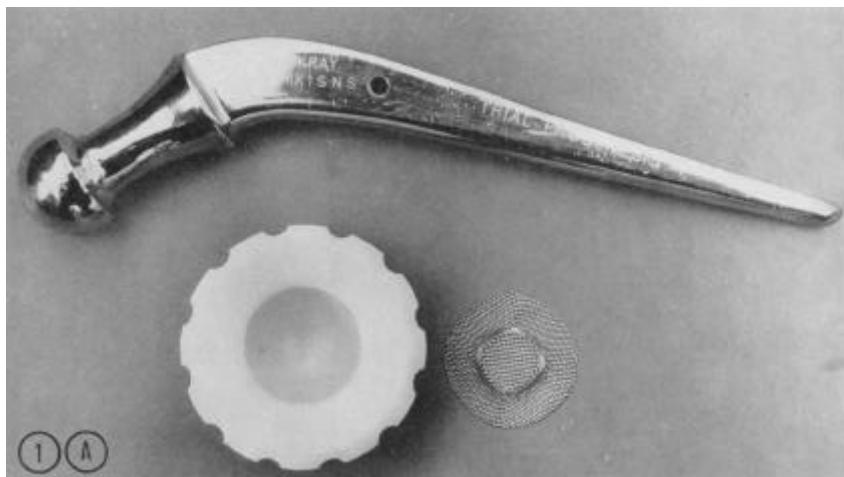


Society for the Social History of Medicine



The Gazette

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Calls for papers for the SSHM spring and summer conferences 2003 on pages 9 and 11:

"Medicine and Society in the Midlands, 1750-1950", Birmingham, May 16-17, 2003, and "Innovating Medicine: medical technologies in historical perspective", Manchester, July 11-13, 2003.

Also in this issue: conference reports, conference announcements, more calls for papers, and information on the new monograph series.

Don't forget about the EC elections, the Annual General Meeting and the Essay Competition. More on page 12.

Editors: Carsten Timmermann and Cathy McClive

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Themes in twentieth-century psychiatry

**1st SSHM Postgraduate Workshop,
Reed Hall, University of Exeter**
June 21, 2002

This one-day event organised by postgraduate students for other postgraduates proved to be a very successful experiment. The theme certainly caught the imagination of mental health practitioners as well as students working on a variety of social history of medicine topics. An impressive range of papers were offered, 11 abstracts were submitted and on the day 9 presentations made for a very full programme. Despite the competing attraction of England vs Brazil at the World Cup 10 delegates made it to Exeter and shared in a very valuable exchange of ideas. Speakers were at different stages in their research but all performed very professionally and participated in lively question and answer sessions at the end of each paper. Informal discussions proved stimulating and useful contacts were made. Many thanks to the members of the Executive Committee of the SSHM who assisted with the workshop planning and the students/staff at the Exeter University Centre for Medical History who helped with the organisation.

The Workshop

The day was split into three sessions. The first addressed changing attitudes towards mental health and mental illness. David Pearce (University of Exeter) examined the impact of the 1930 Mental Treatment Act. He drew an interesting correlation between the introduction of voluntary patients and new treatment regimes at the Devon Mental Hospital arguing that doctors were under an imperative to actively manage cases with physical therapies. In contrast to this legal, medical, and institutional overview Vicky Long (University of Warwick) restated the importance of community care. Her paper ‘

“A satisfactory job is the best psychotherapist”: Reincorporating the mentally disordered through employment 1940-60’ used the careers of three psychiatric social workers to demonstrate the importance attached to social definitions of mental disorder and the claims of social adjustment as an alternative way of managing symptoms. Sara Brady (University of Wales) gave a fascinating account of the Welsh Metropolitan War Hospital which unusually stressed the role of the staff in contributing to the ethos of the establishment. The training and careers of female nursing staff were given particular attention as was an evolving conflict between the traditions of the Cardiff City Mental Hospital and War Office requirements for the nursing of psychiatric casualties. The first session concluded with a paper by Kingsley Jones examining the introduction and impact of insulin coma therapy from the perspective of a retired clinician.

