No 35, April 2005

Society for the Social History of Medicine

The Gazette

ISSN 0962-7839

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SSHM OFFICIAL NOTICES

The new Executive Committee

The Society held its most recent AGM in London on 18th February, and the membership of the Executive Committee is now as follows:

- Chair: Flurin Condrau
- Treasurer: Carsten Timmermann
- Secretary: Pamela Dale
- Membership Secretary: David Cantor
- Publicity: Chandak Sengoopta
- Webmaster: Lutz Sauerteig
- Gazette Editor: Cathy McClive
- Gazette Assistant Editor: Keir Waddington
- Conference Co-ordinator: Jonathan Reinarz
- Members: Jon Arrizabalaga, Stuart Anderson, and Ornella Moscucci

For contact details, please consult the SSHM website at www.sshm.org.

Our chairman since 2001, Stuart Anderson has retired from the post, and we would like to use this opportunity to thank him for the excellent work he did for the SSHM over the past four years. The new chairman is Flurin Condrau, who is replaced in the office of treasurer by yours truly. Yes, this means that this is my last Gazette. The next issue will be edited by Cathy McClive, who in the past assisted me in this job. We also want to extend a warm welcome to Ornella Moscucci, a new member of the committee.

Please address any mail regarding Society business to the new Secretary:

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The next AGM

The next AGM will be held in Paris in conjunction with our conference on the 'Cultural History of Health and Beyond', 7th to 10th September 2005, which we are co-hosting with the European Association for the History of Medicine and Health (see page 14). More concrete information on place and time will be published in the August issue of the Gazette and on the SSHM website, www.sshm.org.

Nominations for the EC

We would like to invite you to think about possible nominations for the EC. Three Committee members are due for (re-)election at the next AGM in September in Paris, and there will be one vacancy (Stuart Anderson is not seeking re-election).

If you think you might want to get involved in running the SSHM, please consider joining the Committee, particularly if you live in Scotland or Northern Ireland. Since Lesley Diack left the Committee last Autumn (by the way, thanks, Lesley, for your excellent work as Secretary), we are without representatives from Scotland, and Ireland (be it the Republic or the North) has been underrepresented for a long time. So, join us and help us shape the ways in which the history of medicine is taught and researched.

A nomination form will be included in the next *Gazette* and is available on the website, www.sshm.org.

Social History of Medicine Editorial Notice and new Reviews Editor wanted

The SHM editors would like to express their thanks and convey their scholarly appreciation to their predecessor. Roger Davidson maintained a high standard of editorial scrutiny and efficiency. His unremitting patience, clarity of style and promptness of action did much to ease the pressures associated with editorial duties.

The new editorial team regret that from April 2005 Louise Curth will no longer be able to act as reviews editor. This is due to other professional commitments. We thank her for her efforts and commitment, and wish her well for her future career.

The editors would like to invite applications for the position of reviews editor, to be taken up from April 2005 or soon after. Candidates should send a *curriculum vitae,* publication list, and a sample of their written work to the Assistant Editor:

Ruth Biddiss
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SSHM CONFERENCE REPORT

Healthy Towns, Healthy Cities: Public Health in British Cities, 1844-2004

London, November 12, 2004

'Healthy Towns, Healthy Cities' was a one-day conference hosted by the London School of Hygiene and Tropical Medicine and sponsored by the SSHM. It was prompted by the observation of one public health academic that the historical community had failed to mark the 150th anniversary of the Health of Towns Association. Thus the day provided an opportunity for some 98 attendees to reflect on the town as a focus of public health initiatives in the sanitarian era. It also provided a chance to bring historical perspectives to bear on the present, now that the city is enjoying a revived role in promoting 'the new public health' at the turn of the millennium, and in view of the 'Choosing Health' White Paper.

