NEWS

NON CURRENT CLINICAL RECORDS: MAKING A RESEARCH RESOURCE OUT OF AN ADMINISTRATIVE NIGHTMARE.

The accumulation of large quantities of patient case histories has caused acute accommodation problems for Health Boards throughout the U.K.. To put the issue int perspective the Greater Glasgow Health Board generates about 100,000 new files a year and holds approximately 5,500,000 N.H.S. patient histories in total. While to date it has been the policy of the Health Board to preserve all patient health care records, this position may soon change. It has been proposed that, with the exception of maternity, child, metal health and oncology records, no clinical files should be retained if the patient has not re-attended for ten years.

In the light of these developments, a project has been established at Glasgow University to investigate means of preserving information contained within those records threatened by a future destruction programme. The aim of this work is to provide the Greater Glasgow Health Board with the information it requires to establish and maintain a research bank for the use of future historians and epidemiologists. While a number of options have so far been considered, the team has concentrated its work on the isolation of a research sample. It is proposed that this should consist of whole

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All correspondence about the content and circulation of the Gazette should be sent to the editor, Michael Worboys, Department of Historical and Critical Studies, Sheffield City Polytechnic, Psalter Lane, Sheffield, S11 8UZ, Great Britain. Telephone 0742 532686 or 532685. FAX 0742 532603.

DISCLAIMER It is stressed that any views expressed in this Gazette are those of the Editor 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 this 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 expected to check all essential information appropriate to specific circumstances.

files rather than abstracted summaries of each case. While several sampling systems have been investigated the team favours the use of a series of systematic samples isolating between 2 and 6 per cent. of the histories created since 1948. This cross section of the record population would be backed-up by a series of stratified random samples targeted at diagnostic groups and operations which possess a low frequency in any given year. It is proposed that this second phase of the project should be weighted to take account of changing admission patterns and hospital practice over time.

An index would be an essential part of such a package. The project has investigated means of linking a research sample to existing computer databases to provide a computerized search facility employing a range of variables, including ICD diagnostic and operation codes. It is also planned to supply a manual providing future users with an account of how the research sample was assembled. Finally, a facility for updating the assemblage if future cohorts of records are scheduled for destruction has also been investigated.

Work to date has suggested that all of these initiatives are feasible and could be implemented without the expenditure of huge amounts of money. The question for historians remains, would such a package form an acceptable solution to the dilemma of clinical record destruction? The project would be happy to hear from any interested parties.

For further details contact: Dr Hamish Maxwell-Stewart, Wellcome Unit for the History of Medicine, University of Glasgow, 5 University Gardens, GLASGOW, G12 8QQ.

NEW PUBLICATIONS

Worcester Infirmary In The Eighteenth Century by Joan Lane, (Worcester Historical Society, Occasional Publication No. 6, 1992), Obtainable from R. Whitaker, St. Helen's Record Office, Fish Street, Worcester, WR1 2HW. Price £4.75 (p&p 50p)

Values and Ethics Series Volumes IV-VII. Interested authors in humanities, history, political science, sociology, medicine and the helping professions, etc. should send letters of enquiry, CV, an outline of the manuscript to: Dr. Perez-Woods, Chairperson Editorial Board, Values And Ethics Series, Loyola University of Chicago Medical Center, 2160 South First Avenue, Bldg. 131-N Maywood, Illinois 60153

Research in Social Policy publishes theoretically informed interdisciplinary analyses of the values, attitudes, beliefs, politics, and organizational contexts of policy makers and their impacts on target populations and problems. Critical theoretical and methodological perspectives are encouraged. 15 June 15 1993 is the deadline for Volume V: Medical and Health Policies. Manuscripts should not exceed 40 pages including notes. Papers and enquiries to general editor: John H. Stanfield II, Department of Sociology, College of William and Mary Williamsburg, VA 23187-8795, 804-221-2599, Fax 804-221-2390.