After lunch Cath Quinn (University of Exeter) posed provocative questions about our ability to research the illness experience. Jonathan Toms (University of East Anglia) unpicked a complicated interplay between concepts of citizenship and mental disorder in the work of the National Association for Mental Health which ultimately led to a new approach to residential childcare. Mike Benbough-Jackson (University of Wales) then introduced the writings of Daniel Parry-Jones (1891 – 1981). His work examined racial types and drew on eugenic ideas as well as the interaction of nature and nurture. The ensuing discussion on hard/soft eugenics seamlessly led into the last two papers looking at mental deficiency work. Sharon Churchman Conway (University of Wales) explored nuances in the relationship between the board of Control and local authorities in Wales and drew interesting conclusions about the limits of metropolitan oversight. Pamela Dale (University of Exeter) discussed evolving service provision in Devon and showed how the availability of different types of accommodation and the career aspirations

of people, especially doctors, working within the different facilities did much to reshape local conceptions of mental infirmity before 1948.

A one-day event was never going to be long enough to do more than introduce some themes in twentieth-century psychiatry but it was an important opportunity to share ideas about handling the sources and critiquing the secondary literature. The key issues for the twentieth-century; the growth/decline of institutions, different therapeutic regimes, the role of family carers, the careers of professional carers, the admission/discharge of patients, management problems, legal requirements and financial constraints, will be familiar to historians working on this and earlier periods. Now more attention needs to be paid to the social, economic and political context of each apparent innovation as well

as including the specific regional variations that characterise provision, even into the NHS era. Clearly there is much work still to be done.

A full set of abstracts can be obtained from Dr Pamela Dale (Email: Pamela.L.Dale@exeter.ac.uk). It is hoped that this will be the first in a series of successful workshops aimed at meeting the needs of postgraduate students working in the social history of medicine. Suggestions for future events with either a thematic or methodological focus should be passed to the SSHM conference organiser Dr Jonathan Reinarz (J.Reinarz@bham.ac.uk).

Pamela Dale
Centre for Medical History
University of Exeter

CONFERENCE REPORT

From urban penalty to global emergency: current issues in the history of tuberculosis

SSHM Spring Conference, Sheffield, March 23-25, 2002

Despite the growth of work on tuberculosis in recent years, there had been no major symposium devoted to the history of the disease in Britain. This meeting thus aimed to bring together historians with doctors, epidemiologists and policymakers involved with current tuberculosis control. The conference was held to coincide with the WHO's World TB Day. The conference was sponsored by the Society for the Social History of Medicine, organised by Professor Michael Worboys and Dr Flurin Condrau, and supported by the Wellcome Trust.

Linda Bryder's introduction on the historiography of tuberculosis charted the reshaping of the history of tuberculosis over the past decade or so, marking a shift away from positivistic, individualistic narratives of progress, and towards an approach

influenced by medical sociology, stressing the interaction of biological and cultural knowledge in socially 'constructing' tuberculosis. She highlighted four areas of particular interest in the recent historiography of tuberculosis: firstly, the attempt to capture patients' experiences of the illness and treatment; secondly, the role of tuberculosis in the debates about the epidemiological transition in the western world; thirdly, in the 'post-antibiotic' era, an interest in looking to the past to assess current tuberculosis control policies. Fourthly she identified a need for international, comparative studies.

From urban penalty to global emergency

The framework for the meeting was established by a number of papers that charted the historical epidemiology of tuberculosis, offering what Greta Jones called 'successive snapshots' of the disease over time. One group of papers traced the rise and decline of tuberculosis as the major killer in the industrialised world at the end of the nineteenth century; and the transition from 'urban penalty' to 'urban advantage'. A second group of papers, however, highlighted the alarming 're-emergence' of

tuberculosis in large parts of the developing world and former Soviet Union.

