

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 FoundationIntroduced 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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| **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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**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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**‘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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**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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**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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**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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**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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**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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| 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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**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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**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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**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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| Friday 30 August Panel 9e 10:15 – 11:45 |

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

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| Lodge Room |
| **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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| 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 |

***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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| 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 |

***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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| 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 |

***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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| 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 |

***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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| 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 |

**‘“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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| 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 |

**‘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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| 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 |

**‘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 BirminghamIntroduced 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)