

University of Birmingham – Edgbaston Park Hotel and Conference Centre

Wednesday 28 August

Registration

Keynote Lecture and

Panels 1a – 4e

Conference Centre Floor Plan of conference rooms



Lift

Bar

Breakout

Rooms

Stairs

Restaurant

Fry Conference Room

Lift

Entrance and Reception

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

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

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

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

Associate in the Department of Philosophy

Interim Director in the Centre for Visual Arts and Culture

Member of the Institute of Medieval and Early Modern Studies

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

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

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

Susann Holmberg\*

University of Oslo

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

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

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

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

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

James Grannell\*

University College Dublin

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

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

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

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

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

Iris Borowy

Shanghai University

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

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

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

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

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

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

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

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

Arnab Chakraborty\*

University of York

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

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

Keywords:healthcare, Madras, colonial India

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

Namrata R. Ganneri

University of York

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

Keywords: smallpox, India, vaccination

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

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

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

David Saunders\*

Queen Mary University of London

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

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

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

Geoffrey L. Hudson

Northern Ontario School of Medicine

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

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

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

Keywords: assistive devices, senses, disability, medicare

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

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

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

Leonardo Capanni\*

University of Parma/Pantheon-Sorbonne University

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

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

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

Keywords: synaesthesia, hallucination, association, localization, unconscious

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

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

Sophy Bergenheim\*

University of Helsinki

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

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

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

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

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

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

Polina Merkulova\*

University of Leeds

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

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

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

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

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

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

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

Catherine Beck

Institute of Historical Research

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

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

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

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

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

Willemijn Ruberg

Utrecht University

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

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

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

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

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

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

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

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

Kate Mahoney

University of Essex

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

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

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

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

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

Hannah Froom\*

University of Essex

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

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

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

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

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

Daisy Payling

University of Essex

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

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

Keywords: expertise, women, media, smell, emotion

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

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

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

Christopher Milnes

Tavistock Tutors, London

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

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

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

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

Keywords: Health, delusion, misperception, hope, euphoria

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

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

Cora Salkovskis\*

Birkbeck, University of London

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

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

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

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

Leander Diener

University of Zurich

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

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

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

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

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

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

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

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

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

Gemma Almond

Swansea University

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

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

blindness

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

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

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

Coreen McGuire\*

University of Bristol

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

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

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

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

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

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

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

Laura Sellers

Thackray Medical Museum

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

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

Keywords: Prisons, Asylums, criminality, neurology, insanity

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

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

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

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

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

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

Alex Bamji

University of Leeds

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

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

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

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

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

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

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

Marie-Louise Leonard

University of Leeds

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

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

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

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

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

Marina Inì\*

University of Cambridge

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

Keywords: architecture, contagion, quarantine, senses, space

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

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

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

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

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

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

Fabiola Creed\*

University of Warwick

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

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

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

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

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

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

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

Jessica Borge

University of Strasbourg

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

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

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

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

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

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

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

Cynthia L. Tang\*

McGill University

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

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

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

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

Louise Hide – Birkbeck, University of London

Tom Harrison – University of Birmingham

Sarah Marks – Birkbeck University of London

Jesper Vaczy Kragh – University of Copenhagen

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

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

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

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

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

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

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

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

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

Caroline Rusterholz

St Johns College, Cambridge

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

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

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

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

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

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

Hannah Elizabeth

London School of Hygiene and Tropical Medicine

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

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

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

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

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

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

George J. Severs\*

Selwyn College, University of Cambridge

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

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

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

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

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

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

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

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

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

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

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

Jesper Vaczy Kragh

University of Copenhagen

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

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

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

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

Petteri Pietikainen

University of Oulu

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

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

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

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

Eve Hyrkas\*

University of Oulu

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

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

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

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

Alessandra Quaranta

University of Trento

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

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

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

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

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

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

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

Laurinda Abreu

University of Évora

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

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

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

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

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

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

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

Alistair Ritch

University of Birmingham

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

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

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

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

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

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

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

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

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

Hillary Burgardt\*

Swansea University

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

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

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

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

**Speech, and the Challenges of Impairment**

Geraldine Gnych\*

Swansea University

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

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

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

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

Patricia Skinner

Swansea University

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

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

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

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

Lucie Bastiaens\*

Maastricht University

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

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

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

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

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

Jennie Junghans\*

European University Institute - Florence

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

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

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

Keywords: child psychiatry, treatment, medical practice

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

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

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

Joana Escamilla; Pilar de Castro; Pilar León-Sanz

University of Navarra

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

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

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

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

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

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

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

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

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

Jennifer Crane

University of Warwick

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

Keywords: gifted, experience, expertise, emotions, families

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

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

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

Michael Lambert

University of Liverpool

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

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

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

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

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

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

Gareth Millward

University of Warwick

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

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

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

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

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

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

Maarten Langhendries\*

KU Leuven

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

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

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

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

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

Reinout Vander Hulst\*

KU Leuven

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

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

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

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

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

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

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

Shane Ewen – Leeds Beckett University

Rebecca Wynter – University of Birmingham

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

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

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

Keywords: ambulance, burns, movement, first response

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

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

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

Jennifer Wallis

Imperial College London

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

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

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

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

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

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

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

Rosemary Cresswell

University of Hull

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

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

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

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

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

Michael Zeheter

University of Trier

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

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

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

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

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

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

Erin Bramwell\*

Lancaster University

Despite numerous exposés and attempts to regulate the trade, the patent medicine trade was worth between £20-28 million in 1937, which dwarfed the £2.5 million worth of drugs dispensed under the National Insurance scheme in 1935. There were numerous reasons for their popularity that ranged from distrust of the medical profession to consumers favouring standardised medicines. The manufacturing processes of companies like Beecham reveal insights into this popularity, particularly with regards to trust at a time when face-to-face contact with proprietors was increasingly absent. Indeed, certain processes enabled companies to convey notions of quality, efficacy, and purity via the visual and material qualities of their products.

Despite their continued relevance to the mixed economy of healthcare, historical studies of patent medicine manufacture in the early to mid-twentieth century are rare. The transition of raw materials into patent medicines is therefore often rendered invisible; however, it was a complex process that involved research laboratories, testing, and numerous different stages in factories. This paper will use a combination of sources from the Beecham Archive and the Mass Observation Archive to show how patent medicine manufacturers created multifaceted, standardised products in the twentieth century whose authenticity, quality, and purity was visually and materially verifiable. This will demonstrate how these manufacturers contributed to discussions in consumer and advertising culture about purity and efficacy, and how they sought to create a relationship of trust with consumers at a time when numerous different authorities and experts competed for the role of health advisor.

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

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

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

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

Carsten Timmermann

University of Manchester

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

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

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

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

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

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

Sarda Singh\*

Jawaharlal Nehru University

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

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

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

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

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

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

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

Janka Kovács\*

Eötvös Loránd University

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

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

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

1. J. V. Pickstone, *Medicine and Industrial Society: a history of hospital development in Manchester and its regions 1752-1946*, Manchester, 1985, 156-73. [↑](#footnote-ref-1)