The complex, and gradual decline of tuberculosis in the first part of the twentieth century was brought out by Greta Jones's case study of Ireland. Between the late nineteenth-century and the 1930s, she argued, tuberculosis shifted from being primarily a disease of rapid economic development and urbanisation, closely associated with conditions in particular industries – such as linen-textiles – to a disease of chronic poverty and poor housing. Only in the 1940s, with a shift in political culture towards welfarism and active public health policy did tuberculosis mortality in Ireland fall to the levels of other western European countries. Anne Hardy's paper charted a similar shift in the nature of tuberculosis mortality in Britain. Between the late 1930s and the period after 1945, tuberculosis was re-conceptualised; from a fatal disease in young adults, it was increasingly seen as a chronic affliction in children and the elderly. This trend was also reflected in Marie-Catherine Bernard's micro-study of the demography of Stannington Children's Sanatorium, in northern England. With the advent of mass miniature radiography, and later streptomycin, Hardy argued that tuberculosis policy saw a shift in focus from individual patients, to the larger populations 'at risk'. Tuberculin testing was used in an increasingly epidemiological way, with mass surveys. By the 1960s, she argues, tuberculosis was no longer seen as a 'national health problem', and was gradually submerged within the newly important public health issues of smoking, and air pollution.

The historical descriptions of the gradual decline in tuberculosis mortality in western Europe was in stark contrast to Richard Coker's account of the rise in tuberculosis in contemporary Russia and the former Soviet Republics. Drawing on his research in Samara Oblask, Coker argued that the worsening tuberculosis situation in Russia was closely associated with the pace of economic change and instability. The complex epidemic in Russia is characterised

by the prevalence of drug-resistant strains of the disease. Coker stressed the particularly high incidence of tuberculosis amongst the prison population in Samara and elsewhere, which might well provide the 'flashpoints' for the collision of multi-drug resistant tuberculosis with the HIV/AIDS epidemic.

Hans Rieder's paper stressed the need for better epidemiological indicators to measure trends in tuberculosis. Rieder argued that the age structure of tuberculosis incidence and mortality provides a crucial indicator of whether transmission of tuberculosis is increasing or decreasing. He argued that focusing on age structure might surmount the perennial problem of under-reporting affecting data based upon notifications, as the age-structure of cases that are reported is likely to be representative.

The social construction of tuberculosis

A number of the papers focused on the role of scientists and policy-makers in the 'construction' of tuberculosis, including a focus on their responses and understandings of its changing incidence. These papers illustrated the ways in which notions of contagion, 'vectors', and susceptibility emerged out of myriad scientific and political debates, and shaped policy. The paper by Michael Worboys and Flurin Condrau illustrated this with reference to changing contemporary explanations of the shift from 'urban penalty' to 'urban advantage' in tuberculosis mortality in late-Victorian/Edwardian Britain. The paper identified four – albeit fluid – ideal types of explanation, each associated with particular professional interests: the insanitationists; the infectionists; the hygienists, and the tubercularisationists. These modes of explanation emphasised, respectively, sanitary reform; the regulation of milk and meat supplies; education and the reform of individual behaviour and – finally – the effects of the increasing tubercularisation of 'virgin soil' individuals and populations. With a similar focus on scientific debates, papers by Susan Jones and Lyn Brierley-Jones focused on the influence of Robert Koch's discoveries, the former with reference to the

bovine tuberculosis debate in early 20th century Britain and America, and the latter in a discussion on the homeopathic treatment of tuberculosis, also focusing on Britain and the United States. The paper by Vera Blinn Reber suggested the influence of European scientific debates in other parts of the world; she argued that the public health profession in late nineteenth-century Buenos Aires was particularly influenced by the notions of sanitary reform, and 'disinfection'.

Contemporary scientific debates, changing understandings of the nature and incidence of tuberculosis played a central role in debates on citizenship, migration, and contagion. This was well illustrated by the paper by Alison Bashford, comparing the treatment of consumptives and lepers in early twentieth-century Australia; whereas tuberculosis was perceived as a 'disease of civilisation', affecting the European population, leprosy was seen as an alien and invading disease, associated with the presence of immigrants and, later, the aboriginal Australian population. This distinction manifested itself in different notions of segregation: consumptives in sanatoria were inculcated with a culture of citizenship, whereas lepers were isolated in exile and exclusion, seen as lying beyond responsible citizenship. Samuel Roberts's evocative paper on tuberculosis in Baltimore highlighted similar themes although in this case, African-Americans, and particularly black women, were seen as the vectors of disease, inhabiting tenement housing in Baltimore's 'lung block', and posing a threat to the white households in which they worked as domestic servants or laundresses, leading to Baltimore's experiments with racial segregation by the later 1910s.

