and usage of complementary and alternative medicines, high levels of self dosing, and energetic debate about the benefits of diet, exercise and healthy lifestyle co-exist alongside biomedical treatments, and indeed continue to challenge them and question the reductionism they embody. It seems timely to revisit the question of how different systems of medicine and approaches to healing survived and reinvented themselves at the point when biomedicine was beginning to dominate medical discourse and practice. The workshop, ‘The
Medical Marketplace and Medical Tradition: Interfaces between Orthodox, Alternative and Folk Practice in the 19th and 20th Centuries’, held at University College Dublin, was intended to re-open this subject, inspired partly by the current research programmes of the Centres for the History of Medicine at UCD and Warwick which engage with the medical marketplace, folk practices and systems of medicine in the modern period. The workshop sought to explore the cultural contexts within which a variety of medical systems could survive, reinvent themselves and flourish, the question of authority in medical practice, self-healing cultures, and the role of belief and religion in shaping curing approaches, and the history of choice for patients. The workshop was the first of several events to be co-organised between the Centres for History of Medicine in Dublin and Warwick around this theme, and a first step too in bringing together a cluster of European scholars engaged with these issues.

Frank Huisman opened the workshop with a thought-provoking exploration of the struggle for cultural authority in health care in the Netherlands in the late 19th century. In 1913 three Dutch lawyers submitted a petition to the Dutch parliament in which they requested the abolition of the monopoly of medical treatment for qualified doctors which had been established in 1865. They also cast doubt on the expertise of the medical profession, arguing that medicine and health care should be in the service of the patient instead of the physician. Their petition caused considerable political and social commotion, debate in government and the production of numerous articles, brochures and pamphlets, interrogating the cultural authority of medicine. This debate opened up some fundamental issues: how should the relationship between state and society in health care be organised, was it the role of the state to mediate between the interests of the citizen and patient, the ‘common interest’ and the interests of the medical profession, how far should a mandate be given to experts to decide upon these questions, could the tension between patient autonomy and professional expertise be resolved? Concern about the one-sided orientation of medicine – set against the alternative systems for example of homoeopathy, natural therapy and magnetism – and the need to preserve freedom of choice for patients was set against the notion that all forms of ‘malpractice’ should be prosecuted as potentially damaging to health. The debate also highlighted, at a time when there was much apparent agreement on the progress of science and medicine, that a move towards a medical monopoly would result in reductionism, and reflected a cultural reorientation in Dutch society which reflected upon the impact of civilization, and considered the potential of natural and holistic approaches and the role of spirituality and belief in health and healing.

Evert Peeters continued to develop the theme of cultural authority to practice and treat in the context of Belgium, probing the position of ‘modern’ medicine in the late 19th century, as the prestige of medical science was related increasingly to bacteriology and laboratory breakthroughs. He argued that scientific authority was constantly disputed, while interest in holistic discourses enabled an energetic and vitalist counter-medicine. Natural therapists in particular, Peeters demonstrated, challenged the authority of modern medicine through the creation of an alternative lay authority. The movement of Catholic natural lay therapists and hydropaths in Belgium around 1900 provided a fine example of this; such healing approaches, based on neo-humoralist traditions and associated with the ‘priestly’ healing embodied in the cult of Kneipp, emphasised the importance of ‘natural harmony’ and links with nature. The new bacteriological discourses and modern approaches were incorporated into the theorising and regimes of these practitioners, but at the same time they continued to express dissatisfaction with the forces of modernity and the march of industrialisation, and to emphasise the importance of holistic approaches to lifestyle and healing.

Caitriona Foley’s paper explored the rich range of medical beliefs in circulation during the ‘last Irish plague’, the 1918 influenza epidemic, demonstrating a still vibrant discussion about the role of miasmas and links with environmental causes, which co-existed and competed with bacteriological discourses. She strongly emphasised the fragmented nature of medical knowledge at the beginning of the 20th century. Her paper also examined ideas about susceptibility to disease and fear of infection, linking these to a range of beliefs and practices.
Odour, for example, was considered a key indicator of the existence of infection, and responses involved breathing in herbs as a protection, reminiscent of much older practices and explanations concerning the spread of disease.

