

THE GAZETTE

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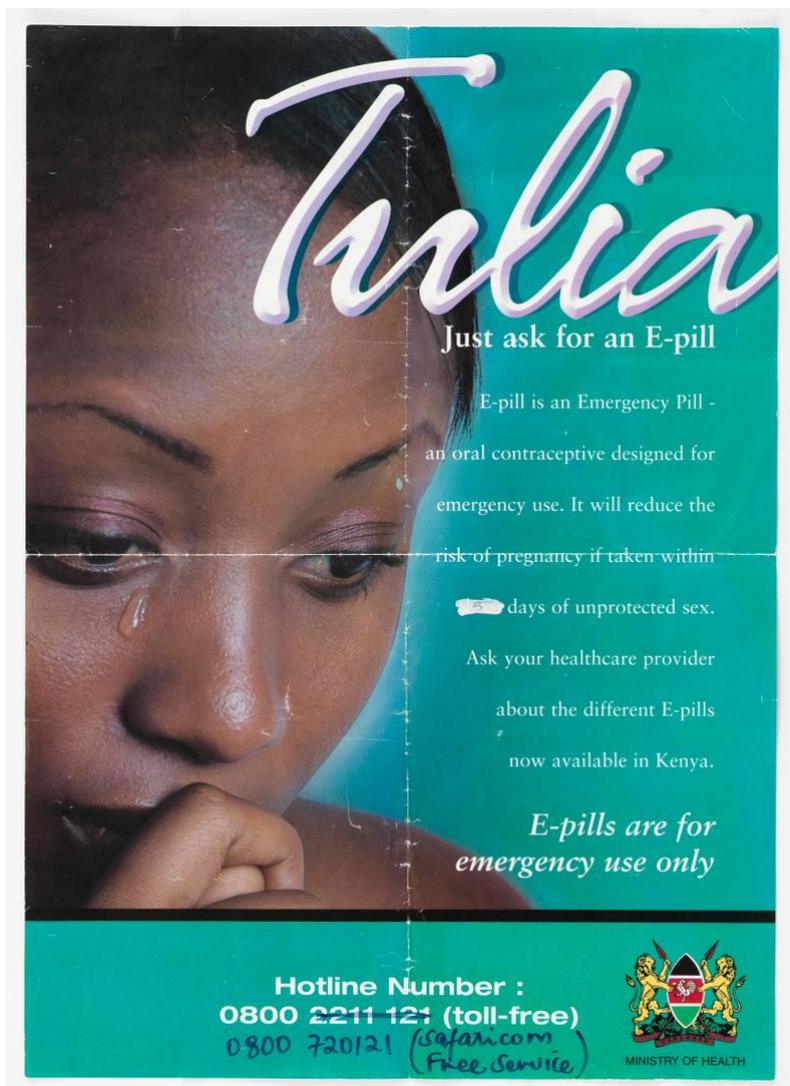
Dr Oisín Wall, School of History, University
College Cork, Tyrconnell, Off College Road,
Cork,
Ireland

OisinWall@ucc.ie

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MINISTRY OF HEALTH

Emergency Oral Contraceptive Poster, Kenya, 2000

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WELCOME TO THE GAZETTE

Dear readers,

I will begin by thanking Laura Kelly on behalf of all the members of the Society. She has done brilliant work as editor of the Gazette since her first issue in January 2020, and I am honoured to be following her in this role.

This has been an exciting year for the Society as pandemic restrictions have been removed, or at least relaxed. You can read about everything that has happened in the AGM Report, pages 2-5. One exciting development was that the Society was to support four scholars with Conference Bursaries. You can read about their experiences in France and Mexico on pages 8-15.

Our 100th issue will appear in January 2023. Please send any updates to me at OisinWall@ucc.ie by 13 January. As always, we are happy to receive notices about online events, new resources, and calls for papers related to the history of medicine and medical humanities.

All best wishes,
Oisín Wall, Editor

AGM REPORT

The Annual General Meeting for the Society for the Social History of Medicine was held in the Faraday Lecture Theatre, Faraday House, Singleton Campus, Swansea University and also online via Zoom as part of the Society's conference, 'Resilience', 1 July 2022, 13.15-14.15 (UK time). We had a good turnout of thirty-one attendees but would encourage more members to attend our AGMs to ask questions and provide suggestions!

Our outgoing Chair, Rosemary Cresswell, thanked everyone for coming and to Justine Pick,

Executive Secretary, for taking the meeting minutes. Rosemary also thanked other members of the Executive Committee stepping down including fellow officers Anna Greenwood and Victoria Bates for their support and input. Rosemary then introduced the newly elected officers, Lisa Smith (Chair), Richard McKay (Treasurer) and Claire Jones (Secretary) and handed over the meeting the incoming chair.

Lisa thanked the outgoing chair and addressed the meeting outlining her aims for the next three years and stated that she looked forward to working with Richard, Claire and the rest of the Committee. Lisa then asked those present to consider some necessary changes to the Society's constitution. As part of the discussions, particularly on the subject of new Executive Committee members, sub-committees and ambassadors, the Chair asked that some key suggestions from those present were noted. Suggestions included: working towards a greater diversity of voices (gender/ethnicity); greater diversity of age and career stage from PGR to mid-career; when calls are put out for new Committee or sub-committee members, offer more information on exactly what is expected in time commitment; and finally, could the Committee consider offering honorariums to encourage the joining of sub-committees? Based on these suggestions, Lisa and Rosemary then presented a series of amendments and additions to the Society's constitution. These were put to members present at the meeting and the amended constitution, which included the agreed points, was agreed at this meeting and is available on the Society website.