John Welshman's discussion of tuberculosis and migration in post-war Britain highlighted the continuing importance of older scientific ideas of 'virgin soil' and susceptibility, applied to Irish migrants in the 1950s, and contrasted this with a racialised notion of South Asia migrants as previously infected vectors, which influenced the debate on compulsory

screening at point of entry for migrants in the 1960s. Finally, Nick King highlighted the importance of notions of 'contagion' from overseas in motivating public health policies in recent years. King argued that the resurgence of essentialist views of disease transmission, based on narratives of 'origin', have led to a tightening of border controls and the stigmatisation of immigrants, belying the notion of 'international' health policy.

State responses

If policies were informed by scientific, and popular, notions of transmission and contagion, they were also formed within the broader arena of the state: a number of the papers focused on the formulation of policy towards particular groups in society; the impact of political debate and intra-governmental rivalry in policy-formation; and the changing locus of accountability for tuberculosis policies, between central and local government, and between public and private agencies. Helen Bettinson's paper on state policy towards First World War veterans with TB brought out some of the tensions between surveillance and autonomy; between the image of the 'anti-social' man refusing treatment for tuberculosis, and the fact that the Ministry of Pensions had financed over 100,000 courses of tuberculosis rehabilitation by 1929. Keir Waddington and Peter Atkins both engaged with the making of policy on bovine tuberculosis in the inter-war period. Waddington charted the shift between the 1920s and the 1930s, highlighting the role of the Ministry of Agriculture (MAFF), and farming interests, in privileging a voluntary market-based scheme of tuberculin testing. Atkins used the framework of actor-network theory to highlight the roles of key individuals like Wilfred Buckley and Waldorf Astor in the making of policy on milk supplies and bovine tuberculosis.

In contrast, papers by Ida Blom and Jorge Molero-Mesa, focused specifically on the politics and ideological struggles surrounding voluntary campaigns against tuberculosis in the first part of the twentieth century in Scandinavia and Spain, respectively. Blom

compared the liberal, self-help ideology of the national tuberculosis associations of Norway and Denmark – particularly manifested in their emphasis on public information and individual responsibility, seen, for example, in the campaigns against spitting – with the labour movements' emphasis on assistance and treatment as a right; together with their campaigns for better pay and housing. Molero-Mesa sketched a similar picture of the Spanish voluntary campaign against tuberculosis, and described the 'proletarian' response to the tradition of liberal voluntarism, which stressed the impact of unhealthy industrialism as both the cause of tuberculosis, and the source of voluntary anti-tuberculosis activity. The paper by Ulrike Lindner considered the respective roles of the voluntary national tuberculosis association, local, and central government in post-war tuberculosis policy in West Germany – examining, in particular, the fragmentation of responsibility within the health system, and the mediating role occupied by voluntary organisations in the workings of the system.

Narratives of tuberculosis

Within the context of changing methods of treatment and shifts in policy, a number of discourses surrounding 'the tuberculosis patient' emerged – different types of tuberculosis patients were differentiated by physicians, public authorities, and epidemiologists. The construction of a typology of tuberculosis patients was illustrated in extreme form by Sylvelyn Haehner-Rombach's discussion of consumptives in Nazi Germany. She charted the rise, from the late 1920s of 'the anti-social tubercular', a category which later came to be further differentiated into the 'injudicious', the 'uncontrolled', and the 'vicious'; she suggested that evidence shows a slow process of state physicians breaking the will of patients who 'resisted' categorisation, and treatment.