Christopher Hamlin (Notre Dame) raised issues of the tension between expertise and public participation, contrasting a history centred on Chadwick with one centred on the Health of Towns Association. For the Health of Towns Association as a social movement, creating a political identity meant creating an enemy. Hamlin argued that the consequences of these tensions are still with us, in the form of authoritarianism in public health, and public health communal self-actualisation. Both are necessary but still unfinished, and the concept of health remains undeveloped, particularly when it clashes with rights and national security.

James Hanley (Winnipeg) offered an analysis of judicial decisions in cases involving the metropolitan commissioners of sewers (1815-42). He argued that the commissioners pursued a more radical agenda for sewers financing and taxation than they have occasionally been given credit for. Their agenda was thwarted by the judiciary and redirected by Chadwick and the Health of Towns Association. The sewers that emerged at the end of the 1840s did not reflect the priorities of the commissioners. This highlighted the role of legal expertise and opinion, and the politics of sewers taxation. Hanley argued the campaign to expand Poor Law rateability ran parallel to that to expand the rateability of sewers.

In their paper on Sir Henry Littlejohn (1826-1914), Paul Laxton (Liverpool) and Richard Rodger (Leicester) posed the question of why Edinburgh was so slow in appointing its first Medical Officer of Health (MOH). They placed that story in the contexts of Scottish social legislation, religious affairs, and the particular circumstances of Edinburgh itself. They surveyed the early career of Littlejohn, including his Report on the Sanitary Condition of the City of Edinburgh, which became the basis for the reform of public health in the city. They stressed his ecological view of public health, a holistic view of the city's geography, and the

scientific precision evident in the sections on meat and livestock. Laxton and Rodger argued that Littlejohn's achievements were the product of an extraordinary capacity for hard work, a sharp analytical mind, and a rare strength of character.

Bill Luckin (Bolton) concentrated on the part played by a small group of early metropolitan MOsH, evaluating their longer-term impact in the context of Anne Hardy's arguments about their role in the mortality decline. He highlighted the numerous bodies involved in public health intervention and surveillance, and the small scale of the first cohort of progressive activists. Luckin suggested that the over-idealisation of people like Simon comes too easily, and is a new variant of the traditional medical hagiography. The best of the MOH reports had much in common with religious tracts, but the less voluble officers produced brief and non-contentious reports, with sparse commentary, and minor amendments from year to year. Overall he argued the role of the MOsH should be seen in the context of activity by the metropolitan organisations.

There were two papers using film evidence. Michael Clark (Wellcome Trust Centre) introduced Dr G. C. M. M'Gonigle (1889-1939), MOH for Stockton-on-Tees for most of the interwar period, and author of Poverty and Public Health (1936). Clark suggested the Central Office of Information film 'One Man's Story' (1948) is less a tribute to the work of M'Gonigle in public health than an idealised psychological portrait. It portrayed M'Gonigle more as a conscientious bureaucrat - noting at one that 'the card-index is characteristic of the MOH's job' - than a doctor passionate about the effects of poverty, malnutrition, and rents on health. Nevertheless Clark argued it gave a strong impression of the mental atmosphere of a certain time and place, and the outlook of public health in the late 1940s. Tim Boon (Science Museum) introduced Paul Rotha's 'Land of Promise' and Manchester City Council's 'A City Speaks' (1943), locating them in the context of debates about reconstruction and planning.

Rebecca Taylor and John Stewart (Oxford Brookes) focused on four County Boroughs – Newport, Barnsley, West Hartlepool, and Eastbourne – and assessed the way they responded to the 1929 Local Government Act. They argued a more nuanced view of the impact of the Act is necessary than has been available hitherto. But while appropriation and increased coordination were the ideal responses to the new legislation, evidence from the detailed case studies shows that even where appropriation did not occur following the 1929 Act, significant improvements in health services could result. A wide range of factors could affect the quality of health service provision at the local level.