The Trustees' Reports and Accounts were then given. Claire Jones, as outgoing Membership Secretary, first gave the Membership report. Membership figures were as listed in the Annual Report. The pandemic and postponement/cancellation of in-person conferences impacted membership numbers in 2021, with numbers

down in comparison to previous years, although there was slight increase in the second half of the year.

The Annual Report also listed the conferences supported by the Society in 2021 and the total amount of previous awards carried over into 2022 (from postponed conference due to the Covid-19 pandemic). The Report also listed details of emergency bursaries and outlined that there were no travel bursaries claimed due to pandemic restrictions and postponed or cancelled conferences.

Rebecca Wynter, as Chair of the Roy Porter Prize, then formally announced the winner of the 2021 Prize as Martijn van der Meer. The winning essay is titled: 'Sown without care: Dutch eugenicists and their call for optimising development conditions, 1919-1939'. The entry shortlisted for the essay prize is Margaret Williams's 'Searching for Care in a Segregated City: Detroit's Black Hospitals and the Integration of American Healthcare 1945-75'. Rebecca and those present in person and online offered congratulations to Martijn and Margaret. This is the second year that the accolade enhancements have been awarded, which means that on top of £500 prize money, the winner has been offered the opportunity to present a keynote at Strathclyde in 2024 (as well as financial support for doing so). Those shortlisted receive a smaller amount of prize money. Prize certificates and mentoring have also been offered. John Beales, the winner in 2020, was unable to take up the offer of presenting a keynote at Swansea, but Rebecca has been on-hand to support the three recognised entrants from last year. Rebecca extended thanks to Rosemary, Ian Miller, Elma Brenner and David Cantor for their service on the judging panel for the 2021 Prize. Rebecca also reported that there were eight entries for the 2021 competition and congratulated all those who were successful in submitting their work,

which was no mean feat in the circumstances. This is, however, the lowest number since appointed as Roy Porter Prize Chair in 2019. The reason is unclear, but it is suspected that people are concentrating on their core activities. Both Rebecca and Vanessa Heggie spent the whole month of November tweeting three times daily about the Prize, both to publicise the Prize and diversify entrants and as a supportive 'write-along'—for ECRs and others to join in during #NaNoWriMo and #AcWriMo (National Novel Writing Month / Academic Writing Month). Rebecca also undertook a 'Twitter Hour' specifically about the Prize. The competition received seven submissions from four people who identified as she/her, and three from those who identified as he/him. Submissions were markedly more diverse internationally than some previous years. There were four submissions from ECRs outside the UK—India, Italy, the Netherlands, and Canada—and only one from someone outside of England residing in the UK. Again, there were no submissions from post-92 institutions. As last year, Rebecca would really like to take the opportunity of this AGM to ask those gathered to encourage overseas students to submit, and staff and students at post-92s, and those in Wales, Northern Ireland and Scotland to consider submitting a new, original essay for consideration for this year's prize.

The Web and Social Media report gave an overview of the SSHM website viewing statistics and noted that SSHM's Twitter following had continued to grow. The Independent Examiner's Report, provided by Paul Cowham, was also received and presented.

Richard McKay, as incoming Treasurer, presented the Financial Report. Richard thanked Anna Greenwood as outgoing Treasurer and confirmed specific points in the report such as reserves being set at £60,000 until the impact of transitional arrangements and Plan S are fully understood, as the Society's main

source of income is the journal royalty. Richard reported that the Society was sitting on a large amount of reserves due to the pandemic, as the main use of charitable funds is in the support of conferences in the history of medicine and travel bursaries for PGR and ECRs; this has not been able to take place for two years. The Committee is currently considering a number of schemes and initiatives to use those reserves to support the field and scholars. The Chair asked for any questions, no matters were raised therefore the annual accounts were deemed formally accepted by the membership. They will subsequently be signed by two officers and formally submitted to the Charity Commission.

Presenting the journal editors' report, Christoph Gradman stated that 2021 had seen a change in editorship with Dora Varga stepping down and Harry Yi-Jui-Wu joining the team. Helen Johnson on behalf of OUP heads the Virtual Editorial Office (VEO). Submissions were slightly down in 2021 compared to the previous year and there is currently a virtual special issue in progress on Colonialism and Medicine. Christoph confirmed that he would be stepping down at the end of 2022. Ian Miller, as book reviews editor, had supplied a supplementary report which was included in the meeting papers noting that there had been a notable drop in medical history book publications throughout 2021, however there was a backlog of reviews awaiting print publication and a large number of incoming reviews.

David Cantor presented the report on behalf of the co-editors (David, Elaine Leong and Anne Hanley). 2021 also saw a change in the editorship for the book series with Keir Waddington stepping down in June after 13 years. David expressed his gratitude to Keir who had been responsible for 23 monographs, and it is the hope of David, Elaine and new co-editor Anne that they can build on Keir's success and broaden and strengthen the appeal of the series further. David then gave details of

the recently announced Book Development Prize with two prizes of £2000 each per year. They will be awarded to proposals contracted in 2022 in the Social Histories of Medicine series published by Manchester University Press the deadline for 2022 applications is 31 December and full entry details can be found on the society's website. David had discussed the creation of an editorial board earlier in the meeting with changes to the constitution.

A report from Laura Kelly, outgoing Gazette editor, was included in the meeting papers and noted gratitude to the Executive Secretary for sending through items for inclusion and the continued uploading of digital PDFs of the Gazette to the British Library for storage on their system. The July 2022 issue will be Laura's final issue as her term on the Executive Committee ends and a new editor will be taking over.

