

Full Programme

Reception Copy Only

Sense and Nonsense

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European Association for the History of Medicine and Health

2019 Biennial Conference

University of Birmingham, Edgbaston | 27th - 30th August



PROGRAMME GUIDE





**Sense and Nonsense**

European Association for the History of Medicine and Health

30th Anniversary Conference August 2019

Birmingham, England | 27th – 30th August 2019

University of Birmingham Medical School

University of Birmingham Edgbaston Park Hotel and Conference Centre

Welcome to the European Association of the History of Medicine and Health Biannual Conference August 2019 during this 30th Anniversary year of the Association.

An exhibition of memorabilia, photographs, and programmes will be on display in the University of Birmingham Medical and Dental School and Conference Centre.

The Conference venue is the University of Birmingham Medical and Dental School for the registration and welcome reception on Tuesday 27 August with the full Conference event taking place at the University of Birmingham, Edgbaston Park Hotel and Conference Centre.

**Keynote Speakers**

**Ludmilla Jordanova** – Visual Culture in the Department of History, Durham University

**Tracey Loughran** – Faculty of Humanities, University of Essex

**Robert Jutte** – Institute for the History of Medicine of the Robert Bosch Foundation, in Stuttgart

**Vanessa Heggie** – History of Medicine, University of Birmingham

Hosted by the University of Birmingham - Institute of Applied Health Research





Cover Image “the Silly Season” courtesy of Wellcome Collection

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| EAHMH Scientific Board |

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Alfredo Menéndez-Navarro, Granada (Spain)  
Hannah Newton (Reading)  
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| University of Birmingham “A Brief History” |

The University grew out of the radical vision of our first Chancellor, Joseph Chamberlain. Founded in 1900, Birmingham represented a new model for higher education. This was England’s first civic university, where students from all religions and backgrounds were accepted on an equal basis.

Birmingham has continued to be a university unafraid to do things a little differently, and in response to the challenges of the day. It was a founder member of the National Union of Students and the first university in the country to:

* be built on a campus model
* establish a faculty of commerce
* incorporate a medical school
* offer degrees in dentistry
* create a women’s hall of residence
* have a purpose-built students’ union building

The University of Birmingham was established by Queen Victoria by Royal Charter in 1900 and was the UK’s first civic or 'redbrick' university. The first phase of building work on the campus was completed in 1909 under the auspices of the esteemed architect Sir Aston Webb. We celebrated the centenary of those buildings in July 2009.

Chamberlain was amongst the most visionary politicians of his time and his impact on the city of Birmingham, beyond the establishment of the University was immense, particularly in his improvements to living conditions and education. Thanks to Chamberlain's tireless work, the University was granted a Royal Charter by Queen Victoria on 24 March 1900 - and with the generous donation of land and funds, the University of Birmingham was born.

**Mason College**

The University grew out of Mason College, which can trace its roots back to the medical education seminars of Mr John Tomlinson in 1767–68. He was ‘First Surgeon’ to the Birmingham Workhouse Infirmary and his 28 weekly lectures on anatomy were the first ever held outside London or south of the Scottish border. Mason Science College itself was founded by Kidderminster-born Josiah Mason in 1875. From humble beginnings, Mason made his fortune by mass-producing key rings, pens, pen nibs and electroplating.

He became one of the country’s most esteemed industrialists and philanthropists and was knighted for his generosity in establishing a great orphanage in Erdington, a suburb of Birmingham. The College became Mason University College in 1898 with the Right Honourable Joseph Chamberlain MP becoming the President of its Court of Governors.



University of Birmingham – Aston Webb



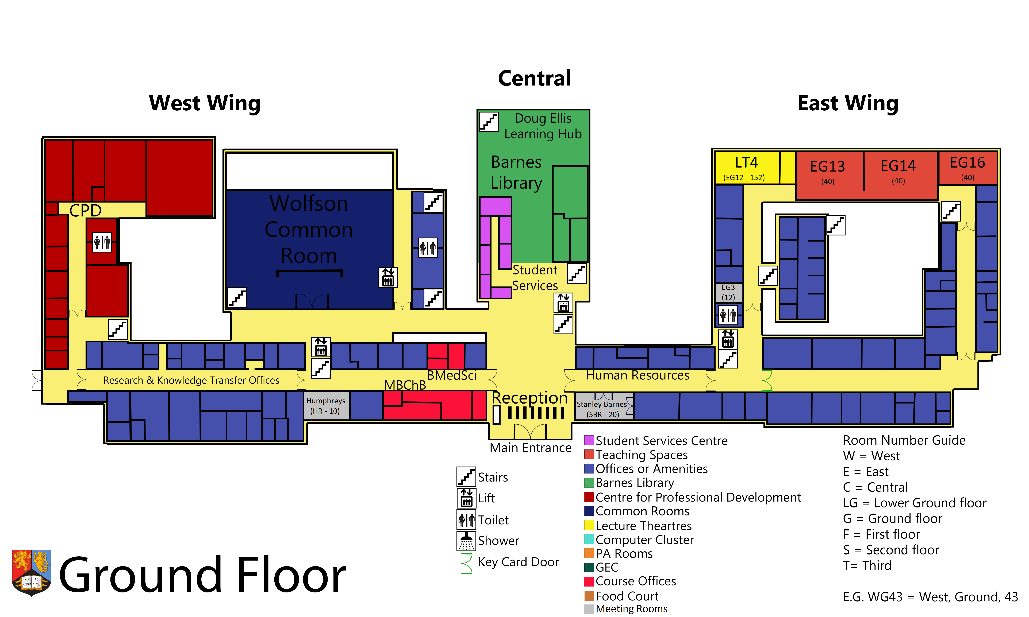
University of Birmingham – Medical and Dental School

Tuesday 27 August

Registration & Introductory Talk

Welcome Reception

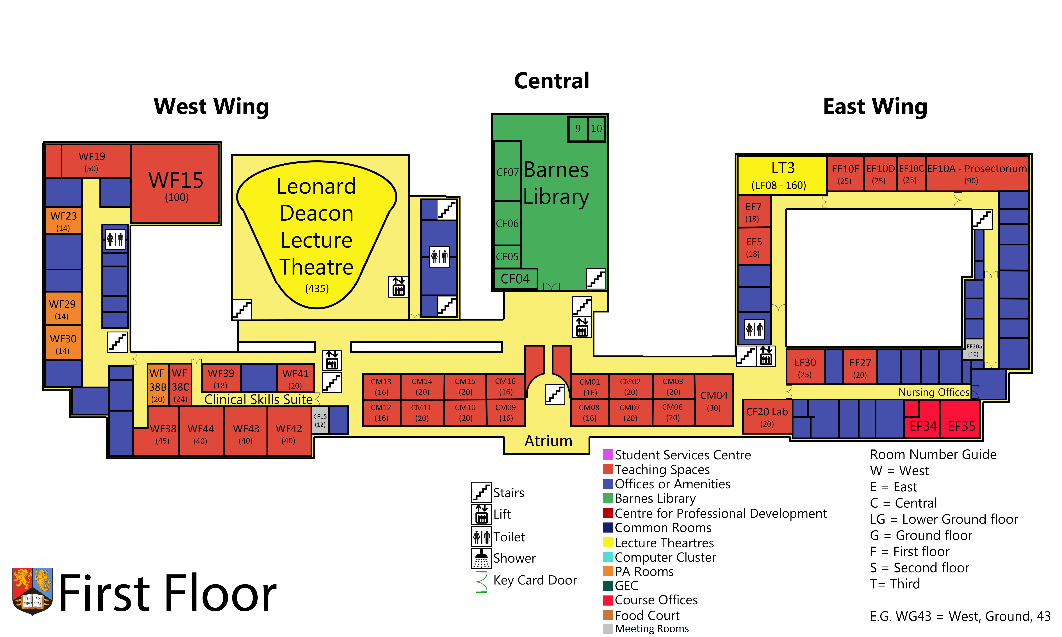
Floor plans of Medical & Dental School



Wolfson Common Room, and Atrium, Registration and Welcome Reception

Medical School Entrance

10 steps up to door entrance



16:00 – 17:00

CM01 – EAHMH Board Meeting

17:00 – 18:00 Welcome and Introductory Talk

12:30 – 16:00 Workshop –

Senses and Health/care

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| Tuesday 27 August Medical School 14:00 - 19:00 |

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| Room WF15 12:30 – 16:00 |
| **Workshop – Senses and Health/care Environments (lunch provided)** |

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| Wolfson Common Room Atrium From 14:00 |
| **Registration** |

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| CM01 16:00 – 17:00 |
| **EAHMH Old Board Meeting** |

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| Leonard Deakin Lecture Theatre 17:00 – 18:00 |
| **Welcome Introductory Talk – Jonathan Reinarz**  **Reflections of 30 years of EAHMH**  **Frank Huisman - Maastricht University & UMC Utrecht** |

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| Wolfson Common Room 18:00 – 19:00 |
| **Welcome Reception** |



University of Birmingham – Edgbaston Park Hotel and Conference Centre

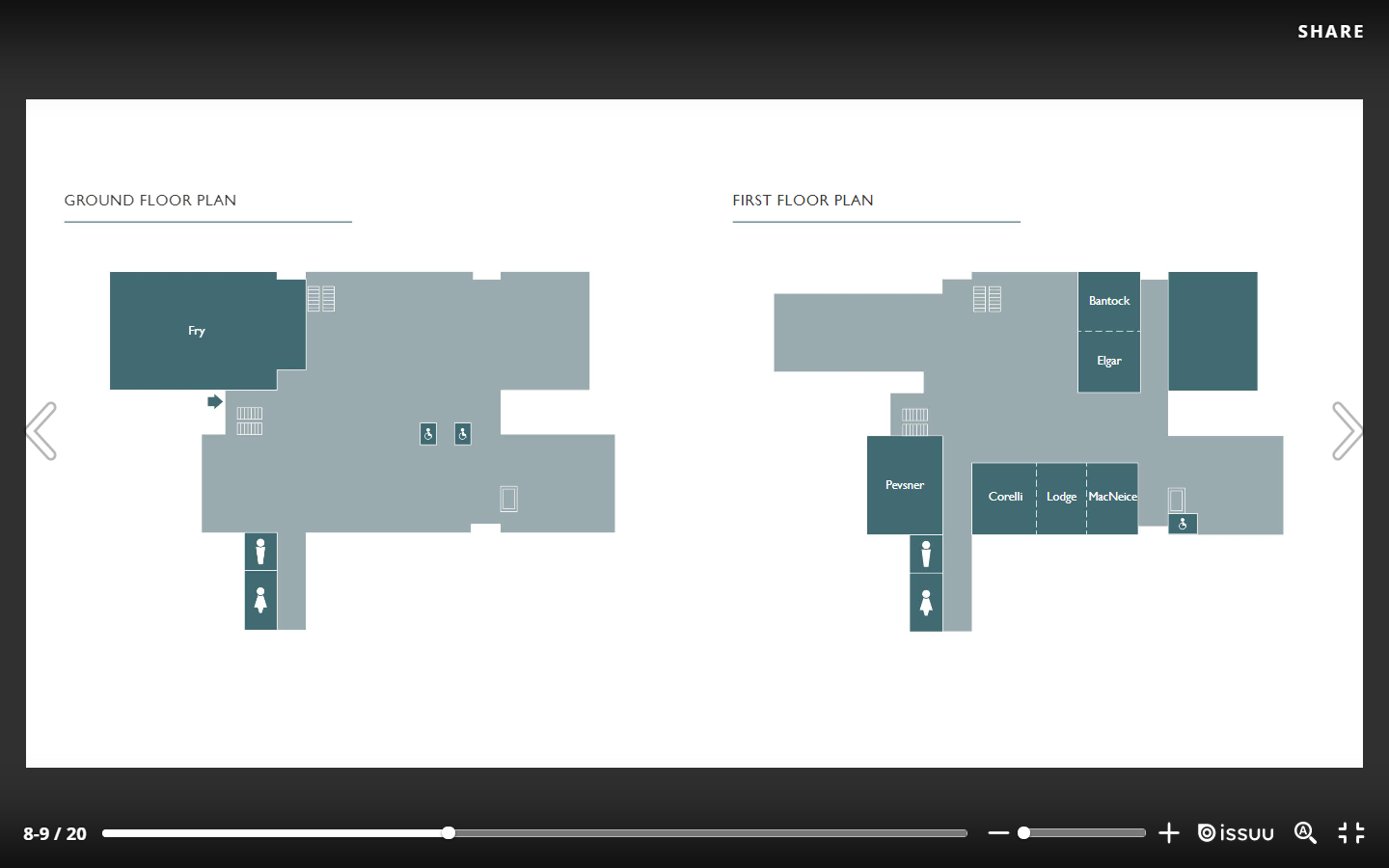
Wednesday 28 August

Registration

Keynote Lecture and

Panels 1a – 4e

Conference Centre Floor Plan of conference rooms



Lift

Bar

Breakout

Rooms

Stairs

Restaurant

Fry Conference Room

Lift

Entrance and Reception

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| Wednesday 28 August Keynote 09:00 - 10:00 |

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| Fry Conference Room |
| **Keynote Speaker**  Ludmilla Jordanova – Durham University |

**Seminar title: ‘Medicine and the Senses’**

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Ludmilla Jordanova is Professor (Visual Culture) in the Department of History at Durham University

Associate in the Department of Philosophy

Interim Director in the Centre for Visual Arts and Culture

Member of the Institute of Medieval and Early Modern Studies

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| Wednesday 28 August Panel 1a 10:15-11:45 |

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| Fry Conference Room |
| **Visual, Venereal and Invisible**  Chair: Anne Hanley – Birkbeck University of London |

**Making sense of visual signs of disease: Identifying venereal disease in 18th Century Norway**

Susann Holmberg\*

University of Oslo

Scholars who have studied the phenomenon have noted the shame attached to venereal disease in early modern Europe. These studies have focused on how shame kept people from seeking help and the creative solutions practitioners came up with to encourage people to come to them. The afflicted attempts to hide their condition, shows that these acts were a response to a sensory knowledge of venereal disease in the population. The need to hide the symptoms were due to the fact that people could recognize it as signs of venereal disease.

In my paper, I will explore the relationship between shame and sensory knowledge, by examining sources from 18th Century Norway. What do people’s attempts to hide symptoms reveal about how venereal disease was recognised in the local community? The topic is large and complex, but my focus will be on the visual signs in this paper in order to keep to the allotted time. I aim to show that the shamefulness was to a great extent attached to the sensory, particularly visual, signifiers of the disease.

My main sources are reports from clergymen in Norway from 1743 and the 1770s describing the problems of venereal disease in the parish, as well as how their congregation perceived the diseases. I will also use contemporary newspapers and vernacular medical books. My emphasis will be on the ideas of the general public, as it was public opinion which drove individuals to hide their affliction.

Keywords: venereal disease, shame, visuality, knowledge, Norway

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| Wednesday 28 August Panel 1a 10:15-11:45 |

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| Fry Conference Room |
| **Visual, Venereal and Invisible**  Chair: Anne Hanley – Birkbeck University of London |

**Burning sheets and body-bags: The senses and the history of HIV/AIDS in the Republic of Ireland, 1982-1992**

James Grannell\*

University College Dublin

With the emergence of AIDS as a public health concern in the early 1980s, fear about potential modes of transmission shaped the way “healthy” individuals reacted to the bodies of the infected, and also the way people with HIV/AIDS understood their own bodies. This paper examines the impact of HIV/AIDS on Irish patients by focusing on the senses of touch and sight. The paper asks how the bodies of the infected were reacted to in the clinical setting. Drawing on diaries, memoirs, and personal testimonies of people with HIV/AIDS in Ireland, the paper explores the impact of isolation, medical care, and the treatment of the dead in the Irish context. It also examines the domestic experiences of Irish people with HIV/AIDS during the period. In doing so, it will investigate divergences between Department of Health information about means of infection and transmission of HIV and individual experiences of care within clinical and domestic settings.

Through an examination of the patient’s inability to visually perceive the virus that infected them and their subjection to the ‘clinical gaze’, the paper highlights the role of sight in shaping patients’ emotional response to their diagnosis. The visibility or invisibility of the infected body in Irish society, and how this impacted the experiences of people with HIV/AIDS, is scrutinised throughout the paper.

In highlighting these subjects and their impact on people with HIV/AIDS in the Republic of Ireland this paper will draw on broader themes of contagion and visibility of the sick body within society.

Keywords: HIV/AIDS; touch; contagion; isolation; visibility

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| Wednesday 28 August Panel 1a 10:15-11:45 |

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| **Visual, Venereal and Invisible**  Chair: Anne Hanley – Birkbeck University of London |

**Radioactive Wastes: How to deal with an unsensible Risk**

Iris Borowy

Shanghai University

“The first consideration in disposing of radioactive waste is man’s safety.” This principle was declared by a 1960 paper by the WHO Regional Committee for the Eastern Mediterranean However, this was easier said than done.

After the Second World War, the establishment of nuclear technology in the industrialized world, lead to a steady rise in radioactively contaminated waste, for which there was no readily available disposal place. Finding such a place was complicated by the characteristics of this material: the fact that it was impervious to human senses, that its degree of contamination ranged from weak to severe, that its health effects were difficult to calculate but potentially disastrous and that it could remain dangerous for many thousands of years, far beyond any reliable human planning. One could argue that finding a safe place for this material was an impossible task, but it was a logical consequence of making use of this technology. In fact, finding a solution was a necessary prerequisite to making nuclear energy appear like a sensible choice.

After 1947, WHO took an active part in framing the international discourse. Using the 1970 publication of a report on *Public Health Implications of Radioactive Waste Releases*, as a central reference point, this paper explores how WHO, often together with the IAEA, organized multi-partner discussions about different management strategies for radioactive waste and their respective health repercussions. Making use of both published and unpublished source material, it analyzes the debates and their evolving underlying rationales.

Keywords:nuclear waste, WHO, IAEA, radioactivity, nuclear energy

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| Wednesday 28 August Panel 1b 10:15-11:45 |

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| Bantock Room |
| **Rethinking Healthcare in Colonial and Post-colonial India**  Chair: Anne Hardy – London School of Hygiene & Tropical Medicine |

This panel speaks about the paradigm shift in the context of medical care in colonial and post-colonial India. With three distinct papers covering two centuries, the aim is to explore how Western medical care went through a transformation in the period. This will explore several aspects of healthcare ranging from the curative surveillance, the shift from curative to preventative and finally exploring the great success of the eradication of a disease. These individual papers will collectively expand on the understanding of healthcare in the colonial and post-colonial structures in the Indian context.

**From curative to preventive medical practices: the role of medical services in colonial Madras (1880-1914)**

Arnab Chakraborty\*

University of York

The medical practices of colonial India changed drastically with the turn of the twentieth century. Present historiography tells us about the drugs, vaccination campaigns and diseases while it is mostly silent on the role of the medical practitioners enhancing the experiences of the common population. This paper will explain the contribution and command enjoyed by the medical practitioners in the colonial period and how their method of monopolising medical care helped the local people in turn. Madras works as the perfect case study for the research as the medical scenario in colonial south India was given much more attention in the British period.

This paper throws light on the changes that impacted the Western medical domain in colonial Madras over the nineteenth and twentieth centuries and reflects upon how the role of medicine altered in this period to make it approachable for the common people. This will explore how the period under review experienced and facilitated a paradigm shift in medicine and medical history in the colonial context. Madras presidency presents a very nuanced and rich source to understand this particular transition. Finally, this will expand the present historiography in exploring the idea of collaboration between the Indians and colonial rulers in sub-urban spaces in expanding Western medical traditions.

Keywords:healthcare, Madras, colonial India

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| **Rethinking Healthcare in Colonial and Post-colonial India**  Chair: Anne Hardy – London School of Hygiene & Tropical Medicine |

**Forgotten ‘warriors’? Indian doctors in the national smallpox eradication programme**

Namrata R. Ganneri

University of York

The story of the eradication of smallpox accomplished in 1980 is esteemed for the lessons it offers for all global disease eradication programmes. In the official, institutional histories produced by World Health Organisation (WHO) as well as biographical writings and life stories of a few high profile ‘smallpox warriors’, the role of contact tracing-based targeted vaccination programmes are identified as key to the eventual success of the programme. In the early 1960s, such experiments were trialled by Indian doctors and the novel immunization techniques and ‘lessons’ learnt thus became key to the eventual success achieved in India. These early experiments were part of the Indian National Smallpox Programme (SEP) launched in October 1962 and have been largely ignored in both popular and academic recounting of the victory over smallpox. This paper foregrounds the context of these early studies and recovers the work and ‘voices’ of Indian doctors and public health officials involved in the national SEP. The research builds on the ongoing quest to understand and build the disease eradication story from the bottom, or national level upward, rather than the dominant trend of telling the story from the international level down.

Keywords: smallpox, India, vaccination

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| Wednesday 28 August Panel 1c 10:15-11:45 |

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| Elgar Room |
| **Disability and Senses**  Chair: Rosemary Cresswell – University of Hull |

**“The neighbourhood of the injured limb”: Pain, pleasure, and crush syndrome in the London Blitz, 1940-1941**

David Saunders\*

Queen Mary University of London

The violent traumas of the London Blitz (1940-1941) have long been interpreted as a privileged source of courage, endurance, and solidarity in wartime Britain. As Angus Calder has argued, in these narratives “it was a mean and pusillanimous Londoner indeed who did not emerge from the debris with a wisecrack on his lips” (Calder, 1969). This idealised vision of resilience under the rubble, however, was profoundly challenged by the medical condition of “crush syndrome”. In these perplexing cases, individuals who emerged miraculously unscathed from the ruins of their bombed-out houses would rapidly deteriorate and die in the following days from seemingly invisible injuries. In response, the Medical Research Council (MRC) despatched a team of physicians to London hospitals in an attempt to elucidate this mysterious condition. For these researchers, investigating crush syndrome required an intense sensory engagement with pain, trauma, and death: examining broken and mutilated limbs, observing surgical procedures and amputations, collecting blood and urine samples, conducting autopsies, and handling the internal organs and muscle tissues of their diseased subjects. Yet at the same time, this grisly labour was almost universally described by researchers as “enjoyable”, “satisfying”, and even “fun”. This paper explores how these unusual interactions between pain and pleasure in crush injury research shaped the construction of medical knowledge about the traumatised civilian body in wartime. Through this sensory and emotional lens, the Blitz is revealed as a highly contested site in which relationships between researchers and patients were forged, modified, and complicated in unforeseen ways.

Keywords: The Blitz, pain, pleasure, injury, death.

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| Wednesday 28 August Panel 1c 10:15-11:45 |

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| Elgar Room |
| **Disability and Senses**  Chair: Rosemary Cresswell – University of Hull |

**Assistive devices, the senses, & disability rights in Canada, c. 1975-1990**

Geoffrey L. Hudson

Northern Ontario School of Medicine

In the last decades of the twentieth century enabling technological developments, and new understandings of the rights of disabled people, resulted in increased demand for improved availability and access for disabled persons to a wide variety of assistive devices to help them deal with the challenges of sensory and mobility impairments.

The paper will examine the history of assistive devices within the context of the development of socialized medicine and disability rights in Canada. The focus will be on a pioneering body -- the Ontario Advisory Council on Disability Issues. Canada was arguably late to socialized medicine and medicare was rolled out across the country, and developed, at the time of a growing disability rights wave.

The Ontario Council I focus on consisted of disabled activists as well as providers and health care practitioners, and dealt extensively with health and other policy and problems related to the participation of Ontarians with disabilities in community life. It had extensive influence. Through this lens, *via* an analysis of archival sources and interviews, I will examine the ways and means sought to improve equity for disabled persons through the provision of assistive devices, and the extent to which publically insured health services were seen to be a successful part of that endeavour.

Keywords: assistive devices, senses, disability, medicare

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| Wednesday 28 August Panel 1d 10:15-11:45 |

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| Corelli Room |
| **Individual and Collective Senses**  Chair: Jonathan Reinarz – University of Birmingham |

***Les fausses sensations*: The Rise of Synaesthesia in France, between Physiology, Psychology, and Mental Health**

Leonardo Capanni\*

University of Parma/Pantheon-Sorbonne University

In clinical terms, the word synaesthesia means an involuntary, automatic and nearly permanent association between two different sensory (or cognitive) streams. It is an extremely rare condition, very idiosyncratic and genetic in its origins (even though there are many acquired variants, related to traumatic or pharmacological causes), defined in particular by a non-pathological character.

Despite this, synaesthesia has been traditionally regarded as a form of hallucination, as it is still listed in the *International Classification of Diseases* (2016), and frequently coupled with notions of neurosis, hysteria, or degeneration – especially in its formative years (last decades of the 19th century). At that time, many scholars highlight not its “epiphany” aspects, as many Symbolists did, but rather the symptoms of regression arising from its lack of sensory discrimination.

In my contribution, I would like to draw attention on the initial establishment of this scientific – and cultural – concept. First, analysing the writings of those with a reputable medical background, from ophthalmology (Perroud, Pédrono), to physiology (Charles Féré, Giraudeau), to other (de Fromentel, Millet), that started debating the anastomosis of cortical fibres as its principal cause, and the possible connection with other altered states like hypnosis, synalgia, or *hyperesthésie*. Secondly, reconstructing the work of psychologists such as Alfred Binet, Edouard Gruber, and Théodore Flournoy, which, on the contrary, tended to explain it by means of affective associations; and to consider it as a sort of “experiment”, set up by Nature, in a field where it always seemed impossible to vary or monitor any condition.

Keywords: synaesthesia, hallucination, association, localization, unconscious

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| Wednesday 28 August Panel 1d 10:15-11:45 |

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| Corelli Room |
| **Individual and Collective Senses**  Chair: Jonathan Reinarz – University of Birmingham |

**Fearing degeneration, engineering the future – Finnish social and health policy organisations, public health and psychiatry (1920’s-1950’s)**

Sophy Bergenheim\*

University of Helsinki

This paper illuminates the presence and construction of collective emotions in political and medical contexts. Inspired by Reinhart Koselleck’s theoretisations of historical time, I look at the relationship between spaces of experience and horizons of expectations. How have past experiences shaped what historical actors envisioned and expected from the future? What role have medical theories had in these visions? How have medicine and health policy been seen and used as tools for influencing the future? Was the envisioned future always dystopian?

I address these questions by looking at Finnish social and health organisations and their public health and mental hygiene (psychiatry) ideas during the early half of the twentieth century. Finland was a young and poor nation with a history of severe domestic and international conflicts. The Civil War (1918) was interpreted both as a class clash (bourgeoisie vs. working class) and as a racial conflict (Germanic Swedes vs. Mongolian Finns). This emphasised theories of ethnic, social, mental, physical and moral degeneration and heredity, which threatened the nation’s future. The social, political and medical realms were merged into broad biopolitical attempts at controlling and engineering the population. Two wars against the Soviet Union during WWII also served to highlight these ideas, albeit with a heightened geopolitical motivation.

These experiences in general translated into a view of a looming dystopian future – which, however, might be avoided. Appropriate medical and political interventions could lead to a more bright future where the nation and its heathy population “come out of the struggle victorious”.

Keywords:public health, psychiatry, degeneration, racial hygiene, non-governmental organisations

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| Wednesday 28 August Panel 1d 10:15-11:45 |

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| Corelli Room |
| **Individual and Collective Senses**  Chair: Jonathan Reinarz – University of Birmingham |

**Making sense of teaching scientific medical psychology in mid-Victorian Britain**

Polina Merkulova\*

University of Leeds

A shift in the mid-nineteenth-century British teaching of medical psychology led to the growing emphasis on science. Alienists, similarly to other medical practitioners, sought to increase the prestige of their work through association with science and placed high hopes on scientific research to bring about advancements in understanding, treatment and prevention of mental illness. However, the views on what made medical psychology scientific differed greatly. The attempts of alienists to make sense of scientific medical psychology and the best ways of teaching it to medical students resulted in a number of incompatible approaches.

In my paper I discuss these issues focusing on the two courses on mental diseases which ran in Edinburgh in 1860s and 1870s. One of the courses was taught by Thomas Laycock at the University of Edinburgh, the other by David Skae at the Royal Edinburgh Asylum. By examining these courses and the debates surrounding them I demonstrate that Laycock and Skae not only disagreed on what constituted the scientific character of medical psychology but also had significantly different pedagogical approaches. I argue that this debate was representative of the discussions in the wider alienists’ community in Britain and that the examination of specifically pedagogical issues is crucial for understanding mid-Victorian medical psychology and its place on the contemporary map of knowledge.

I conclude the paper with some reflections concerning the historiographical advantages of examining educational practices for the history of medicine in general and the history of psychiatry in particular.

Keywords**:** Victorian psychiatry; education; science; Edinburgh; historiography

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| Wednesday 28 August Panel 1e 10:15-11:45 |

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| Lodge Room |
| **Senses and Certification**  Chair: Heiner Fangerau – University of Dusseldorf |

***‘Never Sleeps in his hammock’: Marks of insanity in the British Navy 1740-1820***

Catherine Beck

Institute of Historical Research

In 1812, seamen William Kinder was court martialled for striking an officer and was acquitted as insane when his shipmates mentioned signs of his ‘unsound mind’ such as refusing to eat victuals, laughing ‘without meaning’ and never sleeping in his hammock. Similarly, Edmund Aikes was invalided for insanity in 1799 because he would never sleep in his hammock but instead slept standing over a gun. Naval surgeons noted in their logs symptoms of ‘wildness’, incoherent speech and uncontrollable laughter or sobbing, but they also marked behaviours which endangered the ship. Kinder had been ‘out of his head’ for four years before his violence prompted the court martial and Aikes for eight months before the surgeon considered him to be ‘useless on board’. Others were seemingly tolerated until their behaviour threatened the crew or their own lives. James Oliver was bound in a straightjacket fashioned from sail-cloth because his melancholy developed into a ‘furious madness’ in which he assaulted his shipmates and jumped overboard. Likewise, Alexander Ryan came to his surgeon’s attention when he tried repeatedly to throw himself into the sea and was tied in his hammock to prevent further ‘obstreperous’ behaviour.

The behaviours demarcating insanity onboard British naval ships in the long eighteenth century aligned with wider ideas about what constituted madness but were also defined by the contingencies of life at sea. This paper explores how medical understandings, social expectations and the practical limitations of sea-service shaped what surgeons and courts martial considered to be ‘marks of insanity’.

Keywords: insanity, reason, mental incapacity, maritime, eighteenth century

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| Wednesday 28 August Panel 1e 10:15-11:45 |

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| Lodge Room |
| **Senses and Certification**  Chair: Heiner Fangerau – University of Dusseldorf |

**Hysteria revisited: Diagnosing hysteria in Dutch forensic psychiatry (1900-1930)**

Willemijn Ruberg

Utrecht University

Although much historical work has been devoted to hysteria, historians have not noticed that hysteria also played a major role as a psychiatric diagnosis in court cases. In rape cases, the female victim was often diagnosed as a ‘lying hysteric’, while in murder cases both female and male suspects were examined by doctors and psychiatrists for signs of hysteria, including the hysterical stigmata, those pressure points that showed the typical hysterical sensibility. Potentially, the diagnosis of hysteria could lead to a verdict of insanity, unaccountability or diminished responsibility. In the courtroom, hysteria was connected to questions of amnesia, susceptibility and dissimulation. These notions all revolved around emotions.