Carsten Timmermann’s presentation looked at how folk medicine adapted and scaled up to incorporate the new challenges of industry and science in early 20th-century Germany, drawing on the rich example of Dr Madaus & Co. Older traditional healers and healing traditions and practices centred on the household were transformed into new style commercial practitioners and out-sourced into shops. Yet an effort was made to retain the essence of traditional knowledge and folk practices in creating a science of plant medicines and in evolving new ranges of products as well as continuing to inform and educate the public on the efficacy of folk medicine. The move to modern techniques and salesmanship incorporated an emphasis on lifestyle reform and natural therapy.

Leah Songhurst shifted the focus to the very recent past in her examination of the popularity of St John’s Wort as an over-counter herbal remedy in the UK. Its folk history and the findings of recent scientific trials have, she demonstrated, accredited this preparation as a viable ‘mood disorder’ medicine, and it is used as a widespread alternative to mild and moderate depression and anxiety. The paper explored through this case study, partly drawing on oral evidence, patterns of consumption and current opinion on orthodox, alternative and folk remedies, as well as the strategies of those marketing St John’s Wort, which increasing involve major drug companies. Songhurst also emphasised the lack of attention to careful diagnosis amongst patients taking this preparation, who in some cases become ‘habitual users’. Thus, the use of St John’s Wort has begun to replicate many of the criticisms levelled at those marketing and prescribing anti-depressants.

Catherine Cox’s paper outlined the parameters of her new project on the medical marketplace and medical tradition. Ultimately, the project endeavours, not only to identify the various medical options available in late 18th- and 19th-century Irish society, but also to interrogate the extent to which they represented conflicting medical systems, as they are often portrayed. Crucially, the overall project intends to come to a better understanding of patient behaviour. The workshop paper focused on the interface between orthodox, heterodox and folk practice in 19th-century Ireland, with particular emphasis on the second half of the century. The piecemeal nature of the expansion of orthodox practitioners did not lead to the displacement of older existing practices of medical healing and the concomitant denigration of heterodoxy. In Ireland, these practices occupied a central position in medical provision among patients and their continued existence obliged ‘orthodox’
practitioners to incorporate aspects of their therapeutics. In their characterisations of various healing practices and their respective knowledge claims, ‘regular’ practitioners’ attitudes were shaped by a vast range of criteria that incorporated contemporary debates on cultural nationalism and antiquarianism. While rejecting some heterodox practices, others were legitimatised through the deployment of ‘scientific rationality’ reflecting the ‘blurring of boundaries’ between orthodoxy and heterodoxy.

Finally, Hilary Marland’s presentation, explored the vitality of domestic uses of the water cure in 19th-century Britain, as part of the wider popularity of hydropathy associated with large healing centres. Urging domestic use of water represented the eagerness of hydropathic practitioners to encourage patients to continue to apply what they had learned while attending at a hydro in their own homes and to train themselves in water cure techniques. It also represented the attempts of water cure advocates to extend the benefits of their regime to those unable to afford expensive visits to hydros. The encouragement of domestic healing, while offering commercial opportunities though the sale of appliances and manuals, also stressed the importance of education in treatment approaches, hygiene and lifestyle practices intended to improve health, and the benefits of self-governance in health matters.

The papers presented at this workshop demonstrate that social and cultural approaches in the history of medicine are alive and kicking when it comes to interrogating the complex relationships between ‘orthodoxy’, ‘alternative’ and ‘folk’, developing new questions and working with historical resources in new ways. The workshop showed too how issues within the field are in part reflecting upon continuing concerns within 21st-century medical practice and approaches to treatment, which reveal that whatever the claims and successes of biomedicine, patients still seek recourse to their own remedies, practitioners and systems of healing. We plan to hold a second workshop to develop some of these themes further in spring 2009, and invite researchers interested in these issues to contact us.

Catherine Cox, Centre for the History of Medicine in Ireland and

Hilary Marland, Centre for the History of Medicine, University of Warwick.

### CONFERENCE ANNOUNCEMENTS AND CALL FOR PAPERS

**Before Depression: The Representation and Culture of Depression in Britain and Europe, 1660-1800**

University of Northumbria and University of Sunderland, 19-21 June 2008

Speakers will include: Madeleine Descargues-Grant, Peter Sabor and Elaine Hobby. 'Before Depression' is an interdisciplinary project designed to address the question: 'what was depression like before it was called depression?' It is exploring the development and persistence of the 'depressive' state within British culture of the long eighteenth century.