The Policy Report, given by outgoing Policy Officer Richard McKay, included a letter on behalf of the Society to the Royal College of Physicians with the aim of encouraging the organisation to reconsider plans to sell off important rare materials from its library. The Society also issued a statement in support of Goldsmiths staff members under threat from redundancy, minoritized history and history in the UK.

Claire Jones, as incoming Secretary, listed members stepping down from the Committee (including V. Bates, C. Dobbing, A. Greenwood, C. Hickman, L. Kelly) before announcing nominations for membership. These included: Beatriz Pichel, proposed by R. Wynter and seconded by Claire Jones. For re-election to the Committee: Stephen Mawdsley, proposed by Anna Greenwood, seconded by Claire Jones; and Rebecca Wynter, proposed by Claire Jones and seconded by Jonathan Reinartz. All were unanimously elected or re-elected to the Committee for a term of 3 years.

Claire also encouraged all at the meeting to consider joining the Executive Committee and anyone

interested in doing so to approach any of the officers during the conference or afterwards. Vacant posts included Gazette editor, webmaster and social media, postgraduate and early career officer, membership secretary and policy officer.

The final point of the meeting was an early call for papers for the next conference of the European Association for the History of Medicine and Health (EAHMH), taking place in Oslo 30 August – 2 September 2023. The conference theme is ‘Crisis in Medicine’ and the deadline for submissions is 30 January 2023.

The date for the next AGM will be decided at the next full EC meeting and the membership informed.

MEMBERSHIP AND

JOURNAL SUBSCRIPTION

The time to renew your SSHM membership and subscription to *Social History of Medicine* is fast approaching, please see this attached [letter](#) for important information about memberships for 2023

The key points of the letter are:

- From 2023 members' subscriptions will be transferred from print to discounted online-only subscriptions. This is in response to feedback from members and the rising costs and environmental impact of print and distribution.
- If any member wishes to continue to receive print copies then this is possible but ONLY by telephoning OUP Customer Services to process your renewal and take payment over the phone.

OUP contact details can be found in the attached letter above.

- Renewal is not automatic, you should receive a renewal notice with details of how to pay.

Details of 2023 rates are now available [here](#) and there are now two-year packages available.



NEW MEMBERS OF THE

EXECUTIVE COMMITTEE

We are delighted to welcome two new members to the SSHM team:

Dr Martin Moore is our new membership secretary. Martin is based at the University of Exeter and is an historian of post-war Britain, with a particular interest in political, social and cultural histories of health and health services.

Dr Oisín Wall is our new editor of *The Gazette*. Oisín is based at University College Cork, Ireland and is an historian of marginalised communities and radical

movements. Any notices, CFPs or events should be sent to OisinWall@ucc.ie.



Crisis in Medicine: European Association for the History of Medicine and Health, Oslo 2023

The European Association for the History of Medicine and Health (EAHMH) invites submissions for its biennial meeting, 30 August 30 – 2 September 2023, which will take place in Oslo. The Association welcomes abstracts for individual papers, panels, roundtables and contributions to a mixed media session on the general theme Crisis in Medicine.

At present, it seems that we are surrounded by an escalating series of crises, in which a new crisis begins before the last one is resolved. The global COVID-19 crisis unfolded in the midst of the climate change crisis, and has since been complicated by new military, economic, and political crises. The last decade has seen crises of war on all continents, followed by unprecedented refugee and displacement crises. Contrary to what is often assumed, crises are not rare, unexpected, or unknowable. Crises also arise on an individual level – a diagnosis of a life-threatening condition is a personal crisis, as well as a relational crisis. Neither are crises new to health and medicine. In the Hippocratic corpus, crises were seen as customary but crucial events in the disease process – determining the outcome in the form of recovery or death. Attending to crises has always involved value judgements. Indeed, the Greek root from which the word derives: κρίνειν (*krinein*) is a verb whose active form means “to choose, to decide a dispute, to discern, to judge.”

Pandemic crises, crises of war, or crises within health systems have been ongoing throughout history. Yet not all forms of suffering are equally visible as crises, and declarations of crises are likely to have vastly different effects on those minoritized, racialized, and economically marginalized compared to those positioned at the mainstream of any given health system. Declaring crisis is a tool of power and control, giving a specific temporal shape to a set of events. That does not mean that there is no such thing as urgency, disruption, or acceleration, but naming it a crisis, is as much a question of bringing a situation about as responding to it. Crises, whether in systems, in societies or in the individual suffering of patients, are moments of decisive change, and which invite us to reassess the different pasts of suffering and healing that we study. An examination of past crises can also help us reconsider the presents that we are in and the futures we envision. We invite submissions on any topic in the history of medicine and health broadly conceived, and welcome a range of disciplinary approaches, time periods and geographical contexts. We especially encourage proposals that address aspects of the conference theme. Possible topics include but are not limited to

- The concept of crisis in early modern medicine, from *Corpus Hippocraticum* onwards conceived as a decisive moment in the disease process as well as the diagnostic process
- Crises and their temporal aspects– urgency, acceleration, delay, duration, synchronization etc.
- Health and medicine in times of war (nurses and physicians during war time, but also people’s lives during these humanitarian crises, civilian and refugee health, etc.) and their afterlives (trauma, memories, scientific innovations)
- Humanitarian emergencies