This paper will propose a praxiographical analysis of hysteria in the Dutch courtroom in the early twentieth century. It will study what kind of technologies were used by doctors in their examinations of the body and mind of suspects and witnesses, showing how the senses were vitally important to these examinations. It will also connect the diagnosis of hysteria to gender and explore when gender becomes important and when it is less relevant. The paper will argue that the courtroom as space shapes the form of hysteria, which was different than hysteria as observed in the clinic or at home.

Keywords: hysteria, forensic psychiatry, rape, murder, praxiography

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| Wednesday 28 August Panel 2a 12:00-13:30 |

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| Fry Conference Room |
| **Women’s Health and Expertise in Post-war Britain**  Chair: Tracey Loughran – University of Essex |

This panel explores women’s everyday experiences of reproductive health in the post-war period as social, cultural and technological changes altered the pattern of women’s lives almost beyond recognition. Papers discuss how women’s health organisations questioned medical authorities over experiences of childbirth, how magazines aimed at teenage girls constructed understandings of periods and pain relief, and how journalists and doctors called into question commercial narratives around vaginal deodorants. It demonstrates how women and teenage girls came to understand various aspects of their reproductive and sexual health through multiple and contested forms of expertise, including their own.

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| Fry Conference Room |
| **Women’s Health and Expertise in Post-war Britain**  Chair: Tracey Loughran – University of Essex |

**Making sense of ourselves: Women’s health activism, patient consumer groups and medical authority in Britain, c. 1960-1990**

Kate Mahoney

University of Essex

This paper argues that we can enhance our understandings of women’s interactions with medical authorities in late twentieth-century Britain by incorporating an assessment of patient consumer groups into the broader history of women’s health activism.

Drawing on oral history interviews and the archives of patient emancipation organisations, it explores how and why women developed the sense that the medical treatment that they were receiving was inadequate. In doing so, it traces how, from the early 1960s, patient consumer groups contrasted the purportedly nonsensical advice provided by medical authorities with the validity of women’s own experiences and sensations. Women were subsequently encouraged to articulate their strong sense of medical mistreatment through a variety of everyday forums, including BBC Radio 4’s Woman’s Hour, letter-writing, and telephone helplines. Patient consumer organisations could draw on these articulated sensations to develop strategies to overcome disempowering aspects of medical authority. Such responses included ensuring women’s access to medical knowledge and petitioning for the increased inclusion of female patients in medical research. These strategies were particularly important in facilitating changes to women’s experiences of childbirth, raising awareness in the 1970s of the painful physical and psychological side effects associated with oxytocin-induced labour.

By examining how patient consumer groups engaged with women’s sense of themselves and their health, we can develop a more in-depth understanding of the highly personal yet common interactions with medical authorities that formed a foundation for the development of women’s health activism in Britain across the 1970s and 1980s.

Keywords: women’s health activism; patient consumer groups; medical authority; sensations; experience

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| Wednesday 28 August Panel 2a 12:00-13:30 |

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| Fry Conference Room |
| **Women’s Health and Expertise in Post-war Britain**  Chair: Tracey Loughran – University of Essex |

**‘Off days’, ‘Black days’ and a ‘Tensed up depressed feeling’. Periods and pain relief advertising in Teen magazines in Britain c.1960-1980.**

Hannah Froom\*

University of Essex

This paper explores representations of periods, pre-menstrual symptoms and analgesics in magazines for teenage girls between 1960-1980. It explores advertisements for period pain analgesics including Anadin and Feminax, analysing similarities and differences in the representation of menstrual symptoms, health and femininity between adverts and companies, and across time. It analyses the imagery, language and tropes used in the adverts to explore how physical pain and emotional distress were depicted. It treats these representations of menstruation not only as examples of discourse, but also as shaping its development. It explores how these adverts were reliant upon, and contributed to a discourse of the female body and mind as ‘pathological’ when menstruating.

Analysis of advertising is situated in relation to other discussions of menstruation in teen magazines, including those in sanitary advertising, and health advice columns. This serves to emphasise the growth in what remains a limited discussion of menstruation in teenage mass culture during this period. It also emphasises the multiple different sources of expertise and authority present in the magazines that helped teen girls make sense of their menstrual cycles, ranging from editors to advertisers and from medical personnel to mothers, daughters and magazine readers. It situates a discussion of representations of periods and pain relief in teen magazines within its context of contemporary menstrual taboo and of changing attitudes towards youth and female youth culture, the female body, and the availability of health information in mainstream magazines. This paper addresses the conference themes of visual cultures, sensory perception, pain and analgesics.

Key words: pain, analgesia, menstruation, teen magazines, representation.

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| Wednesday 28 August Panel 2a 12:00-13:30 |

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| Fry Conference Room |
| **Women’s Health and Expertise in Post-war Britain**  Chair: Tracey Loughran – University of Essex |

**Scents and Non-scents: Mediating expertise in the campaign against vaginal deodorants, c. 1969-1975**

Daisy Payling

University of Essex

In the late-1960s, advertisements for vaginal deodorants began to appear in British women’s magazines. Brands like Bidex and Femfresh utilised full page colourful adverts to promote their ‘intimate deodorants’: selling their products through a lens of ‘personal freshness’ and ‘gentle’ femininity. These adverts took their place among the visual cacophony of messages about bodily and emotional health which was available to readers of magazines aimed at ‘new women’: *She, Nova* and, later, *Cosmopolitan*. At the same time, another publication turned its attention to vaginal deodorants. Letters from doctors to the *British Medical Journal* discussed their growing use and relative safety. Whilst doctors were concerned by risks of infection, the Women in Media Group – an organisation of feminist journalists – were concerned by the psychological effect such adverts might have on young readers. In 1971, Women in Media began a campaign against vaginal deodorants, utilising different forms of expertise to make their case.

This paper will explore how different actors lay claim to expertise around women’s bodies by unpacking discourses around vaginal deodorants in the late 1960s and early 1970s. In doing so, it will show how contradictory claims to expertise were articulated through appeals to medical knowledge, feminist politics, and authentic experience: drawing on bodily senses and emotional registers. This paper addresses the conference themes of visual cultures, and feeling and feelings. It explores the role of scent and smell in constructions of femininity and sexuality, and in understandings of the process of medical diagnosis.

Keywords: expertise, women, media, smell, emotion

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| Wednesday 28 August Panel 2b 12:00-13:30 |

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| Bantock Room |
| **Perceiving Selfhood**  Chair: Noortje Jacobs – Maastricht University |

**Euphoria: The misperception of health in western medical history**

Christopher Milnes

Tavistock Tutors, London

This paper will explore some of the ways in which people have come to believe that they have misperceived their own health or the health of others in western medical history.

It will take a *longue durée* perspective and focus on two broad categories of misperceived health. First, certain forms of misperceived health which have been thought to belong to particular pathologies (sometimes given names like ‘euphoria’, ‘health delusion’ or ‘*spes phthisica’*). Secondly, the disappointments sometimes experienced, for instance, during recovery or convalescence: when patients or bystanders have come to believe that they have invested too much hope in the feelings, behaviours or other qualities seen, heard and felt (or sensed in some other way) in the sick person.

This paper will argue that the continuance of the category of health as a thing that can be both achieved and perceived has *sometimes* depended upon the containment of the fullest implications of the existence of categories of health and sickness that are sometimes indistinguishable from each other in terms of sensory perception. Medical writers might represent themselves as bearing the knowledge required to distinguish a true experience of health from a false one. Misperceptions of health are also sometimes represented in medical texts as so clearly strange to bystanders that there is no question of a sane or intelligent observer mistaking a false health for the true. In wider cultural and social representation, the nuances tend to fall away even further.

This is an underexplored area of medical history with broad implications for our understanding of the ways in which people in the past and present have ‘sensed’ their degree of health and wellbeing.

Keywords: Health, delusion, misperception, hope, euphoria

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| Wednesday 28 August Panel 2b 12:00-13:30 |

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| Bantock Room |
| **Perceiving Selfhood**  Chair: Noortje Jacobs – Maastricht University |

**“I am an automatic lunatic”: exploring the ‘sense of mental action’ in nineteenth and early twentieth century hallucination narratives.**

Cora Salkovskis\*

Birkbeck, University of London

Following recent work exploring the phenomenology of voice-hearing outside of pathological frameworks, this paper highlights the ambiguous position in the nineteenth and early twentieth-century imagination of hallucination narratives published in medical literature and the wider press. Although hallucinations were a ‘common and universally recognised… indication of insanity’ (Conolly Norman) by the mid-century, alone they were not sufficient proof of lunacy and were widely discussed occurring in the sane under specific conditions. It was when coupled with delusion that hallucinations represented the loss of control of the sensory centres and the subject’s cerebral powers of association: a disconnect between self and ‘reality’ or intrusion into the realm of waking dreams. However, the persistence and elaboration of beliefs within the medical profession and wider society alike regarding the vulnerability of the ‘self’ to external influence and control by mesmeric powers, a spirit world, and emerging disruptive technologies (e.g. electricity, the telegraph), complicated the connection between a coherent and cognisant self and its environment. If the self was vulnerable to such influences, what distinguished the lunatic of Hanwell Asylum from the man who believed himself assailable by mesmeric influence? This paper explores the connection between hallucination and delusion and the notion of ‘self’ or ‘mental action’. It argues that hallucination narratives represent a complex and contested site between ‘the real’ and ‘the imaginary’, uncovering a myriad of contemporary anxieties and beliefs about the self in relation to the world and exposing emergent strategies designed to reinforce the integrity of a sane modern selfhood.

Keywords: hallucination, embodiment, agency, imagination, history of psychiatry

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| Wednesday 28 August Panel 2b 12:00-13:30 |

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| Bantock Room |
| **Perceiving Selfhood**  Chair: Noortje Jacobs – Maastricht University |

**Marconi Transmitter of the Universe, or: The ‘Biological Law’ of fighting. Making sense of the vegetative nervous system in the early twentieth century.**

Leander Diener

University of Zurich

The brain has attracted the attention of some of the most eminent physician writers, for instance Georg Büchner or Gottfried Benn. These writers conveyed literary expressions of the fact that they are ‘cerebral subjects’ that is that they are to some extent defined by their brains. (Ortega/Vidal, 2017) Yet, the need to make sense of certain parts of the neural system is not confined to the brain respectively to cortical structures. The vegetative nervous system, a novel ‘epistemic thing’ in the early twentieth century, set the task to interpret its curious autonomic processes.

This paper examines two physiologists and physician writers who created their own reading of the nature of the vegetative nervous system; Carl Ludwig Schleich and Walter Bradford Cannon. To both scientists, the vegetative nervous system represented a window into foreign worlds; Schleich compared it to an instrument with which to receive signals from the universe (Schleich, 1922), whereas Cannon recognized the reverberation of the primitive and belligerent past of humanity in vegetative mechanisms. (Cannon, 1915) Each interpretation tells a crucial chapter of the history of the vegetative nervous system and its translation into something meaningful; the transmitter metaphor was associated with psychoanalytical ideas about the organic unconscious, Cannon’s look into primeval instincts was based on new findings on the relation between emotions and vegetative functions. At the same time, these interpretations allowed to translate physiological findings into novel diseases such as ‘vegetative neuroses’ or disturbances in bodily steady states (homeostasis).

Keywords: Walter Bradford Cannon, Carl Ludwig Schleich, vegetative nervous system, history of brain research, experimental physiology

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| Wednesday 28 August Panel 2c 12:00-13:30 |

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| Elgar Room |
| **Measuring Senses and Insensibility**  Chair: Graeme Gooday – University of Leeds |

Converting sensations into symptoms and comparable bureaucratic data was a great challenge for nineteenth century healthcare practitioners. So how did clinical scrutiny come to be apparently so well-equipped for quantitatively evaluating the human sensorium in the 20th century? Translating sensory performances into socially useful numbers involved two processes of construction: contriving measurable surrogates for individual qualities and inventing bodily ‘norms’ to calibrate the spectrum of human variability. Perhaps inevitably both constructive processes were subject to significant contestation. This session takes three cases of clinical technocracy to explain how culturally-contingent conventions for sensory gauging were reified as forms of objectified measurement.

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| Wednesday 28 August Panel 2c 12:00-13:30 |

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| Elgar Room |
| **Measuring Senses and Insensibility**  Chair: Graeme Gooday – University of Leeds |

**‘The eye that is in measure’: Establishing normal and abnormal vision in the nineteenth century**

Gemma Almond

Swansea University

In 1851, the invention of the ophthalmoscope transformed knowledge of the eye and vision. Franciscus Cornelius Donders used the ophthalmoscope to diagnose refractive and accommodative vision errors for the first time. Donders identified these errors as ‘abnormalities’ and used observable evidence to support the concept of a ‘normal’ eye. The subsequent use of test charts from the mid-century further standardised visual acuity and the ‘normal’ eye became the eye that was ‘in measure’ and ‘perfect’. By extension, any deviation from the standard became ‘out of measure’ and ‘imperfect’. However, some contemporaries criticised this standard on the basis that it was not necessarily achievable, desirable or average. This paper will firstly explore how and why the measurement of vision became important in the nineteenth century. It will then assess how it reconceptualised visual capacity. In particular, vision testing allowed corrective lenses to be used with unprecedented accuracy and helped to shift understandings of blindness. However, the creation of ‘normal’ and ‘abnormal’ vision was arbitrary and could have a number of negative consequences, including access to work. This paper will challenge the concept of ‘normal’ and argue that technology redefined standard visual acuity and also the experience of partial sight. In doing so, it will highlight how the measurement of vision is a useful case study not only for our understanding of the senses but also disability, technology and medicine in the nineteenth century.

Keywords: vision, measurement, ophthalmoscope, normal/abnormal,

blindness

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| Wednesday 28 August Panel 2c 12:00-13:30 |

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| Elgar Room |
| **Measuring Senses and Insensibility**  Chair: Graeme Gooday – University of Leeds |

**‘Normal’ Breathing? The use of vital capacity to standardise respiratory disability in the 1936-1942 Medical Research Council Surveys.**

Coreen McGuire\*

University of Bristol

The 1844 invention of vital capacity as a measurement proxy for lung capacity can be contextualised as part of wider nineteenth century scientific programmes to statistically analyse the norms of human bodies through instrument-based measurements.

Vital Capacity gained medical credence in this statistical milieu primarily through the efforts of John Hutchinson and his spirometer. Early spirometers measured lung volume through measuring the displacement of water, and this became known as a person’s ‘vital capacity’. However, recurring questions over whether the parameters of normal breathing were universal or varied between groups marked all attempts to measure it: normal breathing for whom? Answering this became especially urgent in 1936, when the Medical Research Council was asked by the Home Office and the Mines Department to try and solve the problem of the disconnect between visible tissue damage and miner’s subjective reports of breathlessness. They were charged to investigate chronic pulmonary disease among coalminers working on the South Wales coalfields. However, the personal and intangible nature of breathlessness offers distinct challenges for those attempting to measure it.

In this talk I will investigate the MRC medical surveys undertaken between 1936-1942 and argue that by examining the data used to create the standards for respiratory disability compensation, we can see that normal breathing standards were constructed through biased data groupings. This case study thus problematises the notion that the spirometer or any other measure can adequately capture the sensory experience of breathlessness.

Keywords: breathlessness, spirometer, measurement, subjectivity, data.

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| Wednesday 28 August Panel 2c 12:00-13:30 |

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| Elgar Room |
| **Measuring Senses and Insensibility**  Chair: Graeme Gooday – University of Leeds |

**Comparing criminality and insanity; attempts to classify individuals in Victorian Institutions**

Laura Sellers

Thackray Medical Museum

It has been said, particularly of asylum doctors, that they could not treat or cure the insane, so they could do nothing but collect data. That is an oversimplification of late nineteenth century institutional medicine. Data collection was an important part of the process of people entering institutions like prison, asylums or workhouses. This data was used to analysis individuals and populations and produce statistics which changed policies and law. This paper will take as a case study the work done by one Prison Medical Officer, Henry Clarke from the West Riding House of Correction, who, along with his colleagues from the nearby West Riding Lunatic Asylum, used the ‘everyday’ institutional data as part of wider studies into ‘normalcy’, ‘criminality’ and ‘insanity’.

For Clarke, information on institutionalised individuals was paramount to his mission to explore the similarities and differences between groups of people, particularly criminals, asylum patients, and ‘normal people’. Clarke believed that the labels which grouped these people might have underlying pathological causes and he sought ways to measure them. Clarke and his colleagues combined data with information they gathered using photography, measuring technologies such as conformateurs, new technologies like the ophthalmoscope, and information gleaned from post-mortems, to assess normalcy in institutional populations compared to other groups. This paper will reflect on Clarke’s research and the significance of seeking “normal” for state institutions.

Keywords: Prisons, Asylums, criminality, neurology, insanity

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| Wednesday 28 August Panel 2d 12:00-13:30 |

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| Corelli Room |
| **Sensory Experience and Public Health in Pre-Modern Italian Cities**  Chair: Sarah Fox – University of Manchester |

This panel evaluates the interrelationship between sensory experience and public health practices in Italian cities between the sixteenth and eighteenth centuries. Focusing on three embodied activities – work, travel, and burial – which were regulated by the highly organised governments of Italian states in order to maintain and promote the health of their communities, this panel aims to add a sensory layer to recent scholarship on the healthscaping of early modern cities, which has concentrated more on the environment than bodies.

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| Wednesday 28 August Panel 2d 12:00-13:30 |

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| Corelli Room |
| **Sensory Experience and Public Health in Pre-Modern Italian Cities**  Chair: Sarah Fox – University of Manchester |

**Smelling, seeing and touching death in early modern Venice**

Alex Bamji

University of Leeds

This paper aims to deepen our understanding of early modern sensory experience through a study of embodied encounters with the dead in the urban context. Existing scholarship suggests that smell was the primary sense which mediated early modern encounters with dead bodies. Contemporary sources provide ample examples of city residents complaining about the stench of urban cemeteries and government interventions to counter putrid vapours motivated by fears of miasma and disease. At the other end of the olfactory spectrum, the sweet odour of sanctity was a prominent feature of hagiographical accounts.

The first section of this paper analyses sensory perceptions of burial sites in Venice, arguing that ideas of social hierarchy contributed to narratives of smelly external cemeteries which contrasted with accounts of church tombs. Through a close study of health magistracy records, I argue that public health measures both responded to and shaped sensory perceptions. The second section examines the importance of ‘signs’ of death on the body and how interpretations of these signs shifted over the period in a context of significant religious change and lively medical debate.

The final part of the paper builds on recent scholarship which insists on how the senses operate in conjunction with, rather than in isolation from, each other. Dead bodies were highly visible in the urban landscape and were touched for a range of reasons and by a range of people. My paper seeks to draw attention to how these sensory encounters prompted positive and neutral emotional responses, as well as negative ones like disgust.

Keywords: death, embodied experience, public health, stench, visibility

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| Wednesday 28 August Panel 2d 12:00-13:30 |

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| Corelli Room |
| **Sensory Experience and Public Health in Pre-Modern Italian Cities**  Chair: Sarah Fox – University of Manchester |

**Public health workers, the senses, and occupational health in early modern Italy**

Marie-Louise Leonard

University of Leeds

This paper argues that examining the tasks carried out by public health workers, tasks that were predominantly based on sensory activities, can offer new insights into early modern occupational health. These workers were charged with searching for risks to individual and communal health, such as identifying sources of corrupt air, maintaining a visually clear space and regulating the sale of food and drink. This could put their own health in jeopardy, especially during periods of epidemic disease when touching the sick was part of the job and the fear of being infected while traversing a city in crisis could render them more susceptible to illness. Using administrative correspondence, medical treatises and regulations created by governing bodies, this paper explores the tasks that posed a risk to health when carried out by a cross-section of public health workers in Mantua, a city in northern Italy. It assesses the provisions made to protect the health of workers including health officials, medical practitioners, and those involved in cleaning processes, such as special clothing designed to create a barrier against infection. It also explores the tensions and disputes between workers, their governing bodies, such as the College of Doctors, and the Mantuan state in seeking to balance the public health needs of Mantua and its inhabitants with the occupational health of the workers employed to preserve or restore communal health.

Keywords: Italy, occupational health, pre-modern, public health, space

***Lazzaretti*, Quarantine and the role of senses in Eighteenth-Century Italy**

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| Wednesday 28 August Panel 2d 12:00-13:30 |

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| Corelli Room |
| **Sensory Experience and Public Health in Pre-Modern Italian Cities**  Chair: Sarah Fox – University of Manchester |

Marina Inì\*

University of Cambridge

This paper examines the importance of smell and touch in the architecture and activities of *lazzaretti* in eighteenth-century Italy. *Lazzaretti* were permanent facilities which quarantined goods, merchants and travellers to prevent the spread of plague. Concerns about smell and touch deeply influenced the protocols of *lazzaretti* and their architecture. Plague was believed to be caused by miasmas and bad smells. Goods deemed “susceptible” to contagion were disinfected using aromatic substances such as vinegar, spices or smoke. The facilities were designed to house and facilitate processes of disinfection. The choice of the site and other architectural features aimed to keep the place healthy and free from bad smells. Touch was also considered extremely important. The possibility of contagion was feared and *lazzaretti* were designed to both contain it and separate people inside. Protocols in the *lazzaretto* forbade direct contact with the outside world, as well as between people and objects from different quarantined groups. Therefore, *lazzaretti* were usually located in isolated areas, outside cities, and comprised a number of different enclosures. Contact with the outside was carefully regulated as it was impossible to avoid: *lazzaretti* were designed to serve the safe movement of people and goods. This study will argue that concerns about smell and touch gave life to seemingly contrasting measures and architectural features which were translated into a complex but consistent system of procedures which allowed *lazzaretti* to be both safely permeable and impermeable to air, people and goods.

Keywords: architecture, contagion, quarantine, senses, space

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| Wednesday 28 August Panel 2e 12:00-13:30 |

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| Lodge Room |
| **Publicity, Health Rhetoric and Consumer Knowledge in the Medical Market Place**  Chair: Hannah J Elizabeth – London School of Hygiene and Tropical Medicine |

This panel examines the intersection of advertising and mass media reporting in the promotion of health services during the 1980s and 1990s. With the examples of sunbeds, family planning counselling, and minimally invasive gallbladder removal, it looks at the practices of publicising the availability and benefits of health services in different national contexts. Though examining disparate corners of the health-care market, these cases are shown to overlap in how mass media allowed the boundaries of what was considered to be acceptable practice to be circumvented in order to provide information to health consumers.

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| Wednesday 28 August Panel 2e 12:00-13:30 |

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| Lodge Room |
| **Publicity, Health Rhetoric and Consumer Knowledge in the Medical Market Place**  Chair: Hannah J Elizabeth – London School of Hygiene and Tropical Medicine |

**‘65 Hours sunbathing’ or ‘7 hours on a sunbed’: The sensible sunbed consumer (England, 1980 to 1982)**

Fabiola Creed\*

University of Warwick

Since the twenty-first century, sunbed consumers have been stereotyped as ‘irrational’, ‘self-destructive’ and ‘impulsive’ – individuals who ignore the long-term health detriments such as skin cancer. A historical evaluation of mixed media sources from the early 1980s challenges and complicates this ‘traditional’ consumer identity demonstrating the reverse.

During the early 1980s, sunbed use offered the original clientele a ‘sensible’, quick and ‘common sense’ method to acquire a ‘safe’ tan, associated with the ‘fitness’ and ‘health’ industry. A fine-grained analysis of advertisements, photographs, catalogues, *British Medical Journals* and audio-visual sources illustrates how, inadvertently, the media and many medical professionals endorsed this positive representation by introducing sunbeds within health-connoted locations. Cross-referencing these sunbed-related textual, (audio-)visual and material sources demonstrates how the location and language used to frame sunbeds both encouraged and reinforced sensory associations of health, fitness and wellbeing.

This paper first explores these spatial locations, such as health clubs, spas, gyms and leisure-centres. Sunbeds were framed within these health-associated interiors and material cultures, such as white-walled clinics, fitness and medical machinery, white staff uniforms and goggles. Secondly, the paper evaluates how these ‘health-enhancing’ environments encouraged enticing medical terminology to advertise ‘revolutionary’ sunbeds – a technique accepted by the mass media and deployed by the sunbed industry. These medical references originated from dermatologists, such as the differences between ‘safe’ UV-A sunbed and ‘cancer-causing’ UV-B radiation. The sunbed industry used this information, alongside the most cost and time-effective sunbed ‘therapies’, to inform their health-conscious sunbed (patient-) consumers to make rational ‘long-term’ decisions.

Keywords: sunbeds, consumers, health advertising, fitness culture, medical terminology

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| Wednesday 28 August Panel 2e 12:00-13:30 |

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| Lodge Room |
| **Publicity, Health Rhetoric and Consumer Knowledge in the Medical Market Place**  Chair: Hannah J Elizabeth – London School of Hygiene and Tropical Medicine |

**Publicity in the Age of the Pill: TV and Public Relations Strategy at the British Family Planning Association**

Jessica Borge

University of Strasbourg

The British Family Planning Association is primarily known for its provision of contraception, and contraceptive advice, to women. The Association pioneered the mass roll-out of low-cost contraceptives to women on a national basis, and was deeply involved in the testing and development of the oral contraceptive “pill” in Great Britain. But rather than focussing solely on contraceptive provision, the FPA had a two-fold capacity as both a provider and a pressure group.

With the ultimate aim of making contraceptives an acceptable matter for public discussion (and thereby pushing for greater freedoms in reproductive rights), the FPA had, by the mid-1960s, shrewdly engineered its public image to become the go-to media consultancy in all matters reproductive, for family well-being, and for psycho-sexual health. However, attaining this status as the respectable voice of family planning took time, money, organisation, and the cooperation of outside agencies and media vendors.

This paper will present new research into the collaboration of the FPA and TV producers dating from the mid-1950s to the mid-1960s, using data gathered from broadcasters and the FPA archives. In doing so, it questions the historiography around the FPA and family planning movements more generally. It posits that reproductive freedoms achieved in the 1960s may owe as much to the organised dissemination of public relations messages and technologies of communication, as it does to the [then new] reproductive technologies connected to the body.

Key words: contraception, family planning, television, pressure groups, public relations

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| Wednesday 28 August Panel 2e 12:00-13:30 |

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| Lodge Room |
| **Publicity, Health Rhetoric and Consumer Knowledge in the Medical Market Place**  Chair: Hannah J Elizabeth – London School of Hygiene and Tropical Medicine |

**Publicising medical innovation: The emergence of minimally invasive surgery, 1989-1995**

Cynthia L. Tang\*

McGill University

Though largely described by surgeons as a “patient demand-driven revolution”, a more nuanced analysis of laparoscopic cholecystectomy’s (LC) rapid rise reveals the deliberate efforts made to generate that demand. The availability of the new minimally invasive technique for gallbladder removal in the early 1990s was widely publicised in media reports and, in the United States, direct-to-consumer advertisements. Patients suffering from symptomatic gallstones could now arrive at their surgical consultations armed with knowledge of cutting-edge technology and an idea of what they considered to be tolerable side effects. If a surgeon did not provide the minimally invasive surgery, patients would go to another surgeon that did.

Reliant on gallbladder removal as one of general surgery’s bread-and-butter procedures, many surgeons felt pushed by the market to be trained in the technique and to offer it as quickly as possible. Such pressure allowed LC to capture 75% of the American market for gallbladder surgery in just three years whereas countries with nationalised health services experienced a slower transition from the traditional open surgery. In Britain, for example, it took five years for the technique to gain 63% of the market. While the more commercial nature of American medical practice was certainly a major factor in the speedier acceptance of LC in the United States, this paper considers the role played by local cultures of publicising medical innovations. It examines the practices of medical reporting and direct-to-consumer advertising that are considered acceptable in different national contexts and how they affected the uptake of LC. Keywords: surgical innovation, medical reporting, direct-to-consumer advertising, patient consumerism

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| Wednesday 28 August Round Table Panel 13:30-14:15 |

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| Corelli Room |
| **Making (Non)Sense of Madness**  Chair: Matthew Smith – University of Strathclyde |

Louise Hide – Birkbeck, University of London

Tom Harrison – University of Birmingham

Sarah Marks – Birkbeck University of London

Jesper Vaczy Kragh – University of Copenhagen

Prior to the recent heavyweight bout between Deontay Wilder and Tyson Fury, the two pugilists sparred in the media about an issue that became a sub-plot to the fight: mental illness. Fury, returning from an absence marked by weight gain, drug suspensions and depression, spent much of the build up discussing his mental health. Stating that mental illness was ‘an illness. Just like cancer’, Fury declared that: ‘If I can beat depression, I can beat anything.’ Wilder countered that Fury was simply ‘trying to feed off this mental illness thing like it isn’t a recurring issue with the world’. Going further, Wilder claimed that ‘We have all been there – I can tell you stories about myself.’ To this, Fury argued that Wilder’s view was ‘uneducated’ and that ‘it’s clear to see that he doesn’t have mental health problems and he has never had mental health problems’.

Putting pre-fight rhetoric to one side, the boxers’ comments touched on an important and longstanding debate within mental health: is mental illness something we all suffer from at one stage or another in our lives; or is it a discrete disease entity that only affects certain people? Historians - along with sociologists, philosophers and psychiatrists – have been debating this issue for decades, spurring one of the most vibrant, controversial and impassioned sub-disciplines within the history of health and medicine. And, by and large, the relevant historiography would suggest that the answer to this question is as follows: it depends. While historians know that madness has been due to organic causes (such as tertiary syphilis or pellagra), they also emphasise that it can be a social construction. Above all, most, if not all, mental health historians would argue that understandings of madness, mental illness, insanity, etc… change across time and place and will likely continue to do so.

But is this enough? This roundtable, bringing together clinicians with historians, seeks to explore whether history and historians can and should play a bigger role in contesting prevailing attitudes about madness. If our research demonstrates a historical link between poverty and poor mental health, are we obliged to engage assertively with policy makers? If there appears to be a historical connection between aggressive pharmaceutical company advertising and increasing rates of specific disorders, should we do something about this? If so, what? The participants, clinicians who have engaged with history and historians who have informed debates about mental health, will share their experiences and their opinions about the uneasy relationship between history and mental illness, spurring a rich and lively discussion with the audience.

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| Wednesday 28 August Panel 3a 14:15-15:45 |

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| Fry Conference Room |
| **Emotions and Public Health Campaigns**  Chair: Alex Mold – London School of Hygiene and Tropical Medicine |

This panel explores how different forms of activism utilised feelings and emotions in public health campaigns on HIV/AIDS and safe teenage sex in post-war Britain. Combining archival research, oral history interviews, education leaflets and social workers’ manuals, this panel traces the emotional engagements and strategies employed by activists to campaign for better information and recognition in hitherto neglected aspects of public health.