In the post-antibiotic era, and particularly with the 're-emergence' of tuberculosis in the developed world, patients increasingly came

to be a category defined in specific ways through the attention of others. A pair of papers by David Barnes and Jeremy Greene discussed the origins of 'Patient Zero', and 'the noncompliant patient', respectively. Barnes argued that the unparalleled focus on individual acts of transmission – using sophisticated techniques of molecular epidemiology – has led to the widespread conception of outbreaks of tuberculosis in terms of 'index cases', each sparked by a 'patient zero', who is seen not as a victim, but rather as the source of infection. Barnes suggested that this approach unwittingly lends itself to stigmatisation and coercion, while obscuring the broader structural factors underlying the resurgence of tuberculosis: viz. homelessness, inequality, and HIV/AIDS. Barnes's discussion was complemented by the paper by Jeremy Greene on the 'discovery' of non-compliance in the clinical literature in the latter part of the twentieth-century, as a blanket explanation for the failure of chemotherapy to control disease. Greene, like Rombach, outlined the rise of different gradations of patient orderliness: from 'uncooperative' and 'careless' to 'resistant'. Greene concluded that, physicians' attempts to predict the characteristics of a 'typical' non-compliant patient have often contributed to the reification of stereotypes.

Cultural and aesthetic representations

Amongst the most stimulating features of the conference was the attempt to relate the changing treatment of tuberculosis, and the shifting categories employed by physicians and public officials to the cultural history of tuberculosis – the gendered and aesthetic representations of the disease and its victims in film, photographs, popular music and architecture. A number of papers illustrated both how deeply bound up the cultural history of tuberculosis is with the history of political and scientific debates, and – at the same time – the relative autonomy of the socio-cultural logic underpinning artistic representations of the disease.

On the latter point, Diego Armus showed how, despite the fact that male mortality

from tuberculosis was significantly higher than female mortality between the 1880s and the 1950s, tuberculosis was portrayed in Tango lyrics and popular literature as overwhelmingly a female disease. Successive narratives of decline and danger dominated the representation of tuberculosis: in the 1910s it was the image of the 'seamstress' lured away from home into the city, only to fall victim to tuberculosis; in the 1920s, tuberculosis was the fate of the *milongita* – the female Tango dancer seduced from the home into the under-world of Buenos Aires, and the 'fatal slope' from the cabaret to the hospital.

By way of contrast, other papers considered the impact of changing regimes of treatment on the cultural history of tuberculosis. Tim Boon's paper on tuberculosis propaganda videos in Second World War Britain reflected the coming together of a 'medical narrative' of tuberculosis – reflected in the Ministry of Health's concern with rising tuberculosis in young female factory workers - with a 'lay narrative' of 'Joan and Betty' in the 1942 film, 'Defeat Tuberculosis'. He pointed to the difficulty of capturing the ways in which these cultural products were consumed, and understood, by the public.

Philip Osten's paper contrasted the photographic images of children with tuberculosis used in publicity by the Oskar-Helene-Heim sanatorium, with the very different accounts in the patient files. The photographs, he argued, reduced children's bodies into metaphors for the hygiene movement, bearing little relation to their actual experiences in the institution. Finally, in a paper that approached the history of tuberculosis from a strikingly different perspective – that of architecture- Annmarie Adams charted the complex relationship between architectural design, medical advances and policy measures. She argued that the tuberculosis hospital often maintained its outdoor aesthetic even in the

age of streptomycin. Form, she suggested, followed architects' expectations of function, which did not always follow current scientific debates and technological change.

Future directions?

Perhaps the most emphatic common theme running through the conference was the need to revise any linear picture of the history of tuberculosis. Accounts positing a progressive move from quarantine to the 'new public health'; from treatment in sanatoria to chemotherapy; or those charting the 'defeat' of tuberculosis, need to be carefully revised to take into account the complexity of change, and the impact of contemporary trends. It was repeatedly emphasised that many of the categories which historians and policymakers have taken for granted are contingent and contextual, obscuring much ambiguity. The relationship between tuberculosis and poverty, for example, needs to be situated, and historicized.

There were also a number of notable silences, which might reflect the need for more research: patients' perspectives did not, in fact, feature prominently in any of the papers presented; very little was said about the experience of tuberculosis in large parts of the developing world since 1945; and there were few sustained international comparisons. An encouraging conclusion to be drawn from the conference, however, regards the potential complementarity of the concerns of historians and policymakers, both in terms of the technicalities of measurement, and in terms of understanding the social context and causation of tuberculosis. Flurin Condrau suggested at the outset that each group had much to learn from the other; the conference certainly bore out this proposition.