THE ROYAL SOCIETY - GRANTS FOR RESEARCH IN THE HISTORY OF SCIENCE, INCLUDING MEDICINE

The grants are to promote and high quality research in the history of science, including mathematics, medicine and technology. Grants are awarded annually. Completed applications and references should be received at the Society by the end of September each year and decisions are usually made in the following December. The sums awarded are normally between £100 and £5000. Applicants must be resident in the United Kingdom. Applicants will also be considered from researchers from overseas, provided that their project is carried in collaboration with a recognised United Kingdom historian or organisation, who is prepared to endorse the application. All enquiries about History of Science grants should be made to: Mrs Shelia Edwards, The Royal Society, 6 Carlton House Terrace, London SW1Y 5AG, Telephone: 071-930 5561 Extn. 261, Fax: 071-930 2170, Telex: 917876 ROY SOC.

HISTORY OF MEDICINE AT TORONTO

Beginning in the fall term of 1992, history graduate students at Toronto will be able to specialize in the history of medicine at the M.A. and Ph.D. levels. For further information please contact: Edward Shorter, Hannah Professor in the History of Medicine, Faculty of Medicine, Fitzgerald Building 83D, 150 College Street, Toronto M5S 1A8, Fax: 416-978-7186.

SSHM EXECUTIVE COMMITTEE

Lara Marks has been elected to the post of Honorary Secretary, taking over from Gerry Kearns who is leaving Britain to take a post at the University of Wisconsin in Madison. We wish him well. The President in 1993 will be Professor David Barker of the University of Southampton.

EARN BIG MONEY!

RADICAL
HISTORY
REVIEW

BECOME A
HISTORIAN

SSHM SUMMER CONFERENCE 1993 - CALL FOR PAPERS

The summer conference in 1993 in on the use of computers in the history of medicine. This will be different from recent conferences in that there will be more workshop and hands on sessions. Offers of papers and workshop sessions on the uses of computers in research, teaching, record keeping, etc., to Dr Bernard Harris, Department of Sociology and Social Policy, University of Southampton, Highfield, Southampton, SO9 5NH.

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FORTHCOMING EVENTS

The information given below is accurate as far as we know. However, we accept no responsibility for errors. Please contact the organiser to confirm details. Notice of events, not only conferences, for inclusion in this section should be sent to the Editor. We reserve the right to edit and select items for inclusion.

Society for the Social History of Medicine.

Autumn Conference 1992
From 'Idiocy' to 'Mental Deficiency': Historical Perspectives on People with Learning Disabilities
Saturday 17 October 1992, Institute of Historical Research, University of London.
Speakers include: Hilary Dickinson, David Wright, David Gladstone, David Barker and Mathew Thomson.
Details from: David Wright, Linacre College, Oxford

Spring Conference 1993
History of Nutrition in Twentieth Century Britain
Friday and Saturday, 24-25 April 1993, University of Glasgow, Glasgow. Please note this is a one and a half day meeting.
Speakers include: Mark Weatherall, Sally Horrocks, Susan Williams, Tim Boon, David Smith.
Details from: Dr David Smith, Wellcome Unit for the History of Medicine, 5 University Gardens, University of Glasgow, Glasgow G12 8QQ.

Annual Summer Conference 1993
Computers and the Social History of Medicine
9-11 July 1993, University of Southampton, Southampton.
Offers of papers, software and workshop sessions welcome.
Contact: Dr Bernard Harris, Department of Sociology and Social Policy, University of Southampton, Highfield, Southampton, SO9 5NH.

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Other Meetings

The Obliteration of the New World, 1492-1992
17 October 1992, Dept. of Adult Education, University of Leicester.
Speakers include: Warwick Bray, Don Brothwell, Linda Newson, Larry Gorenflo, Kenneth Mills and Stephen Nugent.
Details from: A.E. Brown, Adult Education, University of Leicester, University Road, Leicester, LE1 7RH.

The Royal Society of Health
Elderly People - Factors Affecting Health Status & The Way Forward
1st October 1992, SCI, 14-15 Belgrave Square, London, SW1
Smoking And Health
29th October 1992, SCI, 14-15 Belgrave Square, London, SW1
Details from: Conference Department, RSH, 38A St George's Drive, London, SW1V 4BH.

