

THE GAZETTE

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WELCOME TO THE GAZETTE

I hope you're all enjoying the summer. But this weather can create a breeding ground for any number of unwelcome microbes. This issue's cover star offers readers the perfect solution—Anios. Say goodbye to cholera and typhus with this odourless disinfectant.

Once you've finished giving those bugs what-for, you might wish to put your feet up with a new title from SSHM's book series. Luckily, MUP are offering society members a 30% discount on all SSHM books. Further details can be found on page 19.

It's been an eventful few months for history of medicine—we have a whopping nine reports from conferences around Europe and the UK, so please do take a look. And in case you're still looking for the ideal summer getaway, there are many exciting upcoming events in places like Edinburgh, Amsterdam, Baltimore, Helsinki and New York.

The Gazette has undergone a few more cosmetic changes. We've introduced a 'lonely hearts' column for lovelorn projects seeking academic companions (taking the form of postgraduates, postdocs or funding partners). If you know of any such lonely hearts, please get in touch for the November issue!

Anne Hanley, Editor

SSHMEETING REPORTS

GUT FEELING: DIGESTIVE HEALTH IN NINETEENTH-CENTURY CULTURE

This multi-disciplinary, international workshop was held at the University of Aberdeen on 26–27 May 2017 in association with the University's Centre for History and Philosophy of Science, Technology and Medicine. The twenty participants came from Australia, France, Norway the UK, and the US, and included postgraduate students, early- and mid-

career researchers, established scholars, and a range of medical practitioners and clinical researchers. There was no plenary lecture as the event aimed to foster a close-knit, collaborative environment in which an intellectually ambitious yet highly focused programme of talks could act as a springboard for further work on the topic. Five panels were held over the two days, examining digestion in relation to politics; medical history; emotions and spirituality; literature, and metaphor. Speakers focussed on digestive health in Australian, American, French, German, Italian and Norwegian history. Several key concepts ran through the papers, including the essential connections between body and mind; the complex relationships between civilization and health; and intersections between digestion and gender, identity, colonialism, political control, and ecology. Some of the issues discussed included the importance of distinguishing between literal and metaphorical digestion, and the problems which arise when the distinction is unclear; the negotiation between digestion and other cognate topics including hunger, consumption, and appetite; and the possibility of extending the inquiry into other directions including non-human digestion, post nineteenth-century perceptions, and digestion in eastern cultures. Delegate engagement was very high, and a network on this area of research will shortly be established. There was a strong sense that key forgotten concepts in the understanding of digestive health in this period could usefully be reconsidered by today's medical community, such as the focus on an interconnected body (demonstrated in diagnoses of 'neurasthenia gastrica'), or the strong emphasis on 'the balanced body' in bestselling health manuals. One of the aims of the network will be to articulate the valuable insights gained by studying the history of digestion and to engage in meaningful discussion with practitioners in this area including gastroenterologists and neuro-gastroenterologists. Plans are also currently underway to publish a volume of essays based on the conference papers. Funding for this event was gratefully received from the British Society for Literature and Science; the Society for the Study of French History; the Society for French Studies; the University of Aberdeen School of Language, Literature, Music and Visual Culture; the British

Society for the History of Science; and the British Academy.

- Manon Mathias, University of Aberdeen

GREEK MANUSCRIPTS AT THE WELLCOME LIBRARY: A SYMPOSIUM AND CONCERT

A fascinating collection of Greek manuscripts, safely stowed away in a wonderful library in the heart of London, has luckily not escaped the notice of inquisitive researchers. The scholarly value of the Greek collection as a whole emerged in 2015 when it received its first descriptive catalogue, published by Petros Bouras-Vallianatos (with contributions by Georgi Parpulov), while the importance of the material on an interpretative level was highlighted a few weeks ago (25 May 2017) at a stimulating symposium, which took place at the Wellcome Trust Headquarters in Euston Road. The event was meticulously organised by Petros Bouras-Vallianatos with the financial support of the Wellcome Library. The academic symposium brought together experts in medical history or Byzantine culture. They presented aspects of their research inspired by some intriguing examples of the collection's holdings, most of which have recently become freely available in digitised versions through the Wellcome Library's website.



The most distinctive feature of the Wellcome Greek codices is that they principally preserve medical texts dating from classical antiquity to the early modern period (with the main focus being on the Byzantine period), which cover a great array of specialised

topics. Proceedings began with attendees being treated to a talk on some of the most exciting and least known stories about Wellcome Greek manuscripts by someone whose name has rightly long been connected with the history of the collection, Vivian Nutton, Emeritus Professor of the History of Medicine at UCL. The first session concentrated on Greek diagnostic or prognostic manuals such as the Anonymous of Paris (preserved in MS.MSL.52b) dealing with acute and chronic diseases (Orly Lewis, Hebrew University of Jerusalem) or John Zacharias Aktouarios' *On urines* (MS.MSL.52, 60, 124) (Petros Bouras-Vallianatos, King's College London), with both speakers emphasising key aspects of the methodology and intellectual innovations of their respective medical authors. The next session turned to Byzantine and post-Byzantine medical works, bringing out some striking observations with regard to the shape and circulation of particular codices. The co-existence of medical, non-medical and magical material in MS.MSL.14 (Barbara Zipser, Royal Holloway) as well as the linguistic intricacies of MS.4103 (Marjolijn Janssen, Independent Researcher), containing a collection of *iatrosophia* written in vernacular Greek, stimulated thoughtful reactions from speakers and symposium participants, and made us give serious thought to the regional provenance of the texts, their intended audiences and even the agenda of some of the manuscripts' owners. The thematic diversity marking some of the collection's codices was dealt with in Session 3, which included papers on didactic poetry from sixteenth-century Constantinople in the light of MS.498 (Marc Lautermann, University of Oxford), the introduction of Jewish astronomy into Byzantine culture on the basis of Michael Chrysococces' fifteenth-century astronomical treatise, also in MS.498 (Anne Tihon, Université catholique de Louvain) and issues of religion, social classification and political struggle in the age of the Phanariots (mainly eighteenth century) through the illuminated eschatological prophecies of MS.413 (Georgi Parpulov, British Museum). Productive discussions arose from all the sessions, which were carefully chaired by experts in their respective fields: Ronit Yoeli-Tlalim (Goldsmiths), Dimitrios Skrekas (University of Oxford) and Peregrine Horden (Royal Holloway).

The symposium offered food for thought to a mixed academic audience in the hope of inspiring more sustained research on the treasures of the Greek collection, some of which we were fortunate enough to actually get our hands on during the showcase in the Library Viewing Room.

The second half of the event ('Singing Byzantine Medicine') was even more intellectually gratifying. An extremely well-rehearsed concert, directed by Dimitrios Skrekas (First Cantor in London) and attended by both specialists and interested members of the public, filled the Reading Room of the Wellcome Collection with thirteenth-century Byzantine medical hymns on uroscopy. We were able to make all the better sense of these, thanks to the English translations prepared by Petros Bouras-Vallianatos, with which we could follow the sung versions. The whole experience was transformative in that it presented experts and non-experts alike with an astonishing case-study of sung medicine, indeed the first modern live performance of Byzantine medical hymns. Yet it was also remarkable because it involved distinguished medical historians (Helen King and Dionysios Stathakopoulos), who after the concert presented brief provocations with a view to actually 'provoking' the audience by means of a lively group discussion on topics ranging from some of the most basic issues in Greek medicine (e.g. humoral bodily theory) through to its thorniest manifestations (e.g. the educational context of Byzantine medical canons or the connection between music and memory). For all of us who are (urged to be) engaged in the tricky path of public engagement as part of our academic agenda, this public activity should be a model of meaningful impact and of successful dissemination of scientific knowledge to non-academic audiences.

- Sophia Xenophontos, University of Glasgow

POSTGRADUATE MEDICAL HUMANITIES CONFERENCE

The Postgraduate Medical Humanities Conference took place at the University of Exeter on 29–30 June 2017. The conference is an annual event now in its

fourth consecutive year, organised by postgraduate students to showcase the diversity of contemporary medical humanities research. The most recent event was organised by Ellena Deeley and Ana Tomcic from the English Department and John Clews from the Department of History. As in previous years, our primary objective was to create a platform for an international community of researchers who think about medical issues in a socially informed context. Primarily aimed at postgraduate researchers and early career scholars, the PGMHC provides an ideal opportunity for researchers to share their work in a supportive, stimulating environment. This year the conference was attended by fifty three delegates from a range of disciplinary and national backgrounds. The speakers included academics from India, Turkey, Hungary, China, Sweden, USA, Canada, Australia and the UK specialising in medical history, social work, politics, international relations, literature, philosophy, education, film, performance, music and creative writing. The organising committee is thankful to the following institutions for their financial support: University of Exeter's Researcher Development Programme, Exeter Annual Fund, College of Humanities, Society for the Social History of Medicine and the Wellcome Trust-funded Centre for Medical History at the University of Exeter.

PGMHC's academic programme included fourteen panels on various subjects related to the medical humanities as well as three keynote lectures by Dr Ina Linge from the University of Exeter, Dr Victoria Bates from the University of Bristol and Hannah Morgan from Lancaster University. Dr Linge spoke about the department store as both a confining and liberating space for the staging of transsexual identity in Weimar Berlin. As may be anticipated, the ensuing discussion revolved around the relationship between medicine, sexual identity and the marketplace. Dr Bates criticized the binary division between medical technology as de-humanising and art and nature as humanising that seems to be emerging in hospital spaces today. Hannah Morgan, who specialises in disability studies, addressed not only the spatial, but also the temporal constraints that disabled people face in their working environment. This triggered a lively debate about the shortage of companies which

offer a flexible time-scale in order to provide for their employee's needs.