- Pandemic and epidemic crises (lives lived during these crises, medical knowledge construction, measures taken, healing attempts) – and the afterlives of such crises
- Responses in health provision as “crisis services” (e.g., mental health services after a crisis)
- Economic crises and their wider consequences for health and medicine
- Environmental crises, climate crises, biodiversity crises and their relationship to health and healthcare and/or medical knowledge over time
- Crises in health as psychological, existential and relational events
- Crisis in trust (in research, in health systems, patient-physician relationships)
- Crises and faith
- Communication of crises
- Crisis of (post)modern medicine (overdiagnosis, overtreatment, but also historiographical and critical discussion of the thesis of (bio)medicalization (Illich, Szasz, Foucault, Clarke &co)
- Moral crises: integrity, objectivity and conflicts of interest in professional medicine
- Managing crisis: training, simulation and inter-professional collaboration
- High risk environments and historical planning for disaster
- Crises in (post)colonial medicine
- Shortages and waiting lists in healthcare over time
- Vulnerable populations and their (re)appearance at moments of crisis
- Rights, resilience and insuring against healthcare disasters
- Sensing disaster: sensory history and medical crises
- Collecting and documenting health crises; issues related to oral history and material culture collecting, including ethical questions
- Crises as a subject/an example in the teaching of medical history or in museum exhibitions
- Crises as an opportunity for community organizing and activism

Individual and panel submissions must be submitted by 30 January 2022 description 3 and should include an abstract (of no more than 250 words), with title, your name and institutional affiliation, and five key words. Panel submissions should ideally include three papers (each with 250-word abstract, keywords and institutional affiliation), a chair and an introductory 100-word description. If you wish to organize a roundtable (a panel discussion of 45 minutes on a specific theme), please include the names of all participants and a short abstract (maximum 500 words). We also invite suggestions to a mixed media session (could include a poster from a research or student project, short presentations of outreach activities (e.g., game, exhibit), digitization or medical heritage projects or activist interventions. Suggestions for mixed media session should contain a 100-word description of the project and institutional affiliation. Submissions will open from December 1st. Questions? They can be addressed to eahmh23@helsam.uio.no



Laughter is the Best Medicine? Visual Histories of Humour and Health

Co-editors: Dr Christine Slobogin, Dr Katie Snow, and Laura Cowley

Dr Christine Slobogin, Dr Katie Snow, and Laura Cowley are pleased to announce a call for chapter proposals for an edited volume exploring vibrant intersections of humour, visual culture, and the health humanities. This volume examines what role visual humour has had and continues to play in healing and healthcare, as well as in experiences of illness, injury, and death. The use of humour in providing healthcare is its own rich and controversial topic, but as visual culture scholars, we are interested in examining how medically adjacent art communicates a particularly embodied and abiding form of humour. Acknowledging the capacity of humour to reflect and shape the power dynamics of medical systems, this collection of essays is interested in how, historically, visual humour has vacillated between degradation and empowerment.

This edited volume aims to enrich interdisciplinary approaches to the medical humanities, humour studies, and visual culture and art history. Research at this intersection has the ability to challenge misconceptions about the everyday role of humour in affecting experiences of illness, disability, injury, healthcare, and death.

Proposals on topics from any period are invited; we hope that this encourages wide engagement with the tropes and themes that lie at the intersection of humour, art, and medicine. We also encourage creative and comedic submissions (visual or otherwise) which challenge critical perspectives on visual histories of humour and health.

Suggested topics include, but are not limited to:

- Humorous and satirical depictions of medical professionals, medicalised individuals and bodies, systems, relationships, and settings.
- The interplay between humour and emotions in healthcare settings.
- The relationship between humour and fear (of death, of injury, and of illness).
- The use of visual humour and comics in public health campaigns, including in Covid-19 discourses.
- “Graphic medicine” in health education and the pedagogical potential of visual humour.

- The historiography of dark humour in medicine, addressing questions of agency, power, and visibility.
- Dark humour in representations of HIV/AIDS in queer communities, literature, film, and art.
- “Trench humour” in visualisations of wartime injury and healthcare.
- Humour and disability or illness in comics, comic books, and superhero narratives.
- The role of shame in visual histories of (ill-)health, injury, and death.
- Gendered differences in uses and interpretations of visual humour in medical contexts.
- Humour in representations, narratives, symptoms, and treatments of depression, anxiety, and other mental health diagnoses.
- The role of social media and meme culture in disseminating visual discourses of humour and health.
- Narratives of illness, injury, and death in stand-up comedy and sitcoms.
- Irreverence and marginalia in medieval medical texts.
- The potential of humour to facilitate feelings of shared experience and community.
- Visual humour as light relief amongst medical professionals, service users, and carers.
- Theories of humour (e.g. incongruity, superiority, relief) in visual ephemera of health and healthcare.
- Visual humour as a critical tool for healthcare or the health humanities.

Please submit abstracts of up to 300 words and an author biography of up to 150 words to Dr Christine Slobogin (cslobog1@jh.edu), Dr Katie Snow (ks596@exeter.ac.uk), and Laura Cowley (lauracowleyworks@gmail.com) by 10 December 2022. Please feel free to contact the editors with any questions.