Wellcome Institute for the History of Medicine
Symposia on the History of Medicine, 1992-93
30 October 1992	Medicine and the Healing Arts
15 January 1993	Medicine and Architecture
19 February 1993	Medical Radicals
3 March 1993	The Health of Prisoners
25-26 March 1993	Medicine and Empire
20-22 May 1993	Contagion: Perspectives from Pre-Modern Societies

Details from: The Secretary, Academic Unit, Wellcome Institute for the History of Medicine, 183 Euston Road, London, NW1 2BE

Nursing, women's history and the politics of welfare
East Midlands Conference Centre, University of Nottingham, England, 21-24 July 1993.
Call for abstracts: Sarah Smith, Conference Secretary, Department of Nursing and Midwifery Studies, University of Nottingham, Medical School, Queens Medical Centre, Nottingham NG7 2UH.

European Association for the History of Psychiatry
Triennial Meeting in London in August 1993 at the Metropole Hotel, Edgware Road, London W2 1JU.
Details from: Roy Porter, Wellcome Institute for the History of Medicine, 183 Euston Road, London NW1 2BE or Jilly Steward, The Wellcome Trust, One Park Square West, London, NW1 4LJ.

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CONFERENCE REPORTS

POPULAR SCIENCE AND MEDICINE, 1800 TO THE PRESENT
28 March 1992, Manchester.

This joint meeting with the British Society for the History of Science was organised by Steve Sturdy and Stephen Pumfrey and took the Society back to the provinces for a one day meeting after many years camped in London. Some forty or fifty people were attracted to hear six lively papers, enjoy an excellent lunch and participate in a well organised meeting.
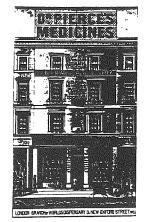
The day started with Alison Winter's paper on Mesmerism and popular culture in early Victorian England, which compared the ultimately unsuccessful attempts of John Eliotson and Spencer Hall to spread the influence of animal magnetism by demonstrations and popular lectures respectively. Ann Secord spoke on 'Science in the pub' and showed the co-operative linkages between artisan and elite botanists, and the two-way flow of ideas and specimens. Jonathan Topham's paper of the Bridgwater Treatises discussed the problems of finding out the contemporary readership of such documents, let alone how they were received and interpreted. He suggested, however, that they may have been read as popular science rather than natural theology. Peter Broks extolled the virtues of 'cultural

studies' as an approach to the science content of popular magazines, suggesting that in reading such texts we should not see popular science only as distorted, diluted or degraded forms of real science.

The afternoon opened with a tour de force by Alastair Duncan on the history of images of the 'mad scientist', though there was more about Merlin than modern Tefal men. Tim Boon, in 'Scientists talking to the public', showed excerpts from two films: J.S.B. Haldane speaking on air pollution and a health education film on syphilis, which warned hapless women of the dangers of flash cars. After tea there was a lively discussion, firstly, on what counts as 'science' and 'medicine' in the context of popularisation, and what constituted the 'public'? Debate moved on to 'unpopular' science and medicine, and public indifference to science and medicine, whether it was popularised or not. There was ready acknowledgement of the difficulties of assessing public knowledge and behaviour. Finally, there was some debate over the place of studies of popularisation in mainstream history of science and medicine, especially in teaching programmes.

Suzannah Dunn
Wellcome Unit, Manchester.

Communities, ''Caring'' and Institutions
3-5 July 1992, All Soul's College, Oxford.

The 1992 SSHM Annual Conference was held at All Soul's College, Oxford from the afternoon of Friday 3rd July until lunchtime on Sunday the 5th. The ambitious programme encompassed twenty papers which demanded the attention of the 109 participants stretching up to 10 pm in the evening, only to be called back again at 9 am the following morning. The success of this logistic feat, and the food, entertainment, and good humour to smooth the way, were made possible through the 'institutional' provision of All Souls and St Edmunds Colleges, and the more informal 'community care' provided by the conference organiser Richard Smith, aided and abetted by Humaira Erfan Ahmed, Peggy Smith, and the catering skills of Eileen Magnello.

The Conference papers demonstrated an impressive breadth, stretching over time from ancient Greece to the present day, and geographically from England to Scotland, France, Italy, America, South Africa, and China. At the same time, the papers were tied together by a remarkable commonality of themes. In fact, it soon became apparent that continuities in the forms, style, and mix of caring strategies was a central theme of the conference, suggesting the need to revise the view that there was a clear movement from community to institutional care over time.