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| Wednesday 28 August Panel 3a 14:15-15:45 |

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| Fry Conference Room |
| **Emotions and Public Health Campaigns**  Chair: Alex Mold – London School of Hygiene and Tropical Medicine |

**Activism, feelings and public health campaign, The Brook Advisory Centres (1965-1985)**

Caroline Rusterholz

St Johns College, Cambridge

The Brook Advisory Centres (BAC) were the first centres to provide contraceptive and sexual advice to young people in Britain. This paper uses public health campaigns by BAC as a case study to analyse how activists and BAC members relied on feelings to encourage safe teenage sex. First opened in 1964 in London, and quickly followed by other openings across Britain and Scotland, BAC centres recruited doctors, social workers and activists in order to provide information on contraception to young people. However, BAC members faced a great deal of obstruction in their undertaking. Pushbacks from Independent Broadcast Authorities and conservative lobbies, in particular the Responsible Society, made it difficult to publicise the work of BAC and circulate information on contraception.

Drawing on archival material from the Wellcome library, parliamentary literature and mass media, this paper shows how proactive, creative, and committed BAC members were in circumventing these obstacles, and the extent to which they mobilised feelings as a way of advancing their campaign. Given their commitment within the charity and the difficulties they encountered, this paper argues that BAC members should be considered as activists.

Keywords: public health campaign, sexuality, youth, feelings, activism

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| Wednesday 28 August Panel 3a 14:15-15:45 |

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| Fry Conference Room |
| **Emotions and Public Health Campaigns**  Chair: Alex Mold – London School of Hygiene and Tropical Medicine |

**Women’s experiences of HIV/AIDS disclosures as activism in Edinburgh, 1983-2000**

Hannah Elizabeth

London School of Hygiene and Tropical Medicine

As the extent of AIDS’ effects on children became evermore stark, social workers scrambled for the funds, expertise and materials they needed to help and empower this underserved and varied group. Recognising the AIDS crisis in Edinburgh particularly affected women, social workers began to seek the voices of HIV-affected mothers and children, in an attempt to produce texts and protocols which bridged these gaps. The aim of these texts was to foster agency and lessen the emotional burden of HIV diagnosis, disclosure, and treatment. In addition to educational materials, new spaces were created to care for HIV-affected families such as hospices, community cafes and multi-use centres. This was interdisciplinary collaborative AIDS activism born out of the daily fight for resources, information, space and empathetic treatment.

Drawing on Edinburgh’s AIDS newsletters, social work manuals, testimony, education leaflets and the archival traces of hospices like Brenda House, this paper draws on the voices of the HIV-affected to tell the history of how this emerging crisis evolved in Edinburgh and was experienced by women from HIV-affected families and those that worked with them. By analysing how disclosure was managed in representative social work texts, leaflets and posters, the paper captures how activism emerged as a response to the day-to-day challenges of living and working with HIV in Edinburgh. It argues that only through drawing on multiple sources of varied forms and from a variety of authors can we hope to trace the responsive nature of women’s AIDS activism in Edinburgh in this period.

Keywords: AIDS, activism, disclosure, history of emotions, Social Work@sexhistorian

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| Wednesday 28 August Panel 3a 14:15-15:45 |

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| Fry Conference Room |
| **Emotions and Public Health Campaigns**  Chair: Alex Mold – London School of Hygiene and Tropical Medicine |

**It isn’t just your profession, it’s what you thought you were working for’: The Emotional Labour of voluntary and charitable HIV/AIDS work as activism.**

George J. Severs\*

Selwyn College, University of Cambridge

A considerable amount of historiographical attention has been paid to HIV/AIDS activism, especially radical direct-action groups such as the AIDS Coalition to Unleash Power (ACT UP). As a result, less analysis is being directed towards the ‘AIDS worker’, a person professionally involved in delivering services to people living with HIV/AIDS (PWAs). AIDS workers were not always paid, a great many were volunteers.

This paper takes up the question: what distinguishes an AIDS volunteer and/or worker from an AIDS activist, arguing that we need to consider ‘AIDS activism’ as a broad spectrum of activity incorporating both paid employment and radical direct-action. The paper draws on broad archival research and upwards of 24 hours of oral history interviews conducted over three years with people professionally and politically involved with HIV/AIDS in England during the late-twentieth century. It foregrounds the testimony of individuals in danger of being overlooked as ‘AIDS

activists’, such as those politically and emotionally motivated to pursue careers as social workers (in order to work with PWAs) and volunteers at AIDS centres such as the Terrence Higgins Trust, the London Lighthouse, Liverpool’s Sahir House and Manchester’s George House Trust.

In arguing that voluntary and charitable work were meaningful activist expressions in the AIDS field, the paper will highlight people’s deep emotional engagement with their work. The paper will centrally argue that it is through an understanding of the emotional labour imbedded within HIV/AIDS work that the historian can fully register such labour as a meaningful and (a/)effective form of activism.

Keywords: HIV/AIDS, voluntary work, emotional labour, emotions, activism

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| Wednesday 28 August Panel 3b 14:15-15:45 |

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| Bantock Room |
| **Translating Class into Clinical Practice: Ideas of Social Class in Mental Health Care in Two Nordic Countries**  Chair: Heiner Fangerau – University of Dusseldorf |

This session examines how the psychiatric profession’s beliefs and assumptions about the social class of mental patients and mental illness translated into clinical practice in Denmark, Finland and other European countries, and how the social class of psychiatrists themselves may have shaped their perception of patients. Specifically, the session addresses the issue of how social class of both the patients and the physicians affected the ways in which the indigent mentally ill, opiate addicts and the “pseudo-normal” were evaluated and managed by mental health professionals in 20th -century Denmark and Finland. In their research, participants have drawn on patient records, institutional archives and a wide variety of published medical and especially psychiatric material.

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| Wednesday 28 August Panel 3b 14:15-15:45 |

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| Bantock Room |
| **Translating Class into Clinical Practice: Ideas of Social Class in Mental Health Care in Two Nordic Countries**  Chair: Heiner Fangerau – University of Dusseldorf |

**A habit of the rich. Opiate addiction in late 19th and early 20th century European psychiatry**

Jesper Vaczy Kragh

University of Copenhagen

Today opiate abuse is generally linked to medical issues, poverty and social marginalisation. It is also seen as a problem affecting young people. As often noted in European studies of substance use disorders, the great majority of opioid clients report having started to use drugs before the age of 30. Furthermore, co-morbidity of schizophrenia is regarded as a major problem in 21st century psychiatry. In the late 19th century when psychiatrists began treating drug addiction, however, an almost completely different picture could be observed. Opiate abuse was not associated with young people of lower socioeconomic status or with schizophrenia; it was seen as a disease of middle aged affluent people who were not psychotic. This paper will focus on the emergence of opiate addiction, particularly morphinism, in German, French and Danish psychiatry. Drawing on sources such as medical books, journals, surveys and patient records of mental hospitals, I will examine the development of drug addiction in psychiatry. My main argument is that social class in more ways than one shaped the way psychiatrists understood and dealt with the problem of drug addiction. I will argue that a change in diagnostic procedures occurred during the early 20th century, where more drug abuse patients of lower social status were admitted to psychiatric clinics and hospitals. In this period, co-morbidity in drug abuse patients became more common. However, up till the late 20th century an antagonism between drug addiction and schizophrenia was often stressed in psychiatric textbooks and articles. How and why these changes occurred will be discussed in my presentation.

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| Wednesday 28 August Panel 3b 14:15-15:45 |

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| Bantock Room |
| **Translating Class into Clinical Practice: Ideas of Social Class in Mental Health Care in Two Nordic Countries**  Chair: Heiner Fangerau – University of Dusseldorf |

**The indigent mentally ill in the late 19th and early 20th - century Finland**

Petteri Pietikainen

University of Oulu

Until the mid-20th century, the management of mental illness in Finland was very tightly linked with social class. Before the establishment of so-called district mental hospitals across the country in the 1920s and the 1930s, only a small minority of the mentally ill from the disadvantaged classes were treated in a proper hospital – the great majority lived in their communities, either with their families or as objects of a rudimentary form of municipal poor relief. In my presentation, I will examine the development of mental health care between the late 19th and early 20th -century Finland from the perspective of social class, and my focus will be on the history of the confinement of the indigent mentally ill during this era. I describe major developments in mental health care, patient cases in two mental hospitals as well as the use of work as a form of therapy. The main argument of my presentation is that, right from the start, social class was a determining force in the development of mental health care in Finland. In other words, class was not just one factor among other significant determinants shaping mental health care in Finland; it was intrinsic in the very establishment of the institutional forms of confinement. What this meant in practice was that, until the post-World War era, the great majority of mental patients were from the disadvantaged classes. Why this was the case is the principal question I will address in my presentation.

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| Wednesday 28 August Panel 3b 14:15-15:45 |

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| Bantock Room |
| **Translating Class into Clinical Practice: Ideas of Social Class in Mental Health Care in Two Nordic Countries**  Chair: Heiner Fangerau – University of Dusseldorf |

**Middle-class ideals in the Finnish psychosomatic medicine from the 1950s to the 1980s**

Eve Hyrkas\*

University of Oulu

In this presentation, I analyze Finnish medical debate concerning psychosomatic medicine between the 1950s and the 1980s using the post-war expansion of middle-class ideals as a theoretical framework. Rapid social change, fueled by striving towards equal opportunities, characterized Finnish society especially from the 1960s onwards. Increased incomes and their societal redistribution, development of educational systems and near full-employment resulted in wider freedom of choice and a blurring of class divisions, to which modern historical research sometimes refers as the expansion of middle class and its ideals. Middle-class mentality is epitomized by striving towards security, belief in positive work-reward-ratio and the triad of self-control, perseverance and initiative. I argue that these ideals affected physicians’ and psychiatrists’ conceptions of psychosomatic illness and disease in the given timeframe. In the psychosomatic context, the reverse side of ‘middle-class’ freedom of choice seemed to be the responsibility that came with it. People were increasingly assumed to understand their symptoms and to take action concerning their own and their families’ psychophysiological health. I suggest that psychosomatic morbidity was in part explained by individual attitudes, expectations and choices as well as by the culture fostering these motives, and that certain aspects of Finnish psychosomatic thinking can be better understood in relation to middle-class attributes. The presentation is part of my on-going PhD research, which examines the development of medical psychosomatic thinking in Finland after the Second World War. My research draws on published medical and especially psychiatric material, such as journal articles (scientific and popular), dissertations, reports of societal projects, proceedings from symposia and textbooks.

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| Wednesday 28 August Panel 3c 14:15-15:45 |

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| Elgar Room |
| **Putrefaction and Infection**  Chair: Octavian Buda – University of Medicine and Pharmacy “Carol Davila” Bucharest |

**The Use of the Senses in Diagnosis and Therapeutics in the Sixteenth Century. The Advice by the Imperial Physicians Francesco Partini and Pietro Andrea Mattioli**

Alessandra Quaranta

University of Trento

In order to identify the patients’ *latitudo sanitatis*, physicians in the sixteenth century relied on verbal patients’ reports as well as the sense experience. The latter was regarded both as criterion for recognizing symptoms and key to the interpretation of diseases.

This paper focuses on the healthcare activity of two Italian physicians who worked for the imperial family of Habsburg, Francesco Partini from Rovereto (d. 1569) e Pierandrea Mattioli from Siena (d. 1578), and highlights the importance of sight, smell, touch and taste experiences in the diagnosis practice. By analysing their *consilia*, one may understand how senses were used to identify pathological conditions. Both the body of sick people (body size, face, hair, body hair, pulse beat) and their *excrementa* (excretions, urine, mucus, vomit) were described based on their appearance (color, consistency, smell, taste) and any changes in their outer aspect were meticulously written down. The inquiry into such *signa* aided physicians to determine the humoral complexion of both the whole body and its individual members. On a sematic level, physicians were concerned with the corruptible dimension of the body and the *regimina sanitatis* prescribed by them aimed at removing morbid matter from the body and restoring the healthy balance. In this respect, the five senses were called on to convey the concepts of putrefaction and alteration.

Lastly, the sense perception was involved in the production of medicines: field experience, observation and touch, taste, and smell experiments played a crucial role in assessing the therapeutic properties of medical substances.

Keywords: sense experience, diagnosis in early modern period, medical advice, Francesco Partini, Pietro Andrea Mattioli

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| Wednesday 28 August Panel 3c 14:15-15:45 |

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| Elgar Room |
| **Putrefaction and Infection**  Chair: Octavian Buda – University of Medicine and Pharmacy “Carol Davila” Bucharest |

**Working in noisome conditions: an affront to doctors' social status (Portugal, 1780-1805)**

Laurinda Abreu

University of Évora

When in the 1780s the inhabitants of Coimbra complained about the intolerable sanitary conditions caused by pigs roaming freely around the city and living alongside people, the Intendancy-General of Police tried to force medical doctors to examine the affected places and report on the situation to central government. The doctors, supported by the Medical Faculty of the University of Coimbra, refused to comply and in return organized a campaign of insults against Pina Manique, the Intendant-General. Pina Manique lost this skirmish, as he did every other time he tried to involve doctors in schemes for the public good, such as when he tried to get them to use “machines to resuscitate the drowned” (“fumigation machines”), assist the poor during epidemics or check whether produce on sale to the public, including meat, milk and wine, was fit for consumption.

Most of these tasks not only involved exposing doctors to unpleasant sensory situations (handling meat and blood, or working in putrid, nauseating environments), but in the doctors’ opinion implied disrespect for their social position, given the age-old prejudice against manual work.

This presentation will examine the part played by such issues in the rivalry between academically trained doctors and practically trained surgeons as the eighteenth century gave way to the nineteenth in Portugal, as well as their impact on both medical practice and public health in the country.

Keywords: medical practice; nauseating environments; manual work; public health; Portugal

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| Elgar Room |
| **Putrefaction and Infection**  Chair: Octavian Buda – University of Medicine and Pharmacy “Carol Davila” Bucharest |

Conflict and Cooperation: Isolating fever patients in nineteenth-century England

Alistair Ritch

University of Birmingham

By the mid-nineteenth century the isolation of sufferers with infectious diseases had become an acceptable means for preventing the spread of infection. This was reinforced in the Sanitary Act (1866) that allowed the removal of infected persons to hospital if their accommodation was deemed unsatisfactory. However, putting these measures into practice proved difficult. The act had merely empowered local and sanitary authorities to build permanent institutional facilities and few took up the opportunity. Thus the main locus of bed provision for infectious patients were the fever wards of poor law infirmaries. For instance, in the Manchester region in the 1860s arrangements for fever patients other than that provided by poor law guardians were present only in Manchester and Lancaster and comprised small extensions of voluntary hospitals. However, guardians resented having to take responsibility for infected non-paupers and resorted to pressurising local authorities to provide isolation hospitals, but with limited effect. Only by issuing ultimatums that they would refuse to take non-paupers who were infected did they force Salford Council to open isolation facilities in 1876 and Bolton Borough Council in 1882.[[1]](#footnote-1)

This story of conflict between guardians and local authorities over the financial responsibility for non-pauper patients with infectious disease was only too common throughout the nineteenth century with the result that institutional provision grew up in a haphazard manner. This paper will examine the relationship between two new poor law unions and the local sanitary authorities in the West Midlands after the New Poor Law. It will demonstrate that sensible co-operative arrangements over the provision of isolation facilities could emerge at times out of the conflict.

Key words: infectious disease; isolation hospitals; workhouse fever wards; sanitary authorities; poor law guardians

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| Wednesday 28 August Panel 3d 14:15-15:45 |

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| Corelli Room |
| **Making sense of medieval impairments: audible and (in)visible**  Chair: Rebecca Wynter – University of Birmingham |

In this panel we investigate the intersections of sight and sound, and presence and absence of symptoms, in the lives of those with speech impediments, epilepsy and visible disfigurements. Our interest is in how these were presented and received in medical and religious texts (specifically, for this panel, surgical and hagiographical texts from the thirteenth and fourteenth centuries), and what impacts are recorded on the lives of those suffering the impairments and those who cared for them. We are especially attentive to issues of temporality - when did affliction occur, how permanent or periodic was it, and what message/s did it convey? This leads us then to explore the rationale for treatment (or not) of particular instances, and the associated question of tolerances - how serious did speech impediment need to be to qualify as ‘nonsense’? At what point might the reception of the insensible or fitting epileptic shade from sympathy into suspicion? How was an anomalous face disturbing to onlookers’ sensitivities, and what might a person do to allay concern? In order to answer these questions, we argue that space is as crucial a consideration as time to ‘making sense’ of how these conditions affected the lives of individuals, and suggest that more attention needs to be paid to context when focusing on particular conditions.

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| Wednesday 28 August Panel 3d 14:15-15:45 |

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| Corelli Room |
| **Making sense of medieval impairments: audible and (in)visible**  Chair: Rebecca Wynter – University of Birmingham |

**Epilepsy in Middle Ages: Blurring Invisible and Visible Disability**

Hillary Burgardt\*

Swansea University

Medieval texts, including hagiographies and histories, often portrayed epilepsy as a disorder of graphic attacks featuring foaming at the mouth, writhing on the ground, and contorting facial expressions. While these attacks are recorded as occurring as infrequently as once every few months to as frequently as multiple per day there usually remains an interval during which a person may ‘pass’ as unafflicted. In text we can find accounts of people attempting to hide their disability, taking advantage of an otherwise marginalizing condition to navigate life as a seemingly healthy individual. Hiding in plain sight was, however, not without challenges.

In this paper I will look at two accounts of historical epilepsy. The cases, found in the *vitas* of St. Bernward of Hildesheim and St. Ambrose of Sienna respectively, look at a clergyman seeking to hide epilepsy from his community and a woman seeking to hide her epilepsy from her betrothed. Through these cases I will display how epilepsy in the medieval period was characterized by its graphic nature but could also remain invisible. Medieval epilepsy’s nature existed in between states (healthy/unhealthy, in control/out of control, able bodied/disabled, community member/marginalized individual) and by examining these dichotomies we can observe how seemingly harsh boundaries become blurred. This paper will argue that medieval epilepsy was a relatively unique disorder in that it was characterized by a complicated, but potentially advantageous relationship with time and perception; individuals with epilepsy would have been both freed and burdened by the intermittence of their disability’s visibility.

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| Corelli Room |
| **Making sense of medieval impairments: audible and (in)visible**  Chair: Rebecca Wynter – University of Birmingham |

**Speech, and the Challenges of Impairment**

Geraldine Gnych\*

Swansea University

Speech, and the ability to communicate, is of paramount importance in a predominantly oral society, and as the medical texts show there are various times when speech is impeded or prevented: fractures and dislocations of the mandible, swellings and paralysis as well as speech impediments such as stuttering. Hagiographical literature contains cases of miraculous healings of impaired or absent speech and this paper aims to bring the medical literature and hagiographical literature together to explore the circumstances around who was healed and why and how such impediments and their subsequent healings affected the person’s life. Using thirteenth and fourteenth century literature this paper will explore at what points afflictions affecting speech occurred; their duration, and will question at what point an impairment to speech becomes ‘nonsense’ and how the context makes ‘sense’ of a condition and its severity.

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| Corelli Room |
| **Making sense of medieval impairments: audible and (in)visible**  Chair: Rebecca Wynter – University of Birmingham |

**Visible Disfigurement – Making Sense of a Disrupted Face**

Patricia Skinner

Swansea University

Facial disfigurement occupies a fluid position as an ‘impairment’ in the medieval period. In previous work I focused on acquired disfigurement and how it might disrupt social interactions in an early medieval context. Broadly, I found individual cases of honour and status lost, faces evoking wonder, or pity, or laughter, but no identifiable ideology or common set of values underpinning responses to different faces. In this paper I want to take the story further along in time, exploring how the social and intellectual upheavals of the period 1200-1450 may have contributed to a new sense of visible difference as communicating something *inherently threatening* and demanding a more robust, and negative response.

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| Wednesday 28 August Panel 3e 14:15-15:45 |

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| Lodge Room |
| **Making Sense of Infant Care**  Chair: Hilary Marland – University of Warwick |

**I spy with my little ‘expert’ eye: observations in modern infant care in Maastricht (the Netherlands) 1900-1920**

Lucie Bastiaens\*

Maastricht University

From 1900 on infants in several western countries were examined and monitored by physicians and nurses. Maastricht was one of the first Dutch cities were this happened on a more structural basis. To understand how this early modern infant care was established in Maastricht, its first modern infant care association, *Pro Infantibus*, has been researched. This paper will show how observations came to play an essential role in infant care, not only at clinical examinations but also during home visits. New experts such as a physician and his assistants, with their ‘trained eye’, got an exclusive claim on knowing where and how to look and how to interpret what they observed in the correct way. Instruments such as a scale were used as well, mediating the observations. However, the numbers on the scale were meaningless until gaining weight became to be seen as an important sign of health improvement of infants. Therefore the observations had to be interpreted. These interpretations produced new knowledge and a new epistemological field arose. Simultaneously, the knowledge of mothers on how to care for their infant was more and more deemed as nonsense. In order to make this modern infant care successful in practice, mothers had to comply with criteria set by the new experts. This paper suggests that mothers in Maastricht did not only comply with those because of trust in the infant care or authority of the experts. At least partially they met the set criteria in order to receive free milk.

Keywords: infant care, Maastricht, medical expertise, observations, epistemology

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| Wednesday 28 August Panel 3e 14:15-15:45 |

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| Lodge Room |
| **Making Sense of Infant Care**  Chair: Hilary Marland – University of Warwick |

**Sense or sensibility? - The origins of child psychiatry in Denmark and England, c. 1900-1950**

Jennie Junghans\*

European University Institute - Florence

At the dawn of the twentieth century, psychiatrists in Denmark and England began writing on the mental health of children and by the mid-1930’s, the first few child psychiatric wards and clinics had been established. During the following decades, child psychiatry was slowly developed and by the early 1950’s, child psychiatry was officially acknowledged as a scientific discipline. Using medical textbooks and articles, I examine this process and the arguments used by psychiatrists in Denmark and England to claim children’s mental disorders as a medical specialty.

From the beginning, the very idea of mental disorders in children was challenging: while some physicians argued that children were extraordinarily sensitive to sensory impressions and therefore more susceptible to mental disease, others argued that children could not suffer from ‘true’ mental illness, because they did not possess the same sense and reasoning as adults. By contrast, the importance of child psychiatry as a crucial tool in creating mentally stable, democratic citizens was heavily emphasized by the international, psychiatric community in the aftermath of the Second World War. Thus, in only a few decades, psychiatric ideas about the

mental capabilities of children changed drastically. I argue that this early development of child psychiatry was a complicated process framed by the socio-political unrest of the 1930’s and 1940’s, yet closely tied to changing conceptualizations of ‘mental health’, ‘childhood’ and ‘nature/nurture’.

Keywords: child psychiatry, treatment, medical practice

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| Wednesday 28 August Panel 3e 14:15-15:45 |

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| Lodge Room |
| **Making Sense of Infant Care**  Chair: Hilary Marland – University of Warwick |

**Building a mental disorder. Attention deficit and hyperactivity in Spain, during the first third of the 20th century**

Joana Escamilla; Pilar de Castro; Pilar León-Sanz

University of Navarra

Fifty years ago, in 1968, Attention Deficit Hyperactivity Disorder (ADHD) was defined and introduced as a disease in psychiatry textbooks (DSM III). At that time, ADHD was considered a neurodevelopmental disorder that usually manifested itself in children and was characterized by the presence of three main symptoms: lack of attention, impulsivity and hyperactivity, which, by their intensity and frequency, could cause alteration in the social, academic or working aspects of the children (DSM, 2013). ADHD is a diagnosis with a high prevalence that, nevertheless, remains controversial (Carlew 2016).

In the presentation, we analyze the narratives of three Spanish professionals of the first third of the 20th century. As ADHD is a nosological entity historically linked to childhood, the narrations come from different areas (a pediatrician, a psychiatrist and a teacher), in a pedagogical and learning framework. Like in other countries (Langeet al. 2010), these narratives reflect the existence of attention deficit and hyperactivity as nosological entity at a time prior to the definition of ADHD. We will observe how attention deficit and hyperactivity were defined and measured at that time, and the emotional component linked to this disorder. We also analyze how the limit between normality and pathological behaviors was established. The research shows that the building of ADHD, as mental illness, was influenced by paradigm changes in Psychiatry.

Keywords: ADHD-Attention deficit-Hyperactivity History, History of Psychiatry, Spain, 20th Century

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| Wednesday 28 August Panel 4a 16:00 – 17:30 |

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| Fry Conference Room |
| **The Limits of Medical Expertise in the Post-war British Welfare State: Education, Hospitals and Social Security**  Chair: Sally Sheard- University of Liverpool |

Historians have long discussed how medical expertise strengthened the modern nation state. While regimes of medical surveillance and governance have been important in the history and historiography of state power, there were limits to what doctors could (or even wanted) to say. Doctors also often encountered resistance from other forms of expertise. This panel explores these themes in Britain’s post-war welfare state. As per the conference’s title, medical evidence could make sense, or it could be nonsense depending on the situation. These papers explore the limits of medical and other expertise and how this was translated into practice.

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| Wednesday 28 August Panel 4a 16:00 – 17:30 |

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| Fry Conference Room |
| **The Limits of Medical Expertise in the Post-war British Welfare State: Education, Hospitals and Social Security**  Chair: Sally Sheard- University of Liverpool |

**Medical and experiential expertise and constructing gifted children, 1945-present**

Jennifer Crane

University of Warwick

This paper analyses how, when, and why children have been identified as intellectually ‘gifted’ since 1945, and how this label has changed children’s agency, subjectivity, and voices. This work provides a lens through which to study conflicts and collaborations between states, psychology, neurology, genetics, and voluntary sector, and analyses how parents and children themselves have – or have not – been able to negotiate or to resist professional interventions. As such, the project aims to look at how families have been able to levy an ‘expertise of experience’ to contest professional categorisations. At present, my hypothesis is that families increasingly used such experiential – and indeed emotional – forms of expertise from the 1960s, 1970s, and 1980s, and through voluntary action. Familial activism was bound by structural discriminations and hierarchies, but nonetheless certain voluntary organisations, composed of parents, operated throughout Britain, North America, and Western Europe, and contributed to a process through which gifted children became a proxy for broader international tensions in the Cold War period. The paper will also look to complicate divisions between ‘professional’ and ‘experiential’ expertise, looking at how parent-campaigners draw on a range of forms of authority to navigate this new terrain.

Keywords: gifted, experience, expertise, emotions, families

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| Wednesday 28 August Panel 4a 16:00 – 17:30 |

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| Fry Conference Room |
| **The Limits of Medical Expertise in the Post-war British Welfare State: Education, Hospitals and Social Security**  Chair: Sally Sheard- University of Liverpool |

**Inside the National Health Satrapy: technocrats, doctors and politics of expertise in the National Health Service on post-war Merseyside, 1948-74**

Michael Lambert

University of Liverpool

Reflecting on the frustrations he experienced in reshaping the NHS (National Health Service) whilst Secretary of State from 1968-70, Richard Crossman famously likened his authority to that of a ‘weak Persian Emperor’ controlling independent satrapies. Yet the officials of the ‘satrapies’ – NHS Regional Hospitals Boards (RHB) – also lamented their inability to implement policies and modernise, nationalise and rationalise services. Entrenched hospital affiliation, elite local medical networks and civic pride all ensured that the NHS was marked more by continuity than change in its governance. In short, the complex realities of the local NHS made a nonsense of the centralised fiction of a state-run socialised medical service.

This paper offers an empirical case study of local and regional realities of the NHS in the Liverpool region during the ‘golden age’ of the post-war NHS in Britain from its establishment in 1948 to the first significant reorganisation in 1974 which disentangles these complex realities. It shifts understanding away from the high politics of Westminster and instead frames the analysis through the relative power and position of competing elites and forms of expertise – medical, monetary and managerial – in the mundane administration of the NHS. These everyday struggles are recovered by using national, regional and local correspondence across different clinical and service domains, the personal papers of protagonists, administrative records of hospital activity, and central government inspection reports. Ultimately, this paper contends that the NHS remains an unsocialised medical service due to unresolved conflicts within the health and welfare bureaucracies, which govern British medicine.

Keywords: National Health Service, Liverpool, health services, expertise, bureaucracy

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| Wednesday 28 August Panel 4a 16:00 – 17:30 |

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| Fry Conference Room |
| **The Limits of Medical Expertise in the Post-war British Welfare State: Education, Hospitals and Social Security**  Chair: Sally Sheard- University of Liverpool |

**‘Production suffers, wages are sacrificed - but who cares?’ Britain’s stubborn refusal to drop the sick note, 1948-1982**

Gareth Millward

University of Warwick

In 1982, Margaret Thatcher’s Conservative government implemented a radical change to the social security system. They allowed people who were sick for less than a week to self-certificate. This ‘do-it-yourself sick note’ was a victory for doctors who had long sought to remove the burden of medical certification. But were workers really being trusted to operate without constant state surveillance of their medical status; or was this more a pragmatic move by a government keen to divest itself of the obligation to provide and police the payment of sickness benefits?

This paper outlines why GP’s sick notes for short periods of illness (with some exceptions) were finally abolished and why it took so long. Departments in Westminster, employers, unions and doctors had debated this possibility for at least 35 years. However, there were myriad political reasons for resisting self-certification. Few were willing to take the risk of increased welfare expenditure, decreased national productivity or the moral quandary of encouraging idleness among the British public. The arguments and the representatives who made them changed throughout the post-war period – and these cannot be understood without reference to wider attitudes towards industrial workers, the economy, nationalisation, privatisation, inter- and intra-Ministry rivalries, the meaning of “real” medical work and debates over the viability of the welfare state itself. This paper shows that sick notes served a social and bureaucratic purpose well beyond expert medical testimony.

Keywords: social security, expertise, industry, BMA, welfare

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| Wednesday 28 August Panel 4b 16:00 – 17:30 |

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| Bantock Room |
| **Medical Missions**  Chair: Anne Hardy – London School of Hygiene & Tropical Medicine |

**Left out in the cold: Belgian doctors and their perception of indigenous “fear” in the Congo (1925-1939)**

Maarten Langhendries\*

KU Leuven

Congo had been in the hands of the Belgians since 1885, but it was only after the First World War that a real medical apparatus was developed. During the interwar period this apparatus was expanded and professionalized. But the growing presence of medical facilities and personal did not necessarily translate itself in more patients. Congolese often continued to ignore white healthcare providers. My paper deals with the ways in which doctors made sense of this indigenous attitude. Often the latter was framed as “fear”. Through a case-study of a select group of Catholic Belgian doctors working in maternities in Congo, I examine how they interpreted indigenous fears of biomedical care in birth giving practices, to what extent they respected the doubts and anxieties of their patients, and if and how their opinions on their patients’ behaviour evolved throughout the interwar years. Furthermore, I discuss the possible influence of the Catholic faith of these doctors on their interpretations. More in general, as these doctors connected the refusal of biomedicine to “age old prejudices” amongst the population, their writings on the struggle to attract patients also informs us on their views on broader indigenous conceptions of medicine. Thus while focusing on their interpretation of patients’ anxieties, my paper also sheds light on the question whether and to what extent they considered these indigenous conceptions as valid knowledge.

