

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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**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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**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,[[1]](#footnote-1) 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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**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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| 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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**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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| 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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| **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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| **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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| **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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| **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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| **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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| Thursday 29 August Panel 6b 12:00 – 13:30 |

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

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

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

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

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

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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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| 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 |

**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 |

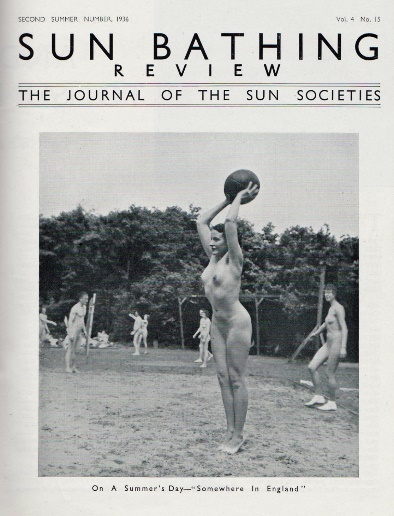
**Touch, retouch: the art of twentieth-century British naturism**

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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| 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 |

**‘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

1. [↑](#footnote-ref-1)