The theme of continuity was apparent from the first paper on the ancient world and early middle ages in which Peregrine Horden questioned the clarity of the division between pagan societies, as 'horizontal' welfare systems based on familial and community reciprocity, and Christian societies, providing 'vertical' philanthropic and 'formal' institutional care. The fluidity between 'formal' and 'informal' care was emphasised even more strongly in Marjorie McIntosh's paper on the care of the poor in the Elizabethan town of Hadleigh, in which care in the home, by 'boarding out', and in the 'home'-like almshouse were presented as part of a continuum. A similar fluidity between institutional and community care was shown to persist into the modern period in Mathew Thomson's paper on community care of the mentally defective in inter-war Britain.

Important continuities were also highlighted in the motivations which lay behind caring. Martin Dinges' paper on parish assistance in early modern Bordeaux provided an elegant diagrammatic model of caring which presented informal care as dependant on networks of reciprocity. Resort to institutional care was often a temporary expedient when informal care was unable to cope, as shown by McIntosh, or a last resort due to the unmanageability of the family member, as in Akihito Suzuki's analysis of lunacy in early modern England. Andrew Scull's Presidential Address also pointed to the importance of strong informal welfare in enabling rich families to keep members away from the stigmatised 'museums of madness' as long as possible. By contrast, David Wright's paper on nineteenth-century care of poor 'idiots' and Marguerite Dupree's analysis of relapsing fever patients in the Glasgow Royal Infirmary in 1871 showed that strong community links might be a factor encouraging or facilitating institutionalisation. Although Scull's and Wright's papers both reemphasised the importance of strong family and community bonds in dictating the options open to those needing care, the contradiction between opting for care in the one paper and avoiding care in the other highlighted the importance of economic means. This linkage of care options to poverty was a point which ran throughout the papers and was perhaps most forcefully argued in Peter Bartlett's analysis of institutionalisation of lunatics in the nineteenth century in which he called for the history of the asylum to be recontextualised as part of the poor law. Moreover, as pointed out in McIntosh's and Thomson's papers, care cannot simply be understood through strength of community and family reciprocity, for among the providers of care there has often been suspicion of the community and a desire to control as much as to care; rather than providing material aid, systems of care often attempt to impose values of self help to avoid the cost of care - in this respect the reformative workhouse institution was imminent within the informal network of care.

A picture was thus emerging of an extensive community care network, closely linked to provision against poverty, which has been neglected by the historiographical over concentration on the institution, and at the same time of institutions

fitting into this network rather than being set apart. Although an important corrective, this picture runs the danger of conflating the whole history of care into a mixed welfare system, thereby avoiding questions of historical change. One potential model of change is the traditional whiggish account of the 'rise of the institution' and the expansion of medical care. Reluctantly, Horden, after unsuccessfully attempting to map the rise of the institution in Byzantium onto patterns of economic, social, and demographic change, was forced to retreat to the position that the hospital has an internal history of its own. Subsequent papers, such as Borsay's account of the Bath voluntary hospital and Scull's picture of the nineteenth-century asylum, indicated, though from a critical rather than whiggish perspective, that the growth of specialist medical institutions was strongly influenced by internal factors such as professionalisation and marketing of medical expertise. On the other hand, the majority of institutions dealt with in conference papers were primarily concerned with provision of support, rather than cure - this included 'medical institutions' such as the nineteenth century pauper asylum. Institutional growth was therefore intimately connected to the economic climate. For example, Dupree showed that the tight labour market in Glasgow pushed workers, encouraged by their employees, to make use of fever hospitals. The economic environment continued to shape institutional provision in the twentieth century, as was forcefully pointed out in Crowther's paper on the continuation of poor law institutions throughout the inter-war period despite legislative change.

In explaining changing patterns of care outside the institution a start can be made by highlighting some of the factors which lay at the heart of strong informal care. In a number of instances religious factors contributed to well developed support networks. This was the case in Dinges' study of Protestant Bordeaux, where the hostility of the Catholic majority strengthened informal care as an alternative to Catholic institutional provision. Again the importance of religion was shown in McIntosh's study of Elizabethan Hadleigh where provision of welfare was fundamental to the attempt to create a 'godly community' on earth. Civic virtue performed a similar role in stimulating local provision in Sandra Cavallo's study of early modern Turin. Likewise an ethos of social service and active citizenship was also key to the growth of voluntary community care provision in Thomson's study of inter-war Britain. A third factor which tended to underpin well developed local care was an active female role. Mary Clare Martin's paper on nineteenth century London highlighted the prominent role of women in establishing organised care. Women continued to be innovators in development of care in the twentieth century, as demonstrated in Lara Marks' sophisticated study of patterns of maternal welfare in four London boroughs. Moreover, the round table remarks from Jane Lewis and Julia Twigg brought to the fore the centrality of women in contemporary informal community and family care.