Sunil Amrit
Centre for History and Economics
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Local Knowledge ↔ Global Knowledge

Twelfth Berkshire Conference on the History of Women, University of Connecticut at Storrs, June 6-9, 2002

In the pouring rain that ravaged the first conference reception taking place in a tent, a "Big Berks," or the Twelfth Berkshire Conference on the History of Women began in a rather sensational way on the night of June 6, 2002. Participants amounted up to 2,000 people, of which about 95% were women academics, 40% "scholars of colour," 30% "queer scholars," and 5% historians of medicine. In the environment where the allegedly "minorities" in the academia were turned into a majority (or else became conspicuously visible), the "Big Berks" was carried out in a frank and friendly atmosphere.

The Berkshire Conference dates back to 1930 when a small group of female academics from the American Northeast who felt marginalised, met on a weekend at an inn in the Connecticut countryside. The meeting became the first of an uninterrupted 72 year series. From about 1935 they named the meetings Berkshire Historical Conferences, reflecting the location where they took place. In 1973 the first Berkshire Conference on the History of Women was held. The "Big Berks," as the Berkshire members fondly called it, subsequently has taken place every two or three years at various academic institutions in the Northeast and South of USA.

This time, the "Big Berks" was held at the University of Connecticut at Storrs, in an idyllic, green New England university town with glittering lakes, small hills and red brick campus buildings that all reminded us of 'Old England.' At the opening ceremony prominent postmodern historian of women, Joan Scott alarmed on the current re-emergence of the simplistic dichotomous analytical framework of "us versus others"

within a society where terrorism had become a fear-evoking daily rhetoric. Scott warned that academics should be aware of it, and rather use the term "reverberation" as a theme, methodological tool, analytical framework for understanding not only current society but the history of women.

What was then the "history of women" at the Berks? Topics and geographical areas covered by participants were so diverse (there were about 25 parallel sessions) that it seemed rather futile to refer the conference to a "history of *women* conference." Themes included colonialism, popular culture, science, religion, Europe, Asia, Africa, to name but a few. Nevertheless, what was unique about the conference was that a) feminism was a foundation of the conference and b) topics concentrated on supposedly "women's agendas" such as reproduction, body, and sexuality. Interestingly (and by now almost self-evident for historians), however, presentations of such "exclusively female" topics reminded participants of just how important it is to understand activities and mentality of contemporary males and to embrace not only the category of gender, but other categories that affected human activities, in order to truly comprehend those "female" themes.

As is evident from above, panels offered many topics that would interest historians of medicine, although medicine was not one of the most articulated themes. There were a few sessions on the social construction of medical knowledge on the female body, in the study of reproduction, sexology, and sex education. Moreover, some sessions concerned welfare states and women, which has been a flourishing genre in the history of medicine for the last decade. And finally, each set of parallel sessions had at least one or two histories of midwives, from most geographical areas of the world.

Presentations in these sessions proved an excellent amalgamation of methodologies of women's history and of medical history and as a result produced quite an interesting analytical framework. For instance, in the session on "Knowing and Experiencing

Reproduction and Illness," presenters examined the medicine that dealt with what we presently conceive of as quintessentially 'female' bodily functions (such as menstruation) and revealed the contemporary physicians who were either ambiguous towards those phenomena or did not necessarily discern them only by the gender framework. Thus, they offered a space for the audience to re-consider the tendency of current women's historiographies still focused on the body.

Likewise, many histories of midwives deconstructed the 'female' element of midwifery, which still today is a stereotype of many women's historians as well as historians of medicine. Many sessions included the nation state or the colony as an additional analytical framework that suddenly shed light on other actors (mostly men!), which consequentially complicated the simple story of midwives that hitherto had been discussed only by the rhetoric of 'female exclusiveness.' They also included the perspective of 'clients' (not necessarily only women), which again widened the view on midwife's activities.