David Smith (Aberdeen) and Susan McLaurin (Independent scholar) looked at the strategy of one MOH, R. J. Donaldson, in providing an annual multiphasic screening service in Rotherham, and later attempts to develop screening services at health centres on Teesside. They suggested Donaldson might be viewed as a 'progressive realist', and had a carefully thought-out career plan. While the original venture into screening was stimulated by a desire to find new roles and challenges for local authority public health, in view of public reaction Donaldson found himself in control of a 'runaway train'. Donaldson's venture did not meet with approval by the Ministry of Health, but on Teesside his emphasis on local authority screening clinics seemed to be in tune with the DHSS. The rise of evidence-based medicine in the 1960s added to the difficulties of finding a solution to the problem of the future role of MOsH, and contributed to their demise.

John Ashton (Government Office North West) located the Health of Towns Association in the context of the Healthy Cities movement. He recalled the origins of the Healthy Cities idea, arguing it prefigured the contemporary emphasis on ways of

engaging the public, healthy settings, and partnership working, but also illustrated centre-local tensions.

In the concluding comments, John Welshman (Lancaster) noted the historiography of public health remained sketchy and impressionistic, while attempts at periodisation provoked controversy. While a range of locations had been mentioned, questions of place, localism, and centre-local relationships continued to be important. The tension between individualism and the community was striking, and while there had been much about the communication of public health policy, the discourse of public health language remained under-studied. The importance of the law had emerged in James Hanley's paper and in debates about the 1929 Local Government Act. Much work remained to be done on the MOsH themselves, their role in public health policy and practice, while the films indicated how 'the public' seemed marginalised in the history of public health. Finally he thanked the speakers, audience, and organisers – particularly Martin Gorsky, Ingrid James, and Virginia Berridge – for a most interesting and enjoyable day.

John Welshman
Institute for Health Research
Lancaster University

SSHM CONFERENCE REPORT

Cancer in the Twentieth Century

National Library of Medicine, Bethesda, November 15-17, 2004. Co-sponsored by the Manchester Wellcome Unit for the History of Medicine and the SSHM.

On a sunny, mid-autumn morning, around three dozen scholars gathered on the campus of the National Institutes of Health outside Washington, DC. Although a handful of government librarians and medical professionals attended, most of the participants were historians from either North America or the UK, whose work addressed aspects of cancer awareness, prevention, research, treatment, or the experiences of patients in the US and Britain during the twentieth century.

Donald Lindberg, Elizabeth Fee, and Paul Theerman of the National Library of Medicine opened the conference with welcoming remarks. After John Pickstone added his own salutations, the National Cancer Institute's Peter Greenwald discussed current efforts at cancer prevention, emphasizing the need for studies on nutritional science that could potentially illuminate the relationship between diet and cancer. Conference organizer David Cantor, who did a remarkable job producing and coordinating the three-day affair, spoke next. He described the evolution of the event from its earliest state two years ago, when he had hoped to cover the history of cancer in the modern era, to its current incarnation as a space in which scholars might examine the social, economic, political, biomedical, and cultural contexts of the disease.

The first panel featured three studies within the history of breast cancer. Robert Aronowitz outlined the experiences of Rachel Carson, whose private battle with breast cancer in the 1960s contrasted sharply with her public role as an author and environmental activist. Calling Rose Kushner a member of the "next generation" of breast cancer activists, Barron Lerner described her opposition to chemotherapy and preference for tamoxifen, which was new at the time, based on her own interpretation of research data. Keith Wailoo, concerned with the ways in which cancer awareness and its relationship to race, identity, and culture have shifted over time, examined the historical absence of middle-class African American women from the prevailing themes of cancer awareness; these women cultivated Victorian propriety during the first half of the twentieth century as a protection against charges of promiscuity that were often leveled at their community.