The variety and breath of the keynote lectures was reflected in the panel structure. A number of panels dealt with medical history, ranging from early modern medical encounters to the status of patients in Victorian asylums and the shifting narrative of psychiatric diagnosis over the past two centuries. Others focused on past and present representations of medical institutions in the arts and media. These addressed topics such as 'Literature and Madness in Nineteenth Century Britain', 'Representations of the Disabled Body in Theatre and Performance Art' and 'Contemporary Beauty Regimes: (T)anorexia in Literature and Culture'. The third group of papers centred on contemporary socio-medical and legal issues. 'Reproduction, Family Planning and Embryonic Research', 'Philosophical Perspectives on Patient Autonomy' and 'Lived Experiences of Disability, Chronic Illness and Social Stigma' were merely some of the panels that discussed the ways in which current socio-cultural norms influence medical research, patients' rights and the prevalent public perception of disability, physical and mental illness. Connected to these questions were the papers that engaged with the specific role that gender, sexuality, age or disability play in shaping the historical and modern medical field.

In addition, PGMHC offered a vivid programme of public engagement activities, including a performance of Arthur Schnitzler's Professor Bernhardi at Exeter Barnfield Theatre and a screening of Deborah Robinson's experimental film *Like a Signal Falling*. The abridged version of Schnitzler's 1912 play was originally the result of a collaboration between the London-based international theatre company Foreign Affairs and academics of the Schnitzler Digital Edition Project. It was last performed in the Anatomy Lecture Theatre in Cambridge as part of the Festival of Ideas in 2016. The performance was attended by most of the conference delegates and about sixty members of the public. Dr Nicole Robertson from Sheffield Hallam University introduced the audience to the life and work of Arthur Schnitzler and provided a brief outline of the play's organisers and production history. The

performance was followed by a Q & A session between the audience and members of the creative team (Trine Garrett, Foreign Affairs' artistic director, two actors and Professor W.E. Yates, a renowned Schnitzler expert). Many interesting questions came up during the discussion, such as the relationship between medicine and politics, the issue of patient rights, the role of the media in contemporary society as well as the conflict between professional interests and medical ethics. Several audience members noticed the conspicuous absence of the patient's voice in the play and wondered to what extent this reflected the current socio-medical situation.

Dr Robinson's short film *Like a Signal Falling* was produced for an AHRC-supported project titled 'Modernism, Medicine and the Embodied Mind: Disorders of the Self.' The film revolves around an unfinished sculpture of Virginia Woolf and explores the relationship between modernist art, affect and mental health. The screening was followed by a conversation between Deborah Robinson and Dr Laura Salisbury, which revolved around Dr Robinson's personal and creative motivations for conceiving a film about visual perception and mental health, biographical details from Virginia Woolf's life and the representation of emotional states on screen.

The interdisciplinary and international character of the conference offers delegates the chance to hear about cutting-edge research in their own field and to be introduced to new approaches they would not normally employ in their own discipline. All speakers are invited, though not obliged, to contribute to the Postgraduate Journal of Medical Humanities.

- Ana Tomcic, University of Exeter

HISTORIES OF HEALTHY AGEING

From 21–23 June 2017, the University of Groningen played host to the Histories of Healthy Ageing conference. Speakers and delegates came from across Europe, the US and Australia and a total of thirty-two papers were presented from a range of disciplines

across the medical humanities as well as practitioners of medicine.

The conference was developed as part of a wider project entitled *Vital Matters: Boerhaave's Chemicomedical Legacy and Dutch Enlightenment Culture* by the Dutch Research Council (NWO) of which Rina Knoeff, who was also the chair of the conference organisers, is principal investigator.

Long associated with a healthy environment Groningen was the perfect venue to play host to a conference on healthy ageing. In 1614, at the opening of the University of Groningen, Wiardus Meynardi and Ubbo Emmius noted that the town is '...pleasantly located, has healthy air, a mild abundance of all kinds of food, many possibilities for suitable housing and other such like things'. Today it is part of a region which the European Commission has given the highest possible score for policies relating to active and healthy ageing.

Structured around the six non-naturals—Airs, Waters & Places, Food & Drink, Sleeping & Waking, Exercise & Rest, Retention & Excretion, Passions of the Mind—the format for each strand was a keynote lecture followed by a panel session of two or three papers.

The papers primarily clustered around the Medieval and Early Modern periods although the conference included papers from the fifth century BC right up until the twentieth century with practitioner sessions exploring current and potential future medical practices. The range of sources utilised by those giving papers was particularly impressive, ranging from medical treatises to personal letters and diaries and art and material culture to name but a few.

As one might expect at a conference on healthy ageing many papers focused on the advice given to those whether in or entering old age. It was clear that throughout history that certain regimens including food and exercise had been recommended for old age. Irina Metzler's (Swansea) key note address explored some of the questions relating to whether ageing is seen as part of a natural process or a pathology and the boundaries between the two concepts. Although Dr Metzler focused on Medieval

Europe these questions are a concern of historians of any period. Other papers explored some social issues associated with old age including Megan Williams' (Groningen) paper which explored the relationship between old age, gout and Early Modern diplomacy.

However, the conference also showed that healthy ageing is not just something that those entering old age should concern themselves with but it is something that people at any stage of their lives could be interested in or concerned. Taking this back to birth Ruben Verwaal (Groningen) explored the importance of breast feeding in the eighteenth century.

Another theme which was discussed in several papers was the link being made to old age and infancy in the historical texts. This included William MacLehose (UCL) describing how bedwetting was linked to both young and old in the medieval period. While Irina Metzler noted that Isidore of Seville described how infancy and old age possess similar characteristics and Margery Kempe, in the fourteenth century, describing how she cared for her husband after a fall had left him in a childish state.

As a Classicist, the links being made throughout the conference back to the ancient medical texts particularly the Hippocratic texts were striking. For example, Rina Knoeff's opening lecture discussed the significance of the Hippocratic treatises Airs, Waters, Places and the emergence of new observational disciplines such as medical geography in the eighteenth century.

A practitioner panel from three medical professions from the University Medical Centre in Groningen brought us to the modern day and views on healthy ageing from current and future medical practice. These included the use of 3D technologies in improving orthopaedic care and some of the statistics of ageing in the modern world with projections of the cost of an ageing population for healthcare and society more generally.

In the closing remarks Jane MacNaughton (Durham) noted that a question which had not been raised was why healthy ageing was important? It struck me that it is easy to presume that people throughout history

have wanted to age healthily without properly questioning whether they did or their reasons for wanting to do so.

This conference showed that healthy ageing is a theme that can be found throughout history. Similarities exist between historical periods but differences as the way the body was viewed and understood changed overtime were also highlighted. Although many ideas and sources were discussed it also showed that we have only scratched the surface and potential for future research into this area is immense.

The conference also saw the opening a new exhibition *Gelukkig Gezond! Histories of Healthy Ageing*, also based around the six non-naturals, which will be displayed in the university museum until January 2018.

One of the questions posed at the beginning of the conference was 'Which is the most important non-natural?' By the end of the conference Sleep and Rest were winning the votes although as the conference organisers pointed out there might have been some bias at the end of an exhilarating but busy (and very hot) three days.

- Rebecca Fallas, Open University and University of Leeds

TRANSLATING MEDICINE IN THE PRE-MODERN WORLD: 1350–1800

This workshop on 7–8 July 2017 (following upon one of the same title held in Berlin in June) focused on materials, images, and text. The venue was an excellent choice: the Wellcome Trust Building and the Wellcome Collection in London made for elegant accommodations. They had ample room for the well-catered coffee breaks and lunches, as well as for the lectures themselves. Papers were held sequentially with no parallel sessions, each paper lasting twenty to thirty minutes, with thirty minutes or more at the end for discussion. The two days were used efficiently and

the programme of events was smooth and well-organized.

The major theme of the conference was 'cultural translation' qua *translatio* rather than linguistic translation of texts. A gestalt that emerged from the papers was transfers across boundaries, whether cultural, geographic, media, or language boundaries. The quality of the papers was, without exception, high. While papers focused on specific texts or manuscripts, individuals, and plants, each presentation clearly had an eye toward more holistic visions beyond their specific research topic. The conference as a whole was outward-looking, seeking to address big questions about the movement of knowledge and texts in the early modern period.

Some of the most compelling papers sought to problematize previously unexamined categories and processes; for instance, should we consider 'two Europes' for the early modern period, a North and a South? Or should we be even more particular, and seek 'many Europes' in individual regions and cities? Florike Egmond reminds us that in the early modern European paradigm, there was no strict division between food-plants generally and medicinal plants specifically: all had special properties that could be exploited for good health. Another important point was articulated by Emma Spary in her paper, in which she outlined the discontinuities and failures of exchange between naturalists ('bio-prospectors') who discovered plants of potential value and those individuals who were in a position to commodify and profit from those plants, specifically in France, 1670–1730. At first, plants circulated among networks of the curious; only later and under certain circumstances—personal profit and political power—were the plants exploited for commercial gain.

Ronit Yoeli-Talim presented a translation of the mythopoeic prologue of the Hebrew Book of Asaf, which describes the divine origins of medical knowledge in the Hebrew Bible: medicine is presented as a 'lost universal,' which had gone into decline because of human iniquity and recovered through translations of Greco-Arabic medicine. This syncretic narrative is not only relevant for our understanding of

the cultural moment in which the Book of Asaf was produced. Yoeli-Tlalim argues that the book derives from a Persian cultural milieu and translated into Hebrew via Syriac from the eighth to tenth centuries – but also relevant for the pervasive historiographical trend in History of Medicine, which conceives of ‘Western’ medicine as having developed directly from Greek origins, was ‘lost’ in the Medieval West, and ‘recovered’ through Arabic-language channels on the cusp of the renaissance. Thus, she calls attention to our own historiographical trends, both in the linear narrative of discovery, loss and recovery, as well as its Euro-centric bias.

The papers covered a wide geographical and cultural scope—from Mexico to Eastern Africa to China, from Germany to Italy and Spain, as well as Turkey, Persia, France, and South-east Asia. The final round-table emphasized the need to move away from Euro-centric narratives of cultural exchange and towards a broader understanding of networks, the lateral movement of knowledge and cultural practices, and an eye toward ‘unexpected or counter-intuitive geographies of difference’ (to borrow a nice turn of phrase from Hansun Hsiung). Truly, a strength of the conference was its attention to world-wide phenomena of movement and exchange through botanists, explorers, naturalists, Jesuits and other missionaries, as well as through texts, objects, and letters.