CONFERENCE REPORTS: SSHM LEARNING TO CUT, BANDAGE, AND CURE

Learning to Cut, Bandage and Cure: Histories of Surgical Training, Skills and Knowledge in Early Modern Europe
23-24 September 2022 - École Normale Supérieure,
Paris

Report by Alicia Petersen

On 23-24 September 2022, Maria Pia Donata (CNRS/IHMC), Elaine Leong (UCL), and Juliette Rigaud (ENS/ED540) hosted a conference entitled “Learning to Cut, Bandage, and Cure: Histories of Surgical Training, Skills, and Knowledge in Europe.” The two-day conference, which was held at the École Normale Supérieure (ENS) in Paris, was funded by the Institut d’Histoire Moderne et Contemporaine and University College London. Additional financial support was provided by Translitterae PSL, ED540 Lettres, Arts et Sciences ENS, the Society for the Social History of Medicine, and the Wellcome Trust. The conference’s eighteen speakers covered a myriad of topics related to surgical education and expertise in early modern Europe. They analysed a diverse body of primary sources, including printed and manuscript surgical treatises, surgeons’ journals and correspondence, and legal records. Yet these heterogeneous presentations were united by a common goal: to sketch a profile of the average, early modern surgeon—as opposed to “outstanding” surgeons from this period, like Ambroise Paré, or those who were members of the elite—and to incorporate this figure into current historical debates on (1) the production and transfer of medical knowledge and (2) the relationship between theory and practice in medical education. In what follows, I will briefly note

some of the conference’s primary themes and the questions for future research that it raised.

Conference presentations painted a portrait of non-elite medical practitioners or—as Heidi Hausse (Auburn University) described them— “vernacular surgeons.” They demonstrated that surgeons could come from unlikely backgrounds—like the Catholic clergy—and could be called upon to address a variety of ailments. Surprisingly, surgeons often used ointments and medications to treat these conditions rather than immediately placing patients under the knife.

Papers connected to the conference’s second focus, surgical education, challenged what has been perceived as a dichotomous relationship between theoretical, book learning and hands-on experience in medical education. Presentations by Peter Jones (University of Cambridge) and Jack Hartnell (University of East Anglia), for example, demonstrated that surgeons were using manuscript images to teach themselves to perform procedures from fistula-in-ano operations to bloodlettings. While not denying the important role of hands-on training in surgical education, these papers emphasised the prominence of both the knife and the book in training early modern surgeons. As Juliette Rigaud argued in her study of eighteenth-century French surgeon François Humbert’s autobiography, the ideal early modern surgeon possessed not only significant practical experience, but also the theoretical knowledge and esprit usually attributed to the Enlightenment literati.

These papers position the book as another instrument in a surgeon’s collection; one that, like all surgical instruments, has practical and hands-on applications for healing. This view opens up new questions about the role of texts in surgical education. In his paper, Hartnell described medieval, surgical manuscripts as dynamic spaces of learning. With further

research, this idea could be expanded to apply to a broad range of printed material as well. Movable prints like flap anatomies are an apt example. Historians have generally labeled flap anatomies as outdated curiosities that at best provided basic anatomical information while allowing the reader-user to simulate the act of dissection. However, historians have also noted that these objects could be found on display in the shops of barber-surgeons. Perhaps they are yet another example of the hands-on and textual transmission of knowledge that this conference has shown to characterise early modern surgical education. The role of texts as dynamic spaces in surgical education is an exciting subject for continued research.

Report by Yijie Huang & Silvia M. Marchiori

On 23 and 24 September 2022, the Learning to Cut, Bandage and Cure conference was held at the elegant campus of École normale supérieure in Paris. Organised by Maria Pia Donato, Elaine Leong, and Juliette Rigaud, the conference enjoyed the support from Translitterae PSL, ED540 Lettres, Arts et Sciences humaines et sociales ENS, the Society for the Social History of Medicine, and the Wellcome Trust. In the two days, eighteen substantial papers were presented and brought critical questions, answers, and comments. They together form a serious interrogation of the complex yet vibrant early modern surgical landscape.

Emerging as a key point of the conference, the theme of learning and education unfolded in plenty of nuances, which varied according to the coordinates of time and space and included different degrees of formality. These papers staged the multifaceted, irregular patterns of surgical training across early modern Europe, exploring the role of continuity and innovation in the evolution of surgical skills, and questioning the pedagogical structures and strategies.

By exploring the dynamics of learning in early modern Augsburg, Annemarie Kinzelbach highlighted the collective dimension of surgical education in between local institutions, families, and artisanal networks, showing that these intertwined social layers shared a unified system to certify surgical skills. Complying to the regulations found in guild books, apprentices received oral training from their masters or elder family members. They later underwent formal exams to obtain a certificate of expertise and a license to practice, and a specialistic secondary training took place in civic hospitals. The collective nature of surgical training included sharing past experiences to warn young apprentices, and Heidi Hausse showed that vernacular surgeons, which she described as practitioners trained by apprenticeship and first-hand experienced, shared past failures and misadventures in their printed books. According to Hausse, by providing young practitioners collections of negative experiences, authors like Fabricius Hildanus enacted the pedagogy of disaster. At the same time, they displayed their expertise and ability to learn from other practitioners' mistakes to their readers-patients.

Maria Pia Donato's paper explored surgical cases as important pedagogical elements in early modern Italian hospitals. Unlike many contemporary medical cases recorded and collected for private use, the surgical cases in question were attentive not only to patients' individual physical conditions and histories of illness, but also to the learning of medical theories. Surprisingly, against the hospital setting, it is often seen that the emphasis on the latter was prioritised. These heavily theory-laden cases well demonstrate why surgery at the time could not be labelled as a purely hands-on occupation, and how its educational format was reformed to be more "academic". Donato's focus on surgical teaching found echoed in Silvia De Renzi's paper. Examining Guglielmo Riva's printed surgical and

anatomical tables produced in Baroque Rome, her paper discussed the multifaceted cognitive potentials that the images gained through their content and layout. Compiled into neat grids, the illustrations of various gaping bodies offered, in De Renzi's term, not just "static" representation of somatic abnormalities, but the "processual" one with which readers could probe into their cause, development, and solution. Besides, they were also products of the "decontextualization" of concrete case histories. Detached from the depicted ill body and bodies under similar ailments, a particular image would become an exemplum alluding to generic definitions, structured judgements, and disciplined practice.