Keywords: Reproductive health, colonialism, fear, indigenous medicine, Catholicism

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| Wednesday 28 August Panel 4b 16:00 – 17:30 |

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| Bantock Room |
| **Medical Missions**  Chair: Anne Hardy – London School of Hygiene & Tropical Medicine |

**Indigenous medical assistants in the Belgian Congo: spreading faith through medicine.**

Reinout Vander Hulst\*

KU Leuven

“Making sense of medicine” is a phrase that can be interpreted in two ways. For one, it can refer to the process of putting medical knowledge into practice. The most obvious way this happens, is during medical education when previously learned ideas about health and disease are turned into actions. The second way to “make sense of medicine” is through metaphysical contemplation. It is the process of giving meaning to medical acts, the thinking about how medicine should be used, and what determines “good” medical practice.

Both interpretations of how to make sense of medicine came together in medical manuals used to educate indigenous medical assistants in the Belgian Congo during the interwar period. On the one hand, these handbooks contain very explicit practical guidelines. The aim was to instruct young Congolese on how to assist European physicians in their medical work. On the other hand, these manuals also contain a lot of implicit metaphysical reflections on medicine. Most of them were written by Protestant or Catholic missionary physicians. Therefore, we should keep in mind that medical care always was a way to Christianize the Congolese population. Consequently, young Congolese did not only learn to be "good" medical assistants, they also learned to behave like "good" Christians.

Catholics accused Protestants of prioritising the care for the body above the care for the soul. I will verify this assertion by looking at medical manuals. Did the medical formation of Catholic medical assistants put more emphasis on religion? Were they, more than there Protestant counterparts, used as agents of Christianization? In order to answer these questions, I will compare the Protestant Chesterman’s *African Dispensary Handbook* (1929), with a Catholic equivalent found in the archive of the scheutist missionary Albert Brys.

Keywords: Colonialism, Belgian Congo, Catholicism, Missionary Medicine, Medical Education

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| Wednesday 28 August Panel 4c 16:00 – 17:30 |

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| Elgar Room |
| **Sensible Responses to Medical Emergencies**  Chair: Anne Hanley – Birkbeck University London |

**From Cantlie to Casualty: Developing a sensible ambulance first response for Burns in Britain, *c*.1900-1950**

Shane Ewen – Leeds Beckett University

Rebecca Wynter – University of Birmingham

During the British South African Wars a revelation hit: what about instilling the wherewithal to deliver first aid and create a makeshift ambulance? Overseas warfare then shaped civilian response. The growing number of street, home and workplace accidents in Britain during the first half of the twentieth century provided additional impetus for local authorities and voluntary organisations to initiate first aid ambulance measures. Burns incidents proved especially problematic, requiring urgent medical care and careful handling to treat shock and prevent infection, which often proved fatal.

This paper will explore the development of a first aid ambulance response in the handling of burns patients. From the initial sensible idea that people should be treated at the point of injury, through some nonsensical notions about how this should be executed, ambulances evolved to carry knowledgeable people trained to use first-aid equipment, provide clean environments, and transport patients to hospital effectively.

Eradicating mayhem was a raison d‘etre for a fleet of first responders. Pivotal to this was the choreographed movement of bodies to manage scenes and traffic and improve survival. Drawing on incidents in Birmingham, Glasgow and London, we will map ambulatory care – from ‘ground zero’, through streets, to the hospital, and on, to the mid-twentieth century, when specialist regional burns units emerged, necessitating patients to travel further to receive care.

Keywords: ambulance, burns, movement, first response

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| Wednesday 28 August Panel 4c 16:00 – 17:30 |

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| Elgar Room |
| **Sensible Responses to Medical Emergencies**  Chair: Anne Hanley – Birkbeck University London |

**“And you believe all that, great simpleton”: Making sense of Henry Silvester’s method of ‘self-inflation’**

Jennifer Wallis

Imperial College London

In 1885 the *Lancet* published an article by Dr Henry Silvester, ‘On Life-Saving from Drowning by Self-Inflation’. Detailing the results of experiments on himself and others at King’s College Hospital – and dogs at the Brown Animal Sanatory Institution – Silvester suggested that by introducing air into the subcutaneous space of the neck one could transform oneself into a human ‘buoy’ and be saved from drowning.

Although Silvester’s research complemented broader contemporary concern for drownings, (thought to be increasing as more people visited the seaside, for instance), his rather primitive technological solution to the problem caused both consternation and amusement. To make sense of his method, instructions could be had from Silvester’s *Lancet* article or – for those less accustomed to medical jargon – from popular periodicals that exploited the literary and visual comic potential of the method. Lampooned in the popular press as a ridiculous means of self-rescue, cartoons and short stories made light of his ‘nonsensical’ procedure while simultaneously making sense of it by providing instructions for carrying it out.

This paper will explore how Silvester’s self-inflation method was disseminated by both the medical and popular press in Britain and Europe. By charting the movement of Silvester’s ideas from the professional medical arena into short stories, cartoons, and satires, it will consider how Silvester’s method was ‘made sense of’ across these different arenas, also addressing some broader contemporary questions such as where the responsibility for life-saving measures was thought to lie.

Keywords: air, drowning, life-saving, media, resuscitation

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| Wednesday 28 August Panel 4c 16:00 – 17:30 |

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| Elgar Room |
| **Sensible Responses to Medical Emergencies**  Chair: Anne Hanley – Birkbeck University London |

**The psychology of first aid - from first aiders’ responses to ‘psychic crises’**

Rosemary Cresswell

University of Hull

In the post-war decades the psychological and emotional side of first aid was studied by the League of Red Cross Societies, the organisation which co-ordinated the national societies within the International Movement of the Red Cross and Red Crescent. This research area included contributions from some individual national societies. This paper examines this as a topic for research and for practice, looking at first aid broadly and advice in relation to psychology, together with specific case studies, for example the experience of assisting with road accidents. Could first aiders make sense of their training when they were faced with real-life situations? Did casualty simulation prepare them? Emotions and mental health also expanded the definition of first aid. The paper further explores the development of mental health first aid in handbooks, and specialist advice such as a dedicated publication by the Danish Red Cross in the 1990s. Setting specific studies of Britain and France in international context, this research utilises the archives and library of the International Federation of Red Cross and Red Crescent Societies (IFRC) and the IFRC’s Global First Aid Reference Centre, and has been funded by the Arts and Humanities Research Council.

Keywords:first aid, emotions, psychology, mental health, international

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| Wednesday 28 August Panel 4d 16:00 – 17:30 |

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| Corelli Room |
| **Treatments and Miracle Cures**  Chair: Jonathan Simon – University of Lorraine |

**Tasting treatment: The Drinking Cure, mineral water and the connection between taste and medical potency**

Michael Zeheter

University of Trier

The medical properties of mineral waters were the precondition for the drinking cure’s success as one the most popular forms of treatment in nineteenths century Europe. They had intrigued physicians, pharmacists and chemists alike and inspired the scientific exploration of mineral waters. The patients who underwent a drinking cure experienced mineral waters in a different way. Their sensation of smelling, drinking and tasting highly mineralised waters was a far more visceral affair that often elicited a strong physical and emotional response. Many patients experienced repulsion and nausea and had to force themselves to drink the water – often in substantial quantities.

Not all patients had such a negative reaction. As recent research in the physiology, psychology and anthropology of taste has demonstrated, taste is not only highly individual but also strongly dependent on the emotional state of the individual and other sensory input. This might explain why doctors, who wrote the guides advertising the advantages of a certain spa town, almost invariably discussed a mineral water’s flavour and used positive point of reference to describe it. Some tried to frame the experience of taste and smell by comparing them to familiar tastes such as beef broth, which was a common food for convalescents. This framing clearly did not work all the time, but it apparently made the drinking cure more bearable. All patients could comfort themselves that it was exactly the strong and often disagreeable taste of mineral waters that was the sign that their health was improving.

Keywords: mineral water, taste, flavour, spa towns, drinking cure

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| Wednesday 28 August Panel 4d 16:00 – 17:30 |

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| Corelli Room |
| **Treatments and Miracle Cures**  Chair: Jonathan Simon – University of Lorraine |

**Dimpled and misshapen with an unusual appearance: Standardised texture, weight, and clarity in early to mid-twentieth century patent medicine products** 

Erin Bramwell\*

Lancaster University

Despite numerous exposés and attempts to regulate the trade, the patent medicine trade was worth between £20-28 million in 1937, which dwarfed the £2.5 million worth of drugs dispensed under the National Insurance scheme in 1935. There were numerous reasons for their popularity that ranged from distrust of the medical profession to consumers favouring standardised medicines. The manufacturing processes of companies like Beecham reveal insights into this popularity, particularly with regards to trust at a time when face-to-face contact with proprietors was increasingly absent. Indeed, certain processes enabled companies to convey notions of quality, efficacy, and purity via the visual and material qualities of their products.  
  
Despite their continued relevance to the mixed economy of healthcare, historical studies of patent medicine manufacture in the early to mid-twentieth century are rare. The transition of raw materials into patent medicines is therefore often rendered invisible; however, it was a complex process that involved research laboratories, testing, and numerous different stages in factories. This paper will use a combination of sources from the Beecham Archive and the Mass Observation Archive to show how patent medicine manufacturers created multifaceted, standardised products in the twentieth century whose authenticity, quality, and purity was visually and materially verifiable. This will demonstrate how these manufacturers contributed to discussions in consumer and advertising culture about purity and efficacy, and how they sought to create a relationship of trust with consumers at a time when numerous different authorities and experts competed for the role of health advisor.

Key words: patent medicine, material culture, manufacture, standardisation, trust

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| Wednesday 28 August Panel 4d 16:00 – 17:30 |

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| Corelli Room |
| **Treatments and Miracle Cures**  Chair: Jonathan Simon – University of Lorraine |

**Managing a miracle cure: the disenchantment of interferon**

Carsten Timmermann

University of Manchester

Announcements of miraculous cures for cancer are nothing new. Most announcements have claimed to be based on the latest science; some make sense in the context from which they emerge, while others are entirely nonsensical. An actual cure, however, which deserves this label has remained elusive to this day. To be sure, a broad range of effective treatments for malignant tumours have been developed over the past two hundred years, from surgery, via radiotherapy and cytotoxic chemotherapy, to the immunotherapeutic substances forming the mainstay of new ‘personalised’ therapies since the early 2000s. Most of these therapies were at some point hailed as potential miracle cures, but then developed into specific, more or less effective therapies for specific clinical indications.

My paper is a historical case study of what we may want to describe as the disenchantment of a miracle cure. Drawing on materials from the Roche company archives, I will discuss the transformation of interferon, an elusive substance produced by the immune system whose existence was first postulated in the 1950s into the product Roferon A, approved for the treatment of a limited range of cancers in 1986. I will focus on the part that industrial research and development has played in the commodification of interferon. I will look at the technical challenges of turning a promising substance produced by a new biotechnological method into a marketable product. I will argue that not only did industrial management shape interferon. Interferon, in turn, also transformed the research and product portfolio of the company.

Keywords: cancer therapy, miracle cure, biotechnology, pharmaceutical industry, therapeutic practices

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| Wednesday 28 August Panel 4e 16:00 – 17:30 |

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| Lodge Room |
| **Making Sense of Madness**  Chair: Laurinda Abreu – University of Evora |

**Measuring the Psychiatric Space for the European Lunatics in Colonial India through the autobiography of Owen Berkeley Hill**

Sarda Singh\*

Jawaharlal Nehru University

The paper locates the establishment of a European Asylum in colonial India. The building of a European madhouse at Ranchi in 1914 began with the hope of overcoming confinement to lunatics in the asylum. The structuring of a psychiatric space for lunatics could be such that it could enable the patients to lead a normal life. A place where they would not be deprived of any free movement or forced to live with bars. This paper attempts to explain how the treatment of insanity for the European class in colonial India was determined by structuring proper ambience and environment of the asylum spaces.

The work will use the autobiography of the Superintendent of the madhouse at Ranchi to delve into the case histories of his patients and to bring to notice how the management and treatment of the lunatics depended on the Superintendent’s style of managing the psychiatric space. How and why did his role become essential in the running of the asylum, the paper’s focus is also to understand the Superintendent as the essential figure of the asylum with his diverse approaches towards the malady of the patients.

With the state of the asylum depending on the style of management and maintenance from its supervisor, the authority of the Superintendent played an important role in reordering the life of lunatics in the asylum. Therefore, this paper will be an endeavour to understand how far his methods of dealing with patients helped in curing them through which the asylum could bear a resemblance as a house of therapy rather than a house of cruelty and oppression.

Keywords: psychiatric spaces, house of therapy, European lunatics, superintendent.

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| Wednesday 28 August Panel 4e 16:00 – 17:30 |

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| Lodge Room |
| **Making Sense of Madness**  Chair: Laurinda Abreu – University of Evora |

**Making Sense of Madness: Mental Maladies in 18th- and Early 19th-Century Medical Case Histories in Hungary**

Janka Kovács\*

Eötvös Loránd University

The proposed presentation takes us into a hitherto uncharted territory of medical history in Hungary, namely the early history of psychology and psychiatry in an age which lacked the appropriate institutional means to isolate and care for the mentally ill. Nevertheless, there were increasing efforts to find a place for those afflicted with different mental maladies (mostly melancholy, hysteria, hypochondria and other, rather uncommon pathologies, such as nostalgia or erotomania) within the developing system of healthcare from the second half of the 18th century. In case these people were identified as mentally *ill*, they were often put up in different, sometimes isolated wards in town hospitals or were cared for in the hospitals run by religious orders, whereas some of the wealthier patients were eligible for care in the newly established lunatic asylums of the Habsburg Monarchy (Vienna: 1784; Prague: 1790).

As the remaining sources testify, several of them were taken to the teaching clinic of the University of Pest where medical students were expected to take detailed case histories, in which they recorded the anamnesis, the current status of the patient, a diagnosis, the progress and the possible outcome of the disease. This relatively large body of materials offers us a unique glimpse into how mental illnesses were identified, perceived and treated in late 18thcentury and early 19th-century Hungary. In my presentation, I will make an attempt at reconstructing the ‘physicians’ gaze’ by decoding how the diseases of the soul/mind/senses were approached and understood in medical practice. Upon doing so, I shall address the transforming views on madness in late 18th-century medical discourses, the questions of classification, the somatic and/or psychological approaches to healing mental illnesses, the most common methods of cure and the issues of curability/incurability.

Keywords**:** mental illness, 18th century, Hungary, case histories, therapy



University of Birmingham – Chamberlain Tower – The Vale

Thursday 29 August

Keynote Lecture and

Panels 5a – 8e

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| Thursday 28 August Keynote 09:00 - 10:00 |

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| Fry Conference Room |
| **Keynote Speaker**  Tracey Loughran – University of Essex  Introduced by: Rosemary Cresswell – University of Hull |

**Seminar title: ‘Feeling Time: Embodiment, Experience and Women’s “Everyday Health” in Postwar Britain’**



Dr Tracey Loughran is Deputy Dean (Research), Faculty of Humanities, University of Essex

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| Thursday 29 August Panel 5a 10:15 – 11:45 |

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| Fry Conference Room |
| **Sense, Sensibility and the Institutionalised Insane**  Chair: Rebecca Wynter – University of Birmingham |

Over recent years, historians of psychiatry and mental health services have increasingly focussed on the patients who inhabited various institutions. The populations of madhouses and asylums were extremely amorphous, and aspects of their diversity are explored in the three papers presented in this panel. Although incarcerated as a consequence of disordered senses, patients remained individuals, influenced by personal experiences and mostly capable of displaying emotions in some form. Particular groups of patients might receive sympathetic or specialist attention, or alternatively be subject to more discriminatory approaches related to the state of wider public or political opinion.

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| Thursday 29 August Panel 5a 10:15 – 11:45 |

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| Fry Conference Room |
| **Sense, Sensibility and the Institutionalised Insane**  Chair: Rebecca Wynter – University of Birmingham |

**Out of their senses: Insanity and admission to the madhouse, 1650-1815**

Leonard Smith

University of Birmingham

In 1815, there were approximately 3,500 people confined in institutions for the insane in England, about 70% of whom were in private madhouses and 30% in public lunatic hospitals or asylums. During the ‘long’ eighteenth century, the limited availability of specialist accommodation was reflected in relatively high thresholds for admission. In most instances, families or parish authorities sought to manage mentally disordered people at home or elsewhere in the community, even where they exhibited florid delusions, hallucinations, disordered thoughts and fluctuations of mood. The decision to commit a person to a madhouse or asylum was usually a last resort, where previous arrangements had broken down. Admissions were mostly triggered by risky or socially unacceptable behaviours, which could include violence or threat to self or others, incapability to conduct affairs, or inability to maintain basic self-care.

Patient case records or admission documents are unavailable for this period. This paper utilises private correspondence, legal documents, biographical accounts, published case histories and newspaper reports to consider the sorts of manifestations, experiences and behaviours presented by patients who were committed to private madhouses. They reveal the realities of individual experiences of insanity, or loss of the senses, and also the stresses which ultimately led close relatives to abandon home management and seek removal to a madhouse.

Keywords: Lost senses; home management; madhouses; committals; thresholds

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| Thursday 29 August Panel 5a 10:15 – 11:45 |

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| Fry Conference Room |
| **Sense, Sensibility and the Institutionalised Insane**  Chair: Rebecca Wynter – University of Birmingham |

**Singing and sadness. Exploring the emotional and sensorial world of the long-stay asylum**

Stef Eastoe

Queen Mary, University of London

In 1892 George Lawrence was admitted to Caterham Imbecile Asylum. He was crying on arrival, and was frequently described as being a complainer. Henry Simpkins, admitted in 1895, was cheerful and always singing whilst he worked on the wards. Caterham, a long-stay asylum opened in 1870 to provide care and accommodation to pauper idiots and imbeciles, built and managed by the Metropolitan Asylum Board.

In recent years research has explored the architecture and material culture of asylums, and the various ways in which institutional regimes sought to restore and regulate patients mentally and physically. What of the operation of their architecture, materiality and regimes, on an emotional and sensorial level. Principally, how did patients, and staff, feel when they were in the asylum? How was the building, the décor, and the wider material culture employed to induce certain sensations? Indeed, the kitchen, placed at the back of the asylum, so as to not over-stimulate patients, whereas the asylum band regularly played on the front lawn to excite them.

This paper will explore the emotional world of the imbecile asylum, drawing on patient records, photographs, and annual reports. When does an emotional state become problematic, what criteria are used to denote, and create, acceptable emotions, and what role does gender play in the expectation and regulation of emotion and sensation? Considering this experience will provide an insight into the role and place of emotions in the asylum, in turn providing a multi-faceted and multi-sensory map of the long-stay institution.

Keywords: asylum; material culture; space; emotion; Idiocy

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| Thursday 29 August Panel 5a 10:15 – 11:45 |

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| Fry Conference Room |
| **Sense, Sensibility and the Institutionalised Insane**  Chair: Rebecca Wynter – University of Birmingham |

**Making Sense of Foreigners in London’s Asylums, 1888-1914**

Rob Ellis

University of Huddersfield

The formation of the London County Council [LCC] coincided with the economic distress of the 1880s, which, in turn, had prompted large-scale immigration to London. This included those from the surrounding areas seeking to escape agricultural depression, who, along with Jewish immigrants escaping from the pogroms of Eastern Europe and Russia, put strain on London’s housing stock. John Davies describes the effects of immigration as being reflected in the decade’s ‘*causes celebres*’ of housing and employment conditions,[[2]](#footnote-2) but it was also to impact on the housing of lunatics. At this point, London’s foreign lunatics tended to be housed in the LCC’s asylum at Colney Hatch, and this paper explores the impact of rising immigration on their experiences. In particular, it will place the apparently benign and enlightened care of foreigners in the context of rising anti-immigrant tension and the passing of the Aliens Act in 1905. The paper will build upon recent work on Jewish immigration as well as scholarship that has explored migration and mental health more broadly. It will demonstrate how the ramping up of imperialistic sentiment led to increased moves to deport or repatriate foreign individuals. To do this it will focus on how the shifts in the political control of the LCC after the election of 1907 facilitated these changes. It will conclude that, while it once made sense to provide extra comforts for aliens, the rhetoric after this date spoke of the sense of their deportation.

Keywords: Aliens Act; London County Council; Colney Hatch; immigration; lunatics John Davies, ‘Local Government 1850-1920: the Metropolitan Board of Works and the London County Council’, *London Journal,* 26, 2001, pp.47-56, p.51.

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| Thursday 29 August Panel 5b 10:15 – 11:45 |

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| Bantock Room |
| **Alcohol and Senses**  Chair: Frank Huisman – Maastricht University & UMC Utrecht |

**“Ginger Jags”: Experiencing Jamaica Ginger in 19th Century America**

Stephen Mawdsley

University of Bristol

“You’re as well as your stomach is,” chimed one 1890s advertisement in the Los Angeles Times, “and your stomach will be as well as it can be, if you give it an occasional dose of Fred Brown’s Jamaica Ginger.” In 19th Century America, Jamaica Ginger (JG) was a popular patent medicine prescribed by doctors for a variety of complaints, including common colds and digestive issues. At seventy to ninety per cent alcohol combined with ginger extract, JG had a strong, acerbic taste and notable effect on the body – even with the recommended medicinal dose of a single teaspoon of solution diluted in a glass of water. While its unpleasant taste initially limited its use as a beverage, consumption increased during the 1850s to 1890s following the enactment of state laws to curb alcohol sales.

This paper aims to extend scholarship on 19th Century prohibition by examining the sensory experience of JG consumption. Based on historical newspapers, popular literature, and archival records, this paper argues that JG offered consumers a potent sensory experience of taste, smell, and intoxication. Although the recommended medicinal dose of JG rarely brought about inebriation, unmeasured consumption could inspire a strong physiological reaction. JG intoxication made for popular commentary, as journalists described the visible manifestations of drunkenness and harm. A sensory exploration will not only reveal what made people consume JG under prohibition, but also what made observers fear its effects.

Keywords: taste, intoxication, Jamaica Ginger, prohibition, jake

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| Thursday 29 August Panel 5b 10:15 – 11:45 |

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| Bantock Room |
| **Alcohol and Senses**  Chair: Frank Huisman – Maastricht University & UMC Utrecht |

**Making Sense of the “Drunken Irish”: Medical Responses to the “Drink Problem” in Twentieth-Century Ireland**

Alice Mauger

University College Dublin

Since Plato described the Celts as “drunken and combative”, the annals of history have depicted Irish culture in this light. At almost every historical juncture, observers of Irish customs and behaviours have made similar claims. During the struggle for Irish independence, such representations were cast off by nationalists who viewed them as justification for British rule and the *raison d’être* for increased temperance activity in Ireland. Yet, the label of the “drunken Irish” has proven remarkably durable. Portrayals of Irish characters in film, drama and literature have devotedly embraced this trope. Meanwhile, several Irish ministers for state have asserted repeatedly, in recent years, that Ireland has a serious problem with alcohol. In response, the Irish statute is now leading the way in alcohol policy, by international standards, introducing stark new regulations for the sale, supply and advertising of alcohol.

This paper explores how the Irish medical profession has attempted to make sense of Ireland’s relationship with alcohol and responded to labels like the “drunken Irish”, while simultaneously mapping their explanations onto the international landscape of shifting medical frameworks for alcoholism. “What does it mean to be drunk?”, “Why do some people drink to excess?” and “Do the Irish have an especial craving for drink?” are all questions which have preoccupied the Irish medical community for generations. The paper will begin by briefly outlining medical responses in the early 1900s, before focusing particularly on the decades immediately following 1946, the year Alcoholics Anonymous selected Dublin as it first European base.

Keywords: alcohol; alcoholism; Irish; Ireland; racial stereotype

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| Thursday 29 August Panel 5c 10:15 – 11:45 |

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| Elgar Room |
| **The Sensory World of Childbirth**  Chair: Rima Apple – University of Wisconsin-Madison |

**The Language of Knowledge and Evidence in Early Modern English Midwifery Writing (ca. 1500-1800)**

Richard J Whitt

University of Nottingham

Writings on midwifery and women’s medicine related to childbirth reflect the many changes affecting this field during the Early Modern period: the replacement of learned medicine in favour of more empirical models, the emergence of practicing midwives as authors of midwifery treatises, as well as the advent of male midwives and the gradual displacement of the midwife’s exclusive rights to the birthing chamber.

These reflect changes in epistemological values: what types of knowledge relating to childbirth should be prioritised? Whose knowledge is most reliable or valuable in the birthing chamber? What constitutes adequate evidence as a basis for knowledge? While much has been made of these developments in sociocultural studies of the period, very little has been said about how these changing cultural values are reflected in the language of the midwifery texts of the period, and how language itself is the vehicle through which epistemology is discursively construed.

This paper will demonstrate how linguistic expressions of knowledge and evidence are employed in the midwifery writings of the period, and what – if any – changes occur in their usage throughout the first three-centuries of vernacular English-language medical writing. The focus here will be on modal verbs (*can/could, may/might, must, shall/should, will/would*) and perception verbs (*see, look, hear, sound, feel, smell, taste*) as signifiers of epistemic meaning. A combination of methodological insights provided by critical discourse analysis, critical stylistics and corpus linguistics inform the discussion.

Keywords: Midwifery, Early Modern period, modality, evidentiality, perception

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| Thursday 29 August Panel 5c 10:15 – 11:45 |

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| Elgar Room |
| **The Sensory World of Childbirth**  Chair: Rima Apple – University of Wisconsin-Madison |

**Groaning, grunting and ‘stagnant animal effluvia’: the sensory experience of giving birth in eighteenth-century England**

Sarah Fox

University of Manchester

From the first awareness of a body-within-a-body to the overwhelming physicality of strong uterine contractions, the sensations of birthing are unique sensory experiences. Ideals of clinical detachment cultivated in eighteenth-century obstetric texts has led this intense sensory experience to be suppressed in histories of midwifery and birth, in favour of biological accounts of the bodily mechanisms that lead the infant to be expelled from the womb.

This paper uses women’s letters from a variety of social backgrounds to explore their sensory and bodily perceptions of the birthing process. It will look at the way in which women described birth to each other, and the importance of touch, taste, smell, sight, and sound not only in their descriptions, but also in the way that birthing experiences are remembered and imagined in their correspondence. Using theories of emplacement as a conceptual framework this paper will consider the direct relationship between eighteenth-century birthing and the physical and social environment in which it took place. It will argue that childbirth in this period was a ‘place-process’ – a constantly changing yet familiar and recognisable combination of physical environment, material objects, practiced actions and sensory engagement which, in turn, had an impact on the experience of subsequent births.

Keywords: eighteenth-century, birth, letters, emplacement, environment

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| Elgar Room |
| **The Sensory World of Childbirth**  Chair: Rima Apple – University of Wisconsin-Madison |

**Decaying whales and fumigated wombs: Smell and health in the art of the Dutch Golden Age**

Lizzie Marx

University of Cambridge/Rijksmuseum

During the Dutch Golden Age, plague pandemics turned city streets into reeking opening graves, while perfumed pomanders relieved the nose. But how did artists manage to represent such smells? This paper will explore artworks that visualise the olfactory and reflect the Golden Age’s concerns surrounding health.

Throughout the seventeenth century, the Dutch encountered dozens of stranded whales on their shores. Their monstrous bodies attracted numerous spectators, including artists who recorded the phenomena. But as the whales decayed, they exuded a stench that was believed to be toxic. Some of the imagery of beached whales interpreted the beasts as harbingers of pestilence. This was especially true as not long after a whale landed at Beverwijk in 1601, Amsterdam suffered an outbreak of plague. Paradoxically, ambergris, a perfume that came from sperm whale intestines, was believed to be one way of relieving and protecting spectators’ noses from the pestilence.

Meanwhile, the womb in the seventeenth century was regarded as a troublesome organ, which could wander about the body, causing numerous complications. Fumigation was a favoured short-term remedy to pacify the womb. Like a second nose, it was considered to be attracted to pleasant perfumes, and repulsed by stench. A womb could therefore be coaxed back to its ‘rightful place’ through wafting fragrant ingredients beneath it. These ideas were exemplified in imagery too.

Through these two case studies, this paper will reveal the varying ways in which smell was perceived and utilised in health, in the private and public realms of Dutch life.

Key words: olfactory, art, plague, whales, wombs.

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| Thursday 29 August Panel 5d 10:15 – 11:45 |

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| Corelli Room |
| **Seeing and Not Seeing**  Chair: Matthew Smith – University of Strathclyde |

**Seeing what is not there: The brain, the eye and the extended body in medieval medicine**

Fernando Salmon

University of Cantabria

This paper will analyse how Latin medieval medicine approached visual perception. By the Late Middle Ages, two main explanatory models were available sustained in the authority of the ancients, Galen and Aristotle. In their medieval reading both models shared the same anatomical framework and technical vocabulary and both stressed the need for a transparent medium in order for vision to take place. But, the active role of the observer in the Galenic version contrasted with the active role of the object in the Aristotelian one. This difference was graphically depicted as an opposite conception of the direction of contact between the object and the observer: an intromission version in the Aristotelian and an extramission version in the Galenic model, which stressed the need for the visual spirit to transform the surrounding air in a nerve-like extension of the eye.

My paper will address the extra/intra emission debate from an unusual viewpoint: the experience of seeing objects that were not outside the eye. The vision of flies, mosquitos or even crows that were not out there to be seen were not discarded by medieval medicine as a mere delusion despite the fact that it seemed to contradict both perceptual models. Based on the analysis of medical works produced and consumed in the medical schools of the thirteenth and the fourteenth centuries, this example will allow us to explore the limits and possibilities of medical scholasticism as a method of inquiry aimed at making sense of human experience in health and disease.

Key words: Middle Ages, scholastic medicine, seeing, authority, experience.

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| Thursday 29 August Panel 5d 10:15 – 11:45 |

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| Corelli Room |
| **Seeing and Not Seeing**  Chair: Matthew Smith – University of Strathclyde |

**Seeing to the blind: Molyneux’s problem and the medical profession**

Jonathan Simon

Université de Lorraine

In 1688, William Molyneux wrote to John Locke with a philosophical conundrum. Would someone blind from birth, capable of distinguishing a cube from a sphere by touch, be able to do the same by vision alone if their sight were restored? In light of his brand of empiricism, Locke was obliged to reply no, and the conditions seemed to be in place for empirically testing his philosophical theory. Following the rise of ophthalmological surgery, numerous test cases have been presented over the course of time but the enigma cannot be said to have been resolved, even today. In this paper, I revisit this oft-discussed chapter from the history of philosophy to see what it can tell us about the history of medicine. To this end, I will critically review the analyses provided by Degenaar, Riskin and Tunstall before presenting an approach that would shift the focus away from the philosophical question and put it instead on the shifting hierarchy of professions in the eighteenth, nineteenth and twentieth centuries.