Despite its size, overall the Twelfth Berkshire Conference on the History of Women was a stimulating, friendly, and intimate conference which also offered countless social occasions. By Saturday (June 8) the sky cleared, and participants were able to enjoy an American Barbeque in the evening, followed by a fantastic disco that lasted until 1 am in the next morning. By the time participants were leaving in the afternoon of June 9, we were stuffed with food, energy for further research, and friendship that 'hopefully' will last until the next meeting.

Aya Homei
CHSTM
University of Manchester

Cathy McClive
Department of History
University of Warwick



CONFERENCE ANNOUNCEMENT

Space, Psyche and Psychiatry: Mental Health/Illness and the Construction and Experience of Space, ca. 1600-2000

Oxford Brookes University, December 13-15, 2002.

An international programme of 17 speakers from multiple disciplines has been assembled to explore this growing subject. Themes will include the design, siting and landscaping of asylums and other psychiatric institutions; how space is used, experienced and appropriated by patients/users and psychiatric professionals; the influence of psychiatric thought on domestic space and other non-institutional spaces; and the representation of psychiatric institutions in the wider culture.

For further information about the conference see:

[http://www.brookes.ac.uk/
schools/humanities/medicine.html1/conf](http://www.brookes.ac.uk/schools/humanities/medicine.html1/conf)

or contact the organisers

Dr. Jonathan Andrews
jandrews@brookes.ac.uk
Dr. Leslie Topp
topp@brookes.ac.uk



CALL FOR PAPERS

Medicine and Society in the Midlands, 1750-1950

SSH Spring Conference, University
of Birmingham, School of Medicine,
Centre for the History of Medicine,
16 – 17 May 2003

The history of medicine in the Midlands has attracted the attention of an ever-increasing number of historians in recent years. With centres for the history of medicine at the universities of Birmingham

and Warwick, and an urban history group at the University of Leicester, together with many other academics working on related topics both inside and outside the region, this should hardly be surprising. However, there have been few attempts to bring together scholars specifically interested in medicine and society in the Midlands. As a result, this conference, organised by the Centre for the History of Medicine of the University of Birmingham Medical School and sponsored by the Society for the Social History of Medicine, aims to bring together historians working on various aspects of health and illness in the Midlands in the modern period.

Although limited in terms of period and region, the session will be broad in its themes in order to include a multiplicity of new and on-going studies, as well as other less-known, interdisciplinary research. Primarily, the conference will aim to explore connections between health care services, practitioners and patients and thereby bridge specialities within this historical discipline. It also hopes to include the work of historians not ordinarily working in the field of medical history. In this way, the event is intended to build connections, discover sources, while exploring new directions in what is a thriving area of historical research. Finally, the event is dedicated to the memory of the late Dr Joan Lane (1934-2001), whose work did much to promote original research on midlands subjects and whose own studies successfully combined several historical sub-disciplines.

Proposals for papers (200-400 words) are invited on any aspect of medicine and society in the region. The following individuals have already agreed to participate: Dr Martin Gorsky (hospital finance), Dr Len Smith (mental health), Dr John Welshman (public health) and Dr Adrian Wilson (childbirth and midwifery). Besides these themes, we are interested in exploring numerous other topics, including nursing, occupational health and medical education.

If you are interested in participating, please contact:

Dr Jonathan Reinarz
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CALL FOR PAPERS

The Hospital: Form + Function

3rd conference of the International Network for the History of Hospitals, McGill University, Montreal, June 19-21, 2003

The International Network for the History of Hospitals will hold its first international conference in North America at McGill University in Montreal in June 2003. The conference seeks to examine the relationship between the form and function of health care institutions as it has developed over time, place, and institution from the medieval to the modern period in different local and national contexts. How have medical ideas and functions shaped design? How did different patient populations experience the hospital and contribute to its formal development? How is the hospital is imagined and portrayed? How has the hospital formed a medical and social space? To explore these issues, "Form + Function" will be divided into four inter-related sessions. These will address:

the visual and built form of the hospital;
the hospital's social form;
utopian hospitals: theory, image, and reality;
the hospital's medical form and functions.