Inevitably, the detailed papers were more effective in showing historical snapshots of the factors lying behind care than in

explaining change. Interestingly, the most suggestive papers in this respect came from papers addressing recent history. Sandra Burman's powerful and depressing paper on child care in South Africa, subtly differentiating between the African, coloured, Indian, and white communities, showed how industrialisation, migration, and apartheid legislation had disrupted traditional structures of care and was producing a generation of 'street children'. Zhongwei Zhao focused on the impact of rapid demographic transition on changing patterns of family care of the elderly in China. Using a computational model to project patterns into the future, he questioned pessimistic assumptions that a simultaneous fall in birth and mortality rates will produce a 'greying population' with an inadequate younger population to care for them. He argued that the falling mortality rate also means that more potential carers, both children, siblings, and spouses, will survive. The impact of demographic change, increasing the elderly population in need of care in twentieth century Britain, was raised in the round table discussion on gender. Attention was drawn to the phenomenon of 'women in the middle' who spend the first half of adult life caring for children and the second half caring for parents. The present shift to community care policy in Britain is effectively placing the responsibility of care back onto these women, without necessarily considering either the way that social changes may be eroding such traditional roles or the disruption which will be caused if an economic upturn demands an expansion in the labour force.

The discussions on the impact of industrialisation and demographic change on twentieth century care indicated possible areas for historians to begin to reconstruct their own models of change. Two papers on minority communities introduced examples of this, exploring how industrialisation, in changing the living conditions of communities, placed new demands on care. In a fascinating account of the American shaker community, John Murray postulated that overcrowding, overwork, and nutritional factors may have caused high rates of tuberculosis. Leonard Smith's paper raised the issue of the effect of migration and alienation in contributing to the high rates of reported Jewish insanity in the nineteenth century. The problems with this type of approach were, however, hinted at in Marks' paper which indicated that indicators of health, in her case maternal and infant mortality, are related to a complex of factors which do include environmental conditions but also local levels of provision (which may make the situation better or worse!).

The papers also revealed ideology to be important in shaping the changing structures of care. In this respect, the importance of religion and ideas about citizenship has already been noted, but a number of additional ideological factors should be added. Borsay suggested that eighteenth century mercantilism provided justification for hospitals as husbanding the resources of the nation. Marks, in a similar light, pointed out how the use of the rhetoric of 'community' in the early twentieth century was intimately related to concern over the fitness of the national community. Shifting to ideologies of care, Crowther showed how a belief in the

institution as the key to the solution of social problems fuelled its growth in early twentieth century Britain. Similarly, Freeman indicated that blind faith in community care in post WWII America had led to a rejection of the institution which was based on ideology rather than a rational assessment of the needs of the mentally ill. The less certain shift from asylum to community in Britain raises an interesting comparative point and may perhaps be linked to the legacy of inter-war policy. Finally, Jane Lewis's remarks on contemporary social policy highlighted the contingent relationship of ideology to social policy, as she described how both new right and feminist thought had led to a revived interest in the mixed economy of welfare which we as historians were also now rediscovering. As this suggests, a eulogy of the pre-modern network of informal and formal care may turn out to be just as flawed as both our earlier whiggish faith in the rise of the institution and our subsequent largely negative condemnation of it.

It seems likely, however, that the rich range of sources of evidence that emerged in the papers will lead to a more sophisticated and nuanced picture. Our earlier one-sided history of care can partly be attributed to the greater visibility of institutional records. The conference showed how poor law records, quarter sessions, census material, and probate records can be used to reveal the far greater extent of care outside of the institution. Moreover, by utilising these records alongside those of institutions, as in Wright's matching of asylum and census records, we can better understand the relationship of the institution to the outside community through the processes of institutionalisation and discharge. Despite these advances into the sphere of community care, we are still limited by the evidence from analysing the construction of the networks of reciprocity which may lie at the heart of informal community care. It was suggested that debt records might illuminate these relationships in the early modern period, while in the modern period Twigg's use of interviews of carers indicated that historians should attempt to utilise oral history.