Carolyn Schmitz's paper provided a micro-historical view into the life of an itinerant female bonesetter in early modern Spain. The legal records describing her controversial surgical practice give historians access to the "tall, fresh, dark-faced, red-coloured" young woman Marianna Pérez and her likely approaches to obtaining surgical skills. According to Schmitz, in addition to learning from local male bonesetters nearby, Marianna might also consult vernacular manuals like Andrés de Tamayo's *Tratados breves de algebra y garrotillo* (1621). Rather than a rigid bookish learning, what Marianna had was a flexible adaption of the knowhow in the book to establish her own practical expertise. This learning strategy also applied to the making of her therapeutic knowledge, which borrowed experience from existing texts. Marianna's practice reminds us of the abundant possibility in the early modern period of doing surgery without formal training, and it calls for more attention to the vast but underrepresented landscape of healing in rural areas.

A successful example of social advancement through surgery emerged in Juliette Rigaud's paper,

which focused on the rural orthopaedist François Humbert (1776-1850). In the autobiography he designed to craft his social identity, Humbert stressed the unfavourable conditions of his youth, shedding light on the problems that young practitioners faced in late ancien régime France, such as financial difficulties and family troubles. His surgical career, however, developed during an intense political season, which he experienced and absorbed, fighting for "la liberté de pouvoir m'instruire." Despite the initial constraints, Humbert's narrative embraced the ideals of self-determination and individual freedom, which allowed him to emancipate from the authority of his brother-in-law and meet success with the invention of machines to treat the dislocation of the hip. The case of François Humbert further asks us to acknowledge temporal and spatial circumstances, and to address critically the categories of privileged and disadvantaged education in the social history of medicine.

The focus on surgical education and learning was complemented by papers on the social appraisal, development, and transfer of manual skills and knowhow, which, according to detrimental narrations, demeaned surgeons' reputation and deprived surgery of the status of *scientia*. Cynthia Klestinec described the anti-establishment narrative offered by the vernacular surgeon Leonardo Fioravanti, who opposed anatomising surgeons and praised the role of nature as the ultimate healing force. Klestinec argued that Fioravanti merged the artisanal language to a deeper reflection about the ontology of the human body. By comparing surgeons to shoemakers, Fioravanti combined surgeons' manual skilfulness and hands-on approach to a particular sensitivity for the integrity of the body. Artisanal culture also pervaded Tillman Taape's paper, which focused on the self-representation strategies of surgeons like Hieronymus Brunschwig and Hans von Gersdorff in

German urban contexts. Presenting themselves as skilled craftsmen embedded within the guild-based system, these practitioners aimed to assess the usefulness, and rather necessity, of surgical skills to the whole civic body. Taape remarked that Brunschwig's and Gersdorff's vernacular books were directed at different audiences: locally, they supported the social recognition of urban surgeons; more broadly, they disseminated surgical knowledge to German-speaking readers.

While Taape's paper dwelled on widely read printed books, Michael Stolberg studied the practice journal of an unidentified barber-surgeon who worked in Münster in the early seventeenth century. Originally designed to administer the surgeon's finance, this journal casts light on his everyday medical practice. It shows that early modern surgeons daily performed unspectacular activities, such as beard and hair shaving and teeth pulling, and they often avoided using knives and rather employed ordinary healing strategies, such as medications. As Stolberg showed, the hybrid vocabulary used by the surgeon included Latinised terms idiosyncratically spelled, suggesting the intermingling of learned and first-hand education. Furthermore, diagnostical excerpts indicate that formal physicians and barber-surgeons equally dealt with internal diseases, which they both treated with external medications rather than surgery.

Evidence of bottom-up reception of surgical skills emerged in Gideon Manning's paper, which presented the case of Jan de Doot, the Dutch blacksmith who performed lithotomy on himself with a knife of his own design. Manning's paper questioned the boundaries in the transfer of manual skills, shedding new light on the dynamics of self-learning and self-help, and emphasising the role of visual representations of surgical operations and tools. Along this line, Peter Jones offered a case of reception of medieval surgical techniques in the writings of the seventeenth-century maritime surgeon

Walter Hamond. Reading with interest the description of the operation for fistula-in-ano in the work by the medieval English surgeon John Arderne, Hamond interspersed a medieval manuscript with his own notes and drawings. His comments often concerned Arderne's tools, and he originally redesigned the one called *tendiculum*, showing that tradition and innovation between the Middle Ages and the early modern age fruitfully coexisted. The papers by Manning and Jones blur the boundaries of surgical toolmaking between physicians and artisans, showing that hybrid experts actively designed new instruments inspired by textual learning and first-hand experience.