The focus will not be limited to hospitals. The conference seeks to address how these issues relate to other healthcare institutions – including the asylum, dispensary, nursing or convalescent home – many of which were

connected to the hospital or formed part of institutional healthcare systems. At the conference, there will also be a forum to display and discuss posters detailing research projects.

Papers are invited for all four sessions. All papers and posters should represent original research. Contributions are invited from scholars working in the widest possible range of disciplines, including historians of art, architecture, and medicine as well as from architects. Submissions from younger scholars are particularly welcome.

Abstracts of 500 words must be received at the latest by 15 November 2002. Enquiries and abstracts should be sent to:

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routine practice in industrialised countries. Since the 1960s, however, new medical technologies have increasingly been seen not only as opportunities but also as risky, something to worry about. The recent debates about therapeutic cloning are but one example.

While some think that the 'golden age' of modern medicine may be over, universities make great efforts to connect the production of knowledge with the production of commodities. It has become fashionable to think about new technologies as innovations, as products for a market. But how new is this perspective, and how specific to current medical debates? With this conference we want to investigate medical innovations from a historical perspective. We invite abstracts on medical technologies not only in a narrow sense – new diagnostic and therapeutic tools, prostheses, kits and apparatuses – but also in a wider sense: the material cultures of hospitals and techno-medicine, that left their marks on medical culture, not only in the 19th and 20th centuries. We are interested in the social shaping of technologies, but also of the responses to technologies.

We are interested in the following issues:

the material cultures of medicine and medical science
medical systems and practices
discourses of innovation and progress
national systems of innovation and marketing
medical devices and tools
diagnostic and therapeutic technologies
the transfer of technologies into different cultural contexts
prostheses
pharmaceutical innovation
reproductive technologies
research and development in history
risk
industry-university relationships
innovators
failures
policy and technical assessment

CALL FOR PAPERS

Innovating Medicine: Medical technologies in historical perspective

**SSH Summer Conference,
CHSTM, University of Manchester,
July 11-13, 2003**

Modern medicine and medical technologies are inseparable. The rhetoric of medical progress continues to dominate media announcements of medical discoveries such as new drugs for AIDS patients or potential cures for cancer. The use of technologies such as hip replacements and artificial lenses, meanwhile, has become

experimentation and ethical considerations
medical technology in non-western
countries
medical technology and knowledge
transfer
intellectual property and patenting

Early expressions of interest would be appreciated. Please send your abstract of no more than 500 words by October 31, 2002, to:

Julie Anderson or Carsten Timmermann
CHSTM, University of Manchester
Maths Tower, Oxford Road
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carsten.timmermann@man.ac.uk

For information and updates, please visit the conference website at:

[http://www.chstm.man.ac.uk/
events/innovation.htm](http://www.chstm.man.ac.uk/events/innovation.htm)

NEW BOOK SERIES

SSH Research Monographs

Joseph Melling is the editor of the new **SSH Research monograph series**, which the Society launched last year. Jo has already received a number of promising proposals and welcomes all suggestions, ideas and formal proposals for book-length quality publications in the social history of medicine and related fields.

Anyone interested or those with queries should contact Jo at:

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REMINDER

EC Election, Annual General Meeting, Essay Competition

Please don't forget about our essay competition and the forthcoming Executive Committee Election.

Voting forms for the elections will be available on our website. The results of the elections will be announced at the 2002 **Annual General Meeting** of the Society, to be held in London on **Friday 27 September 2002**. Please check the website for details.

More information and entry forms for the essay competitions can be found also on the website or in the last issue of the *Gazette*. Alternatively, please contact our membership secretary, Dr David Cantor: Division of Cancer Prevention, National Cancer Institute, Executive Plaza North, Suite 2025, 6130 Executive Boulevard, Bethesda MD 20892-7309 (Regular mail), Rockville MD 20852 (Courier), U.S.A. Tel: +1 (301) 594 1012, Fax: +1 (301) 480 4109; Email: cantord@mail.nih.gov

Back issues of the *Gazette* can be downloaded from the SSHM website, at <http://www.sshm.org/gazette.html>.

Please visit the SSHM Website at <http://www.sshm.org>

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