As a highlight of the conference, I would draw attention to the warm spirit of collegiality and encouragement, both in the discussions held after papers, and in the lunches, coffee breaks, and receptions. The participants made an effort to engage with new scholars and junior scholars, and I think the conference was particularly welcoming of graduate students. The organizers did a good job of ensuring that there was plenty of time for discussion after papers, and these conversations were lively, invested, and positive.

Despite my feeling that engagement with global (if we dare call it that) movement of knowledge, practice, and image was productive and timely, there were a few unfortunate absences in the programme. Although the title was ‘Translating Medicine,’ there was a complete lack of attention to linguistic

translation. It was taken as an unexamined category, not of real cultural interest. In fact, linguistic translation of medical terminology is a rich and understudied topic for all periods in medical history. The programme also contained no ‘early’ material: the earliest works treated were at the very end of the fifteenth century, and most topics were early modern (sixteenth and seventeenth centuries). The lack of linguistic engagement and the lack of Medieval materials were thus rather disappointing.

These lacuna in the programme should not detract, however, from what was an engaging, smart and rewarding experience for junior and senior researchers alike.

– Bethany Christiansen, Ohio State University

INTERNATIONAL NETWORK FOR THE HISTORY OF HOSPITALS: I

The 11th Conference of the International Network for the History of Hospitals was kindly hosted by the University of Malta in the historical old town of Valletta from 6–8 April 2017, its impressive surroundings very much befitting this year’s theme of ‘Beauty and the Hospital in History’. It was expertly organised by Dr Elma Brenner from the Wellcome Institute in London and Dr Kathleen Vongsathorn from the University of Warwick, in collaboration with the Mediterranean Institute under the leadership of Professor John Chircop. Twenty-one speakers from nine different countries contributed to eight panels over the course of two days and much interdisciplinary debate took place following each session; discussions which continued well into the night in a number of local restaurants, paying testimony to the scholarly yet convivial atmosphere of this event. The final day was spent visiting the historical hospitals of Santo Spirito and Mount Carmel, a fabulous curtain call to what was a thought-provoking and multi-faceted gathering of historians from as far afield as Delhi and California. I would like to thank the organisers and hosts for inviting me to share my research, and express my sincere gratitude to the Society for the Social History of Medicine for

their generous financial support in facilitating my attendance.

The panels were organised by theme rather than geographically or chronologically, which allowed for interesting connections across time and place. Margaret Bell's captivating art-historical talk linking architecture, geometry and beauty in fifteenth-century Sienese Santa Maria della Scala got the event off to a flying start. The intentions she uncovered behind its embellishments, that is to encourage monetary support and public recognition alongside spiritual and physical healing, were echoed in Antoni Conejo da Pena's paper on Charity versus Vanity in the hospitals of the Crown of Aragon. Harriet Richardson, by taking us on a journey through the changing role of beauty in Scottish hospital architecture, demonstrated that, by the nineteenth and twentieth centuries, the focus—in Scotland at least—had shifted to striking a balance between fulfilling aesthetic demands and justifying their expense.

The complete lack of embellishments in the military hospital in Barcelona generated an interesting discussion around what constitutes 'beauty', prompted by Jonathan Reinartz's observation that here symmetry and simplicity were synonymous with utility bordering on ugliness. The theme of purposeful ugliness was picked up again in Margaret Buckley's account of a workhouse hospital in Limerick as a deterrent to those seeking treatment, and the simple and economic design of a colonial hospital for the local population in Kinshasa was deemed too ugly by its European rulers, according to Simon De Nys-Ketels.

How the ugly and the beautiful connected in abandoned spaces was revealed through a multimedia experience by George Gosling and Natalie Jones, who interrogated whether Street Art and Graffiti had ceased to be subversive and instead become a legitimate vehicle for NHS fundraising. The dichotomy of beauty and ugliness was transferred to bodily states by Kathryn Woods, who convincingly described the purported links between cleanliness and godliness versus poverty and ugliness whilst Jane Stevens Crenshaw transposed this into the imagery of

the plague and its saints, and the potential of sanctity to shape beauty in Renaissance Italy.

How this dichotomy rendered some patients visible whilst others remained hidden was movingly exposed by Aimee Medeiros in her talk about the branding of St. Francisco Children's Hospital in the early twentieth century. To increase fundraising revenue, the images of young patients switched from representing the diversity of the area to portraying exclusively white children in later promotional material.

This idea of worthiness being described in the name of beauty was a powerful message which Sophie Hetherington linked to 'beauty as privilege' in her exposé of the Fulbourn Lunatic Asylum in Cambridge. We learned how public and private spaces were aesthetically enhanced according to patient status; here beauty fulfilled the additional function of a therapeutic tool, inspiring hope and positivity—even if only to those deemed worthy by rank—whilst also acting as a behavioural reward. Spatial reasons to control behaviour were further reflected in a leprosy hospital in Uganda, where the patient experience threw a spotlight on the perception of beauty which differed between patient groups and those who provided these aesthetic signposts. Kathleen Vongsathorn described how beauty was used to civilise subjects in this colonial setting, especially through the cultivation of outdoor spaces which deteriorated once the missionaries had left.

The chasm between 'the inner and the outer' was another recurring theme, as places such as Tuberculosis Sanatoria had to prioritise setting and gardens whilst interior spaces needed to remain sparse to avoid contagion. The medicalisation of 'the outer' in early nineteenth-century private asylums aptly rounded off this conference when Clare Hickman presented a new theory linking the gardens at Ticehurst with those at Kew through the mental illness of George III. Here landscaped beauty provided the often prescribed 'change of air and objects' as treatment for insane patients, but which in fact was seen to benefit all patient types.

I hope I have given a glimpse of what proved to be a stimulating and most supportive event; this being my first conference, I had arrived with some apprehension and I would like to thank all speakers and the organisers for creating an atmosphere that was warm, encouraging and productive.

- Ute Oswald, University of Warwick

INTERNATIONAL NETWORK FOR THE HISTORY OF HOSPITALS: II

Beauty and the Hospital in History was held in Valetta, the historic capital of Malta. The event was co-organized by the Mediterranean Institute at the University of Malta and the University of Warwick. I was fortunate enough to attend this interesting academic meeting thanks to the Society for the Social History of Health (SSHM) bursary and the University of Warwick supplementary reimbursement. I should address here that such bursaries hold a more significant place for Greek researchers due to the meager funding of our Universities in the late economic crisis. Therefore, I feel rather grateful for these bursaries and the warm welcoming of Professor John Chircop. Elma Brenner and Kathleen Vongsathorn proved really kind and helpful to the conference participants.

The opening session confirmed the organizers' sharpness, as the 'long durée' of the presented historical cases brought up different conceptions of beauty. Margaret Bell's frescoes of Santa Maria della Scala (Siena, fifteenth century) emerged a discussion about the social meaning of internal decorations, where scenes of medical and charitable practices were depicted. Maria del Mar Rovira i Marquès presented Guillermo Casanova's attempt to introduce the military hospital design Spain. The Royal Academy of Architecture commitment that any new hospital should be solid, functional and patient friendly opened another discussion on these relations between medical and architectural societies. Therefore, the interconnections of social history of medicine with labour history, history of science and architecture were placed in question.

Elma Brenner and Kathleen Vongsathorn's paper introduced the beautiful landscape to the participants. Both speakers presented the quest for healthy and beautiful landscapes through the case of leprosies. Brenner outlined the French medieval leprosies, while Vongsathorn presented the engineering of these landscapes by missionaries in Uganda and the patients' role in the materialization of these plans. Simon De Nys-Ketels coloured once more the colonial landscape vividly. Through the history of disputes concerning the public hospital of Kinshasa (Congo) intriguing questions regarding the symbolic meaning of hospital facilities, the conceptualization of ugliness and beauty and the urban structure hierarchies were forwarded.

I consider a great chance hearing Heini Hakosalo's paper 'Beauty, pain and boredom'. Hakosalo drew her questions from an impressively rich oral history archive, where different historic agents' experiences and views are preserved.

The British Isles were represented in so many and different ways that one could not skip mentioning to some of these papers. Harriet Richardson offered conference's participants almost a tour in the Scottish hospitals and their architecture. By presenting different examples from the nineteenth and twentieth centuries, she revealed the different starting points for the design of beautiful hospital façades. Kathryn Woods and Margaret Buckley's papers were structured upon the idea of appalling ugliness of poverty. By citing works and treatises of the eighteenth century. Woods examined how uncleanliness, stench and infectious diseases became negative connotations of the poor sick body. On the other hand, Buckley opened the doors of Limerick City workhouse hospital and revealed how the institution's ugliness was meant to deter patients from entering. Her paper offered an alternative version of the widely diffused perception that workhouses hospitals provided respectively indecent facilities. According to Buckley, Limerick workhouse's exteriors and interiors might have been unpleasant but this was not also the case for the treatment offered to the patients by the staff. This contrast between ugliness and beauty was rediscovered in George Gosling and Natalie Jones' presentation on new ways of embellishing the disused

health services and hospitals of the British National Health Service. Both speakers gave a new insight in the graffiti art drew on the walls of abandoned public buildings.

Clare Hickman and Ute Oswald addressed the issue of recreational activities in psychiatric institutions. Hickman's picturesque gardens, vineyard cottages and gothic summerhouses were meant to ameliorate patients' experiences. The therapeutic qualities of beautiful gardens were discussed through the echo of George III's recovery in Kew. Ute Oswald shed light in the history of art, music and drama therapy by demonstrating the positive aspects of nineteenth-century asylum activities (balls, art classes etc.).