This conference seeks to explore further the phenomenon of depression 'before depression', and the problems that such an apparently retrospective construction might entail. The conference committee invites proposals on any aspects of the culture and representation of depression (however construed) 1660-1800. Papers are acceptable in English or French. Papers selected from the conference will be revised and published in The European Spectator / Le spectateur européen.

Proposals of 200-300 words are invited, to be sent to

Dr Clark Lawlor, Division of English, School of Arts and Social Sciences, University of Northumbria at Newcastle Upon Tyne, Newcastle, NE1 8ST, United Kingdom
email to clark.lawlor@unn.ac.uk
Proposals for papers in French should be sent to Valérie Maffre
Université Paul-Valéry, Montpellier: email valerie.maffre@univ-montp3.fr

For further information, please contact clark.lawlor@unn.ac.uk
see the project website at www.beforedepression.com

CONFERENCE ANNOUNCEMENTS
AND CALL FOR PAPERS

American Association for the History of Medicine, Annual Conference 2009
Cleveland, Ohio, April 23-26, 2009

The American Association for the History of Medicine invites submissions in any area of medical history for its 82nd annual meeting, to be held in Cleveland, OH, April 23-26, 2009. The Association welcomes submissions on the history of health and healing; history of medical ideas, practices, and institutions; and histories of illness, disease, and public health. Submissions from all eras and regions of the world are welcome. Besides single-paper proposals, the Program Committee accepts abstracts for sessions and for luncheon workshops. Please alert the Program Committee Chair if you are planning a session proposal. Individual papers for these submissions will be judged on their own merits.

Presentations are limited to 20 minutes. Individuals wishing to present a paper must attend the meeting. All papers must represent original work not already published or in press. Because the Bulletin of the History of Medicine is the official journal of the AAHM, the Association encourages speakers to make their manuscripts available for consideration by the Bulletin.

The AAHM uses an online abstract submissions system. We encourage all applicants to use this convenient software. The website is: http://histmed.org.

If you are unable to submit proposals online, send eight copies of a one-page abstract (350 words maximum) to the Program Committee Chair, Howard Markel, M.D., Ph.D., University of Michigan, 100 Simpson Memorial Institute, 102 Observatory, Ann Arbor, MI 48109-0725 (tel.: 734-647-6914; e-mail: howard@umich.edu).

When proposing a historical argument, state the major claim, summarize the evidence supporting the claim, and state the major conclusion(s). When proposing a narrative, summarize the story, identify the major agents, and specify the conflict. Please provide the following information on the same sheet as the abstract: name, preferred mailing address, work and home telephone numbers, e-mail address, present institutional affiliation, and academic degrees. Abstracts must be received by 15 September 2008. E-mail or faxed proposals cannot be accepted.

CONFERENCE ANNOUNCEMENTS

The Five Senses in the Enlightenment

The Enlightenment offers a particularly fertile context for a study of the senses. It was eighteenth-century publics which first embraced Locke's belief that the testimony of the five senses forms the basis of our knowledge of the world. The senses were understood to be the conduits of true knowledge on which rational thought and sophisticated judgment depended. It was also in the eighteenth century that the 'cult of sensibility' arose. Throughout the century, European philosophers and novelists, for example, openly embraced these ideas, debated them and strove to perfect modes of sensory perception. This conference departs from existing studies which prioritise one sense by encouraging a multi-sensory approach that draws together expertise from the Faculties of Medicine, Science, Arts and Education.
Experimental Transactions: Science and the Human-Animal Boundary

The Centre for the History of Medicine and Disease (Durham University, Queen’s Campus), 24 June 2008.

The workshop aims to investigate how scientific practices negotiated the human-animal boundary in different time periods and across disciplines. Discussions will mainly focus on issues related to experimentation in the life sciences, such as the laboratory, animal disease models, and the transfer of experimental results onto the human body; but will also establish a link to human-animal relations in other contexts (such as pet culture, anthropomorphism in society, public attitudes towards animal research etc.).