Marjolein Degenaar, *Molyneux's problem: three centuries of discussion on the perception of forms*; Kluwer, 1996.

Denis Diderot *Letter on the Blind for the Usage of Those who can See*, (1749),

Jessica Riskin, *Science in the Age of Sensibility: The Sentimental Empiricists of the*

*French Enlightenment*, University of Chicago Press, 2002.

Kate E. Tunstall, *Blindness and Enlightenment*, Continuum 2011.

Key words: Molyneux problem, empiricism, blindness, professionalisation

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| Thursday 29 August Panel 5e 10:15 – 11:45 |

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| Lodge Room |
| **Sensing Hospitals Part 1**  **Sensing and the Modern British Hospital**  Chair: Martin Moore – University of Exeter |

This panel will explore sensory histories of the modern British hospital, from the eighteenth century to the present day. The hospital provides a productive site for exploring important themes in sensory history, and the panels address a range of the topics proposed in the call for papers: from natural environments to technologies; from people to materials; from bodies to emotions; and from sensory overload to sensory deprivation. The papers are bound together by a shared interest in the changing role of the senses – and sensory relations – in the making of un/healthy healthcare environments. To address this question, they bring together approaches from architectural history, semiotics, medical geography and cultural history. Together, the two panels will not only show changes to different aspects of modern British hospital sense scapes, but will also ask questions about *how* we do sensory histories of space and place.

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| Lodge Room |
| **Sensing Hospitals Part 1**  **Sensing and the Modern British Hospital**  Chair: Martin Moore – University of Exeter |

**“The Air Without”: Sensory experiences of ventilation, air flow and windows in the modern hospital**

Marie Allitt

University of York

Taking as its starting point Florence Nightingale’s dictum on windows and ventilation, as detailed in *Notes on Hospitals* (1859), this paper examines the changing attitudes to ventilation and air flow across the late nineteenth century and into the twentieth, focusing primarily on hospital wards and the evolution of ward spaces (eg. pavilion, circular, suites). Through a focus on different sensuous geographies, including haptic, auditory, and especially olfactory, I explore the lived experience of patients and caregivers in relation to the hospital environment. For example, what is the effect of fresh air on ward smell? How do smells affect the clinical experience, for both medical personnel, and patients? Does smell, and specifically changes in smell, determine whether the space is perceived as healthy or unhealthy?

Air flow and ventilation is intrinsically tied to design, particularly in terms of ‘curative design’. The rapid developments and contradictions in the perceived health of ‘fresh air’ could not always be fully taken on board when it came to hospital planning and architectural design, thus different experiences of ventilation and air flow could be experienced across different hospitals simultaneously, especially when buildings are adapted into hospitals. When hospital organisation endeavours to redirect air flow, and alter the ventilation, what happens to the windows, and to the meaning of hospital windows?

But windows are not only about air, they also have a visual and aesthetic impact. Does the presence of a window have an impact on health? Nightingale certainly believed that having a view helped with the healing process, while over 100 years later, surgeon Richard Selzer remarks in ‘An Absence of Windows’(1987), that ‘Intuition tells me that our patients had fewer wound infections and made speedier recoveries than those operated upon in the airless sealed boxes where now we strive’. The debates around whether windows should be open or closed are continual, and although there are necessary restrictions on air flow with regards to sterility, there continue to be reconsiderations over hospital air quality, and open air areas. The ‘light and air’ dictum of late-nineteenth century housing and social reform remains, reinforcing the importance of windows.

Keywords: olfactory geographies; windows; ventilation; fresh air; curative design

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| Lodge Room |
| **Sensing Hospitals Part 1**  **Sensing and the Modern British Hospital**  Chair: Martin Moore – University of Exeter |

**From trolleys to traffic: Defining noise and silence in the NHS hospital**

Victoria Bates

University of Bristol

This paper will explore the changing soundscapes of the NHS hospital. Historians of modernity have long noted – in the words of Sophia Rosenfeld – ‘as the Western soundscape changed … the uses of hearing, the meaning invested in sound, modes of aural attention, and conflict over the noises of everyday life all evolved accordingly’.[1] Hospital soundscapes under the NHS were no different. Soundscapes changed in response to factors ranging from the number of patients to new materials, routines, acoustic and medical technologies, room layouts, and architecture. This paper will explore some of these changes, using them to consider what we can learn from the ‘conflict over the noises of everyday life’ in hospitals. It will show that not all sounds were thought to be ‘noises’, and ‘noise’ was not defined only by 3 volume. The definition of ‘noise’ could also vary according to who was in the hospital and their perception of different sounds, both physiologically and culturally. Which sounds were defined as ‘noise’ or as ‘unnecessary’, to be controlled and eliminated, and in which spaces, can reveal whose needs were prioritised within a hospital environment. The paper will also make a case for the importance of ‘silence’ as worthy of attention in its own right, not only as the absence of sound, but as a category of soundscape that was as culturally specific as ‘noise’. Overall, this paper will argue, over the course of the 1970s and 1980s there was a turn in the NHS hospital to a conception of ‘noise’ and ‘silence’ that was defined by patients rather than by staff or visitors.

[1] S. Rosenfeld, "On Being Heard: A case for paying attention to the historical ear," *The American Historical Review* 116, no. 2 (2011): 317.

Keywords: acoustics, soundscapes, patient-centred care; NHS

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| Lodge Room |
| **Sensing Hospitals Part 1**  **Sensing and the Modern British Hospital**  Chair: Martin Moore – University of Exeter |

**Finding yourself waiting: a semiotician’s guide to how waiting rooms construct temporalities and identities for their waiters, and what we can do about it**

Michael J Flexer

University of Exeter

The clinic waiting room is probably the last public space in contemporary Britain where you can be (and remain) without paying. Despite relentless, successful parallel assaults on our civic spaces and our health services, NHS waiting rooms *qua* temporal spaces remain under-theorised and under-analysed. This paper offers a semiotic analysis of specific waiting rooms as a forerunner – and intellectual groundwork – to proposed health interventions within these spaces.

For Schweizer (2008), the waiting room is a space and time in which the waiter is simultaneously eradicated and (re)constructed, an ‘uncanny’ (p.38) effect of sharing a Bergsonian duration with ‘accidental’ (p.31) objects: “Like the objects the waiter sees and does not see, he appears to himself once present once absent from his scene of waiting, once in exaggerated particularity, once re-absorbed into the flux of the whole”. (p.31)

With a close semiotic reading of the waiting rooms of partner GP clinics, this paper offers a typology of the temporalities and identities constructed through: the built environment; the information and advice literature; the seating arrangements; the soundscapes; the time-management devices; the populations and the assortment of other objects of the waiting room.

Building on Bishop’s (2013) conceptualisation of the waiting room as the potential time-space of an ‘initiatory event’ and ‘an entrance into imaginative and experiential depth’ (p.140), this paper will explore how its semiotic analysis can be deployed to create participatory, collaborative innovations within clinical waiting rooms, to reconstruct waiters as active, empowered and creative actants within their healthcare, their polis and their lives.

ReferencesBishop, Peter (2013) Surveying “The Waiting Room”. *Architectural Theory Review.* 18:2. 135-149. Schweizer, Harold (2008) *On Waiting*. New York & London: Routledge.

Keywords: semiotics; temporalities and identities; waiting and duration; public engagement; clinical waiting rooms

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| Thursday 29 August Panel 6a 12:00 – 13:30 |

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| Fry Conference Room |
| **Feeling Embodiment: Bodies and Emotions in England 1600-1850**  Chair: Sarah Fox – University of Manchester |

This panel explores how people made sense of the interaction of emotions and the physical body as an aspect of human embodiment in the long early modern period in England. With this chronological focus the panel engages with history of medicine work on the changing nature of the embodied passions/emotions, as humoral medicine was displaced in the eighteenth century. Three case studies – of wedding feasts and fertility, health in eighteenth-century letters, and dying of a broken heart – examine how making sense of both feeling and feelings changed over time.

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| Thursday 29 August Panel 6a 12:00 – 13:30 |

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| Fry Conference Room |
| **Feeling Embodiment: Bodies and Emotions in England 1600-1850**  Chair: Sarah Fox – University of Manchester |

**Wedding feasts, fertility and good-humoured cows in seventeenth-century England**

Sasha Handley

University of Manchester

This paper examines early modern perceptions and practices of embodied emotion in a multispecies context. Focusing on the ritual consumption of ‘posset’ – a hot milky drink that was widely consumed to bring a day of wedding festivities to a close, the paper examines the affective properties attributed to cows milk (the key ingredient of posset) in relation to human fertility within humoral models of bodily health. This link is widely signalled in medical treatises of the seventeenth century that classify cows milk as ‘white blood’, and establish its role in supporting female fertility and in shaping the passions of the nuptial bed. Manuscript recipe books (that include many posset recipes) and agricultural treatises are used in combination with medical treatises and ballads to show how the characteristics of cows, and their regimes of care, were judged key to the production of healthy milk, and consequently to a couple’s fertility, in one of the most acutely affective rituals of the early modern lifecycle. Keywords: emotion, embodiment, fertility, early modern, environment

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| Fry Conference Room |
| **Feeling Embodiment: Bodies and Emotions in England 1600-1850**  Chair: Sarah Fox – University of Manchester |

**‘so Peuerly in spiritts’: Sensing Health in Body and Emotion in Eighteenth-Century Letters**

Karen Harvey

University of Birmingham

The trading of health information was a key component of the economy of eighteenth-century letters, in which correspondents regularly exchanged information about their own and other people’s embodied experiences. In so doing, they expressed the most intimate, personal and individualized of human experiences. This paper uses this rich material to examine lay or quotidian languages of embodiment. It focusses in particular on the ways in which people described – or sometimes struggled to describe – embodied experiences that were felt to combine the physical and emotional. Whilst social historians of medicine have explored these issues in some detail for the sixteenth and seventeenth centuries, this paper examines the continuing corporeal experiences of emotions in the eighteenth century, raising questions about established chronologies of forms of ‘embodiment’ in the history of the body. The paper exposes how language was a resource for people wishing to express their state of health, and it also demonstrates the social functions that the exchange of health information played within intimate relationships. However, the paper also explores the limits of language and the difficulties writers faced both in making sense of their embodied experiences and in giving their correspondents an adequate sense of their embodied experiences.

Keywords: emotion, embodiment, eighteenth-century, letters, language

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| Fry Conference Room |
| **Feeling Embodiment: Bodies and Emotions in England 1600-1850**  Chair: Sarah Fox – University of Manchester |

**‘Dead Love: Emotions, Embodiment and the Broken Heart in England, c. 1720–1850’**

Sally Holloway

Oxford Brookes University

The broken heart in eighteenth and nineteenth-century England was no mere poetic image, with physicians recording cases where the heart literally ruptured following romantic rejection or the death of a loved one. This paper will explore the embodied experience of love and loss, asking, what did it mean to die from a broken heart? As the philosopher Mary Wollstonecraft wrote to her faithless lover Gilbert Imlay in 1795, ‘Believe me, there is such a thing as a broken heart! There are characters whose very energy preys upon them; and who, ever inclined to cherish by reflection some passion, cannot rest satisfied with the common comforts of life’. Others described symptoms including loss of appetite, drooping spirits, pining, distraction, and overpowering sorrow, culminating in the death or breaking of the heart.

This paper uses letters, case notes, medical notebooks, novels, paintings and prints to explore heartbreak as both a pathological condition and pervasive cultural phenomenon. Studying the causes, symptoms, and cultural constructions of heartbreak sheds light on the changing relationship between emotions and the body, and between the heart and brain in eighteenth and nineteenth-century England. It also reveals the nature of love as a capricious passion with potentially deadly consequences. As the artist and poet Elizabeth Siddal put it in her poem ‘Dead Love’, love ‘was born to an early death / And is so seldom true’.

Keywords: emotion, embodiment, love, heart, heartbreak, body

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| Thursday 29 August Panel 6b 12:00 – 13:30 |

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| Bantock Room |
| **Diets and Drugs**  Chair: Jonathan Simon – University of Lorraine |

**Making Sense of New Taste: Coffee, Tea and Chocolate in Early Modern European Diet**

Karel Cerny

Charles University Prague

Coffee, tea and chocolate are three caffeinated drinks introduced into the European diet during the early modern period. Their adoption was not a simple process, as they had to compete with strong local preference for wine, beer and other traditional beverages. Consequently, it took about two centuries until they became widespread among diverse classes across all regions of Europe.

Putting aside simple curiosity and experimentation, establishing an exotic novelty within diet of a social group required some form of cultural understanding. Historians have been studying how these products managed to gain foothold within an established dietary framework and identified several reasons why early modern Europeans chose to drink coffee, tea and chocolate. For some it was the unusual taste, for others an expression of fashion or a status symbol linked to associated expenses.

In this paper I would like to pick up on another reason: the influence of medicalisation. Using primarily Latin and Italian sources published between 1520 and 1720, I would like to show how physicians made sense of caffeinated beverages within traditional medical framework. Medicalisation allowed to advertise new products among broader base of consumers and offset potential moral critique that taste for expensive exotic drinks was just a vain fashion. I will also suggest that frequent tendency to use additives like sugar or spices, which were also staple of contemporary pharmacology, might have influenced this approach.

Keywords: medicalisation, tea, coffee, chocolate, early modern period

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| Bantock Room |
| **Diets and Drugs**  Chair: Jonathan Simon – University of Lorraine |

**‘E’ and ‘cake’: MDMA and other ‘made-up’ drugs on British television, 1988 – 2000**

Peder Clark

London School of Hygiene and Tropical Medicine

3,4-Methylenedioxyamphetamine or MDMA, a drug reinvented by Californian biochemist Alexander Shulgin in the 1970s after its original patent by Merck in 1912, found enormous popularity in late 1980s Britain, primarily in the form of ‘ecstasy’ pills. ‘E’ and the ‘raves’ at which it was consumed were treated with moral opprobrium by the British print and televisual media, and the medical establishment also expressed concern as deaths attributed to the drug were reported.

MDMA was one of many psychoactive compounds created by Shulgin, and the prospect of endless chemical iterations alarmed doctors who were barely able to keep up with the health effects of ecstasy. But these synthetic possibilities also operated as a distancing device for televisual representations of ecstasy without actually mentioning the illicit drug. An episode of *Morse* (1992), a popular ITV detective drama, featured the impact of a novel, fictional drug on the type of Middle England village where real life raves would appear. Channel 4’s *Brass Eye* (1997) and its “made-up drug” ‘cake’ lampooned “anti-drug hysteria” by provocatively parodying the lurid descriptions of the apparently lethal effects of ecstasy, broadcast earlier in the decade, by parents whose children had died after taking the drug.

This paper explores the televisual representation of the pleasures and pain of ecstasy and other ‘made-up’ drugs by parents, doctors, politicians and users. It argues that after the initial moral panic, dramatists and satirists on British TV used fictional psychoactive compounds as a means of investigating medical and sociocultural responses to ecstasy.

Keywords**:** MDMA; drugs; television; pleasure; death

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| Bantock Room |
| **Diets and Drugs**  Chair: Jonathan Simon – University of Lorraine |

**“The Great Majority Are Extremely Afraid of Even the Smallest Prick”: Making Sense of the Introduction of Cocaine into and its Use in China, 1880s-1910s**

Yun Huang

University of Strathclyde

This paper will explore the early use of cocaine in China from approximate the 1880s to the 1910s, a largely forgotten story by historians. It will analyse how the introduction and early use of cocaine in China formed one strand of the endeavours of medical missionaries of making sense of Western medicine in nineteenth and early twentieth century China. As important agents of modernisation of medicine in China, medical missionaries used several strategies in introducing medicinal novelties such as cocaine into their mission fields: some medical missionaries emphasised an alleged Chinese sensitivity to pain and the inferior health situation in China to justify a need for medicinal cocaine. Others recommended cocaine after having studied Chinese Tradition Medicine, the original purpose of which was to solve the problem of medicine shortage in China, such as searching an ideal anaesthesia in Chinese materia medica before cocaine was available. Then this endeavour served to compare Western and Chinese traditional medicine and to prove the superiority of the former. Another method of certifying the necessity of using cocaine was to describe its beneficial result for the evangelical mission when operations were successful, particularly curing cataracts to recover the sight which was used by some missionaries as a metaphor of seeing God’s light. Though the medicinal use of cocaine in China lasted until at least 1940s, the particular discourse of using cocaine gradually faded due to the discovery and use of alternatives of anaesthesia around the world, and also the rising of international regulations on cocaine consumption.

Using historical sources from British as well as provincial Chinese archives, this paper argues that the process of the rise and fall of medicinal cocaine at the turn of the twentieth century and its contextualization in the discourse of medical missionaries was not simply a one-sided introduction of a foreign form of medicine into China, but rather, a broader interactive process in which concepts of science, China and the West were framed.

Key words: cocaine, medical missionary, modern China, colonialism, sensory history

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| Thursday 29 August Panel 6c 12:00 – 13:30 |

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| Elgar Room |
| **Degeneration and Deprivation**  Chair: Hilary Marland – University of Warwick |

**Determining mental incapacity in mid-twentieth century England & Wales and the Republic of Ireland**

Janet Weston

London School of Hygiene and Tropical Medicine

By the mid-twentieth century, tens of thousands of people across England & Wales and the Irish Free State had been found incapable of managing their own affairs due to impairment of the mind, and their numbers were rising rapidly. They were no longer permitted to make decisions about their property and personal lives, with family members and official bodies taking those decisions instead. The bodies responsible for determining incapacity and overseeing the lives of the incapable were the Court of Protection in England & Wales and the Office of the Wards of Court in the Republic of Ireland: they shared a common origin, enjoyed the same powers, and faced many similar challenges, but their policies and practices began to diverge as the Republic established its independence.

In this paper, I examine the activities of these branches of the judiciary over the middle of the twentieth century, offering a corrective to the popular impression that the time before twenty-first century mental capacity legislation was an era of ignorance and bad practice. I consider and compare the changing ways in which being mentally ‘incapable’ was identified and understood in both jurisdictions, with particular reference to gender, age, perceived vulnerability, and shifting ideas about mental illness, intelligence, and individual rights. Who was being found incapable, and on what basis? What roles were played by the medical profession, family members, and the judiciary itself? And how did the broader social context in each jurisdiction affect determinations of mental capacity

Keywords: mental incapacity, law, psychiatry, age, gender

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| Elgar Room |
| **Degeneration and Deprivation**  Chair: Hilary Marland – University of Warwick |

**Desensitised to desensitisation? Sensory deprivation and ‘institutionalisation’ in long-stay wards of English post-war mental hospitals**

Louise Hide

Birkbeck, University of London

The numbing effects of the mental hospital on patients had been recognised since the mid nineteenth century. The incessant noise, the pervasive smell, the drab and monotonous decor, the lack of occupation, the insensitive ‘handling’ were all known to act adversely on the minds and bodies of patients, reducing their chances of returning to society. Yet this phenomena – or ‘neurosis’ – was not fully recognized or addressed until the post-war period.

In this paper, I will draw on transcripts of interviews with staff conducted during hospital abuse inquiries in the early 1970s to ask how certain cultural mechanisms facilitated and perpetuated what appeared to be staff desensitisation to the effects of the ‘ward atmosphere’. How, I ask, did certain practices and the presence of seemingly benign objects become inscribed on the minds and bodies of people with long-term physical, sensory and intellectual disabilities? To what degree did they constitute and reconstitute the rhythms and routines of the hospital, as well as social relations between staff and patients? How did they work through the senses to become imbricated in networks of power and mechanisms of control?

Keywords: institutionalisation; sensory deprivation; abuse; psychiatric hospital; inquiry

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| Corelli Room |
| **Senseless Deaths**  Chair: Gayle Davis – University of Edinburgh |

**Soundscapes in evidence: Dublin City Coroner’s Court 1876-1901**

Ciara Breathnach

University of Limerick

By the turn of the nineteenth century the tenement dwellers of inner city Dublin lived in very close quarters and it was inevitable that family life would spill out on to the streetscape. It was a really important space for children’s play but where they competed with several physical dangers. The contours of Dublin city were shaped in large part by major streets, roads and waterways. But by 1900 the old transportation mediums jostled for space with new technologies of trams and trains, which meant that small residential streets unable to bear the burden of such heavy traffic were congested with the unpredictability of horsepower. Communal parenting with everyone and nobody looking after each individual child and an assumption that children at play would look after one another often led to fatal consequences. Paradoxically urban space offered poor mothers small freedoms as the public at large shared responsibility for child safety. In this paper I use a dataset gathered for the two-year period from April 1900 to April 1902 to make observations about the overall features of deaths in the streetscape, which has a natural over-representation of children. I will then adopt a micro history approach to focus on three cases of children who were ‘knocked down’ (July 1900), how the sights and sounds of impending danger were recounted and if, for example, shouts to ‘pull up’ or ‘move back’ were critical to how coroner’s verdicts and jury riders were shaped.

Keywords: Urban Life, Children, Ireland, Medico-Legal History.

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| Corelli Room |
| **Senseless Deaths**  Chair: Gayle Davis – University of Edinburgh |

**"Senses of Danger - Miners' experiences and occupational safety in 1930-60's Finland"**

Hanna Kuusi

University of Helsinki

Still in the 1930s the miners in Finland went down into the pits without any proper equipment, wearing only cloth caps and soft leather boots, and carrying a flammable carbide lamp. Despite the gradually developing safety measures mining has been a dangerous and even feared vocation. Accident rates remained rather high, even though the incidence of silicosis decreased after knowledge of need to control dust exposure. Other hazards included vibration disease, hearing injuries, musculoskeletal issues and mental disorders. My paper aims to explore how miners expressed their experiences and sentiments towards the risky work including accidents and, on the other hand, how a major mining company tried to reduce the hazards. In addition to the legislative requirements, company’s own safety regulation, technological solutions and organisational measures, various rather creative prevention measures were established, including safety competitions, comics series and even annual safety celebrations with well-known female pop singers in mini-skirts singing rewritten lyrics. The research is based on written and oral reminiscences by Finnish miners (collected in 1979, total of 100 respondents), material of the state owned Outokumpu mining company and labour union archives. The *sense* of the mine could be crystallized in the following quote: “I’ll always remember that lift which took us under into the darkness and deepness of the dampened environment, with smell of explosion gas and diesel, after coming from a beautiful spring morning. Fresh forest and smell of resin came into my mind, since we had been previously doing forest work. [--] The headache next morning was enormous.”

Keywords: occupational health, industrial medicine, mining industy, safety, sensory experiences

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| Corelli Room |
| **Senseless Deaths**  Chair: Gayle Davis – University of Edinburgh |

**Sensing the Troubles: Radical politics, social Psychology and trauma,**

**c.1968-88**

Ian Miller

Ulster University

During the Northern Irish Troubles (1968-98), the senses of civilians, soldiers and conflict participants were overwhelmed by sights and noises that too often precipitated episodes of emotional disturbance. Cities such as Belfast and Derry were rocked by car bombs, explosions, brutal sectarian murders and the intrusion of an army which many Catholics saw as the agent of a repressive foreign government. In the midst of this, an American social psychologist, Rona Fields, arrived in Belfast. Shocked by the emotional trauma which she saw around her, she spent much of the 1970s writing damning accounts of the British presence in Northern Ireland which she saw as ‘psychological genocide’. Her vivid accounts of physical and mental suffering aroused the anger of the government who took steps to have her books withdrawn from publication and actively hindered her research.

This article explores the interaction between the agendas of radical political researchers such as Fields’ and local psychiatrists and psychologists who subsequently launched a united attack upon Fields. Instead, they sought to de-politicise the issue of conflict-related trauma by presenting a conflict in which children and civilians were coping well, managing emotional disturbance with psychological defence mechanisms. Ultimately, this paper feeds into broader debates regarding the political role played by medical personnel during the Troubles and the manner by which research and health policies were shaped by the political exigencies of the time. The re-emergence of trauma as a critical legacy issue in post-conflict Northern Ireland prompts a reassessment of who presented a more accurate impression of the sensual and emotional experiences of the Troubles: radical social psychologists or local mental health communities, and for what purposes?

Key words: history of trauma, health and the Troubles, conflict-related trauma, social psychology, Irish medical history

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| Thursday 29 August Panel 6e 12:00 – 13:30 |

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| Lodge Room |
| **Children’s Voices and Agency**  Chair: Matthew Smith – University of Strathclyde |

**Moral agency and personhood of infants in medical and pedagogical literature of Pre-Darwinian America**

Elisabeth Yang

Rutgers University

In this paper, I investigate conceptualizations of the moral agency and personhood of infants in nineteenth-century American medical and pedagogical texts to disentangle the interweaving of hegemonic religious, scientific, and philosophical conceptions of children and childhood during the nineteenth-century and prior to an evolutionary understanding of child development in the 1860s and the growing mechanisation of the child’s body in the early twentieth-century.

During the seventeenth- and eighteenth-century, medicine and pedagogy overlapped with one another, with Anglo-American church leaders offering advice on physical health and physicians authoring treatises on the moral precepts for children and mothers. Emphasis on the physical health of the child, hence, prescriptions for exercise, was prevalent within these texts as it was believed that a strong body led to a strong soul. During the mid-to late nineteenth century, medical and religious discourse concerning the moral agency and status of the infant shifts as child-rearing and motherhood become more ‘scientific’ and specialized and a sort of fragmentation of the infant, a separation of the physical, mental, and moral features of the child and discourse of the moral agency of infants wanes.

Through a textual analysis and interrogation of child-rearing manuals of the mid-eighteenth to mid-nineteenth century, I consider how various authorities of child-rearing define and conceptualize morality, agency, infancy, and personhood and how conceptualizations of the infant persist or change particularly during major political and scientific moments, such as the emergence of the new republic in the mid-to-late eighteenth century and the inauguration of Darwinism in the mid-nineteenth century.

Keywords: Child-rearing, Personhood, Infants, Agency, Medical manuals, Morality

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| Lodge Room |
| **Children’s Voices and Agency**  Chair: Matthew Smith – University of Strathclyde |

**Children, their families and the management of “Intersex” bodies at the Children’s Hospital in Zurich (1945-1970)**

Flurin Condrau; Mirjam Janett

University of Zurich

Part of a broader project, this paper addresses the important question of the relationship between doctors, families and intersex children at the Zurich University-Children’s Hospital between 1945 and 1970. We place this whole project at the intersection of the history of body, the history of sexuality and the history of chronic disease management. Our paper operates at three levels:

(1) We investigate how children became patients at the hospital, here a particular emphasis will be placed on diagnostic referrals. How did families or GPs form the idea that the child should be seen at the children’s hospital?

(2) The field of medical options was vast and rapidly changing in the emergent era of chronic disease management. We can associate changes in the management of intersex children with the development of medical specialties: pediatric endocrinology emerged as the leading discipline, alongside pediatric surgery to diagnose, manage and sometimes treat children. How did these discipline interact in the hospital setting? How did they communicate their findings and recommendations to the children and families?

(3) What range of treatments, endocrinologic, surgery or otherwise were performed? A key issue here is the medical decision-making: on what grounds were interventions approved and performed? We investigate in particular the role of the families: what voice did the children have? How were the families involved in the negotiation of treatment decisions? What did the families expect as an outcome, how were they informed and what brought them to approve the treatment?

The project overall is based on a uniquely detailed set of sources with 200 sets of patient notes, a substantial collection of hospital reports as well as scholarly publications. We feel confident that we can answer difficult questions regarding the children, their families and doctors and would enjoy presenting this material for the first time at the upcoming EAHMH event.

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| Thursday 29 August Panel 6e 12:00 – 13:30 |

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| Lodge Room |
| **Children’s Voices and Agency**  Chair: Matthew Smith – University of Strathclyde |

**‘Making sense of speech and its therapists: medicine vs elocution in early-twentieth-century Britain’**

Andrew Burchell\*

University of Warwick

From the end of the First World War, Britain witnessed a growth in speech therapy provision, with clinics established at several hospitals in school clinics. The discipline drew its theory and practice from medicine and psychoanalysis, but also elocution, drama and music. This paper analyses speech therapy’s liminality during the period from 1900-*c*.1950, as it sat, quite literally, on the boundaries of the medical: poised between the apparent sense and reason of emergent scientific biomedicine and the more artistic world of drama and elocution training. The divide was not always well-managed and approaches towards therapeutic practices exposed fault-lines of reasoning and sensibility within the profession. Should the profession’s remit include vocal aesthetics (such as accent), or should it concentrate purely on conditions with a psychological and physiological cause? Was human speech a communicative tool or, as Margaret McMillan ventured in 1919, a sensory faculty alongside sight and touch? In such debates, I contend, speech therapy also directly confronted the divide between medical sense and nonsense. On the one hand, it dealt with difficulties of communication; literal ‘non-sense’. But speech therapists equally competed with each other to frame methodological and disciplinary models that accounted for problems in pronunciation and speech. Opposing systems were characterised as ‘nonsense’. Speech therapy, bridging the worlds of theatre and medicine, is thus ideally positioned to explore the multiple constructions of ‘sensible’ (as both ‘sensory’ and ‘reasonable’) medical modernity in early-twentieth-century Britain.

Keywords:*Speech therapy; Voice; Childhood/children; Medical professions; Senses*

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| Thursday 29 August Round Table Panel 13:30-14:15 |

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| Corelli Room |
| **New Archive Resources for the History of Mental Health**  Chair: Chris Hassan – Wellcome Trust |

Nicola Samuel – Denbighshire Archives/ Archifydd Arweiniol

Maggie Tohill – Worcestershire Archive and Archaeology Service

Paul Tobia – Bristol

Rebecca Jackson – Staffordshire Record Office

Lucy Smith - Staffordshire Record Office

This session offers a preview of newly available archive collections and database research resources for historians of mental health. Introduced by Chris Hassan from the Wellcome Trust, archivists and researchers will report on projects currently in progress and recently completed. Themes addressed include making collections more searchable, overcoming barriers to researching recent records, building relationships with local health authorities. Opportunities for partnerships with the archives and heritage sector will be posited, from collaborative research and the creation of research tools to impactful public engagement.

The Archive Services’ stand in the breakout area will provide an opportunity for further discussion during Thursday.

Keywords: asylums, patients, case books, hospitals, nineteenth century, twentieth century, digital humanities

<https://staffordshireasylumrecords.wordpress.com/>

<https://denbighshirearchives.wordpress.com/tag/denbigh-asylum/>

<http://www.glensidemuseum.org.uk/category/dr-paul-tobias-articles/>

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| Thursday 29 August Panel 7a 14:15 – 15:45 |

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| Fry Conference Room |
| **Hospital Spaces**  Chair: Victoria Bates – University of Bristol |

**Why not include an aquarium or small aviary? The materiality of NHS waiting rooms in Britain’s Queuetopia, c. 1948-1958**

Martin Moore

University of Exeter

Contrary to contemporary portraits of their national character, Briton’s of the immediate post-war years regularly complained about the blight of queuing. Although the ration queue was the source of much irritation, waiting in the new National Health Service caused just as much frustration.