If the above comments have not already pointed out the conference's success, I should state loud and clear that the different discussion topics, the extended geographical boundaries and the cosy conference hall made this meeting one of the most pleasant academic events. I will not skip the chance to mention how much Valetta's architectural wealth contributed to this impression. Walking through its streets every morning and watching the city's awakening was a unique experience not just for Knights' heritage lovers. Prof. Chircop offered a thought provoking tour in Mount Carmel Hospital and in Santo Spirito Hospital in the outskirts of Valetta. Mount Carmel was an example model of the garden architecture, while there was much to be discussed about the inmates' recreational activities. Santo Spirito was another interesting example of re-using hospital buildings as archives' repositories. The hospital's building hosts the National Archives of Malta and there was another chance to take a look at the local collections and to a preserved 16th c. pharmacy. I guess that the chances for new discussions and exchanges of views given by the History of Hospitals Network's meetings are obvious. I am convinced that hospital design, healing landscapes, the ugliness of decay, sick bodies and patients' experiences of beauty will be discussed further in meetings-to-come.

- Yannis Stoyannidis, Athens School of Applied Sciences

INTERNATIONAL NETWORK FOR THE HISTORY OF HOSPITALS: III

The 11th Conference of the International Network for the History of Hospitals dealt with the theme of 'Beauty and the hospital in history'. It was a two-day event that highlighted the importance and the evolution of subjective concepts like beauty and its absence within and around the hospital; and it provided an interesting interdisciplinary approximation to the hospitals' relationship with arts, landscape, patient experiences and senses through the medieval period and down to the present day.

The presentations were organised in eight panel sessions that brought together twenty international speakers and a wide range of specific topics, from Italian Renaissance hospitals to British healing landscapes and colonial coolie hospitals, wisely planned to allow an extended period of discussion between sessions.

On 6 April, after the welcoming address made by John Chircop (Mediterranean Institute at the University of Malta) and the organisers Dr Kathleen Vongastorn (University of Warwick) and Dr Elma Brenner (Wellcome Library), the congress started with a panel discussing the evolution of hospital's architecture and its beauty throughout the history. Margaret Bell (University of California) investigated the Renaissance depiction of Siena's hospital construction within the central male ward of Santa Maria della Scala, commissioned to set up a beautiful place that could promote patients' healing. Yannis Stoyannidis (University of Thessaly) explored the use of tuberculosis sanatoria built at the forest landscapes of Greece in the early twentieth century to hide the patients' ugliness from the society, and Maria del Mar Rovira (University of Barcelona) considered the meaning of non-beauty precept followed in the construction of Enlightened Hospitals in Spain at the beginning of the nineteenth century.

The panel of patients and staff experiences on beauty in health institutions began with Kathleen

Vongsathorn and Elma Brenner, who highlighted the importance of a beautiful landscape as an instrument to increase the well-being of leprosy patients in Uganda during the twentieth century, in contrast with the landscape setting of medieval leprosy hospitals in northern France; and was followed by Heini Hakosalo's (University of Oulu) keynote presentation, focused on the voices and experiences of staff and patients about their perception of beauty as a therapeutic value at Finnish tuberculosis sanatoriums of the twentieth century.

In the afternoon session, the subject of hospital architecture was continued with Harriet Richardson's (University College London) fascinating paper that compared the role of beauty between modern Scottish royal and municipal hospitals and its patients' social status; followed by Antoni Conejo (University of Barcelona) presentation on the luxury and beauty in the Crown of Aragon's royal hospitals heritage as a sign of pride and vanity during the Middle Ages. Finally, Sophie Hetherington (Beacon Planning) examined the Pauper Lunatic Asylum at Fulbourn as a case of study to verify how design features reflected the goodwill to bring beauty to the poor on the late-nineteenth century.

The fourth panel dealt with the topic of hospitals' status and surroundings, and started with an interesting keynote talk by Margaret Buckley (University College Cork) on the concept of ugliness and poor social status related to workhouse hospitals in Ireland. Simon de Nys-Ketels (Ghent University) demonstrated how the senses of sight, smell and sound of the African colonial hospital in Kinshasa harmed the urbanisation and circulation of its neighbourhood, and finally, Madhavi Jha (Delhi University) analysed the role of beauty around the coolie hospitals in Mauritius during the nineteenth century.

On Friday, the conference began with George Gosling (University of Wolverhampton) and Natalie Jones (University of Warwick) who presented a paper focused on the use of abandoned hospitals by graffiti artists to spread anti-government messages about the British National Health Service; followed by Aimee Medeiros' (University of California) presentation on

the media impact of the hospital children's image for fundraising in San Francisco's Children's Hospital. Kathryn Woods (University of Warwick) explored the use of hospitals to host London's poor and ugly bodies and to keep them away from the streets during the eighteenth century, and finally, Jane Stevens (Oxford Brookes University) focused on the plague hospitals founded in Venice and the beauty and cleanliness of its design during the sixteenth and seventeenth centuries.

The afternoon panels were addressed to the embellishment and colour of hospitals and began with Ute Oswald's (University of Warwick) stimulating paper focused on the entertaining social activities for UK asylum patients and their therapeutic effects during the nineteenth century. Victoria Bates (University of Bristol) examined the trends in the use of colour for the furnishing, walls and floors in UK hospitals during the twentieth century, and how this healing environment was appreciated for its patients. Isabella C. Grima (University of Malta) focused on the artistic heritage of the pharmacies in Malta's main hospitals, as beautiful and cheerfulness objects that could help fighting the disease.

The last panel encompassed the importance of hospital location and the concept of healing landscapes, firstly with the keynote presentation of Claire Hickman (University of Chester) and the analysis of Kew's pleasure gardens planned for the King George III; and finally, with Costas Tsiamis' (National University of Athens) speech on the deplorable living conditions of the Sotiria sanatorium's forest in Athens during the first half of the twentieth century.

The sessions raised a number of interesting questions surrounding the therapeutic role of beauty and design in urban, rural and colonial spaces, which suggested that there is plenty of scope for study in these wide variety of fields.

To conclude, professor Jonathan Reinarz (University of Birmingham) highlighted the different approaches of the presentations, linking the interrelationships between the hospital's beauty and utility, the hospital's space and location and its order and ornamentation.

After the panel, participants had the option to join prof. John Chircop for a tour of Valletta's medical sites, from the Casetta (Evans Laboratories) to the Holy Infirmary in which we enjoyed the Maltese landscapes.

On 8 April, participants had the privilege to visit the Santo Spirito hospital in Rabat and Our Lady of Attard Mount Carmel asylum, which demonstrated that Malta was more than a suitable location for the congress and strengthen the enthusiastic atmosphere established by the attendees.

In summary, 'Beauty and the hospital in history' conference provided a forum for early career researchers, postgraduates and professors, to think about the importance of beauty, utility, service and location to understand hospitals as healing instruments. At the same time, the congress revealed interesting new prospects between scholars and their fields, revealing the benefits of an interdisciplinary symposium.

I would like to thank the sponsorship of the Society for SSHM and the EAHMH, who made my attendance to this thought-provoking conference possible. The participation in this meeting allowed me to take advantage of new networking opportunities and to take questions and observations that will help to refine some aspects of my PhD dissertation.

- Maria del Mar Rovira i Marquès, University of Barcelona

INTERNATIONAL NETWORK FOR THE HISTORY OF HOSPITALS: IV

The 11th Conference of the International Network for the History of Hospitals under the theme 'Beauty and the Hospital in History' took place at the University of Malta Valletta Campus, on 6–8 April 2017. It was jointly organised by the University of Malta and the University of Warwick. The conference was sponsored by the Society for the Social History of Medicine.

The first two days focused on presentations by speakers followed by discussions and interactions with the audience, while the last day was reserved for visiting some significant historical hospitals and medical sites in Malta.

The conference primarily engaged with different perceptions about hospital's beauty. The beautification of the hospitals was in response to certain social demands. Eco-political necessity forced the government to improve the facilities provided at the hospitals. Major sections of the conference dealt with beautification of the hospitals, its functions and architecture, by changing styles from baroque, rococo, neo-classical to gothic. During the late-twentieth century, one could notice a growing interest in the value of colour used in hospital design as a means to 'beautify' existing old hospital's structure. During the twentieth century, hospital magazines paid great attention to the cultural dimensions and psychological effects of colour. The use of specific colours for different places and purpose extends beyond the waiting room. It was linked with the concept of 'beautifying' the whole hospital and to create a 'healing environment' over the course of late twentieth century in the United Kingdom.

Some papers concluded that simplicity, symmetry and functionality were also essential parts of beautification. Hospital space was a constructive social space based on the notions of 'morality' and 'harmony'. Hospitals constructed categories on the basis of lepers, beggars, gender and sexuality. Hospitals used these categories to organise the social relations. It was an attempt to organise the public space by categorizing people. One could perceive the beautification of hospitals and its functionality in the transition of its name from 'hospitals' to 'nursing'. During the Renaissance beauty became important; it compared the hospital building to a human body. Circulation of air in the hospital was compared to breathing function of the human body, which became an important part of hospital construction and its therapy process. Fifteenth-century hospital construction and its architecture developed as a part of its healing process. Paintings on the hospital walls, marriage signs on the wall and construction of temple

inside the hospital was an attempt to harmonise the building.

Modern architecture developed the idea of simplicity, which emerged as beauty. The focus was on the utilisation of landscape, climate, flora and fauna for the healing process. The landscape of leprosy institutions was significant. It reflected ideas about the therapeutic value of beautiful contexts that were removed from dirt, crowding and noise of the urban settings. If a beautiful landscape was not available, or was contested as a site because of its impracticality, then the missionaries engineered one within the settlements by laying paths, flowerbeds, and hedges in order to create spaces that were 'beautiful, practical and healthy for everybody'. It would inspire happiness, 'civilisation' and therefore health in patients who maintained and viewed those spaces. In different times and places, the beauty of landscapes, created and found, was considered as an important aspect for healing of leprosy at the institutions.

Hospitals emerged as a beautiful place with law and order, and through weeding out the 'ugly' and 'unclean'. Ugly body was considered as a social disorder. Smell became the natural characterisation of a poor body. These institutions also extracted labour of the patients and utilised their manpower for the beautification of the hospital space. Relationship with the natural environment became a part of beauty. Beauty was closely associated with the healing power of the environment. Emotions and cheerfulness were considered as the best remedy. In case of lunatic asylums, it was believed that beauty stimulated sanity and behavioral reward. Out of twenty presentations, eight dealt with lunatic asylums. Speakers engaged extensively on the importance of art and entertainment in asylums, underpinning the positive relationship between beauty and the institution. The professionals adopted art, music and drama therapy in these institutions.