The fil rouge of textual and visual didactic tools intertwined also in the paper by Mariana Sánchez. She showed that the simple yet clear woodcuts in Pedro Gago de Vadillo's *Discursos de verdadera cirugía* (1632) functioned as efficient explanatory tools of his stitching technique, which he learned in Spain and later performed in Peruvian hospitals and mines. Crossing the borders of Europe, the dissemination of surgical skills reached South America and Africa. Brendan Röder showed that in the seventeenth century, Franciscan friars like Theodor Krump learned surgery in order to conduct missionary campaigns in North-eastern Africa. Despite they mostly performed simple operations like bloodletting, cupping, and teeth pulling, missionaries returned denigrating reports of locals' unskilled surgical technique. Significantly, Röder also clarified that Vatican authorities could provide legal security to clerics to practice surgery, as in the case of Krump, who studied at the papal hospital of Santo Spirito in Sassia and received a special license to perform surgical operations. Other instances of regulation and control emerged from the paper by Cathy McClive, who explored the training of forensic experts in old regime legal medicine and unveiled the networks of power in French centre-periphery relationships.

Along with other speakers, Jack Hartell, Elaine Leong, Sophie-Bérangère Singlard, and Meghan Roberts expanded the conversation on the fluidity and malleability of pre-modern surgical knowledge. Hartell's paper drew on a rich collection of bloodletting figures produced across Europe during the fourteenth and fifteenth centuries. The images with pedagogical purpose, in Hartell's opinion, indeed reveal much more information about where and how the learning of bloodletting took place. They had a wide range of readership from artisans to clerics, and were attached with artistic, religious, and natural philosophical indications. They present different interactions with the corresponding texts, and ended up either on their own or into something else, such as account books. Examining the sociability and materiality of these images, we gain a closer look at the manifold ways in which knowledge of venesection became transmittable. Leong's paper investigated how vernacular surgical prints in early modern London borrowed images from classical and contemporary continental works. Focusing on surgical authors including Thomas Gemini, Edward Edwards, Thomas Gale, and James Cooke, it shed light on their heavy reliance on existing visual representations on the one hand, and rather conservative selection of them on the other. Illustrated surgical prints in general did not take a considerable proportion of the entire pool, while the over gruesome images were often deleted. A crucial media to break down learned knowledge into practical knowhow, these prints encourage further thinking of knowledge maintenance and its influence on the fortunes of medical writings of different types.

Sophie-Bérangère Singlard's paper combed abundant vernacular surgical prints in sixteenth- and seventeenth-century Spain. They are considered against the background that was featured by the royal appeal for surgical professionals and the fledging university medical

education. Through them, we see a vivid picture of how surgeons struggled to frame their occupational identity across the blurred boundary between artisanal and medical fields, revealing what roles vernacular surgical knowledge took in declaring their social status. Meghan Roberts's paper explored medical discourses in eighteenth-century French newspapers. The provincial newspapers called *affiches*, as she pointed out, functioned as a busy place for medical communication. Publicising their success, innovation, and criticism, the *affiches* offered the chance to surgeons of diverse upbringings and statuses with which they learned, circulated, and evaluated each other's ideas and practices. Such endeavour to share surgical knowledge in public no doubt shaped their professional authority at the same time.

In and beyond the Q&A sections, the eighteen papers foregrounded many pivotal research questions. Unable to cover them all, we however pose three here for extending the inspiration from the conference itself. The first is about surgical images. It is proved that from fresh hands to experienced practitioners, pre-modern European surgeons immersed their lives in the realm of images to varied extents. But how should historians take them? Were they reflections of the reality of surgical practice, symbols of ideas, methods and values, or things in between? The second is about locality and localisation. Comparing sources from England, France, Italy, Spain, German-speaking countries, and other regions, it is evident that different institutional structures, urban or rural settings, languages, and customs drew a thousand contours of surgical knowledge. Surgeons and their occupational undertaking, that is, were the artefact of their embedded sociocultural contexts. This complexity calls for more comprehensive and creative definitions of the persona that Hausse refers to as "vernacular surgeon."

In the meanwhile, it also raises questions about the long-standing Latin genealogy of surgery since antiquity. Did it fade away in contrast to the rise of early modern vernacular surgical culture, or did the two have more nuanced entanglements that are understudied? The third is about surgery as a set of ways of knowing. Early modern surgery displayed healing wisdoms which were ultimately manual and a unique form of interaction between the hand and the mind. In this regard, it obviously differed much from contemporary physick, particularly learned medicine. Nevertheless, it by no means was indifferent about the latter's repertoire and their strategies for producing knowledge. Observation and case history, for example, were essential approaches to record somatic particulars and analyse illness that well straddled both surgical and medical fields. But did they mean the same thing to surgery as to medicine? What and how did surgery contribute to them, and to the evolution of early modern Empiricism? These questions, while awaiting future studies, indicate the history of surgery as a promising critical zone to reflect on big themes such as knowledge, practice, experience, and objectivity.

A dark purple rectangular graphic with white text. On the left is the SSHM logo, a stylized 'S' and 'M' intertwined. To the right of the logo, the text reads: 'CONFERENCE REPORT: RETHINKING ALCOHOL AND DRUGS' in all caps.

**CONFERENCE REPORT:
SSHM RETHINKING ALCOHOL
AND DRUGS**

**“Rethinking Alcohol and Drugs: Global Transformations/Local Practices in History”
Universidad Nacional Autónoma De México
15-17 June 2022**

Report by Jamie Banks

In what is the highlight of my (now rapidly shrinking) conferencing season, the Alcohol & Drugs History Society (ADHS) recently held its biannual conference in Mexico City. Hosted by the Instituto de Investigaciones

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Sociales, of the Universidad Nacional Autónoma de México, this year's conference hosted over 80 panellists from across the globe. As noted by the ADHS's outgoing president, Paul Gootenberg, this year's conference was testament to the increasingly global nature of the ADHS & its membership, building on the society's previous conference in Shanghai in 2019. Organised by the society's now-incoming president, Erika Dyck, with support from Cecilia Autrique, Luis Astorga, and Paul Gootenberg, this year's conference also demonstrated a firm commitment to increasing accessibility to the society's events. This included the panels comprising of papers presented in both English & Spanish, as well as presentations from PhD students, and Early Career Researchers from across the globe.