Amid criticisms of the delays threaded throughout the NHS, there was also a growing interest in the spaces of waiting. Patients lamented having to endure the ‘draughty corridors’ and ‘lavatory-like’ environments of Britain’s hospitals, and frequently offered suggestions for improvement. Similarly, official and professional surveys into general practice consistently investigated the conditions of surgery waiting rooms, whilst articles in medical journals outlined new designs for such spaces, and provided advice to practitioners for achieving the right ‘feel’ for their patients.

Focusing primarily on general practice, this paper examines this early post-war interest in the materiality of the waiting room. Firstly, it argues that concerns with conditions of waiting were strongly shaped by the shifting social, economic and political context of post-war British medicine. Interest in waiting rooms was entangled with changing ideas of entitlement and strategies of professional differentiation, as well as with broader promises of – and discontents with – a comprehensive welfare state. Secondly, this paper suggests that waiting itself needs to be understood as an historical experience. Temporal perceptions were structured by social relations, cultural meanings attached to waiting, and the spaces within which waiting took place. Only by situating such elements historically can we begin to make sense of waiting as a time-bound, intersubjective phenomenon.

Keywords: waiting rooms; National Health Service; materiality; frustration; delay

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| Thursday 29 August Panel 7a 14:15 – 15:45 |

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| Fry Conference Room |
| **Hospital Spaces**  Chair: Victoria Bates – University of Bristol |

**Materiality and sensorality: architecture and material culture in the renascence hospitals in Portugal**

Joana Balsa de Pinho

University of Lisbon

Hospitals, in the transition between 15th to 16th centuries, constituted a network due to the social role that they played in the society; because of that, they are a very relevant multidisciplinary object of study.

In this context, one of the most interesting topics, but less studied, is the analysis of how daily life, in its materiality and sensorality, influence in architectural and artistic aspects presented by the hospital buildings, which, in turn, are related to elements, as divers as, artistic consumption and medical practice.

This paper pretend to present the research made in the scope of «Hospitalis - Hospital architecture in Portugal at the dawn of Modernity: identification, characterization and contextualization» (PTDC/ART-HIS/30808/2017), funded by the Foundation for Science and Technology (Portuguese Ministry for Science, Technology and Higher Education); the analysis to be presented reports to both renascence hospital buildings still existing in Portugal and to historical sources that describe the different spaces of these buildings and their daily dynamics – practices, rituals, objects, works of art –, their material and sensorial aspects, and pretend to problematize this topic based on case study.

Keywords: hospitals, space, material culture, sense, 16th century

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| Thursday 29 August Panel 7b 14:15 – 15:45 |

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| Bantock Room |
| **Making sense of psychiatric reform? A European comparative perspective**  Chair: Petteri Pietikäinen – University of Oulu  Heiner Fangerau – University of Dusseldorf |

The proposed symposium provides a European perspective on psychiatric reforms, focussing on the practice, the political economy and rhetoric of psychiatric reform movements on a local level.

In the last few years, 20th century psychiatric reform movements have attracted wide scholarly interest: from the French “secteurisation” in the 1960, to the British reforms following the establishment of the National Health Service in 1948, to the Italian Mental Health Law 180 and the German 1975 “psychiatry enquete”. In all these cases, historians have invariably emphasised the connections between these crucial events at the national level, and wider reform movement of regional scale.

The aim of the session is, on the one hand, to further “regionalise” the question of psychiatric reforms by asking how the real practice of reform looked in certain regions, institutions or disciplinary arenas of psychiatry. On the other hand, the session will try to expand the national focus beyond the country borders by looking at mutual influences, the adoption and adaptation of ideas and knowledge from other European areas in local reform programmes. We intend to present local cases in comparative perspective with a focus on transnational cross-influences, especially on the images, hopes, stereotypes and prejudices informing the representation of foreign reforms as models or anti-models, and on the integration of certain aspects of these images in local initiatives.

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| Thursday 29 August Panel 7b 14:15 – 15:45 |

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| Bantock Room |
| **Making sense of psychiatric reform? A European comparative perspective**  Chair: Petteri Pietikäinen – University of Oulu  Heiner Fangerau – University of Dusseldorf |

**Common roots, common reform? Franco Basaglia and the German Psychiatric Reform**

Chantal Marazia

University of Dusseldorf

In May 1978, the Italian Parliament passed Law n. 180 (also known as the “Basaglia Law”), ratifying the closure of psychiatric hospitals nationwide and making Italy a model of psychiatric reform worldwide. This paper explores Franco Basaglia’s relation with German psychiatry, from his early infatuation with the anthropo-phenomenological tradition to the disputes with the social psychiatric movement during the 1960s and 1970s.

After an overview of Basaglia’s criticism of German psychiatric schools and institutions, I’ll focus on his personal links, most notably with progressive psychiatrists and with the anti-psychiatric movement SPK (Sozialistisches Patientenkollektiv). Finally, I analyse Basaglia’s reception by both the medical establishment and the actors of the psychiatric reform. Contrary to the current narrative of a mutual influence, I argue that Basaglia can hardly be regarded as a genuine inspiration of German psychiatric reform, and was retrospectively re-fashioned as.

Keywords: Franco Basaglia, German Psychiatric Reform, Social Psychiatry, Phenomenological Psychiatry

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| Thursday 29 August Panel 7b 14:15 – 15:45 |

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| Bantock Room |
| **Making sense of psychiatric reform? A European comparative perspective**  Chair: Petteri Pietikäinen – University of Oulu  Heiner Fangerau – University of Dusseldorf |

**To Reform Psychiatry or Society? ‘November Movement’ as a radical/reformist psychiatric movement in Finland in the 1960s and 70s**

Mikklo Myllykangas

University of Oulu

By the late 1960s, transnational ideas of psychiatric reform and criticism of Goffmanian total institutions – ‘anti-psychiatry’ for short – had arrived in Finland. Among the first to take up these radical ideas was a small but for a few years very influential social movement organization called November’s Movement. Formed by a like-minded group of university students, young medical doctors and academics in the late 1967, November’s Movement set out to increase the public awareness about the institutional and social conditions experienced by mentally ill, prison inmates, chronic alcoholics, homeless, and sexual minorities. These groups November’s Movement would refer collectively to as ‘deviants’, individuals who for some reason were regarded as unwilling or unable to conform to the norms of Finnish society. November’s Movement’s goal was to give voice for these individuals who otherwise were left silent in the official discourse.

From the outset, November’s Movement had a distinctive way of discussing and practicing the anti-psychiatric reformism. Unlike some of the internationally most famous anti-psychiatrists, the ontology of mental disorders was not November Movement’s focus of criticism. Instead, November’s Movement put the emphasis on generating public and political awareness about social injustices and the hidden practices of class discrimination that – they argued – maintained the social order and the oppressing class structure in Finnish society. In my presentation I will analyse how the Finnish local social and political condition in the late 1960s shaped the way in which the transnational anti-psychiatric discourse was received and fitted into the local discourse by November’s Movement.

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| Thursday 29 August Panel 7b 14:15 – 15:45 |

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| Bantock Room |
| **Making sense of psychiatric reform? A European comparative perspective**  Chair: Petteri Pietikäinen – University of Oulu  Heiner Fangerau – University of Dusseldorf |

**Reforming Prison Psychiatry in the Age of Deinstitutionalisation**

Oisin Wall

University College Dublin

This paper explores what psychiatric reform in the era of deinstitutionalisation meant for prisoners. Throughout the 1970s and 80s non-political prisoners and prisoner rights activists campaigned for psychiatric reform inside Irish prisons. In the early 1970s only one of Ireland’s four prisons had a regular psychiatric clinic and the vast majority of psychiatric care was provided in the Central Mental Hospital (CMH). However, the CMH offered a custodial environment and limited psychiatric treatment, with many prisoners recalling simply being sedated for days on end.

Despite this, the CMH had an important place in the culture of Irish prisons. While the treatment offered there was limited, many prisoners intentionally sought to be committed to the hospital to escape the monotony, ill-treatment, and institutional violence of the prison system. This paper examines how activists campaigned for psychiatric approaches which relied on flattening institutional power structures, like therapeutic communities, to be adapted and adopted within the strict hierarchy of the prison. This approach meant that the prisoner rights activists regularly compared the prison system unfavourably with the psychiatric hospital system, argued for increasing the number of psychiatrists in prisons, and insisted that psychiatrists be given greater powers, for instance proposing that all prisoners should be given a psychiatric assessment on committal. It argues that the prisoner rights movement adopted a position incompatible with that of many deinstitutionalising psychiatric reformers in the UK and continental Europe, emphasising the positive role of psychiatrists’ power and of residential institutions.

Key words: prisons, mental health, Ireland, deinstitutionalisation

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| Thursday 29 August Panel 7c 14:15 – 15:45 |

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| Elgar Room |
| **Perceiving Touch**  Chair: Vanessa Heggie – University of Birmingham |

**Rubbing them up the right way: Touch therapies for older patients in early modern England**

Amie Bolissian McRae\*

University of Reading

# In the late seventeenth century, the physician William Salmon observed that his patient, 'an ancient gentleman', was too 'aged' to undergo further bloodletting for his vertigo, doting, and palsy. Instead, 'the parts affected' – his limbs and torso - should be 'anointed with oyls and balsams and strongly rub'd'. Drawing on vernacular medical texts, doctors’ casebooks, and personal documents, this paper will reveal, for the first time, the vital role of touch in the treatment of older people’s infirmities. Doctors and laypeople attributed the various ‘decays’ and illnesses of older men and women to a combination of factors, including the ‘natural' cooling and drying process of ageing, the accumulation of putrid ‘humours’, the loss or weakening of the ‘spirits’, as well as sinful or dissolute life-style choices. Crucially, the effects of these changes could be mitigated by rubbing the skin, either with oils or linens: this tactile contact was thought to enliven the spirits, draw unhealthy humours away from suffering parts of the body, and promote healthy, evacuative perspiration. Oils and unguents were also recommended to soften and moisturise the drying skin of elderly men and women. While scholars have begun to investigate the role of some of the other senses in the treatment of disease - such as music therapy and aromatherapy – much less has been written on touch. The paper will thus enhance our knowledge of the scope of sensory treatment in early modern England, while shedding fresh light on perceptions and experiences of old age in this period. Keywords: touch, therapy, early modern, ageing, bodies

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| Thursday 29 August Panel 7c 14:15 – 15:45 |

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| Elgar Room |
| **Perceiving Touch**  Chair: Vanessa Heggie – University of Birmingham |

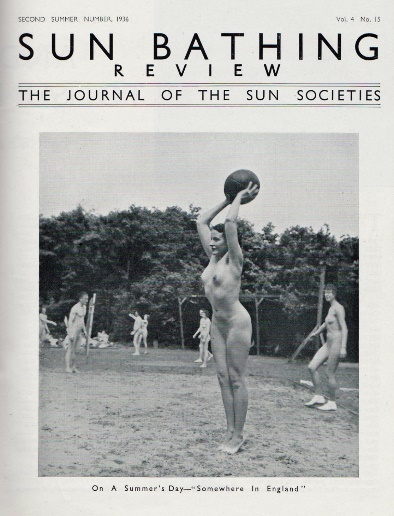
**Touch, retouch: the art of twentieth-century British naturism**

Tania Woloshyn

University of Warwick

*Sun Bathing Review*’s Summer 1936 cover presents us with a titillating engagement of bodies in nature, a photograph featuring a nude woman buoyantly exercising at a secluded naturist (nudist) camp. But this joyful sight becomes perplexing when we notice her genitalia have been effaced through vigorous retouching, scratched out in the reprinting process. Presumably an act of the editors in order to be ‘fit’ for view, it is an image in which lines have been literally drawn to distinguish ‘art’ from ‘pornography.’

This talk is about touch, about bodily contact with air and light, messy moral lines, and sex in twentieth-century British naturism. The enervating power of sunlight both attracted and worried enthusiasts, who were eager to attain bronzed skin by its kiss whilst simultaneously concerned by its ability to instigate a savage sexuality – especially on children on the cusp of puberty. Such ambivalence is played out through naturism's visual representation: the use of obvious retouching; advertisements for discrete photographic services; and an odd conflation of pin-ups of sexually-mature nude women next to idylls of innocent children, which both delight and disturb in equal measure. I want to explore these tensions of touch in an overlooked and trivialised history of fringe tourism, visual culture and medicine, a case where varied layers and meanings of bodily ‘exposure’ connect and collide.

Key words: naturism; sunlight; natural therapies; nudity; photography

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| Thursday 29 August Panel 7d 14:15 – 15:45 |

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| Corelli Room |
| **Maternal Feelings**  Chair: Kaat Wils - KU Leuven |

**Medical concepts of pain: the role of physicians’ faith in the negotiations over anaesthesia during childbirth (Belgium, 1840-1914)**

Jolien Gijbels\*

KU Leuven

The introduction of effective anesthetics in surgery and childbirth in the 1840s fundamentally altered doctor-patient relationships. Historians have stressed that pain relief led to a decrease of the diagnostic importance of patients’ pain descriptions, while it provided doctors with a greater autonomy in identifying and treating diseases. Physicians could take their time during operations and they were spared from an emotional engagement with patients in pain.

Despite its availability since 1846, however, it took decades for doctors to incorporate anesthesia in medical practice. Objections of medical, social, moral and religious nature prevented its general adoption in European and American medicine before the end of the 1860s. So far little is known about the weight of faith in this debate. According to Christian doctrine, bodily pain has a divine purpose as a punishment for committed sins, as a guide to virtuous behavior, as a stimulus to personal development and as a means of spiritual salvation. While Catholic physicians who interpreted the Bible literally, rejected pain relief from a theological perspective, most religious doctors adopted a more pragmatic position in favor of anesthesia.

In this paper I will analyze the role of faith in physicians’ negotiations over anesthesia during childbirth in predominantly Catholic Belgium. The focus will be on their historically changing arguments against the backdrop of anesthetic innovations and the first successes of obstetric surgery in 1840-1914. This paper will show to what extent religion informed Belgian doctors’ concepts of suffering and pain relief, and what consequences these ideas had for their attitudes towards patients.

Keywords: pain, anesthesia, religion, Belgium, nineteenth century

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| Thursday 29 August Panel 7d 14:15 – 15:45 |

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| Corelli Room |
| **Maternal Feelings**  Chair: Kaat Wils - KU Leuven |

**Staying home: Giving birth in the Netherlands in the early twentieth century**

Hieke Huistra

Utrecht University

Around 1900, many pregnant women regularly ignored professional medical advice (as they have done for most of history), much to the frustration of their doctors and midwives. Instead, women relied on folk medicine, family traditions, and social rituals – ‘nonsense’, according to their doctors and midwives, who wanted them to give birth according to the ‘sensible’ standards of modern medicine. (For midwives, the exclusive focus on medical knowledge was relatively new and had followed the professionalization of midwifery in the nineteenth century.)

In this paper I investigate how ‘sense’ and ‘nonsense’ together determined birthing practices in the Netherlands in the early twentieth century. I focus specifically on the place of birth. In most western countries, birth started to move into hospital in this period, but the Netherlands form a remarkable exception. This is often explained through the strong position of Dutch midwives, but, I argue, this explanation does not suffice. Although midwives are necessary for home births, their presence does not fully explain the lack of hospital births – in other European countries with similar numbers of midwives, home births did decline nonetheless. To figure out what made the Netherlands different, and what role sense and nonsense played in this, I analyse scientific textbooks, practical handbooks, medical case notes, and women’s diaries. Together, these sources help me explain why, in the early twentieth-century Netherlands, hospital birth did not acquire the same popularity as elsewhere.

Keywords: childbirth, home birth, hospital birth, Netherlands, twentieth century

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| Thursday 29 August Panel 7d 14:15 – 15:45 |

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| Corelli Room |
| **Maternal Feelings**  Chair: Kaat Wils - KU Leuven |

**Maternal feelings and the development of American prenatal care**

Janet Greenlees

Glasgow Caledonian University

In 1910, Philadelphia had *the* worst death rates from diseases of pregnancy or confinement of any large city in the United States. Both municipal and voluntary bodies introduced prenatal initiatives to try and address this crisis, but recognition of the emotions of pregnancy was rarely considered. These initiatives reflected broader western prenatal initiatives introduced to partially address turn-of-the-century political, medical and social concerns about high infant and maternal mortality rates. Prenatal care was a concrete plan emerging from debates about the contributors to these mortality figures, including poverty, race and ethnicity, behavioral and socio-economic problems, government responsibility and the breadth and comprehension of corrective measures. However, these plans rarely considered patient emotions, despite their capability to influence patient engagement with healthcare services.

Prenatal healthcare, education and uptake provide a unique opportunity to examine health encounters which occurred in the home, hospital and community. These efforts have received less contemporary financial investment or interest than did infant welfare. Historians have also generally bypassed prenatal care in favor of the medicalization of motherhood or infant health and welfare. Utilizing records from district nurses, women’s hospitals and municipal records, this paper analyses the development of prenatal care in Philadelphia during the first half of the twentieth century, its composition and how maternal emotions were addressed. It argues that while most early prenatal initiatives prioritized medical checks and hygiene, some healthcare providers listened to the emotions their patients’ expressed and engaged with these alongside physical care, seeking to fully engage women with preventive medicine.

Key words: maternity; prenatal care; pregnancy; motherhood; Philadelphia

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| Thursday 29 August Panel 7e 14:15 – 15:45 |

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| Lodge Room |
| **Tactile and Tactful Healing**  Chair: Frank Huisman - Maastricht University & UMC Utrecht |

**“Along paved pathways” - Physiology and psychology in the welfare for disabled veterans in the Habsburg Monarchy 1914-1918**

Thomas Rohringer\*

International Center for Cultural Studies of the University of Art and Design Linz in Vienna

The paper analyses the relation between physiology and psychology in the Habsburg Monarchy’s re-integration efforts for disabled veterans. It looks at both physically and mentally impaired soldiers, highlighting the seemingly contradictory functions of physiology and psychology in their treatment. Dealing with wounded soldiers, Habsburg medical professionals put particular emphasis on the psychological dimension of their re-integration: doctors studied disabled veterans’ self-perception in relation to their prostheses, reflected on how to win their trust and developed therapeutic methods to bolster their self-confidence. Paradoxically, at the same time, when treating soldiers with psychological disorders many contemporary medical professionals focused on soldiers’ hereditary pathological disposition to explain their ‘war neuroses.’

Taking Sigmund Exner’s “Outline of a Physiological Explanation of Psychic Phenomena” (1894) as starting point, the paper places these two seemingly contradictory processes in a longer history, reconstructing a discursive network of Habsburg philosophers, neurologists, sociologists (within the field of Political Economy) and medical practitioners since around 1900. The paper demonstrates how new theories on the nerve system were interconnected with the concept of habits as physio-psychological phenomena to re-evaluate the relationship between the individual and its social and material environment, which informed the re-integration efforts for disabled veterans.

Keywords: Austria-Hungary, World War One, history of science, disability, masculinity

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| Thursday 29 August Panel 7e 14:15 – 15:45 |

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| Lodge Room |
| **Tactile and Tactful Healing**  Chair: Frank Huisman - Maastricht University & UMC Utrecht |

**Massage and the history of physiotherapy**

Kay Nias

University of Exeter

Modern physiotherapy is an allied healthcare profession and multi-skilled specialism that by using a range of practices including exercise, manual and mechanical techniques, hydro- and electro-therapy, remediates impairments and promotes mobility and function. This paper will argue that in order to fully understand the historical processes underpinning the specialisation and divisions of labour at the heart of this medical occupation, it is necessary to pay attention to the role that massage played in the formative years of its professionalisation.

While therapeutic massage, healing by touch and haptic knowledge has an ancient history traversing culture and medical tradition, from the second-half of the nineteenth century massage was put upon a scientific basis and assimilated into orthodox medicine. Therein massage became a vital therapeutic technique in the treatment of a variety of impairments and conditions that frequently eluded standard medical treatment such as paralysis, rheumatism and orthopaedic dysfunction. While it proved an invaluable therapeutic tool for the medical profession to possess, the traditionally low-status of manual ‘hands-on’ healing encouraged a devolution and division of medical labour to staff to whom status was considered less of a problem such as nurses, gymnasts and even hospital porters.

Based upon work from my doctoral thesis and postdoctoral research at the Science Museum, this paper explores how debates surrounding massage, therapeutic intimacy and touch shaped the early professionalisation of physiotherapy in Britain. From the ‘massage scandals’ of 1894 that led to the formation of the Society of Trained Masseuses in 1895, to disputes over whether massage deserved an intellectual and professional status, to the use of technology in the negotiation of therapeutic intimacy, this paper seeks to link debates about massage and touch to the early processes of specialisation and divisions of labour that underpin the modern healthcare profession we know today.

Keywords: physiotherapy, massage, touch, professionalisation, technology.

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| Thursday 29 August Panel 7e 14:15 – 15:45 |

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| Lodge Room |
| **Tactile and Tactful Healing**  Chair: Frank Huisman - Maastricht University & UMC Utrecht |

**Sensible human engineering of fragile bodies and sensitive minds. The vocational rehabilitation of Belgian physically disabled Great War soldiers, 1914-1925.**

Marisa De Picker\*

KU Leuven

This paper explores the role of the senses in re-educational institutes for Belgian physically disabled soldiers of the First World War. Literature about the rehabilitation of Great War soldiers has recently been growing, but for Belgium few research exist. Additionally, it has principally been studied from a therapeutical perspective with little attention for the medico-pedagogical techniques that were used to repair soldiers’ shattered bodies and minds and to teach them a new job suiting to their remaining physical abilities. Inspired by the new pre-reform pedagogical trend towards a more personal and experiential education in Belgium, doctors and educators believed that labour competences were principally internalised through visual and tactile sensation. Therefore, through an analysis of school archives, propaganda and apprentices’ correspondence, this paper firstly examines how apprentices’ senses were stimulated during physiotherapy, theoretical and practical classes. Secondly, it analyses how sensory training was simultaneously used to calm down disabled soldiers’ sensitive or nervous minds months after battle. Thirdly, it problematises the importance of tactile experiences through an examination of the schools’ efforts to optimise apprentices’ productivity by providing them with orthopaedics to replace missing or paralysed limbs. Through these apparatuses touch became mechanised and dephysicalised. Subsequently, it demonstrates how the sensory experiences of disabled soldiers challenged doctors and educators to reimagine the engineerability of the human body and mind and the emancipatory initiative of rehabilitation towards full productivity and independence.

Keywords: re-education, rehabilitation, physically disabled soldiers, sensory training, sensitive minds

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| Thursday 29 August Panel 8a 16:00 – 17:30 |

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| Fry Conference Room |
| **Round Table:**  **Starting to Teach the History of Medicine and Health**  Chair: Catherine Cox, University College Dublin |

Preparing to teach for the first time can be a daunting task for a postgraduate student or early-career researcher. This session, aimed at PGRs and ECRs, will bring together three members of the Society for the Social History of Medicine’s Executive Committee to reflect on various approaches to creating and delivering a course. The presenters aim to consider not only the challenges, but also some of the opportunities in engaging with difficult historical topics and in using student feedback.

**‘Teaching Race and Medicine in the Postgenomic Age’**

Stephen Mawdsley

University of Bristol

**‘A Student-Centred Approach to Teaching the History of Medicine and Health’**

Alex Bamji

University of Leeds

**‘Teaching with Digital Tools’**

Lisa Smith

University of Essex

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| Thursday 29 August Panel 8b 16:00 – 17:30 |

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| Bantock Room |
| **Healthcare Systems**  Chair: Christoph Gradmann – University of Oslo |

**The New Gatekeepers of Authoritative Science Dutch public funding of health research, 1945-present**

Noortje Jacobs

Erasmus Medical Centre, Rotterdam

In this talk, I will report on an ongoing research project into the history of Dutch public funding of health research. Since World War II, governments have invested substantially in health research, contributing to its unprecedented growth (Agar 2012). And while the effects of this development are still heavily debated (e.g. Hessels et al. 2016; Powell 2016; Harris 2017; De Vrieze 2017), it is often considered common sense that public funding bodies have become core mechanisms for distributing money, prestige, and power in health science, and are thus able to influence the terms under which scientists and their work can be recognized as authoritative. In our project, we trace when public funding started to have a noticeable impact on Dutch health research and draw up a genealogy of how the terms for judging the “fundability” of health research of Dutch public funders have evolved since then. We do so by using the concept of *scientific repertoires*, which we define as the stock of roles, skills, and traits that scientists have to know how to perform to be recognized as “fundable”. In Birmingham, I will develop this concept, provide an overview of our historical sources and current findings, and discuss the possible merits and pitfalls of our approach. Our goal is to contribute new insights into the mediating role of public funding bodies in assigning scientific authority, and to tie in with innovative approaches in the history of medicine and science that study the role of regulative institutions, such as scientific journals and ethics committees, in scientific development.

Keywords: public funding; health research; authoritative science; Netherlands; scientific repertoires

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| Thursday 29 August Panel 8b 16:00 – 17:30 |

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| Bantock Room |
| **Healthcare Systems**  Chair: Christoph Gradmann – University of Oslo |

**‘Ideology over theory: World Bank policy on user charges for health care, 1978–1993’**

Christopher Sirrs & Martin Gorsky

London School of Hygiene and Tropical Medicine

The report *Financing Health Services in Developing Countries,* published by the World Bank in 1987, stimulated the widespread introduction of user charges for healthcare at the point of service in many low-income countries. Propagated at a time when many countries were seeking to actively reduce social expenditures (often as a condition of structural adjustment lending by the Bank and IMF), the implementation of user charges was highly destructive, resulting in widespread damage to health services, catastrophic household expenditures, and increased mortality and morbidity.

Why then did the Bank promote user charges? Drawing upon an analysis of declassified archival material from the Bank in Washington DC, this paper examines the history of the Bank’s user charges policy, highlighting how an early theoretical concern with equity and efficiency became subordinated to ideology by the mid-1980s, and the Bank’s dominant desire to reduce the role of the state. Focusing in particular on the role of health economists such as David de Ferranti, it shows how the deleterious effects of charges were considered by the Bank as early as 1981, but ultimately discarded as it embraced neoliberal economic theory and faith in the ability of the market to reform healthcare. Various equity arguments *for* user charges were put forward by Bank officials, but these were idealistic, based on model economic conditions that rarely prevailed in the real world. User charges present an interesting case study of how economic evidence is translated into global policy, under conditions of scientific uncertainty and ideologically-fuelled political pressure.

Keywords: World Bank, user charges, international health, health economics, equity

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| Thursday 29 August Panel 8b 16:00 – 17:30 |

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| Bantock Room |
| **Healthcare Systems**  Chair: Christoph Gradmann – University of Oslo |

**Sense and Nonsense of Health Legislation:**

**The realities of the ‘Laws of Thorbecke’, 1865-1901**

Frank Huisman

University Medical Centre, Utrecht

In 1844 J.R. Thorbecke, then a Leiden professor, published his vision on modern citizenship. Reflecting on the implications of the French Revolution for his own time, he concluded that the revolution had pointed to societal abuse but was lacking in productive value. Time had come for the state to create a new legitimate order. This could only be accomplished through legislation which would create a constitutional infrastructure and turn people into citizens. After moving into politics, Thorbecke created the so-called ‘House of Thorbecke’, in which municipalities, provinces and the state were to collaborate in an organic fashion. After that, he set out to create modern citizens through legislation on poor relief, education and health care. Only those who were healthy, educated and free from poverty could be productive citizens.

By 1865, Thorbecke had succeeded in formally realizing his political program. But how did it work in practice? In my paper, I will be looking at the material effects of his health legislation – particularly at the workings of the Health Inspectorate and the municipalities – seeking an answer to the question whether or not the organic ideal of Thorbecke was realized in Dutch health care. Many contemporaries were unconvinced: while the medical profession had been granted a monopoly of treatment, they were not delivering in terms of therapeutic effectiveness, and quackery was thriving. Some even pleaded to do away with Thorbecke’s laws and legitimize current medical practice. How to make sense of a healthcare system that many considered to be nonsensical?

Key words: citizenship; health legislation; translating ideas into practice; mismatch

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| Thursday 29 August Panel 8c 16:00 – 17:30 |

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| Elgar Room |
| **Novel Lenses on the Senses**  Chair: Anne Hardy – London School of Hygiene & Tropical Medicine |

**Nonsense in medical publishing. French accusations of Belgian plagiarism and the rise of originality in nineteenth-century medicine**

Joris Vandendriessche

KU Leuven

Publishing in the nineteenth century could be a stressful affair. As the reports of scientific academies show, authors were reproached with all sorts of critiques: from imprudence in applying drugs to a limited knowledge of the medical literature and even a lack of clinical judgment. By the middle of the century, a particular negative assessment gained ground: the accusation of doctors’ work being *unoriginal*. In this paper, I will suggest that an epistemological shift underpinned the growing importance of originality as a criterion in the assessment of medical scholarship. Merely ‘contributing’ to the existing body of medical knowledge, for example by reproducing an experiment, did no longer suffice. Sound medical knowledge required an element of innovation, that is of newness and originality.

To test this hypothesis, I use digital methods (text mining tools) to analyze a series of French medical journals for their evaluation of Belgian medical studies. Because early nineteenth-century Belgian medical journals often reproduced French articles (a practice known as ‘counterfeit publishing’), Belgian doctors enjoyed a poor reputation as ‘copycats’ in France. Yet, as copyright agreements between both countries were introduced in the 1850s, it is interesting to see how this discourse of (lack of) originality and ‘nonsensical’ publishing evolved over time. In this way, I hope to illustrate that the stress on originality in medicine was also tied to the emergence of nation-states seeking to affirm their cultural identity in the scientific domain.

Medical Publishing; Scientific Academies; Medical Knowledge; Nineteenth Century

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| Thursday 29 August Panel 8c 16:00 – 17:30 |

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| Elgar Room |
| **Novel Lenses on the Senses**  Chair: Anne Hardy – London School of Hygiene & Tropical Medicine |

**‘Medicine, morality, and melodrama: Elizabeth Seifert and the invention of American medical romance’**

Elise Smith

University of Warwick

In 1938, Elizabeth Seifert won the $10,000 Dodd-Mead first novel prize for her medical-themed story, *Young Doctor Galahad*. Over the next forty years, Seifert penned 80 books and consolidated her reputation as one of America’s leading writers of medical romances, a genre she helped to pioneer. Hospital-set romances reached their peak of popularity in the 1950s and 1960s, and presented a fantastical image of medical practice in which practitioners balanced passionate encounters with life-saving heroics. Seifert’s romances, however, were marketed as being particularly realistic; references were made to her aborted attempts at studying medicine and career as a hospital administrator to demonstrate her unparalleled knowledge of ‘the lives, problems and emotions’ of medical professionals. Her melodramatic plotlines were heavy with purpose: abortion, euthanasia, and artificial insemination were debated, and her characters were crusaders for venereal disease screening, licensing reform, and the creation of group clinics. Above all, Seifert drew from her own frustrated experiences as a doctor-in-training to create sympathetic portraits of female practitioners: not just as nurses, but as hospital specialists and surgeons in a period where such depictions were uncommon. This paper will demonstrate that despite their outlandish elements, Seifert’s best-selling romances helped to familiarise readers with genuine medical debates, and to normalise women’s presence in all levels of the profession.