Beauty emerged as an equation with God and the good; beauty disused the ugliness. Beauty was an integral part of peace for the inmates, so the focus was on the isolation of these institutions. Beauty emerged as a rich and powerful phenomenon. Beauty was combined with design, music, smell and

architecture. Beauty came to be regarded as a masculine work instead of feminine. Beautiful building symbolised powerful government. The professional specialisation emerged only after 1840s. During 1900, cosmetic surgery emerged as an integral part of medical profession.

Like a body, hospital too has a life cycle; young, temporary and decline. Some of these hospitals became national sites and identity of a nation. Government attempted to preserve these sites as their national heritage. Hospitals helped in the enhancement of emotional life of patients. Hospitals played an important role in the 'civilisation mission' too, especially in the colonies.

The visit to one of the historical lunatic asylum and civil hospital in Malta enriched our understanding and provided practical knowledge about these institutions. The lunatic museum provided the history of patient's treatment, their living condition especially during the Second World War period and case histories of individuals. The visit to civil hospital and its oldest pharmacy was very useful for comprehending the medical history.

- Ms. Madhwi, University of Delhi

SSHM UPCOMING EVENTS

BRITISH SOCIETY FOR THE HISTORY OF MEDICINE CONGRESS

Date: 13–16 September 2017

Venue: Surgeons' Hall, Edinburgh

This is the call for papers and posters for the BSHM Congress, held in association with the Society for the Social History of Medicine. All those with an interest in history of medicine are welcome to attend and to submit abstracts for fifteen-minute presentations and for posters. Members of BSHM and affiliated societies enjoy a reduced delegate fee.

The Congress has 4 themes

1. Women in Medicine
2. Scotland's contribution and influence

3. Apothecaries and their successors
4. Art and photography in Medicine

Keynote speakers include Professor Malcolm Nicolson, Professor David Watters and Philippa Langley.

Undergraduate students enjoy reduced delegate rates of £25 for the 3 days or £10 per day. Postgraduates and ECRs who are members of SSHM and who do not have access to institutional funds, may apply for conference bursaries from the SSHM. Details about applications can be found here: <https://sshm.org/bursaries>.

Surgeons Hall is the home of the Royal College of Surgeons of Edinburgh, first established in 1505. The campus is centred around the Playfair Building, opened in 1832. This historic venue houses a modern conference centre where the Congress will be held. It is situated close to the centre of Edinburgh within the UNESCO World heritage site. Further details are on our website: <http://bshm.org.uk> where you can find information on how to register and submit abstracts. This will be done using our dedicated conference site at <http://conftool.net/bshm2017>

The Congress is supported by funding from the Wellcome Trust, University of Edinburgh, Scottish Society of the History of Medicine, Royal College of Surgeons of Edinburgh and Jon Baines.

PATIENT VOICES: HISTORICAL AND ETHICAL ENGAGEMENT WITH PATIENT EXPERIENCES OF HEALTHCARE IN BRITAIN, 1850–1948



In 1948, diverse health provisions in Britain were consolidated into a single, state-directed service. After

almost seventy years of the NHS—the bedrock of modern welfare—there is great concern about any return to a mixed economy of healthcare. The proposed privatisation of health services is controversial because it threatens to destabilise the complex relationships of patients with medical professionals and the state. It calls into question the structure and accessibility of healthcare, as well as the rights of patients, both as medical consumers and sources of medical data. Yet these are questions that equally shaped the development of the NHS prior to its foundation. Historical perspectives on pre-NHS healthcare—perspectives that are increasingly informed by the experiences of patients—are fundamental to understanding not just the past but also the choices before us. This work has important policy implications, so we hope that Patient Voices will offer an opportunity to explore how the medical humanities can contribute to the future direction of healthcare in the UK.

Social historians of medicine have responded in various ways to Roy Porter's 1985 call for histories incorporating the patient view. But despite work across diverse fields, patient voices before 1948 are yet to be fully integrated into historical scholarship. This symposium brings together historians, medical ethicists and archivists with interdisciplinary expertise to explore questions relating to the accessibility and ethics of the study of patient voices in the specific context of pre-NHS provisions. Through research presentations, roundtable discussions and interactive sessions, participants will explore how patients, health professionals and the state dealt with inadequate healthcare provisions and destabilising infrastructural changes.

We have an excellent group of speakers, who will be addressing the following questions:

- How should historians access and interpret the experiences of patients, particularly those with stigmatising conditions?
- How can historians negotiate archival 'silences' when locating patient voices?

- What can patient experiences tell historians about past, present and future interactions between healthcare consumers and providers?
- How can the study of historical patient experiences inform the social, political and clinical dimensions of healthcare in the future?
- What ethical considerations should inform the collection, maintenance and use of sensitive medical archives, including digitisation, data analytics and discourse analysis?
- How can attention to these ethical considerations shape the study of healthcare and facilitate high-quality medical-humanities research?

If you wish to attend or have any queries, please contact Dr Anne Hanley (University of Oxford) and Dr Jessica Meyer (University of Leeds) at patientvoicesproject@gmail.com.

MATERIA MEDICA ON THE MOVE II: CONTEXTUALIZING DRUG COMPONENTS AS COLLECTABLES, COMMODITIES, AND CULTURAL MARKERS IN THE EARLY MODERN PERIOD

Date: 4–6 October 2017

Venue: Utrecht University, Amsterdam

After the successful *Materia medica on the move* conference in 2015, Utrecht University Descartes Centre, Huygens/ING, and Naturalis Biodiversity Centre will host a three-day follow-up conference, again devoted to the circulation of knowledge regarding non-native natural substances that were used in medicine in the early modern period (1500–1800).

In recent years, the history of non-native natural substances, to which therapeutic properties were attributed, has received substantial attention from scholars in a range of disciplines. The various contexts and perspectives from which these substances can be studied (e.g. medicinal, scientific, socio-cultural, ethnobotanical, artistic) have led to much cross-disciplinary research by historians of science, pharmacists, ethnobotanists, and the like. The

conference intends to provide a platform for these researchers, to provide an overview of current research, and to exchange insights and ideas about the knowledge, trade, and acculturation of drug components in the past.

Keynote speakers

Matthew Crawford (Kent State University)

Patrick Wallis (The London School of Economics and Political Science)

Pratik Chakrabarti (University of Manchester)

Valentina Pugliano (University of Cambridge)

You can order your tickets at www.timecapsule.nu.

For questions, please contact Peter van den Hooff (p.c.vandenhooff@uu.nl).

JOINT ATLANTIC SEMINAR FOR THE HISTORY OF MEDICINE

Date: 13–14 October 2017

Venue: Johns Hopkins University

The Johns Hopkins University Institute for the History of Medicine is pleased to host the 15th Joint Atlantic Seminar for the History of Medicine in Baltimore.

JASMed is convened annually for the presentation of research by young scholars working on the history of medicine and public health. The meeting was founded in 2002 to foster a collegial intellectual community that provides a forum for sharing and critiquing graduate research.

We welcome student presentations on any topic and time period and especially hope to receive submissions that speak to this year's theme, 'Truth, Power, and Objectivity in the History of Medicine.' As Bruno Latour cautioned in his 2004 essay 'Why has critique run out of steam? From matters of fact to matters of concern', by demonstrating the lack of scientific certainty and socially constructed nature of facts in their work, historians of science, medicine, and technology are at risk of potentiating the arguments of political extremists, such as climate change skeptics or HIV denialists. This theme directs our attention to the ways in which historians of medicine both establish truths and call them into

question. Broadly conceived, the theme highlights questions of perspective and power, including the intersections of race, gender, class, sexuality, and disability. It also invites us to critically consider methodological issues in the field, such as which actors get voices in our narratives, how sources can be used to emphasize or obscure different viewpoints, how evidence and authority are mobilized and balanced, and how claims of objectivity in the medical and scientific discourses influence both our scholarship and the ways it is interpreted.

Registration for the conference is free and will open in September 2017. If you have any questions, please get in touch via email at jashistofmed@gmail.com.

We look forward to welcoming you to Baltimore this fall!

SOUTH-SOUTH II: MATERIALITY AND EMBODIMENT IN GREATER ASIA AND AFRICA

Date: 27–28 October 2017

Venue: Columbia University, New York

The incorporation of non-humans as active participants in knowledge production has prepared the way for interrogations of the nature of 'objects', 'bodies', and their relationship to one another throughout history. Transregional studies of objects and bodies have often focused on narratives of circulation and migration. But how does an inclusion of an object or body's embeddedness in certain geographies and temporal contexts enable new possibilities for research? Does a study of material culture, theorized through conceptions of objects and bodies, confound or confirm regional geographies? This conference seeks to give voice to histories of materiality and embodiment in the Global South, in particular in Africa and Greater Asia broadly defined.

This conference thus poses two primary questions. First, how can African and Asian concepts and archives be used to reframe discourses on materiality and embodiment in the Global South? Second, what new

optics of research do historical and historiographical questions about materiality and embodiment within the geographies of Greater Asia and Africa enable? Between these framing questions, many more emerge: how does the study of material culture intersect with processes of both circulation and embeddedness? How do materials themselves structure political economies? What are the ways, if any, of recovering histories of materials without the histories of humans? What purposes do materials serve in therapeutics, and how do they shape wellbeing - whether biomedical, physiological, psychological, political, religious, or otherwise? Where does the line between human and material blur, and in what ways can materiality be understood as an extension of embodiment or personhood?

The conference aims to facilitate historical and theoretical discussions around these questions. Themes of interest include but are not limited to:

- 'Materiality' and 'embodiment' as categories of research
- Object and body histories: biographies, agencies, genealogies, and ontologies
- Objects and bodies and the transmission of skills or experience
- Humans as objects/materials and vice-versa
- Objects in and as archives
- Economic and legal histories of commoditization and object-regulation
- Refuse and garbage
- Rituals, politics, and economies of artefacts, comestibles, etc.
- Medical, chemical, biological, botanical, and textual objects and bodies

This two-day conference will take place on 27–28 October at Columbia University in New York.