Speakers include:

- Massimo Petrozzi (Johns Hopkins University): Inside and Outside the Laboratory: Animals, Humans and Blood Transfusion, 1666-1668.
- Stephanie Eichberg (Durham University): Constituting the human via the animal in 18th-century experimental neurophysiology.
- Edmund Ramsden (Exeter University): Experimental methods in social and behavioural psychology: travelling facts in human and animal experiments in overcrowding.
- Pru Hobson-West (University of Nottingham): Science and social movements - contemporary debates in the UK about the use of animals in science.

The speakers’ papers will be pre-circulated at the beginning of June. Everyone interested in participating is most welcome. For further details please contact the organiser Stephanie Eichberg (stephanie.eichberg@durham.ac.uk)

CONFERENCE ANNOUNCEMENTS

Who Cared? Oral History, Caring Health and Illness

Marking 60 years of the NHS

Oral History Society Annual Conference In association with the Centre for the History of Medicine, University of Birmingham, 4-5 July 2008

This conference will investigate the use of oral history in understanding health care relationships in the histories of medicine; illness; well-being; disability; and planned environments. We aim to further our understanding of the experience of formal and informal caring in community and institutional settings and amongst professionals, the cared for, carers and kin.

Our themes will include:

* Witnessing the impact of, and challenges to, medical knowledge;
* Power, humour, emotion, loss, resistance and changes in care relationships;
* The making of 'expert patients';
* Emerging counter-knowledge and complementary and alternative therapies;

Jonathan Reinarz
University of Birmingham

Stephanie Eichberg
Durham University
* The health/social care interface;
* The relationship between oral history and the histories of medicine, health and illness.

Professor Robert Arnott
Centre for the History of Medicine
The Medical School
University of Birmingham

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**CONFERENCE ANNOUNCEMENTS**

**sshm 2008: Glasgow Annual Conference of the Society for the Social History of Medicine**

**History and the Healthy Population: Society, Government, Health and Medicine.**

**Glasgow, 3-5 September 2008**

The Society for the Social History of Medicine 2008 Annual Conference will be jointly organised by the Centre for the Social History of Health and Healthcare Glasgow, a research collaboration between Glasgow Caledonian University and the University of Strathclyde and the Centre for the History of Medicine at the University of Glasgow.

The conference will embrace all historical perspectives on the broad issue of how health has been defined and by whom. It will also consider the reasons that the various agencies involved in healthcare, including patients and communities, have adopted their approaches and strategies. The event is framed by reference to the generation of historians influenced by the idea that issues of health and healthcare are entangled in the projects of government, and seeks to engage with and critique 'governmentality' as a tool of analysis in the history of medicine.

For more information please contact
Lydia Marshall lmarshall@arts.gla.ac.uk

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ROY PORTER STUDENT ESSAY COMPETITION

The Society for the Social History of Medicine (SSHM) invites submissions to its 2007 Roy Porter Student Essay Prize Competition. This prize will be awarded to the best original, unpublished essay in the social history of medicine submitted to the competition as judged by the SSHM's assessment panel. It is named in honour of the late Professor Roy Porter, a great teacher and a generous scholar.

The competition is open to undergraduate and postgraduate students in full or part-time education. The winner will be awarded £500.00, and his or her entry may also be published in the journal, Social History of Medicine.

**Deadline:** 1 February 2009

Further details and entry forms can be downloaded from the SSHM's website [http://www.sshm.org/prize/prize.html](http://www.sshm.org/prize/prize.html)

Alternatively, please contact:

Lutz Sauerteig,  
SSHM Membership Secretary,  
Centre for the History of Medicine and Disease,  
Durham University,  
Queen's Campus,  
Wolfson Research Institute,  
University Boulevard, Stockton-on-Tees TS17 6BH,  
United Kingdom

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Please visit the SSHM Website at [http://www.sshm.org](http://www.sshm.org)
SOCIETY FOR THE SOCIAL HISTORY OF MEDICINE

2008 ROY PORTER STUDENT ESSAY PRIZE MEMORIAL COMPETITION

ENTRY FORM

I have read the rules for the SSHM’s 2008 Roy Porter Student Essay Prize Memorial 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 (please see website for further details)

Signature: ................................................................................................................

Full Name:...........................................................................................................

Date:..................................................................................................................

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