In conclusion, as Anne Digby pointed out in her eloquent summing up of the conference, the papers had broken down preconceptions about a rigid division between formal and informal care; instead, institutions were shown to have grown out of the networks of community care which have always been the major providers of care. This revisionism brings into question the traditional historical model of welfare as moving from informal community care to formal institutional care over time. The rise of specialist institutions, welfare professionals, and a medicalising ideology were undoubtedly important in shifting care towards formal structures and institutions in the modern period, but the conference showed that we must place our fairly well developed understanding of these processes alongside changing patterns of family, and especially female, care; provision for poverty; and demographic, social, and economic conditions.

Mathew Thomson
Wellcome Unit, Oxford

Revealing Pictures: Iconography in Historical Research
15 May 1992, Second Annual Wellcome Postgraduate Conference on Methods and Problems in the History of Medicine and Science.

The conference discussed research techniques for analyzing the various ways images can construct and disseminate knowledge. The five speakers were asked to explain why they thought iconographic analysis useful and to outline practical methodologies based on their own research, describing problems encountered and attempts to resolve them. The success of the meeting was due in part to the speakers adhering carefully to the brief given by the organisers: Patricia Fara (Imperial College), Molly Sutphen (WIHM), and Philip Wilson (WIHM).

Stephen Johnston (Science Museum), described 'Visual representation in 16th century mathematics'. He began with an historiographical introduction indicating that the history of science, technology, and mathematics are 20th century pigeon-holes not necessarily applicable to 16th century mathematics. From his work, he described the construction of Dover Harbour, where the use of scale plans and drawings was aimed at winning the tender and convincing Privy Councillors that alternatives were not only inferior, but dangerous, causing silting. The second example of the world of shipwright, witnessed the use of paper plans as experiments. The rise in social status of the master shipwright from craftsmen mathematician was a corollary of this use of science to gain domination in this market. The speaker showed very clearly, the need to place images at the centre of analysis and not treat them as mere sidelines.

The second speaker Stephen Gleissner, an art historian, gave an excellent 'Beginner's Guide' to portraiture in the history of science and medicine. Listing the possible ways a portrait can be studied, he selected symbolism as most directly useful to this audience. First, was a portrait of Charles II, commissioned by the Royal Society. An analysis of the painting revealed more than Charles' patronage of the Royal Society, and pointed to a visual link between his interest in the R.S., and in the antiquity of Britain. The second study was a group of portraits of William Harvey. In none of these was Harvey subject to the Van Dyke revolution in Court painting which flattered the subject, despite these pictures being painted some years after the genre was introduced, and by artists who were aware of it. Gleissner suggested this evoked the era of the late 17th century; a great encouragement to seek out advice from professional art historians when confronted with a portrait and not use it merely as a frontispiece!

Holger Maehle spoke next on the use of 'Early medical photographs: their pretensions and problems, and their value for historians.' He began with photomicrography and the objectivity it was perceived to bring, describing the disciplining effect of the 'chemical eye' which apparently could see more things, with greater accuracy. Photography was not just illustration, but evidence for belief. Set against this optimism, the speaker described the historical controversy of natural optical artifacts and discredit brought

on photography by retouching the images. Moving from the microbe to the person, Maehle described ethical debates in using identifiable subjects for medical publication. Questions of decency were especially apposite when nude female patients were the subject, the charge of erotic appeal had to be countered. Where the patient was of weak intellect, consent could be a thorny problem. Maehle showed that photographs, as a part of the historical discourse of medicine, have much to offer despite the contemporary problems with their usage in the late 19th and early 20th century.

James Ryan describing 'The Iconography of Empire' dealt with some of the issues which Maehle had raised, vis. the presumed unproblematic nature of the visual image, although his talk was illustrated with landscapes and people photographed as part of the process of European expansion. The symbolism involved in the photographic representation of the empire moves beyond the economic and political to encompass a new range of social levels. He urged the audience to rethink the photographic archive beyond the 'art' photograph, and question the role of the photographer as 'hero', who provided an objective, durable window on the world.