Contact southsouthconference@gmail.com

Look for updates on

<http://cih.columbia.edu/south-south-ii>

CELEBRATING OXFORDSHIRE MIND'S 50TH ANNIVERSARY

Date: 30 October–1 November 2017

Venue: Centre for Medical Humanities, Oxford Brookes University

On 30 October, Professor John Hall will be giving a public lecture 'From madness to well-being: new understandings of mental health'. The event will start at 5.00 and is organised by the Centre for Medical Humanities, Oxford Brookes University in association with Oxfordshire Mind

This public lecture offers an historically-informed account of how mental health services have developed, particularly over the past 50 years or so, with special reference to developments in both public and voluntary services in Oxfordshire. The city of Oxford, in particular provides, from a general historical perspective, an excellent historical case study of how mental health services have developed within the county and country. For instance, Dorset House School of Occupational Therapy was the first ever school of OT in Britain, and is now absorbed into Oxford Brookes University, which also holds its historical archive.

On 1 November, the Centre for Medical Humanities, will host a workshop on 'Back to the Future: Medical Humanities' Contribution to the Education and Training of Mental Health Professionals'

This one-day workshop seeks to explore how the humanities can offer productive contributions to the education and training of mental health professionals. Speakers will illustrate examples of how disciplines such as history, literature, theatre, art and cinema can enrich mental health professionals' understanding and/or approach to mental illness. In the afternoon, a panel discussion, including both humanities scholars and educators of mental health professionals, will provide a forum to examine the conference theme from different perspectives. Speakers include Femi Oyebode, Bridget Escolme, Waltraud Ernst, John Hall, Gerti Stegen and Nigel Wellman.

MONITORING THE SELF: NEGOTIATING TECHNOLOGIES OF HEALTH, IDENTITY AND GOVERNANCE

Date: 8–10 November 2017

Venue: Helsinki

This conference is organized by the Nordic Network Gender Body Health, in collaboration with Helsinki Collegium for Advanced Studies (University of Helsinki). It is funded by the Joint Committee for Nordic Research Councils in the Humanities and Social Sciences (NOS-HS). The keynote speaker will be Professor Deborah Lupton, University of Canberra, Australia.

The twenty-first century has been marked by an increasing number of (bio)technologies that enable intimate and continuous monitoring of bodies in the name of health and well-being. Self-tracking and self-monitoring technologies have emerged across the domains of well-being, preventive medicine and identity work. These technologies can involve self-tracking of daily activities or exercise, monitoring personal goals such as weight loss or conception, identifying and managing existing or potential medical conditions, and tracing identity, for example, through genetic ancestry.

Yet these monitoring developments encompass forms of self-tracking which go beyond 'do-it-yourself' kits or personalized devices. We have also seen trends towards 'molecular' monitoring of the body and enhanced forms of biomedical self-governance (Rose, 2007). These new technologies, marketed to both patients and health practitioners as consumers, are part of a larger process of commodification of not only health technologies but also health itself (Clarke et al, 2010). New health technologies can enable the crossing of scientific/non-scientific boundaries, and creative or unanticipated uses of such technologies may emerge. These changes may demand a more active and purposive role of individuals in their own health and well-being. However, there has been little attention paid to what role gender, race, disability, class and migration may play (Nelson, 2016). Our

conference seeks to explore critically how this increasingly biotechnological landscape is transforming how bodies, identity and health are read, measured and practised.

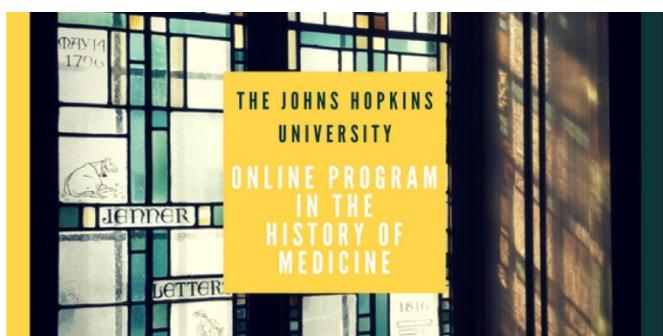
In particular, the conference invites submissions around the following questions:

- What role do concepts such as self, bodies and technologies play in formations of identity, risk and self-governance?
- How do gender, race, disability, and/or class affect and shape heterogeneous engagement with and experiences of these technologies?
- How are self-tracking and self-monitoring technologies situated in the larger dynamics of societal change, such as changes in the gendered and racialized responsibilities for care, or the neoliberal restructuring of societies?
- In what ways do self-tracking technologies articulate or emerge through global and postcolonial power hierarchies?
- In what global and local contexts do these technologies and practices make sense as ways of managing health, well-being or identity?
- What is the relationship between migration and/or travel of bodies across borders and self-monitoring technologies, and how does this play into larger 'citizenship' projects?

This conference focuses on this intersection of technologies, bodies, monitoring and the self. We invite conference papers to engage in wider discussions across health areas, technologies, geographic contexts and academic disciplines. We aim to include a range of scholars, practitioners and artists to allow us to identify key issues and creatively explore our (collective) responses to these increasingly individualizing, neoliberal technologies of the self in contemporary health practices and imaginaries.

Please contact Dr Venla Oikkonen, Helsinki Collegium for Advanced Studies or Dr Ingrid Young, University of Edinburgh, on behalf of the Nordic Network Gender Body Health.

SSH M SEMINARS & LECTURES



The Department of the History of Medicine at Johns Hopkins University now offers graduate-level courses online. Students can take individual courses or pursue a certificate or M.A. degree in the History of Medicine. Registration is now open for Terms 1 (28 August–20 October) and 2 (23 October–19 December). Our Term 1 offering is Survey 3: Science and the Practice of Medicine (Registration deadline: 18 August). The Term 2 course is Survey 4: Biomedicine in Context (Registration deadline: 13 October). For additional information about the program or courses, visit www.hopkinshistoryofmedicine.org/content/online-program-history-medicine or email ihomonline@jhmi.edu with questions or to be included on our mailing list.

SSH M BOOK SERIES

Monographs: Professor Keir Waddington

Email: waddingtonk@cardiff.ac.uk

Edited volumes: Dr David Cantor

Email: cantord@mail.nih.gov

You can find out about the series, about submitting proposals, or to purchase books at www.manchesteruniversitypress.co.uk/series/social-histories-of-medicine

MUP is offering SSHM members a 30% discount on books in the series.

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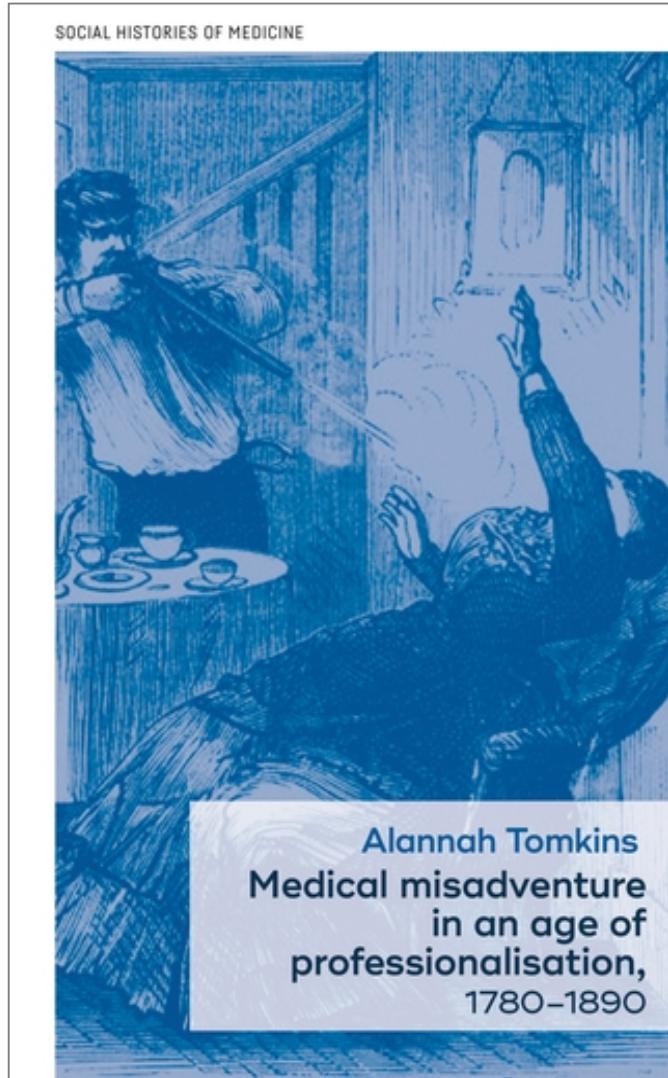
and enter at checkout the discount code SSHM30.

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Please do not distribute these codes to non-members. We are delighted that MUP has been able to offer us this discount, but their generosity relies on such benefits not being abused.

Below are two of the next books in the series.



This book looks at medical professionalisation from a new perspective, one of failure rather than success. It questions the existing picture of broad and rising medical prosperity across the nineteenth century to consider the men who did not keep up with professionalising trends. It unpicks the life stories of men who could not make ends meet or who could not sustain a professional persona of disinterested expertise, either because they could not overcome public accusations of misconduct or because they struggled privately with stress. In doing so it uncovers

the trials of the medical marketplace and the pressures of medical masculinity. All professionalising groups risked falling short of rising expectations, but for doctors these expectations were inflected in some occupationally specific ways.



Did early modern people care about their health? And what did it mean to lead a healthy life in Italy and England? Through a range of textual evidence, images and material artefacts *Conserving health in early modern culture* documents the profound impact which ideas about healthy living had on daily practices as well as on intellectual life and the material world in this period. In both countries staying healthy was understood as depending on the careful management of the six 'Non-Naturals': the air one breathed, food and drink, excretions, sleep, exercise and repose, and the 'passions of the soul'. To a close scrutiny, however, models of prevention differed considerably in Italy and England, reflecting country-specific cultural, political and medical contexts and different confessional backgrounds.