As noted by Gootenberg, in the conference's first keynote, it seemed only right that this year's conference was held in Mexico for the first time. Historically, this is because Latin America has long served as an important origin point and exporter of intoxicants. Whilst the most obvious, and perhaps infamous, of these is cocaine (a topic close to Gootenberg's heart), these also included cannabis, peyote, ayahuasca, tequila, pulque, cocoa, and coffee. Moreover, this wide array of different substances has placed the Americas at the crossroad of production and policy decisions, with strikingly global consequences for states and consumers. On a more practical note, the conference's convening in Mexico City, and previously in Shanghai, was symbolic of the society's continuing efforts to reach beyond its largely Anglo-American roots.

Considering the scale of the conference, which comprised four simultaneous panels across three days, it would be impossible (and extremely dull) for me to discuss the conference proceedings in their totality. Instead, I hope to impart but a flavour by discussing some of the most interesting papers I had the pleasure of attending. On such paper was Tarangini Siraman's on

the depictions of alcohol use in Colonial Madras, a topic especially close to my heart as a colonial historian. Indeed, Tarangini's paper was also incredibly significant, given that so little has been written about Indian alcohol use such as the publication of David Hardiman's seminal study in *Subaltern Studies*. Others included Osiris Sinuhé González Romero's fascinating papers on 'Decolonising the Philosophy of Psychedelics', which called for a critical re-evaluation of the forms of knowledge which are afforded legitimacy in past and current discussions about psychedelics. Other notable papers included Ffion Hughes' discussion of substances use and psychiatry during the Vietnam war, impressive not least because she is still completing her masters at Exeter College, Oxford. Finally, on a personal note, I appreciated the opportunity to talk with Eron Ackerman about cannabis use and Indian indentured labour during our panel together. Given that so few people have researched the topic of my PhD, it was nice to be able to discuss this rich history with someone who knows the sources as well as me.

As one might imagine, attendees were also treated to suitably themed extra-curricular activities. Whilst not quite exceeding the heady climes of the previous conference, which culminated in a pleasure cruise down Shanghai's bund, stand out activities included a food and beer tasting at the Modelo Brewery. Hosted in Modelo's fabulously art deco building, we were treated to desperate efforts to explain the flavour pairing of specific canapes and beers over the raucous din of 70+ historians gagging for a beer. The conference also ended in a suitably baccaulaurean Tequila tasting, sponsored by the Camara Nacional de Industria Tequilera. Fortunately, there was also much to celebrate, with Haggai Ram & David Herzberg's respective works being receiving the ADHS's inaugural William J. Rorabaugh Book Prize.

On a final, slightly self-indulgent note, this year's conference also saw my appointment as the Book Reviews Editor for the *Social History of Alcohol & Drugs* (SHAD), the ADHS's sister journal. This appointment (still) means an awful lot to me, given that I owe so much to the ADHS in terms of the trajectory of my academic career. To that end, I'd like to invite SSHM members interested in reviewing works related to the history of alcohol or drugs (broadly defined) to get in touch.

PHD STUDENTSHIP

The UCD School of History invites applications for a fully-funded, four-year PhD studentship on Mental Health and Irish Migrants in London since 1945. The successful applicant will join the ERC Starting Grant "DIASPORA" research group led by [Dr Alice Mauger](#). The ERC project team will meet regularly, both virtually and physically, and be committed to the well-being and career development of all our members.

This doctoral dissertation's dedicated examination of the mental health problems faced by Irish migrants to London will provide crucial context for the ERC project team's wider research on the impact of migration, loneliness and isolation on the lived experiences of this cohort. Mental health issues were central to broader discourses on alcohol and drug use among Irish migrants, and in recent decades, these discussions have centred on Irish populations in England.

The doctoral research project will examine a range of archival and online sources including Irish and UK government files (e.g. National Archives of Ireland: Department of Foreign/External Affairs; Department of Health; National Archives (UK): Ministry of Health/Department of Health/Department of Health and Social Security), official debates and reports, and health and social care surveys held at the National Library of

Ireland and the British Library. Targeted examination of medical, psychiatry, sociology and social work journals will reveal expert representations of mental health and the Irish, while research on Irish and UK national and regional newspapers will allow for exploration of key debates, developments and responses, alongside relevant case studies from the records of Irish community centres and service centres.

Find out more [HERE](#)

HYBRID ONLINE EVENT

Graphic Medicine and Graphic Ethics: How Comics Can Enhance Clinical Practice

Thursday, 24 November 2022, 1 – 2pm

A presentation by prof. Kimberly Meyers (Penn State College of Medicine) as part of the medical and health humanities seminar series. Professor Kimberly Myers is an award-winning teacher and mentor of medical and undergraduate students and an expert in interdisciplinary curriculum innovation and implementation. She co-created and co-directs the “medical humanities” course required of all first-year medical students at Penn State. Her scholarly work focuses on medical education, illness narratives, graphic medicine, and medical creative writing. Dr Myers founded and hosts the Penn State Hershey physician writers group, whose members regularly publish creative writing in professional medical journals. Dr Myers lectures internationally on creativity in illness and in medical education.

[Register here.](#)

This is a hybrid event; in-person attendance is limited.

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