The final speaker is no doubt a popular one, with Tim Boon (Science Museum) the audience is usually found 'Going to the Pictures: 1930s Public Health Films as an historical subject'. He began with an overview of the material available from this period and his decision to concentrate on documentary film. The two films he discussed here differed in their mode of address; one utilising the direct and the other the indirect mode. He used this technical division to discuss attempts at knowing the intended audience and describing the social milieu in which the film was conceived, produced an received.

Throughout the day in the talks and questions, the complementary nature of iconographic analysis and the more usual archival and literary analysis of materials was stressed. At the same time the unique qualities of various forms of visual material, notwithstanding their inherent problems, crossed boundaries and pointed to a richer interdisciplinary historiography of the future.

Helen Power
Wellcome Institute for the History of Medicine, London.

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Society for the Social History of Medicine.
Report for Annual Conference (1992).

As members of SSHM will know it was agreed at the AGM held in December 1992 that, in future, the AGM would be held at the annual conference following the end of calendar year. Thus, the next full AGM will be held during the annual conference in 1993. However, so that members would be kept informed about developments this Special General Meeting (SGM) is being held today.

The Executive Committee, with its new membership, met in February 1992 and asked me to continue as chair for 1992. Additionally, John Henderson agreed to continue as Convener of the Programmes and Publicity Sub-Committee, whilst Jonathan Barry became Convener of the Publications Sub-Committee and took over from Margaret Pelling as Series Editor. Gerry Kearns offered to act as Hon. Secretary for part of this year and Bernard Harris assumed the full mantle of Hon. Treasurer. Michael Worboys remained as the SSHM representative on the Editorial Board of Social History of Medicine and editor of the Gazette. The new members, Mark Harrison, Dorothy Porter, David Smith and David Wright, all took up positions on the Sub-Committees. I am most grateful for the willingness of all members of the EC to assume responsibility for the activities of the SSHM.

The Programmes and Publicity Sub-Committee have been maintaining the high standard of meetings. The spring day meeting on 'popularisation' attracted more than seventy participants and provided an important forum for contacts with historians of science. This present meeting, organised by Richard Smith, to whom we owe great thanks, is providing a very real opportunity for younger and older scholars to meet and exchange ideas. The presence of our President, Andrew Scull is particularly welcome. Plans are well in hand for the future, including a day meting on 'mental deficiency' in the Autumn, a Spring meeting in Glasgow on 'nutrition' and the annual conference in 1993 will be held in Southampton on 'medical history and computing'.

The Publications Sub-Committee saw the publication of the first two volumes in the Studies in the Social History of Medicine series in October 1991 and of the third in April 1992. The sales of these volumes (albeit at high prices) has been encouraging, with about five hundred sold of the first two volumes and all but three hundred of the third. A further volume on Foucault is in the process of preparation. Regrettably, a proposal to publish a volume based on last year's annual conference, has not been successful. This is not a reflection of the standard of the papers but of the potential overall length. The publishers, Routledge, are undertaking a major review of their commitments to academic publishing and we are monitoring the situation closely. However, the SSHM book series will be within the publisher's, viz. relevance to contemporary issues.

Social History of Medicine continues to be very well received by the members of SSHM and by the institutional subscribers. At the end of May over seven hundred subscribers were recorded - by the end of the financial year it is expected that the figure will be higher. As initial appointees come to the end of their term of office new Editors have been appointed and are easing themselves into their responsibilities. Paul Weindling and Anne Crowther are the new Editors with Greta Jones as Reviews Editor. I reported on the departure of Anne Digby and of Roger Cooter at the AGM. Now is the time to record our enormous appreciation to Richard Smith who, from the beginning, has ensured that the highest academic standards have been maintained and has, with the other Editors, given

the Journal a firm base on which to move forward. His contribution this year has been of particular significance. The contract with the Oxford Journals is due for re-negotiation shortly and a small sub-committee of the EC has been established to ensure that the new contract remains beneficial to the members and to the social history of medicine. As members will be aware the subscription rate for 1992 was left at £16.00 as Oxford Journals failed to implement an increase to £18.00. However, the present costings do not allow for a maintenance of price stability and the subscription rate for 1993 will be £21.00 in the UK and Europe and $37.00 in the rest of the world. Members will realise that until the rise just announced, the subscription rate has increased relatively little and that even the new rate is very low compared to other journals in the history of medicine. Where else can you buy 550 pages of academic material for such a price? The Gazette continues to be a most welcome insert and provides up-to-date news and information to members.