PALGRAVE COMMUNICATIONS: SOCIOECONOMIC FACTORS AND MENTAL HEALTH: PAST AND PRESENT

Palgrave Communications, the humanities and social sciences journal published by Palgrave Macmillan, is currently inviting article proposals and full papers for the following special issue:

Socioeconomic Factors and Mental Health: Past and Present

Editors: Professor Matthew Smith and Dr Lucas Richert (University of Strathclyde, UK)

This article collection will examine how the relationship between socioeconomic factors and mental health has been and is understood in an array of different places and periods. Although much of the focus of current mental health research and clinical practice is on the neurological aspects of mental illness and psychopharmacological treatment, historical research demonstrates that a wide range of factors — from vitamin deficiencies such as pellagra, and infections such as syphilis to traumatic life events — have contributed to the onset and exacerbation of mental health problems. Among all these factors, one looms largest: socioeconomic status. On the one hand, socioeconomic inequality has been long recognised as a potential cause of mental illness, as the history of mental hygiene and social psychiatry during much of the twentieth century demonstrates. On the other hand, however, the mentally ill have also historically faced much socioeconomic hardship; today, a high proportion of the homeless and incarcerated in many countries suffer from mental illness.

By exploring this topic across time and place, this collection aims to provide a historical context for today's mental health crisis, and also to inform current

mental health policy, especially attempts to prevent or alleviate mental illness through social change.

This is a rolling article collection and as such proposals and submissions will be welcome throughout 2017. However, full submissions received by November 1 will be considered for publication as part of the collection's formal launch in 2018.

Proposals should be submitted to the editorial office at palcomms@palgrave.com

More info:

<http://www.palgrave-journals.com/palcomms/authors/call-for-papers#Socioeconomic>
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Read more about the journal's open access policy here
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SSH WELLCOME NEWS



OPENING UP THE WELLCOME TRUST CORPORATE ARCHIVE

For the first time, researchers can request and view material from the Wellcome Trust's own corporate archive. This is the result of a two-year project to turn Wellcome's corporate records into a public resource available to all.

The archive is being catalogued in five sections and the first two, Governance and Corporate Management and Grant Funding, are now available on the

Wellcome Library catalogue. Some individual files and record series are closed due to the personal data and business sensitive information they contain, but all the open and restricted records can be viewed in the Library.

The Governance and Corporate Management section (WT/A) covers the high level managerial records produced by the Wellcome Trust since its inception in 1936. Several files document the work that went into establishing the Trust after Sir Henry Wellcome's death and reveal the efforts the Trustees had to go to wind up Sir Henry's affairs and deal with his bequests. This section also includes all the Board of Governors (originally Board of Trustees) minutes and papers up until 2013. They chart the Trust's growth from a charity struggling under the weight of Sir Henry Wellcome's estate duty, to one of the world's largest medical research charities funding research into human and animal health.

The Grant Funding section (WT/C) covers the Trust's many and varied funding activities. This includes all the various funding panels and committees there have been over the years, management of specific grants and major funding projects such as the Sanger Institute and Diamond Light Source and work looking at the Trust's funding strategies and research into possible new areas of funding. The section also includes grant outputs from various funding streams, primarily relating to public engagement. These outputs range from artworks to educational resources to theatre productions.

The archive has already revealed a few surprising things. For instance, most people are aware of the Wellcome Foundation share sales in the 1980s, but the records show that a share sale was actually first considered in the early 1960s (WT/A/5/1), though on that occasion it didn't go ahead.

Cataloguing the next section is well under way and will be released later this year. It covers Wellcome's direct activities that is the things the Trust does itself rather than funds. This includes Wellcome Collection, the policy team and the Trust's involvement in science education.

Victoria Sloyan is an archivist at the Wellcome Library.

FPA: NEW SOURCES FOR THE HISTORY OF SEXUAL HEALTH

The FPA is a UK charity which provides information and education so that people can make informed decisions about their own reproductive and sexual health.

The archive of the FPA and predecessor organisations (covering the years 1907–2013) is held at the Wellcome Library and is one of our most popular collections with researchers.



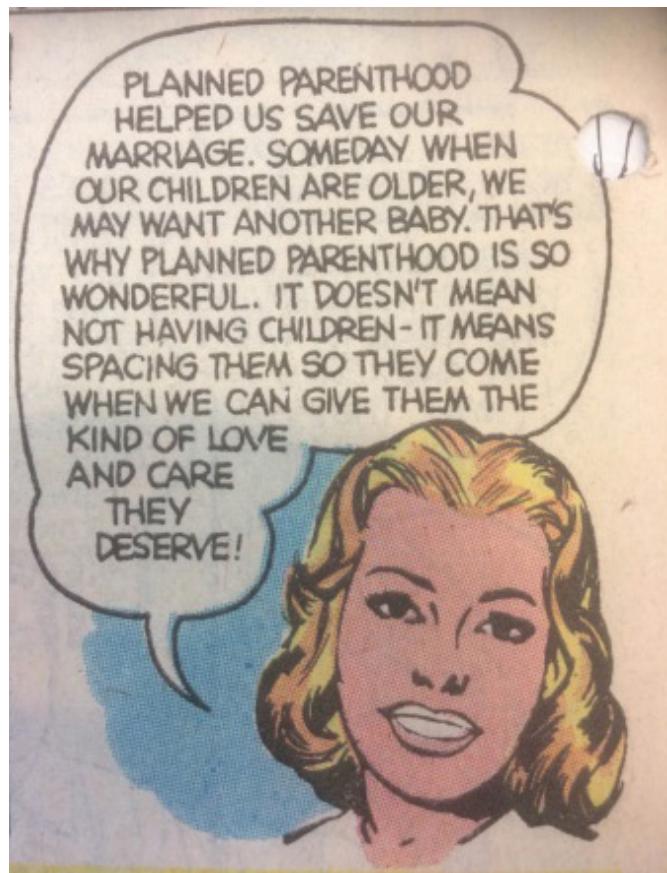
In their earliest days, the FPA fought to combat the stigma around contraception and to make trustworthy, affordable contraceptives available to everyone. The sale of contraceptives had never in fact been illegal in the UK (as was the case in the US and Ireland) but was limited to those with the knowledge and money to go about procuring them.

Marie Stopes opened her first clinic in 1921, through which she hoped to take the distribution of contraceptives away from the hands of unscrupulous merchants and to provide information and reliable products. But it was not until 1967 that the UK government passed the National Health Service (Family Planning) Act, which enabled local health authorities in England and Wales to give contraceptive advice, supplies and appliances freely on the NHS.

While this was essentially the fulfilment of the FPA's aim, it left them in an unusual position. The earlier segments of the FPA archive focus on their campaigning and the fight to make contraception respectable and widely available. After 1967 we see a shift towards education and the provision of information.

The latest accrual to the FPA archive, which has recently been catalogued, charts this transition. The papers of the Medical department (SA/FPA/C/F) show their preoccupation with ensuring that contraceptive products were 100 per cent sound (and therefore suitable for consumers). This was achieved through stringent testing of the multitude of products which began to flood the market in the 1950s.

However, the transfer of the regulation of contraceptive products to UK government agencies in the 1970s meant that this function was rendered superfluous. They continued to publish the FPA's list of approved contraceptives through the Publications department (whose papers can be found at SA/FPA/C/G) and the Medical department ceased to exist.



The new focus of the FPA meant the Education and Information departments (SA/FPA/C/D and SA/FPA/C/E) played a much more important role from the late 1970s. The Education department provided training and consultancy in the form of courses and, working with the Publications department, produced

an enormous number of leaflets, booklets and various other items that chart the changing attitudes to various methods of family planning.

They also produced audio-visual guides to sex education such as 'Danny's Big Night' and 'Rhymes and Reasons', both of which are being digitised by the Wellcome Library and will be made available online in due course.

The Information department supplemented this activity by acting as quality control on the leaflets produced, but, as their name might suggest, their main role was the provision of accurate and unbiased information on family planning. This they achieved by means of an enquiry service and a library and information service.

In 2013, the FPA also donated its collection of grey literature from other organisations to the Wellcome Library. Now catalogued and available, this is a rich and diverse accumulation of approximately 650 leaflets, comics, booklets etc., many of which are unique or rare in the UK. Together they form a wide-ranging collection on many aspects of reproductive and sexual health covering the period 1969 to 2011. Peter Judge was a Consultant Archivist at the Wellcome Library.

SSH M CENTRE NEWS

CENTRE FOR THE SOCIAL HISTORY
OF HEALTH AND HEALTHCARE,
UNIVERSITY OF STRATHCLYDE
AND GLASGOW CALEDONIAN
UNIVERSITY

While the rest of the UK has been roasting like a marshmallow on a campfire, staff and students at CSHHH Glasgow have had to stay busy to keep warm—but these efforts have been paying off. Among our recent publication, graduation and funding successes include the edited volume *Deinstitutionalisation and After: Post-War Psychiatry in the Western World*, edited by former

CSHHH fellow Despo Kritsotaki, along with CSHHH staff Vicky Long and Matt Smith. The volume is in the Palgrave series 'Mental Health in Historical Perspective', edited by Smith. Elsa Richardson's new book is also hot off the press: *Second Sight in the Nineteenth Century* (Palgrave). CSHHH Glasgow also saw Wellcome Trust-funded PhD student Thora Hands graduate. Many of our current PhD students have been very busy with internships both in Scotland and abroad. They will also be busy in October, when CSHHH Glasgow hosts the SSHM Postgraduate Conference in Shanghai. Funding successes have included Wellcome Trust Seed Awards for Janet Greenlees, Vicky Long and Matthew Smith. Finally, Matt will be stepping down as CSHHH co-director in August, with Jim Mills serving in an interim capacity until Laura Kelly starts a 3-year term in January 2018

LONELY HEARTS

PHD STUDENTSHIP IN MEDICAL HUMANITIES, UNIVERSITY OF ROEHAMPTON

Supervisors

Dr Michael Brown (Humanities)

Dr Louise Lee (English and Creative Writing)

Project detail

This PhD studentship is part of a Wellcome Trust Investigator Award held by Dr Michael Brown of the Department of Humanities entitled 'A Theatre of Emotions: The Affective Landscape of Nineteenth-Century British Surgery'. The project as a whole is concerned to explore the complex emotional cultures of surgery in nineteenth-century Britain as well as to encourage discussion and reflection about the place of emotions in contemporary surgical practice.