Keywords: medical romance, women practitioners, ethics, hospitals, mass culture

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| Elgar Room |
| **Novel Lenses on the Senses**  Chair: Anne Hardy – London School of Hygiene & Tropical Medicine |

**‘A Sense of Timing: Physicians, Mothers and the Decision to Delay Maternity’**

Rima Apple

University of Wisconsin-Madison

Contemporary media abound with articles about delayed motherhood, of women birthing their first child late in life. They sometimes tout miraculous births, and other times warn that those who wait will be disappointed. These articles raise questions about the feasibility and advisability of postponing pregnancy. These concerns are not new. In the early years of the 20th century, the few physicians who discussed the issue focused on the effectiveness of labor in the older motherhood; women typically made their maternity decisions without medical supervision.

Later, particularly with the growth of the specialization of obstetrics, physicians increasingly inserted themselves into pregnancy care, in effect medicalizing pregnancy, particularly late pregnancy. With the introduction of amniocentesis, in vitro fertilization, and other medical advances, doctors turned attention to the viability and health of the fetus in delayed motherhood. At the same time, developments such as the birth control pill, improved IUDs, and legalized abortion gave women more options and growing numbers of women opted to postpone their maternity.

This paper investigates the shifting controversy over postponed motherhood, teasing out changing medical and popular definitions of delayed motherhood and examining physicians’ pronouncements both encouraging and discouraging delayed motherhood. Yet each woman made her decision within her own health, economic, social, and familial circumstances. This paper studies how the sense of the timing of late motherhood changed. It examines the advice of physicians and the experiences of women themselves in order to understand why and how delayed motherhood became such a controversial issue within the changing 20th-century culture.

Keywords: pregnancy, obstetricians, contraception, maternity, motherhood

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| Thursday 29 August Panel 8d 16:00 – 17:30 |

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| Corelli Room |
| **Sensing Diabetes & Sensing ‘Others’**  Chair: Octavian Buda – University of Medicine and Pharmacy “Carol Davila” Bucharest |

**‘An unwarrantable risk’: The ideological legacy of ‘intensified’ insulin therapy’s lay-pioneers, 1922-1993**

Stuart Bradwel\*

University of Strathclyde

In 1925, Jack Eastwood was diagnosed with insulin-dependent diabetes mellitus. His prescribed treatment involved a ‘strictly controlled’ regimen of medication and dietary regulation which involved performing injections of insulin at predetermined times and adopting a rigid meal structure. After leaving home in 1931, he developed a coherent though unorthodox system based on ‘the injecting of insulin at every meal-time and varying the dose according to the food eaten.’ Later, he acknowledged the dim view that many contemporaries took of his rejection of professional instruction, writing that to some it seemed ‘an unwarrantable risk’.

Eastwood’s approach bears striking resemblance to ‘intensified’ insulin regimens that became popular from the early 1980s and aimed to emulate the natural functioning of the pancreas by utilising variable dosages of insulin. Offering (potentially) improved blood glucose control and a more flexible lifestyle, such management styles required the active participation of the affected individual in treatment and invested them with decision-making responsibility previously considered the professional’s prerogative.

The adoption of ‘intensified’ insulin therapy by mainstream medical practice represented a paradigmatic shift in the profession that must be understood as a fundamentally ideological reconceptualisation rooted in the challenges posed by a condition that often undermined its collective sense of authority while testing the traditional boundaries of categories like ‘doctor’ and ‘patient’. This paper utilises oral testimony alongside correspondence and published material to examine the legacy of lay-pioneers in the construction of the socio-cultural framework of late twentieth-century diabetes care, and their ongoing relevance to medical practice more broadly.

Keywords: diabetes, insulin, ideology, autonomy, paternalism

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| Thursday 29 August Panel 8d 16:00 – 17:30 |

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| Corelli Room |
| **Sensing Diabetes & Sensing ‘Others’**  Chair: Octavian Buda – University of Medicine and Pharmacy “Carol Davila” Bucharest |

***“Those who are then delirious, should not be beaten or tormented”:***

**Sensory & emotional response of the early modern population to the plague**

Pavla Jirkova

Czech Academy of Sciences

Instructions for nursing practitioners working in a plague lazaretto not to beat or otherwise harm delirious patients is one of the provisions of the plague order which was printed in Silesia in 1680 and was translated to Czech language for using in the Kingdom of Bohemia. Sensory experience of pain and torment associated with pestiferous infection caused adequate emotional responses in contemporaries, such as fear, melancholy, horror, resentment or the said delirious state. We find evidence in sources of Czech provenance for all these feelings and experiences, especially for plague epidemics in 1680 and 1713–1715.

Plague tyranny, as the lazaretto doctor Redlich called the situation in the summer of 1680 in Prague, was experienced by contemporaries literally through all senses. Sight was used to search for buboes and other manifestations of plague on the bodies of the sick, but sight was also associated with religious faith in healing and ending the plague when images of saints were worshiped. It was considered a scandal to see a black coach transporting the sick to the lazaretto, especially when it was passing under the windows of the Prague Castle, where Emperor Leopold I, who fled from the plague infected Vienna, stayed in 1679 and 1680. Hearing was important for the nurses in the lazaretto, because the sick were supposed to call them to their bed by ringing a bell. “Plague! Plague!” echoed through the Prague lazaretto, as doctor Redlich writes in his memoirs.

In connection with the occurrence of an invisible infection, the sense of touch is associated with touching, or rather not touching, distance, isolation and mobility. It was advisable to touch received correspondence only after smoking it with cleansing herbs, objects could be touched only after being cleaned with vinegar. Unpleasant tastes were brought about by the idea of eating fruit and fish prone to rot, which was warned against. Odor and lack of hygiene have been mentioned very often in contemporary testimonies, such as in a report criticizing the situation in the hospital where smelling cattle were kept. Moreover, anti-Semitic moods of the Christian part of the population added to these problems, as evidenced by terms such as “the impure and stinking Jewish City”.

Keywords: senses, emotionality, plague, Bohemia, early modern period

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| Thursday 29 August Panel 8e 16:00 – 17:30 |

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| Lodge Room |
| **Sensory Models**  Chair: Jonathan Simon – University of Lorraine |

**Dissecting persona: The anatomy course as an emotional and sensory experience, Finland circa 1880–1950**

Heini Hakosalo

University of Oulu

Undertaken immediately or soon after matriculation, the anatomy course had, in many respects, the nature of a rite of passage. It tested the cognitive skills and above all the memory of the student. It constituted the largest bulk of the so called theoretical studies, and the anatomy examination taxed the memory more than any other part of medical studies. But the course imparted not only knowledge but also skills, as it was considered essential for the student to learn the art of dissecting first hand. Further, the course played an important role in the socialisation of novices into the medical subculture, providing as it did the students with strong experiences that the rest of the student population did not share. The course strengthened the social bonds between the students and contributed to the self-contained nature of this group. After shortly discussing the cognitive, artisanal and social dimensions of the course the paper focuses on the emotional and sensory dimensions of the process. The course involved significant emotional and sensory de- and re-learning. The student had to de-learn received cultural attitudes and reactions towards death and towards the sights and smells associated with human remains, and learn new ways to react to them. The macabre ”anatomy hall rituals”, frequently described in egocuments and autobiographical sources, provided social cement but, I suggest, also had other functions: they gave an outlet for the contradictory emotions awaken during the course and were also a way of measuring the degree in which de- and re-learning had taken place. The source material consists of egodocuments, (auto)biographical accounts and narratives found in written oral history collections.

Keywords: history of medical education, history of anatomy, medical persona, history of emotions, sensory history

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| Thursday 29 August Panel 8e 16:00 – 17:30 |

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| Lodge Room |
| **Sensory Models**  Chair: Jonathan Simon – University of Lorraine |

**A spatial history of the Holmes heart**

Annmarie Adams

McGill University

This paper explores an iconic medical specimen, the so-called Holmes heart, engaging research methods in material culture. To date historians have studied this heart as an artifact of medical history, mostly through its association with three famous physicians Andrew F. Holmes, William Osler, and Maude Abbott. This new work, then, illustrates how an innovative methodology can inspire a distinct interpretation of a familiar object.

The Holmes heart is a single ventricle heart, discovered and named for Holmes, who described it following an autopsy on a 21-year old man. Abbott rediscovered it many years later, as a specimen in McGill University’s medical museum where she served as curator. Osler’s recall of Holmes’ autopsy resulted in Abbott’s publication of the heart as the centrepiece of her congenital heart disease chapter in his *Systems of Modern Medicine*. In this well-known narrative, the heart links the life stories of three famous doctors.

This paper takes a different tact, by analysing the heart as a material artifact. The research is based on two inter-related lines of argument, that we might call sense and nonsense. The first looks at the changing display of the heart, showing how the architectural setting of the heart changed its meaning. The second sub-argument, “nonsense,” comes from the extraordinary number of discrepancies in the primary sources. Such ambiguities or nonsense, I argue, have enhanced the heart’s cultural power, blurring reality and "fiction". This approach thus shows how and why these spaces of display and of uncertainty, sense and nonsense, are significant sources in the history of medicine.

Keywords: heart, autopsy, cardiology, medical museum, architecture



University of Birmingham – Aston Webb

Friday 30 August

Keynote Lectures

Panels 9a – 10d

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| Friday 30 August Keynote 09:00 - 10:00 |

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| Fry Conference Room |
| **Keynote Speaker**  Robert Juette – Robert Bosch Foundation  Introduced by: Frank Huisman –Maastricht University & UMC Utrecht |

**Seminar Title: ‘The senses on the battlefield: from World War I to World War II’**



Head of the Institute for the History of Medicine of the Robert Bosch Foundation in Stuttgart.

Robert Juette is also an Honorary Professor at the University Stuttgart, Historical Institute.

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| Friday 30 August Panel 9a 10:15 – 11:45 |

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| Fry Conference Room |
| **Surgery & Emotion**  Chair: Alison Moulds – University of Roehampton |

This panel draws together the varied research findings of the members of the Wellcome Trust Investigator Award project, Surgery & Emotion (2016-2020). Undergoing surgery can be an extremely emotionally troubling experience for patients. Performing surgery also makes its emotional demands on surgical operators. Despite this, the emotional dynamics of surgery have yet to be fully explored. This panel seeks to understand how emotions have shaped the experience and practice of surgery in both civil and military spheres from 1800 to the present day and explores such feelings as compassion, sympathy, fortitude and nostalgia.

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| Friday 30 August Panel 9a 10:15 – 11:45 |

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| Fry Conference Room |
| **Surgery & Emotion**  Chair: Alison Moulds – University of Roehampton |

**Robert Liston: emotions, performance and the making of an ambivalent surgical icon**

Michael Brown

University of Roehampton

In 1912 Henry Wellcome commissioned Ernest Board to paint 26 images of important events from the history of science and medicine. One of these portrays Robert Liston performing the first operation carried out in Britain under inhalation anaesthesia at University College Hospital on 21 December 1846. That Wellcome should have chosen this event is testament to its mythic place in the history of British surgery. But if the value of that particular historical moment was, and remains, largely unquestioned, the identity of its key protagonist was, and sill is, less clear-cut. Though indelibly identified with the pioneering use of ether, Robert Liston is something of a liminal figure, standing at the threshold of this new age while never being truly a part of it. In large part this is due to the fact that he died of an aneurism of the aorta less than a year later, at the peak of his career. But it also derives from his rootedness in the operative cultures of the pre-anaesthetic era. Indeed, within the historiography he is often portrayed as the literal embodiment of the physical prowess, manual dexterity and, most especially, operative speed that came to prominence in the decades immediately before surgery’s transfiguration.

This paper considers Liston’s ambivalent historical identity, exposing the origins of much spurious Liston folklore. More than this, it considers how his contemporary identity was shaped by a range of complex factors, not least his representation within the medical press, his relationship to the factious cultures of medical reform and the bodily politics of Romantic surgical performance.

Keywords: Surgery; emotions; performance; politics; bodies

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| Friday 30 August Panel 9a 10:15 – 11:45 |

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| Fry Conference Room |
| **Surgery & Emotion**  Chair: Alison Moulds – University of Roehampton |

**Ideas of Surgical Fortitude among “Saxon” English and “Celtic” Scots, Irish and Welsh Troops, 1815-1914**

James Kennaway

University of Roehampton

This paper will examine the discussion of the powers of endurance of “Anglo-Saxon” English and “Celtic” Scots, Irish and Welsh “races” in military surgery between Waterloo and the First World War. Perhaps surprisingly, the sources make it clear that this was often a more pressing subject for British observers than categorising racial “others” in more overtly colonial contexts. James Young Simpson addressed the issue early in the history of anaesthesia, doubting that, “the Irish peasant, fed almost solely on potatoes, or the Scottish peasant fed almost solely upon oatmeal” was as likely to succumb in surgery as other people. The Irish in particular, with their associations with backwardness, Catholicism and potential disloyalty, were the subject of racial theories about their lack of fortitude under the knife. Highlanders were sometimes mixed up in this hostile context towards Celts, due to a great extent to Edinburgh racial theorists such as Robert Knox. However, the developing cult of the Highlander, which reached its apogee with the “Thin Red Line” in the Crimea, also ascribed almost superhuman fortitude to Highland regiments, generally ignoring the fact that fewer and fewer of their troops actually came from the Highlands. Looking at surgical literature and broader cultural attitudes reflected in newspapers, correspondence and memoirs, the paper will consider this often paradoxical debate in the context of developing racial and medical theories of the period.

Keywords: Anglo-Saxon; Celt; race; surgery; pain

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| Friday 30 August Panel 9a 10:15 – 11:45 |

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| Fry Conference Room |
| **Surgery & Emotion**  Chair: Alison Moulds – University of Roehampton |

**‘The Halcyon Days of Yore’: Nostalgia and the NHS**

Agnes Arnold-Forster

University of Roehampton

The 2012 Olympic Games Opening Ceremony mythologised the foundation of the NHS and used the health service as a symbol of British national identity. For many people in Britain, and particularly for those who work as healthcare professionals, the NHS evokes a range of strong emotions. This paper will explore one of those emotions – nostalgia – and focus on surgeons and their affective attachments to their working lives. For some, this emotional and nostalgic commitment to the NHS is a troubling obstacle to healthy critique and reform. Journalist Ian Birrell decried those who elevated doctors to ‘deities’, deemed our health service ‘sacrosanct’, and argued that those who possessed a ‘misty-eyed myopia’ about the NHS prevented ‘real reform’ (Birrell, 2012).

Some scholarly studies of nostalgia see the emotion in similar terms: as a ‘positively toned evocation of a lived past’ (Davis, 1979); ‘the latest opiate of the people’ (Gabriel, 1993); or to escape from the complexities of modernity (Furedi, 2003). However, this paper will use a small but growing literature on nostalgia in organisations to think and rethink the place of feelings in NHS workplaces, try to unpack the function of nostalgia, and historicise its presence. Drawing on oral history interviews with surgeons, alongside written source material, I want to suggest that we can see nostalgia not just as a rose-tinted vision of a static past that ignores the realities of the twenty-first-century world and workforce, but as a creative tool that could be deployed as part of a broad arsenal of reform.

Keywords**:** NHS; emotions; nostalgia; surgery

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| Friday 30 August Panel 9b 10:15 – 11:45 |

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| Bantock Room |
| **Medical Visions: Entanglements of sight and visualisation in modern medicine, c.1850-1950.**  Chair: Tracey Loughran – University of Essex |

The panel investigates multiplicities of sight and vision to consider the ways doctors, photographers and illustrators made sense of ill-health in different contexts. The papers in this panel examine different aspects of sight; its relation to the sense of touch, the impact of photographic innovations on it, and negotiations between artistic and medical visions. These case studies speak to the desire to fix and stabilise the patient or pathology through visualisation, while pointing out that the unexpected result of this was often to blur and disorientate. This panel reflects a growing interest in the history of medicine, and medical humanities more generally, in visual culture.

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| Friday 30 August Panel 9b 10:15 – 11:45 |

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| Bantock Room |
| **Medical Visions: Entanglements of sight and visualisation in modern medicine, c.1850-1950.**  Chair: Tracey Loughran – University of Essex |

**Photographic innovations and the many ways to look at patients**

Beatriz Pichel

De Montfort University

By the early twentieth century, medical publications were regularly illustrated and many hospitals and asylums had photographic and X-rays services. This presentation will provide an overview of how photography went from a marginal occupation to a mainstream practice in the French medical field. In particular, it will focus on how different institutions and medical specialties implemented photography in different ways. While prestigious institutions such as La Salpêtrière and the Collège de France gained public funding to open photographic laboratories, others hired photographers for particular jobs or simply purchased cameras for medical staff. These diverse approaches materialised in a heterogeneous production and a lack of universal photographic protocols. Photography multiplied, rather than standardised, the ways in which doctors looked at patients.

Far from hindering the development of medical photography, the diversity of photographic practices actually helped to consolidate it. At a time of photographic innovation, the medical field became a privileged field for photographic experimentation. The diversity of institutional approaches to photography, together with the different needs of medical specialisms such as psychiatry, pathology or surgery, meant that photographers could experiment with different technologies, from stereophotography to chronophotography and artificial lighting, and different approaches to the photographed subject. The application of photographic innovations to the medical field, therefore, problematized the sense of sight. It consolidated its power as a diagnostic tool at the same time that it challenged it, bringing to light the inherent multiplicity of points of view and what remained invisible to the naked eye.

Keywords: photography, France, nineteenth century, protocols

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| Friday 30 August Panel 9b 10:15 – 11:45 |

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| Bantock Room |
| **Medical Visions: Entanglements of sight and visualisation in modern medicine, c.1850-1950.**  Chair: Tracey Loughran – University of Essex |

**Sight and Touch: creating the asylum case book in the late-nineteenth century**

Katherine Rawling

University of Leeds

Many surviving asylum case books from the second half of the nineteenth century contain photographs of patients. These images are varied in style and content and had multiple uses in institutions, from recording a ‘true likeness’ of an inmate to providing a visualisation of particular symptoms or pathologies. In this way, photographs of patients played an important part in making sense of mental ill-health.

However, making, using and viewing patient photographs requires more than the engagement of sight alone. In this paper I move beyond an analysis of patient photographs as only ‘representations’ and focus on the materiality of case book photographs and their status as image-objects to consider the ways in which other senses like touch were involved in using and understanding patient photos. The photographs contained in the case books from institutions like Holloway Sanatorium, Surrey (c.1880-1910) were cut and shaped, reprinted and annotated, manipulated and arranged in experimental and varying ways. These processes required the engagement of sight and touch and highlights that taking and viewing photographs, whether for an album or medical case book, are embodied practices. By paying due attention to the role of touch as well as sight, and by viewing case books as photographic, as well as medical, records, we can consider asylum case books as creative and productive spaces, in which medical knowledge was produced and disseminated.

Keywords**:** photography, asylums, patients, case books, nineteenth century

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| Bantock Room |
| **Medical Visions: Entanglements of sight and visualisation in modern medicine, c.1850-1950.**  Chair: Tracey Loughran – University of Essex |

**Surgical sight/artistic eye: illustrating surgery in the mid-twentieth century**

Harriet Palfreyman

University of Manchester

This paper explores the creation of illustrations of surgical operations in mid-twentieth-century hospitals. In particular it focuses on the negotiations between surgeons and artists during the process of creating suitable illustrations. By this period medical artists and photographers were becoming increasingly professionalised with associations, specialist journals, and dedicated hospital departments all being established. Working practices were becoming formalised, but what was not explicitly discussed was the often complex, tacit process of translating the surgeon’s particular view of the operation into a drawing produced by an artist.

The paper largely focuses on medical artist, Dorothy Davison, and her working relationship with the neurosurgeon Geoffrey Jefferson in mid-twentieth-century Manchester. Davison’s archive contains numerous drawings, photographs and notes which offer clues as to the process of negotiation between herself and Jefferson, and between intermediary visualising technologies such as photography, that ensured the production of an illustration that satisfied both surgeon and artist. These negotiations, whether explicit or tacit, were key to rendering surgical sight as seen image. Key to this is an understanding of the entanglements of observation and sight, surgical and artistic practices and training, the mediating influence of visualising technologies, and the professional identities of surgeon and artist.

Keywords: drawing, photography, sight, surgery, art

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| Friday 30 August Panel 9c 10:15 – 11:45 |

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| Elgar Room |
| **Conceiving Conception**  Chair: Kaat Wils – KU Leven |

**Sensing nature. Medicine and the “natural regulation of conceptions” in state-socialist Poland (1970s-1980s)**

Agata Ignaciuk

University of Warsaw

Following the legalization of abortion in state-socialist Poland in 1956, the provision of contraceptives and counselling became a public health project. Female contraceptive methods (diaphragms and caps combined with spermicides and, from the late 1960s onwards, IUDs) were the instruments endorsed by doctors engaged with the project for avoiding undesired pregnancies and, by extension, terminations, which experts consistently framed as posing serious health risks for women. Despite this pivotal role in family planning, both the availability and quality of contraceptives were unreliable. This was particularly the case during the economic crisis in the second half of the 1970s, and was perhaps also fuelled by a shift in Party-State policy towards pronatalism, as authorities united with the Catholic hierarchy in lamenting declining birth rates. At the same time, the “natural regulation of conceptions”, based on self-observation and self-control and the foundation of religious medical discourse, began to permeate mainstream advice, often being presented as an alternative to the fluctuating contraceptive market. In this paper I analyse discussions relating to the “natural regulation of conceptions” in medical forums during the 1970s and 1980s, the last decades of state socialism in Poland. By focusing specifically on publications by the gynaecologist Włodzimierz Fijałkowski, one of the main proponents of this method to the Polish professional readership, I discuss ways in which the “natural regulation of conceptions” was presented as a scientific —rather than religious— system, one which empowered women to use their own senses and gain crucial knowledge about their bodies while encouraging men to control their sexual urges. I also argue that an important objective was to inject and strengthen anti-abortion ideology within the professional medical forums of Poland.

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| Elgar Room |
| **Conceiving Conception**  Chair: Kaat Wils – KU Leven |

**Making Savings: Prenatal screening for neural tube defects in the UK**

Vicky Long

Newcastle University

The discovery that elevated alpha-fetoprotein levels in maternal serum correlated with a higher likelihood that the fetus was affected by a neural tube defect prompted the Department of Health and Social Security to investigate the feasibility of establishing a nationwide prenatal screening programme in the 1970s. Its deliberations portrayed prenatal screening as a process to be evaluated methodically via a cost-benefit analysis, which had the potential to enable women to make rational choices about their pregnancies.

This narrative, which assumed unquestioningly that the interests of the state and pregnant women were seamlessly aligned, concealed the emotional burden raised by prenatal screening, which was imposed upon pregnant women and disability organisations. Charting the intersection of these developments with the rise of the disability rights movement, the growing involvement of voluntary sector bodies in health policy, and debates about medical authority and informed consent, the paper argues that economic imperatives connected the formulation of prenatal screening policy with protocols of neonatal care for babies with spina bifida. To understand why particular policies were adopted, and to explore the emotional ramifications of this, our analysis likewise needs to span these two fields.

Keywords: prenatal screening; neural tube defects; pregnant women; disability rights.

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| Elgar Room |
| **Conceiving Conception**  Chair: Kaat Wils – KU Leven |

**Making Sense of the 1967 Abortion Act: Medical decision-making at the boundary**

Gayle Davis

University of Edinburgh

Abortion resides at the boundary of the medical profession’s sphere of competence and authority. With, until recently, its direct contravention of the Hippocratic Oath, a sharp contrast arguably endures between the expectation for doctors to preserve life and the destructive implications of abortion. Beyond the actual performance of the procedure – particularly where abortion is a surgical operation – it can be questioned whether the medical profession has any special competence to justify their involvement. Yet the 1967 Abortion Act, one of the oldest extant pieces of statute to govern British medical practice, placed not just the procedure but the decision-making process firmly under medical control. A leitmotif of debate was the expectation that the (often implicitly male) medical profession could make a rational, impartial decision, in marked contrast to the pregnant woman herself. This paper will examine abortion decision-making since 1967 as a case study in the changing and contested landscape of medical authority.

Two registered medical practitioners – regardless of specialty or experience – were required to certify that appropriate indications existed. Yet, given the lack of direct training and (deliberately) imprecise wording of the legislation, how doctors made sense of the Act was influenced strongly by their personal moral stance. Built on a premise of non-interference with clinical freedom, the only real constraint imposed upon them was that they form their opinion ‘in good faith’. The paper will unpack this concept and chart its evolution, particularly where it featured in legal trials. The clinical practice deemed necessary to demonstrate a ‘good faith opinion’ in the 1970s, when an abortion referral interview might cover a woman’s dreams, sporting injuries, and history of bed-wetting as a child, would by the twenty-first century seem inappropriately intrusive and unnecessary, reflecting broader changes in professional practice, patient autonomy and women’s rights.

Keywords**:** abortion, medical authority, rationality, faith

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| Friday 30 August Panel 9d 10:15 – 11:45 |

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| Corelli Room |
| **Making Sense of Travelling Knowledge: Circulation, Communication and Translation of Medical Knowledge across Professional, National and Ethnic Borders**  Chair: Nils Hansson – University of Dusseldorf |

This session focuses on the circulation, communication and translation of medical knowledge at the turn of the 20th century. The aim is to provide new insights into changing scientific communities and scope of praxis from a Scandinavian perspective and raise new questions about travelling knowledge in the Baltic Sea region and beyond.

The session consists of three papers; a conceptual introduction about current historiographical trends around travelling medical knowledge and ways of communication, and two in-depth case studies that trace how ideas spread westward over the Atlantic Ocean and across disciplines. One deals with what later became known as osteopathy/chiropractic and the other with midwifery/obstetrics. In a novel way these examples demonstrate how professional, national and ethnic borders affect circulation of medical knowledge even to the extent that their respective histories can be obscured from posterity.

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| Corelli Room |
| **Making Sense of Travelling Knowledge: Circulation, Communication and Translation of Medical Knowledge across Professional, National and Ethnic Borders**  Chair: Nils Hansson – University of Dusseldorf |

**Travelling medical knowledge and communication: perspectives and open research questions**

Nils Hansson

University of Dusseldorf

During recent years, “travelling knowledge” has attracted broad scholarly interest. The “spatial turn”, the “cultural turn”, debates about “circulating knowledge” and styles of science have fostered research programs about “travelling knowledge” across, for instance, the Baltic Sea or the Atlantic Ocean. In the field of medical history, a growing number of studies show and contrast how, e.g. in port cities, local strategies for dealing with health threats or implementing new treatments were modified due to national or global influences. Several approaches have been combined to shed light on “space” as a category of analysis, which have challenged the traditional medical historiography of nation-states. The first part of this presentation provides an overview of current definitions, methods and research questions with regards to the concept of “travelling medical knowledge” and communication in the Baltic Sea region. Drawing on a large-scale language analysis in major Scandinavian medical journals, medical dissertations and textbooks, the second part of the talk will reconstruct scientific language trends (German versus English) among Scandinavian physicians during the first half of the 20th century. It takes a closer look at how political and social factors influenced how researchers in northern Europe communicated with each other.

Keywords: travelling knowledge, Baltic Sea Region, circulation of knowledge, scientific language, communication

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| Corelli Room |
| **Making Sense of Travelling Knowledge: Circulation, Communication and Translation of Medical Knowledge across Professional, National and Ethnic Borders**  Chair: Nils Hansson – University of Dusseldorf |

**The hidden European origins of osteopathy and chiropractic – migrating medical knowledge and the birth of new concepts and professional histories**

Anders Ottosson

University of Gothenburg

The current understanding is that osteopathy's and chiropractic's bio-medically weird spine centered etiologies, are pieces of “Americana” with not real counterpart in late 19th century European medical discourse. This paper shows that this is not the case. Osteopathy and chiropractic have a clear European prototype personalized in a London based Swedish physiotherapist that was a prominent figure in a now forgotten and even hidden discourse of mechanical medicine permeating Europe as well as North America.

Osteopathy (1874) and chiropractic (1895) have been ridiculed by physicians and marvelled on by scholars in the history of medicine for their curious mono-causal etiological doctrines, which were totally add odds with bacteriology especially. To osteopaths and chiropractors diseases were an effect of dislocated joints (in the spine mainly). Both systems were also marketed as something completely new and that they were based on science.

Argued for is that this prototype of osteopathy and chiropractic has eluded scholars because he has been eradicated from different professional histories on both sides of the Atlantic. On one hand American osteopaths and chiropractors gave him the “silent treatment” in their respective professional narratives since his seniority threatened their claimed status as scientific inventors, and on the other by English orthopaedists no longer wanting to be recognized as trustees of his "Swedish" therapeutic layman heritage. Hence, did osteopaths, chiropractors, and orthopaedists in retrospect successfully blur the past for professional gain in the present.

Keywords: osteopathy, chiropractic, professional conflicts, conceptual history, circulation of knowledge

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| Corelli Room |
| **Making Sense of Travelling Knowledge: Circulation, Communication and Translation of Medical Knowledge across Professional, National and Ethnic Borders**  Chair: Nils Hansson – University of Dusseldorf |

**Ethnic and professional clashes: Migrating midwifery cultures and obstetrics in late 19th century Chicago**

Ulrika Lagerlöf Nilsson

University of Gothenburg

Despite his role as founder of one of the first midwifery schools in the USA, Swedish physician Sven Windrow (1853–1937), has largely eluded historical attention. Opening in Chicago in 1889, the school sought to duplicate the Swedish midwifery training program to cater to the late 19th century wave of Swedish immigrants to the city. The school intended to train Swedish women to deliver babies within their own communities, but what ensued was a power struggle between Chicago’s American physicians over scope of practice. This paper investigates the points of contention, such as Swedish midwives use of instruments, as a window into understanding the transnational circulation of obstetrical traditions during a period of significant immigration. Could the lack of historical recognition regarding Dr Windrow’s school be a consequence of him advocating for a midwifery training incompatible with the professional goals set by North American obstetricians? By comparing information from for example archives (in Chicago and Sweden), letters and articles from newspapers it is possible to find answers to this question. On a general level an analysis of the Swedish midwifery school can deepen our insights about midwifery’s position in the emergent U.S. health care system. On one hand such a study brings new perspectives regarding the role that immigrant communities played in the establishment of Progressive-era health care systems and services, on the other how these communities both challenged and (re)installed gender roles in the medical marketplace.