This meeting gives the EC the opportunity not merely to report to members but to hear from them. Equally, I should like to remind members of my comments to the last AGM. SSHM and its activities only thrive through the willingness of a limited number of people to organise, to publicise, and to administer. You will find in the next issue of the Gazette a nomination form for membership of the EC. Please think carefully about whether you can spend some time helping SSHM.

John Woodward, Chair, July 1992

LETTER FROM VALERIE FILDES

Dear friends and colleagues,

This is both a letter of thanks and an appeal for help. Those of you who have known me since my student days will know that I have an illness of 20 years standing which has frequently prevented me from working for long periods. This has only been correctly diagnosed and treated in the last 2 years as Myalgic Encephalomyelitis (ME) and, as a result, I am now left seriously disabled, housebound and frequently bedridden. The situation is that sometimes my brain works and my body does not; sometimes my body works and my brain does not; sometimes neither work; and sometimes both function together and I am relatively well. It is unlikely that this will change much from now on and there is no possibility of my returning to full-time research.

I have managed to write to a few people who have been of particular help to me but I'm afraid it is an impossible task to write to everyone personally. I owe many notes of thanks and many of you will have me put down as a bad correspondent. But I am not ungrateful, it is just that it has become more and more difficult to carry on, especially during the last 5-6 years. So this a general 'thank you' to everyone who has offered or provided me with accommodation; helped me to apply for grants; find publishers for my books; sent me reprints, illustrations and references; commented constructively on my

work; and encouraged me to carry on research in a subject which is so wide and multidisciplinary that it often seemed impossible that one person alone could complete it.

Now to my request for help. I would like to continue my research from home during the periods when I am well enough to work and, particularly, to write up the material I was working on before I became too ill to continue in 1989. My greatest problem is keeping up with the literature because I cannot travel to libraries. I can only continue if you will help me by sending me reprints, references, illustrations, publishers' catalogues, information about relevant theses and reports, library accession lists, notices of conferences and symposia and their proceedings, and any publications or computer searches you think might be useful. Because I will only be able to work at a slow pace I would appreciate receiving this information a long-term basis.

My main areas of interest are the feeding and care of infants in all countries and all periods, but particularly Britain, the British Empire, Europe and USA in the 19th and 20th centuries. I would also like to know about current research into breastfeeding, artificial feeding and weaning world-wide.

If you feel you could help me liaise with publishers or notice any grants for which I might be eligible to help cover my research expenses, and/or could help me apply for them, please let me know. Also, if any of you are throwing out books, papers or office equipment which might be of use to someone working at home please think of me. Anything would be helpful. All I have at present is an Amstrad PCW 8256 (with no software) and a calculator.

In return, I would like to use my 16 years of knowledge and experience to help people researching in the same field. I often receive letters requesting information but as I am frequently physically unable to write or type I have great difficulty in replying to these. Instead, if people would telephone me during the day, preferably in the morning, then I could deal with requests in a few sentences. My ability continue at all depends entirely on whether, and how much, other people are prepared to help me. Thank you.

Dr Valerie Fildes

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Executive Committee 1992

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NOMINATIONS TO THE EXECUTIVE COMMITTEE

Nominations are invited from members of the Society for five
vacancies on the Executive Committee to serve from 1 January
1993 to 31 December 1995. Candidates must have been members
of the Society for at least one year. Each nomination should
include the name and signatures of the proposer, seconder, and
the nominee. A form is provided below. All must be members
of the Society. The candidate is requested to supply a
concise biography of up to 100 words with their nomination.
Ballots will be sent to all members in October.

Nominations should be sent to Dr Lara Marks, Department of
Geography, Queen Mary and Westfield College, Mile End Road,
London, E1 4NS and must be received by 31 October 1992.

Nominee (please print)
Signature of nominee
Proposer (please print)
Signature of proposer
Seconder (please print)
Signature of seconder