The successful applicant will work with Dr Michael Brown (History) and Dr Louise Lee (English and Creative Writing) to explore the representation of emotion and the medical in nineteenth-century British literature. The remit is broad, but may include such topics as the depiction of medical and surgical practitioners and their relationships with patients as well as the literary representations of emotion and

illness. The project is interdisciplinary but a familiarity with literary texts and approaches is desirable.

Requirements

Applicants should have at least a 2:1 Honours degree (or equivalent) in History, English Literature or a related subject and a relevant Master's degree.

Funding

This PhD is fully-funded by the Wellcome Trust and covers Home/EU fees, as well as an annual stipend at current Wellcome rates. It also includes £1,500 towards the costs of attending academic meetings and conferences, and additional research expenses including the cost of overseas fieldwork, if justifiable. NB International applicants would need to be able to pay the difference between Home/EU and Overseas fees for the duration of the programme.

How to Apply

Interested applicants should visit the Roehampton Graduate School website for details of the application process:

<https://www.roehampton.ac.uk/graduate-school/funding/>

Interviews are expected to be held in the week commencing 7 August.

If you wish to have an informal discussion about the project prior to submitting your application, you can contact Dr Michael Brown
michael.brown@roehampton.ac.uk

RESEARCH ASSOCIATE: MEDICAL INTERVENTION OR DISEASE SURVEILLANCE, UNIVERSITY OF OXFORD

The newly established Wellcome Centre for Ethics and Humanities seeks two researchers in History as part of its programme of research on challenges to ethics and the humanities presented by advances in neuroscience, big data, genomics, and global connectedness.

The researchers will work individually and collaboratively with researchers from other disciplines

who are addressing the Centre's principal research themes. One of the History researchers will focus on the history of disease surveillance and/or medical intelligence and the other on medical interventions in the context of international or global health, within the broader framework of the challenges presented by globalisation. Both researchers will manage their own academic research and administrative activities, contribute ideas for new projects and collaborate in the preparation of publications.

The successful applicants will hold a relevant doctorate (or show evidence that a doctorate is imminent) with applicable experience and sufficient specialist knowledge. Excellent communication skills, a capacity for independent research and the ability to work collaboratively and innovatively within a team are essential.

The two posts will be tenable from 1 October 2017 for 36-months full-time but may be held part-time at 0.5FTE for the first year if necessary. Applicants are required to submit a research proposal as part of their application: those who wish to be considered for both posts should submit two proposals.

The deadline for applications is 12.00 noon on Wednesday 2 August 2017. Applications must be made online. To apply for this role and for further details, including the job description and selection criteria, please click on the link below. Applications are particularly welcome from women and black and minority ethnic candidates who are under-represented in research posts in Oxford.

GENDER AND MENTAL HEALTH IN THE WEST OF SCOTLAND C.1970-C.1990, UNIVERSITY OF GLASGOW, UNIVERSITY OF STRATHCLYDE AND THE SCOTTISH MENTAL HEALTH FOUNDATION

Location

University of Glasgow

Summary

From the 1970s many West of Scotland communities experienced the profound structural changes that we now call de-industrialisation. The loss of employment in the heavy and extractive industries had a significant public health impact upon the men and women of those communities in terms of their physical but also mental wellbeing. This project, situated at the intersection between gender history and health history and profiting from the experience of a leading mental health advocacy organisation, will explore the relationship between deindustrialisation and mental illness, determining in particular how gender affected the ability of individuals to adapt to such momentous changes in their social, economic and emotional lives.

Aims and Objectives

Provide an historical understanding of the relationship between mental health outcomes and gender identities and roles and to inform current policy and practice in mental health provision.

- Provide historical insights into the 'Glasgow Effect', by bringing together research on health and wellbeing and gender
- Work with the Mental Health Foundation Scotland to identify relevant research and practical means of support within these communities as they re-structure.
- Produce a series of briefings for the research community on the relationship between gender and mental health in the context of communities undergoing profound economic and social change

Research Question

What can a comparison of working class men and women's experiences of mental health tell us about the gendering of mental health experience, diagnosis and treatment under conditions of de-industrialisation?

Research Methods

Qualitative and quantitative research methods will be utilised. The primary research will utilise details of work, employment and housing resettlement. Broad patterns of health will be compiled using data from medical journals and the records of medical groups

held by NHS Greater Glasgow. Qualitative sources include social work reports and oral history interviews with men, women and medical professionals. Underpinning all of this will be the insights and experience of the Mental Health Foundation who will be able to offer advice and guidance with respect to interpretation and also, in relation to the oral history, practice and ethics.

Supervisors

Lynn Abrams, Professor of Modern History at the University of Glasgow is a leading scholar in the history of gender and in the theory and practice of oral history. She is also a member of the Centre for Gender History. <http://www.gla.ac.uk/schools/humanities/staff/lynnabrams/>

Matthew Smith is Professor of Health History at the University of Strathclyde and co-Director of the Centre for the Social History of Health and Healthcare. He is a leading historian of medicine with particular expertise in mental health.

<https://www.strath.ac.uk/staff/smithmatthewdr/>

Lee Knifton is Head of The Mental Health Foundation for Scotland where he leads the policy, research, programmes and external relations teams. He has extensive experience of working in the NHS, the University and Third sectors in the field of mental health.

<https://www.mentalhealth.org.uk/scotland>

Entry Requirements

BA degree (at least a 2i) in a relevant subject. MA degree in a relevant subject (awarded or pending)

How to Apply

Candidates should apply with a letter of application which explains their motivation for applying for this studentship and outlines their relevant skills and experience in relation to this research project. The letter should be accompanied by a full cv and a sample piece of writing (such as a piece of MA coursework, chapter from a dissertation or similar).

Applications should be sent to humanities-scholarships@glasgow.ac.uk by email by 31 July 2017. Please put 'SGSARCS mental health' in the

Subject line. Interviews will be held in August. Informal enquiries can be made to
Lynn.abrams@glasgow.ac.uk

PHD FELLOWSHIPS AT THE MEDICAL MUSEION, UNIVERSITY OF COPENHAGEN

Two 3-year PhD fellowships are available at Medical Museion, University of Copenhagen, starting on 1 December 2017 or as soon as possible thereafter.

The position

Medical Museion is seeking two new PhD candidates to join an innovative and exciting house where research, museum work and public engagement are brought together at the intersection of medicine, culture and society. Medical Museion is a university research department as well as a public museum and we believe it makes a difference to do research within a public environment, where new ideas and understandings can be brought to light. Our exhibitions and events are often approached as a kind of laboratory for research, and we are keen to push the boundaries of what research might be, and what it can lead to.

We are fundamentally concerned with the place of medicine within social and cultural contexts and welcome different perspectives on our relationship to the body, health and the existential sides of our physical being; as well as the materiality, history, philosophy, aesthetics, and epistemic workings of medical science. We hold some of the finest and most fascinating medical/historical collections in Europe, and are keen to know much more about them, as well as how they can be inspiringly used in a museum environment. We are also interested in practice-based research that touches on curatorial practice, visitor experience, and exhibition design.

Our fields of study are thus inevitably broad; an ecology where interdisciplinary investigations can thrive. The disciplines and methods that we find relevant could be gathered under the umbrella term Critical Medical Humanities, including History of Medicine and Science, Science and Technology

Studies, Philosophy of Medicine, Medical Humanities, Material Culture Studies, Museology, and Science Communication.

Qualifications

- A MA in a relevant field is required
- Documented experience with museum work or public engagement is desirable
- Demonstrable interest in medical sciences is desirable
- You must be enterprising and possess good interpersonal skills

It is a prerequisite that the candidate can be and is not already enrolled as a PhD student at the faculty of Health and Medical Sciences, University of Copenhagen.

Employment Conditions

Salary and other terms and conditions of appointment are set in accordance with the Agreement between the Ministry of Finance and AC (Danish Confederation of Professional Associations) or other relevant professional organizations. In addition to the seniority-based salary, the appointee will receive an annual supplement of currently DKK 15,532.44 DKK and additional bonuses may be negotiated on an individual basis.

The PhD fellow is obliged to carry out – without additional pay – allocated teaching or museum-related tasks of up to 840 working hours during their period of employment.

Application

Please submit your application no later than 29 September 2017. The application should include a

- Cover letter
- Project description including how the museum, its activities or its collections might play a role in your research (max 4 pages)
- Curriculum Vitae with publication list (max 2 pages)

Degree certificates should be supplied if candidates are offered an interview.

For queries about the positions please contact Associate Professor Karin Tybjerg karin.tybjerg@sund.ku.dk.

After the expiry of the deadline for applications, the authorized recruitment manager selects applicants for assessment on the advice of the Appointments Committee. All applicants are then immediately notified whether their application has been passed for assessment by an expert assessment committee. Selected applicants are notified of the composition of the committee and each applicant has the opportunity to comment on the part of the assessment that relates to the applicant him/herself. The assessment committee will then select candidates for interviews scheduled for early November. You can read more about the recruitment process at <http://employment.ku.dk>.

General information about PhD programs at the Faculty of Health and Medical Sciences is available at the Graduate School's website at <http://healthsciences.ku.dk/phd/>.

Medical Museion has close connections with Wellcome Collection in the UK and their interdisciplinary research space The Hub, and PhD students will have the possibility of research stays in this environment

The Faculty of Health and Medical Sciences comprises app. 7500 students, app. 1500 PhD students and app. 3200 employees. The Faculty creates new knowledge and recognition through its core activities: research, teaching, knowledge sharing and communication. With basic research fields ranging from molecular studies to studies of society, the Faculty contributes to a healthy future through its graduates, research findings and inventions for the benefit of patients and the community.

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