Keywords: Midwifery training, obstetrical traditions, professionalization process, gender roles, circulation of knowledge

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| Lodge Room |
| **Politics of Vaccination: Translating Medical Ideas and Emergencies into Practices**  Chair: Dora Vargha – University of Exeter |

Immunisation is among the most researched historiographical topics of recent times. Works such as those by Gareth Millward, *Vaccinating Britain: Mass Vaccination and the Public since the Second World War* (Manchester: Manchester University Press, 2019); Michael Dwyer, *Strangling Angel: Diphtheria and Childhood Immunization in Ireland* (Liverpool: Liverpool University Press, 2018); Dora Vargha, *Polio Across the Iron Curtain: Hungary’s Cold War with an Epidemic* (Cambridge: Cambridge University Press, 2018); Stuart Blume, *Immunization: How Vaccines Became Controversial* (London: Reaktion Books, 2017) or Christine Holmberg, Stuart Blume and Paul Greenough, *The Politics of Vaccination: A Global History* (Manchester: Manchester University Press, 2017) are only a small sample.

However, there is still a lack of comparative studies among countries and diseases. This panel deals with the politics of vaccination in the nineteenth and twentieth century and around the world. In this panel, scholars from across the globe will provide a comparative overview of vaccination policies at different times, in widely different places and under different types of political regime. Contributors will analyse and explore vaccination in relation to state power and relationships between vaccination policies and vaccine-making, as well as the role played by international agencies, such as the WHO. Contributions will unmask the idea of vaccination as a simple health technology and makes visible the complexities in which vaccination is embedded, as well as the circulation of health knowledge, practices, programmes and people in a transnational perspective. We consider that our panel would address the topic of the EAHMH conference: “Making sense of medicine and translating ideas into practice”.

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| Lodge Room |
| **Politics of Vaccination: Translating Medical Ideas and Emergencies into Practices**  Chair: Dora Vargha – University of Exeter |

**Smallpox vaccination in the German Empire: vaccination between bio politics and moral economy**

Axel C. Hüntelmann

Charité – University Medicine – Berlin

After a smallpox epidemic in Germany in the early 1870s in the wake of the Franco-German War, smallpox vaccination became compulsory by an imperial law in 1874. The law was controversially discussed in parliament and in the public and a former resistance against vaccination formed to a political anti-vaccination movement. For this reason, the German government took safety measures. Preliminary the paper sketches vaccination practices, regulation and politics in Germany around 1870 and the developments that led to the imperial law on compulsory smallpox vaccination. Thereafter, the paper summarizes the public debate and the critique regarding compulsory vaccination (for instance rumours about babies that died after vaccination) and describes the measurements that were implemented by the German government to promote compulsory vaccination: at first, smallpox vaccines were produced in state-run production sites, supervised by local authorities. Second, an empire-wide statistic had been installed documenting the success of vaccination as well as related side-effects. And, after an epidemic of encephalitis and meningitis during and in the aftermath of the First World War (and considered to be related with small pox and vaccination), research on small pox and virus research had been promoted by the Imperial Health Office and the Prussian Institute for Infectious Diseases. From the perspective of the government, the precautions could be interpreted as a technology of trust.

Key words:vaccination, smallpox, public health, medical statistics, bio politics

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| Lodge Room |
| **Politics of Vaccination: Translating Medical Ideas and Emergencies into Practices**  Chair: Dora Vargha – University of Exeter |

**The standardisation of vaccines against poliomyelitis and diphtheria, tetanus and pertussis in Spain through the collaboration with the WHO (1958-1975)1**

María-Isabel Porras; Victoria Caballero; Pedro-Luis Romera

University of Castilla-La Mancha

The admission of Spain as a member of the World Health Organisation (WHO) in 1951 was the starting point of a significant transformation in the way of addressing health problems by the Franco regime. This was mainly due to the need to follow the international recommendations of the WHO, as well as to the agency’s collaborative country-programmes with Spain that enabled the improvement and modernisation of our scientific and health services.

Old and new infectious diseases were, or became, prominent health problems in Spain after the Civil War, and immunisation was one of the key elements to control some of them, such as diphtheria, tetanus, pertussis and poliomyelitis. However, it was necessary not only to produce or acquire/buy standardised specific vaccines but also to standardise their administration.

Using several sources, this study will analyse the development of a Spanish polio vaccine from 1958 to 1961, according to the recommendations of the WHO Expert Committee on Poliomyelitis, and following the example of other European countries, as well as the introduction of the DTP vaccine in Spain in 1965, when the XVII World Health Assembly pointed out its efficacy and when the first successful mass polio immunisation was carried out in Spain. Our study will end in 1975, when Franco died and the first Spanish vaccination schedule was put into effect. Our intention is to show the logistical problems and the political, scientific and economic factors associated with both initiatives, as well as the role played by the WHO, and to explain why Spain refused to produce its own vaccine against poliomyelitis.

Keywords:vaccination, standardisation, poliomyelitis, diphtheria, tetanus, pertussis, public health, WHO, Spain

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| **Politics of Vaccination: Translating Medical Ideas and Emergencies into Practices**  Chair: Dora Vargha – University of Exeter |

**Confronting an emergency: the vaccination campaign against meningitis in Brazil (1974-75)**

Baptiste Baylac-Paouly

University of Claude Bernard Lyon

In 1974, Brazil was struck by a major epidemic of cerebrospinal meningitis mainly carried by the meningococcus A strain of the bacteria. Formerly, meningococcus A had been almost exclusively confined to Africa. Confronted with the rapid spread of this epidemic and its high mortality, the Brazilian government made the decision to vaccinate 80% of the country’s population as quickly as possible in order to stop the epidemic. At that time, the Institut Mérieux was the only organization in the world to have developed an effective vaccine against the disease, after 10 years of research on the African continent. The Institut Mérieux accepted the Brazilian government's request to produce and deliver 60 million doses of vaccine in less than a year.

I will present the history of the Brazil anti-meningitis programme, and more specifically the logistical problems associated with this unprecedented vaccination campaign. Around 90 million Brazilians were vaccinated in under a year. I will explain why the Brazilian government chose this vaccination strategy and how the Institut Mérieux succeeded in producing such a large quantity of vaccines in such a short time. To illuminate this episode, I will discuss some of the social, political and economic factors that made such a campaign possible. The analysis of this particular episode provides some more general lessons concerning emergency intervention in the case of any major public health problem.

Key words:vaccination, cerebrospinal meningitis, Institut Mérieux, Brazil, policymaking

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| Lodge Room |
| **Politics of Vaccination: Translating Medical Ideas and Emergencies into Practices**  Chair: Dora Vargha – University of Exeter |

**The introduction of the mumps vaccine in Spain**

Lourdes Mariño - National Health School-ISCIII, Spain)

María-José Báguena - University of Valencia)

Mumps, which had a high morbidity rate, and sometimes gave rise to serious complications such as meningoencephalitis, some degree of mortality and considerable public health costs, as reflected in the Spanish daily press, had an inactivated virus vaccine in 1948 in the United States. It was not very effective, and was replaced in 1967 by a live attenuated virus vaccine. Four years later, also in the US, it was included in the MMR vaccine, together with that of measles and rubella.

The paper studies the introduction of the attenuated vaccine in Spain that was mainly carried out by private medicine since, as far as we know, in the official vaccination clinics in the city of Barcelona it was applied from 1973 onwards only in the case of epidemics. At the official level its use was generalised from 1981, as part of the MMR vaccine. We analyse how in the case of epidemic outbreaks serum samples were studied against antigens of the virus causing the disease, in the Respiratory Virus Service of the National Centre of Virology and Sanitary Ecology. This Centre opened in 1968 with the technical assistance of the WHO through the Spain-25 program, that included research into respiratory viral diseases such as mumps. We also analyse the sero-epidemiological surveys carried out to determine the immune status of the population against mumps after its declaration as a Notifiable Disease in 1982, as well as studies showing the benefits of using the vaccine in relation to its cost.

Key words**:** vaccination, mumps, MMR vaccine, public health, WHO, Spain

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| **Politics of Vaccination: Translating Medical Ideas and Emergencies into Practices**  Chair: Dora Vargha – University of Exeter |

**Reasonable grounds? The delayed introduction of MMR vaccine in Denmark and the Netherlands, 1980-1990**

Anne Hagen Berg – University of Southern Denmark

Examining the introduction of four pediatric vaccines in the mid-20th century, Baker distinguished between US vaccine implementation, marked by a “current of urgency,” and the British, cautiously insisting on robust evidence for vaccine safety and efficacy. Recent historical research suggests that, in addition, structures of decision-making have also been important; that ’evidence’ for the efficacy of a vaccine was commonly open to varying interpretations; and that comparative analysis can help render policy makers’ ‘taken-for-granted’ assumptions visible.

This paper is based on analysis of the introduction of measles mumps rubella (MMR) vaccine in Denmark and the Netherlands. Though both countries are – and were- small welfare states with well-organized national immunization programmes (NIPs), both adopted MMR a full decade after its introduction in the USA. How and why did they delay? Decision-making in each country was significantly influenced by the political and ideological changes taking place in the 1980s, including a growing emphasis on costs and benefits. But it was also influenced by the *status quo ante* in each country, by institutional commitments, political processes and considerations, and by the significance attached to specific vaccines and specific diseases.

Today Baker’s distinction no longer holds. It is now commonly accepted in vaccine policy –itself embedded in the broader field of international (or global) public health - that new vaccines should be adopted as widely and as rapidly as possible. All diseases are regarded as equally worthy of prevention and (potentially) of eradication. Against this background we suggest older forms of decision-making merit reconsideration*.* Key words:MMR vaccination, vaccine introduction, institutional commitment, policymaking, evidence

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| Friday 30 August Panel 10a 12:00 – 13:30 |

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| Fry Conference Room |
| **Health Inside: Public Engagement and the Prison**  Chair: Catherine Cox – University College Dublin |

This panel session shares our experiences of creating and delivering a range of innovative public engagement activities developed in connection with our

Wellcome Trust Project ‘Prisoners, Medical Care and Entitlement to Health in

England and Ireland, 1850-2000’. It explores the processes involved in bringing our projects to fruition, in terms of research, collaboration, production, display and staging. We examine the challenges of working with multiple partners in the criminal justice, arts, policy and heritage sectors, as we sought to engage new groups and audiences, and how this work prompted us to ask new questions and develop new approaches as historical researchers.

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| Fry Conference Room |
| **Health Inside: Public Engagement and the Prison**  Chair: Catherine Cox – University College Dublin |

***Past Time*: Prison food, history and theatre**

Hilary Marland

University of Warwick

*Past Time*, a series of collaborative public engagement activities taking place in 2018-19, developed work with vulnerable adult male prisoners in HMP Hewell and HMP Stafford, in partnership with Rideout Theatre Company (Creative Arts for Rehabilitation). This presentation explores the processes of selecting and drawing on historical research materials on prison diet and nutrition in prisons – a vital aspect of prison life and wellbeing. The men became creative researchers, as they investigated changing approaches to food and health in prison over the last 150 years, comparing that with their own experiences. The workshops culminated in theatrical performances devised in collaboration with the men, which incorporated experiments with historical prison recipes, enabling audiences to ‘taste’ historical prison food. The process prompted exploration of issues such as deception, adulteration and entitlement to food, and the role of the prison medical officer as mediator between diet, the maintenance of health and fitness to labour. *Past Time* was subsequently displayed at Tate Modern (Tate Exchange) as part of an intervention on ‘The Production of Truth, Justice and History’, and has since been developed as a toolkit for use in a variety of criminal justice settings and schools. The presentation explores how this project has offered the opportunity to use our historical materials in new ways, working with groups who continue to experience and live aspects of the themes of our historical inquiries, and also to reflect on and rethink our practices as historians.

Keywords: prison diet; health; mental wellbeing; collaboration; theatre

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| Fry Conference Room |
| **Health Inside: Public Engagement and the Prison**  Chair: Catherine Cox – University College Dublin |

***On the Inside*: Connecting past and present testimonies of Mothers in prison**

Rachel Bennett

University of Warwick

*On the Inside* is a piece of theatre of testimony exploring past and present experiences of mothers in prison. Created in collaboration with Geese Theatre

Company and the women of HMP Peterborough, it forms one of our major projects exploring how the arts and humanities can be used to improve the health and wellbeing of people in prison. In creating the piece, we held a series of workshops in HMP Peterborough between May-July 2018 wherein we worked with archival materials and images to explore the historical past of an issue that continues to face the criminal justice system today, namely the imprisonment of mothers. Using history in this way prompted the women to reflect upon their own experiences of having their babies in prison with them and of leaving behind children on the outside and illuminated powerful contemporary resonances and the endurance of certain issues. This presentation highlights the challenges of working with a vulnerable population in this way, particularly being mindful of the potential emotional impact of the materials we took into the prison. It reflects upon the benefits of working with Geese and playwright Helena Enright to explore historic research through the medium of the theatre of testimony. It also addresses the question of balancing historical accuracy with innovation and creativity, and the desire to ensure the omnipresence of the voices of the women we worked with throughout the piece.

Keywords: motherhood; theatre of testimony; health; wellbeing; creative partnership

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| Fry Conference Room |
| **Health Inside: Public Engagement and the Prison**  Chair: Catherine Cox – University College Dublin |

***The Trial*: Talking about history and creating our stories**

Catherine Cox

University College Dublin

In April 2018, *The Trial,* a multi-screen visual arts installation on healthcare and human rights in Irish prisons, opened at Kilmainham Gaol Museum, one of Europe’s busiest heritage sites. Directed and produced by visual artist, Sinead McCann, *The Trial* was a collaborative sensory artwork. Its creation involved multiple partners, including historians, an actor, a poet, and men recently released from prisons. This paper offers an account, from a historian’s viewpoint, of the process, which entailed an initial selection of a range of stimulating primary sources to prompt the men’s interest and elicit their commitment, followed by a more fine-grained selection of material that responded to the men’s prison experiences and their reaction to the historical material. Working with historians and artists, the men emerged from the workshops as co-creators and co-authors of a script and artwork exploring over 100 years of juvenile incarceration, mental health in prison, self-harm and psychiatric incarceration.

The paper explores the strengths and weaknesses of integrating historical research in the project, and interrogates the ways in which the twelve-month process prompted changes in the creative practices of those involved, especially historians. Why might historians participate in forms of public engagement activities that decentre them as primary authors and experts, and are not principally concerned with history telling? Drawing on the testimony of the exoffenders and the visual artist, it demonstrates how such projects offer new ways of communicating history to different audiences and also asks whether studying the past changed the men’s responses to their prison experiences.

Keywords:collaboration; visual artist; engaged history; healthcare

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| Fry Conference Room |
| **Health Inside: Public Engagement and the Prison**  Chair: Catherine Cox – University College Dublin |

***Living Inside*: Adapting activist tactics to the exhibition space**

Oisín Wall

University College Dublin

*Living Inside: Six voices from the history of Irish prison reform* is an exhibition at the Kilmainham Gaol Museum, Dublin (9 February – 19 May 2019). It explores the history of health, protest, and reform in Irish prisons between the 1970s and 2000s. This paper examines some of the challenges of curating this exhibition and the effect that it had on its anticipated 25-30,000 person audience.

In the 1970s the Prisoners’ Rights Organisation used individuals’ stories to highlight the collective suffering of non-political prisoners in Ireland. They attempted to use these stories to challenge the dehumanising anonymity of the prison. *Living Inside* intentionally adapted this tactic, retelling some of the PRO’s stories, while also updating the repertoire to include recent cases as well as the perspectives of activists on the outside, prison officers, and teachers. Although the exhibitions’ narratives are less partisan and adversarial than the PRO’s, the intention is similar; to humanise, for visitors, those involved in the prison system by putting real names, faces, and experiences to complex systemic problems.

Adopting this tactic in the context of the historically secretive prison system brings serious challenges. How do we identify individuals’ stories? What are the ethical implications of using them in this public context? How do we find material to represent them? This paper explores the challenges of curating an exhibition like this. Drawing on the detailed data and feedback collated during the exhibition It also evaluates the effectiveness of the approach on both national and international audiences.

Keywords:Exhibition; activism; prisoners; visitor experience

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| Friday 30 August Panel 10b 12:00 – 13:30 |

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| Bantock Room |
| **Sensing Hospitals Part Deux**  **Senses and the Modern British Hospital**  Chair: Michael Brown – University of Roehampton |

This panel will explore sensory histories of the modern British hospital, from the eighteenth century to the present day. The hospital provides a productive site for exploring important themes in sensory history, and the panels address a range of the topics proposed in the call for papers: from natural environments to technologies; from people to materials; from bodies to emotions; and from sensory overload to sensory deprivation. The papers are bound together by a shared interest in the changing role of the senses – and sensory relations – in the making of un/healthy healthcare environments. To address this question, they bring together approaches from architectural history, semiotics, medical geography and cultural history. Together, the two panels will not only show changes to different aspects of modern British hospital sensescapes, but will also ask questions about *how* we do sensory histories of space and place.

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| Bantock Room |
| **Sensing Hospitals Part Deux**  **Senses and the Modern British Hospital**  Chair: Michael Brown – University of Roehampton |

**‘“Their Songs will Rejoice Many Weak Hearts”: Birds and the therapeutic hospital environment’**

Clare Hickman

University of Chester

This paper will explore the impact of birds, and in particular bird song, on the sensory hospital experience of patients in the past. In 1785, German garden writer Hirschfeld included bird song as a vital element in his description of a multi-sensory therapeutic landscape: ‘Noisy brooks could run through flowery fields, and merry waterfalls could reach your ear through shady shrubbery. Many plants with fortifying fragrances could be grouped together. Numerous songbirds will be attracted by the shade, peace, and freedom. And their songs will rejoice many weak hearts.’[1] Birds, whether brought into gardens or wards for patient interaction, or wild birds as described by Hirschfeld that made their homes in hedges and trees across hospital estates were common features of hospitals, asylums and sanatoria. In this paper, examples will be analysed from nineteenth century asylums where pheasants, seagulls, peacocks and caged song birds were brought in an attempt to increase benevolent feelings and cheerful thoughts amongst the patients, as well as the experience of children in twentieth century TB sanatoria, where domesticated and wild birds feature in oral history accounts. By considering the role of nature in the co-production of the sensorial environment, this paper aims to extend our understanding of the myriad ways in which nature formed and transformed the patient experience.

[1] Christian Cay Lorenz Hirschfeld, 1785, quoted in Nancy Gerlach-Spriggs, Richard Enoch Kaufman and Sam Bass Warner Jr., *Restorative Gardens: The Healing Landscape*, (New Haven; London, Yale University Press, 1998), p. 18.

Keywords: bird song; gardens; hospitals; sensory; nature

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| Bantock Room |
| **Sensing Hospitals Part Deux**  **Senses and the Modern British Hospital**  Chair: Michael Brown – University of Roehampton |

**‘Senses and Spaces of Surgery: The operating theatre in early twentieth-century surgery’**

Agnes Arnold-Forster

University of Roehampton

This paper will explore the hospital administrators’ and clinical professionals’ efforts to make and maintain a standard sensory environment in the modern British operating room. Based on research into medical and administrative journals from the first half of the twentieth century, I will argue that temperature, touch, smell, sight, and sound were crucial components in the construction of the ideal space for surgery. Moreover, these sensory requirements were integrated into an aesthetic, hygienic, and emotional vision of the hospitals’ relationship with modernity. An article in the administrative journal *The Hospital* lamented in 1930 that, ‘Even in these modern days we are still searching for the perfect floor, one that is hard-waring, smooth without being slippery, quiet, sanitary, non-absorbent, resilient, of pleasant appearance, relatively inexpensive, and lastly, one that will not wear out hospital shoes in a fortnight’. [1]

This paper will also suggest that those who participated in these efforts understood their involvement as a consistent form of labour and maintenance, rather than just design. Indeed, while much has been written about the design and architecture of the modern hospital in the first half of the twentieth century, far less attention has been paid to those who made and maintained the modernist ideal. As one hospital administrator reflected, operating rooms, ‘have a well-deserved reputation for spotless cleanliness, but only those who are engaged in their daily administration realise fully the trouble and labour involved in maintaining that condition’. [2] Together, these two aspects reveal the busy and complex social and sensory landscape of the modern British hospital and its constituent departments and provide an alternative backdrop to the much-lauded visions of medical and surgical modernity in the early twentieth century.

[1] *The Hospital,* (November 1930) XXVI:11, 276.

[2] *The Hospital,* (December 1930) XXVI:12, 301.

Keywords: surgery; senses; labour; maintenance; hospital

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| Bantock Room |
| **Sensing Hospitals Part Deux**  **Senses and the Modern British Hospital**  Chair: Michael Brown – University of Roehampton |

**‘Maintaining the hospital: workers, matter and practices, past and present.’**

Emma Cheatle

University of Sheffield

This paper will examine some of the materials, practices and actors participating in the maintenance of hospitals inside and out.

Few historians of medicine speak of the maintenance work necessary to ‘take care’ of the fabric or interior worlds of hospital architecture. Histories of nursing inevitably touch these issues – nursing labour in the eighteenth and nineteenth centuries included cleaning, tidying and ordering wards. As WF Bynum points out, nurses have often been little more than hospital cleaners. Florence Nightingale had defined nursing responsibility as twofold: ‘first, nursing the environment in which the patient lay and, second, nursing the patient’ (Bynum and Porter, 1992: 1312). Well into the twentieth century it was nurses, then, who were expected to maintain the hospital by dusting spaces and cleaning equipment, as well as caring for the patients and performing the doctors’ medical requests. Where the hospital exterior would be built through subscriptions, and its fabric maintained similarly to a domestic building, the surrounding urban context was maintained in part by the ragpicker and, from the eighteenth century, by the increasingly successful trades of soil man and street cleaner. If (male) doctors maintained the body, exterior and interior, and nurses were the quotidian guardians of the secondary (inferior) interior spaces of the hospital, the exterior building fabric was a masculine domain. Maintenance then, in the past hospital, and in the increasingly differentiated modern one, demonstrates a variety of materials and actors, historically overlooked by humanities research. What also remains hidden are the social, gendered and racial structures that underpin maintenance.

In this paper I make encounters with buildings, their parts and materials (walls, windows, air conditioning units, toilets), and the matter (detritus, waste, pollution, smell and sound) they produce, imbibe and resist (Connor, 2010; Douglas, 1966). I follow a set of actors (the porter, the cleaner, the receptionist, the lift maintenance worker, the linen transporter and the administrator) through three hospitals to uncover their subjectivities, positionality and the regulations that underpin them.

Keywords: maintenance, buildings, waste, practices, cleaner

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| Friday 30 August Panel 10c 12:00 – 13:30 |

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| Elgar Room |
| **Cancelled, panels moved elsewhere** |

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| Friday 30 August Panel 10d 12:00 – 13:30 |

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| Corelli Room |
| **Making Sense of Infertility – Patients, Gynaecologists, and Changing Strategies at the End of the 19th Century**  Chair: Kaat Wils - KU Leuven |

**Making sense of infertility – patients, gynaecologists, and changing strategies at the end of the 19th century**

Marina Hilber

University of Innsbruck

In 1892 the Austrian gynaecologist Ludwig Kleinwächter (1839–1906) published an article in the broadly received *Wiener Medizinische Presse* (Vienna Medical Press), arguing that uterine surgery had developed in an alarming way since J. Marion Sims first introduced a method of treating infertility by surgically widening the cervix. According to Kleinwächter, surgical incisions were far too often used prematurely, without clear indication, causing more harm than good. After an aborted academic career as Professor of Gynaecology and Obstetrics at the Universities of Prague and Innsbruck, Ludwig Kleinwächter had moved to Chernovtsy in Bukovina, the easternmost province of the Habsburg monarchy, during the 1880s. There he ran a successful private gynaecological practice, providing specialised care for a predominantly Jewish clientele. 15 per cent of his patients consulted the gynaecologist because of fertility problems. Many of them had unsuccessfully undergone surgery before.

On the basis of Kleinwächter’s published case histories this paper wants to scrutinise common 19th century perceptions of ‘sterility’. On the one hand, Kleinwächter’s critique of the established system shall be put into a science historical and epistemological context. What exactly did he criticise and which alternative therapeutic or surgical measures did Kleinwächter promote? On the other hand, the patient’s view comes into play when reconstructing their strategies in coping with fertility issues. An intersectional analysis of gender, social as well as ethnical and religious background compliments the multidimensional approach.

Keywords**:** Gynaecology, Infertility, 19th century, Habsburg monarchy, private practice.

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| Friday 30 August Panel 10d 12:00 – 13:30 |

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| Corelli Room |
| **Making Sense of Infertility – Patients, Gynaecologists, and Changing Strategies at the End of the 19th Century**  Chair: Kaat Wils - KU Leuven |

**Making sense of donor insemination**

Tinne Claes

KU Leuven

In the 1970s, artificial insemination with donor (A.I.D.) stirred a lot of controversy in Belgium, a largely Catholic country. As the treatment was commonly considered as a kind of “medically facilitated adultery”, the question rose what kind of couples chose to build their families with A.I.D. Research was done on their personality characteristics and on the dynamics of their relationships.

This paper scrutinizes this kind of research with special attention for the interpretation of non-verbal communication. Psychological assessments (which often determined if couples could proceed with treatment or not) were not only based on in-depth interviews. As it was feared that couples, especially women, would lie to improve their chances, a lot of attention was paid to body language. A few researchers even turned to more “objective” tests, such as the Rorschach test. In these instances, candidates for A.I.D. had to prove their sanity by interpreting inkblots.

I will argue that, even though the interpretation of non-verbal signs was supposed to render psychological tests more objective, the opposite was true. Precisely the analysis of what couples *did not say* was heavily influenced by stereotypes of masculinity and femininity and by prevailing standards on what considered good parenting.

Keywords: donor insemination, psychology, non-verbal communication, gender, infertility

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| Friday 30 August Panel 10d 12:00 – 13:30 |

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| Corelli Room |
| **Making Sense of Infertility – Patients, Gynaecologists, and Changing Strategies at the End of the 19th Century**  Chair: Kaat Wils - KU Leuven |

**From fertility awareness to infertility consciousness: the emergence of infertility awareness movement in Britain in late 1970s-80s.**

Yuliya Hilevych

University of Cambridge

“Have you got children?” is the opening sentences of the book ‘Unfocused grief’ (1977) written by Peter and Diane Houghton, the cofounders of the National Organisation of the Childless (NAC) (1976) in Birmingham. NAC was the first organisation, similar to its American counterpart – the National Organisation for Non-Parents, that wanted to ‘focus awareness on the need for improved medical treatment of infertility, for better adoption and fostering services and for an acceptance of the childless in the society’. Emerged just before the invention of in-vitro fertilisation in 1978, the role of NAC became crucial through the 1980s in lobbying for the rights of infertile couples, most notably the provision of infertility counselling. Based on the materials published by the organisation and interviews with its members, in this talk I will discuss on what premises did this organisation emerge, what it pledged for, and what kind of awareness about infertility did it popularise. Several members of this organisations also wrote handbooks specifically on infertility, which I also analyse in this study. The main intervention of this talk is to show how similarly to the family planning movement of the early 20th century, whose role was instrumental for the emergence of fertility awareness, the NAC could be seen as instrumental for the emergence of infertility consciousness in the later decades of the 20th century.

Keywords: infertility, infertility activism, fertility awareness, National Organisation of the Childless, Britain.

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| Friday 30 August Round Table Presentation 13:30 – 14:15 |

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| Elgar Room |
| **Public Engagement in the History of Medicine**  Chair: Hilary Marland – University of Warwick |

Agnes Arnold-Forster - Queen Mary University of London

Alison Moulds - University of Roehampton & University of Oxford

Sophie Greenway - University of Warwick

In recent years public engagement has become a key feature of the Medical Humanities in Britain. This trend has emerged against a background of increasing pressures and expectations from the Research Excellence Framework and Impact criteria. Many medical historians have been supported through these changing times by the presence of the Wellcome Trust, which has encouraged us to see public engagement as a tool for creative research, rather than a box to tick.

The EAHMH conference provides the opportunity to reflect on our experiences in Britain, and to seek an exchange of ideas with our European colleagues. We propose a roundtable format which will enable the three speakers to outline their experiences and perspectives, and will allow plenty of time for discussion of questions such as:

* What is an ‘engaged researcher’? What are the benefits and challenges of working in this way?
* Can public engagement be mutually beneficial for researcher and publics?
* Which publics should we be seeking to engage with and how do we go about doing this?
* How could collective experience be channelled into improving training for PhDs and ECRs?
* How do colleagues develop and plan projects? What changes could be made to ways of working to increase effectiveness and enhance outcomes?
* How valuable is the ‘hybrid academic’ role, a job description becoming more common for ECRs in Britain?
* How far is public engagement encouraged in all our different countries, and do colleagues want to do more to promote it?
* Can public engagement lead to more opportunities in terms of careers within and outside academia?

There will be opportunities for attendees to contribute, both to discussion and through note making, with the aim of producing a report to share on the EAHMH website and/or in the SSHM gazette.

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| Friday 30 August Keynote 14:15 – 15:15 |

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| Fry Conference Room |
| **Keynote Speaker - Virchow Lecture**  Vanessa Heggie – University of Birmingham  Introduced by: Jonathan Reinarz – University of Birmingham |

**Seminar title: “Not in public: the challenges of writing women and gender into the (public) history of bio-medicine”**



Vanessa Heggie is a University Research Fellow.   
  
Vanessa is a historian of modern science and medicine, with a particular interest in the history of nineteenth and twentieth century health and life sciences. She has published a book on the history of sports medicine, and over a dozen papers on a range of topics from Victorian nursing and public health, to the science of mountaineering. Vanessa is currently working on the history of physiology and scientific exploration.  
  
She has been awarded a range of grants and awards, including a Mellon Teaching Fellowship, and grants from the Isaac Newton Trust and the Wellcome Trust.   
  
She is also the co-author of The H-Word, a blog about the history of science hosted by the Guardian.

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| Friday 30 August EAHMH Closing Remarks 15:15 – 15:45 |

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| Fry Conference Room |
| **Jonathan Reinarz**  **General Assembly of the EAHMH – Election of next President, topic and place of next meeting.**  **Closing Remarks** |

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| Friday 30 August EAHMH Board Meeting 15:45 – 16:15 |

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| Elgar Room |
| **EAHMH New Scientific Board Meeting** |

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| Friday 30 August Canal Boat Trip 16:45 – 18:00 |

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| Canal from the Vale |
| **Canal Boat trip from the Vale to Birmingham Gas Street Basin** |



Birmingham Gas Street Basin showing “The Cube” (Marco Pierre White Restaurant on top floor)

1. J. V. Pickstone, *Medicine and Industrial Society: a history of hospital development in Manchester and its regions 1752-1946*, Manchester, 1985, 156-73. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)