After lunch, participants turned their focus to the UK, where, as Emm Barnes revealed, the perception of children with cancer has shifted over the past four decades from a narrative underscoring the failings of modern medicine to one of personal heroism and the triumph of science. Alberto Cambrosio and Peter Keating argued that the cancer clinical trial should be understood as a new style of practice that plays a role in producing categories and definitions of disease. Since Helen Valier could not attend, John Pickstone stepped in to summarize her study of the politics of cancer research in the UK and the relationship to the development of the Medical Research Council. Carsten Timmermann rounded out the panel with a look at clinical trials for lung cancer in postwar Britain and the ways in which a notion of the disease as self-inflicted provided researchers with a way to rationalize disappointing outcomes. In a provocative comment, Nikolai Krementsov asked how much "big medicine" drove the coevolution of research practices and new understandings of cancer, which prompted a debate on both the meaning and the appropriateness of the term. Susan Lederer added that the story of the clinical trial's growing social importance rested upon the increasing cultural authority of biomedical research.

In the final panel of the day, Ornella Moscucci described the visibility of cervical cancer in Britain from 1870 to 1930. Although the disease was clinically accessible and statistically significant, it remained socially unmentionable due to its links with female sexuality, male promiscuity, and social class. John Pickstone presented his own theoretical work on additivity in cancer treatments, focusing on national differences in the development and utilization of surgery, radiotherapy, and chemotherapy. The ensuing discussion brought forth comments concerning the ideology of transmissibility of cervical cancer, whether that affected treatment options and practices, and the extent to which the ailment might be more closely aligned, from the historian's standpoint, with venereal disease, rather than with other cancers. Allan Brandt observed the creation of what he called a "bimodal dichotomy," in which more "innocent" cancers, such as breast and childhood cancers, contrasted with those that were stigmatized because of a link to smoking, diet, or some other kind of behavior.

The day ended with a catered reception at the National Library of Medicine, where participants noshed on beef carpaccio, shrimp cocktail, and chocolate-dipped fruit.

A breakfast of bagels, cream cheese, and lox kicked off the second day of the conference. Ilana Löwy was the morning's first speaker; she battled through a series of technical mishaps with her Powerpoint slides to present her work on the difficulties of distinguishing between the normal and the pathological in genetic testing for breast cancer and the meaning of results that lay in between the two poles. Continuing with the theme of risk, Jean-Paul Gaudillière spoke of the controversies surrounding the use of sex steroids during the twentieth century and the ways in which cancer risk has shifted from a framework emphasizing danger to one in which the use of statistics is central. Raul Antonio Necochea's discussion of a particular form of hereditary colorectal cancer focused on the work of one physician in creating cancer maps to provide a visual reference for the disease's location; instead of relying on statistics, this physician used pedigree to assess risk. Commentator Charles Rosenberg described the story of cancer in the twentieth century as a Whig narrative of molecular progress and questioned whether a knowledge of risk might affect one's behavior and sense of responsibility. Participants disputed both the usefulness of the term "risk society" and the extent to which such a notion mattered to individuals.

Virginia Berridge opened the next panel on politics and public health with a paper

analyzing the relationship between science and policy on lung cancer in Britain from 1950 to 1971. Allan Brandt, who has agreed to serve as an expert witness in anti-tobacco lawsuits, discussed the same disease within the US, calling the Surgeon General's 1964 report on lung cancer one of the most crucial documents in twentieth century public health. In a chilling illustration of the ways in which the historian's task can have contemporary consequences, David Rosner and Gerald Markowitz, who are also serving as plaintiffs' witnesses, described how their research on vinyl chloride has brought their work under attack from the chemical industry. Based on the authors' assertion that industry executives covered up a link between vinyl chloride monomer and cancer, the publishers and peer reviewers of their book received sub poenas earlier this year from lawyers representing more than twenty chemical companies. Leading off the group discussion, Barron Lerner wondered whether the rest of us should consider our scholarship "wishy-washy" for lacking the rigor to which these historians must now subject their work. Allan Brandt acknowledged that while preparing for legal testimony does necessitate a heightened degree of precision and attention to detail, we must not let the courts dictate the questions that we, as scholars, should ask.

The conference's final panel led off with Elizabeth Toon, whose research on breast cancer in postwar Britain examined how knowledge about the disease was produced by what she called the "cancer establishment." Gretchen Krueger's analysis of images of children with cancer scrutinized how such images were used by institutions including Memorial Hospital and the Jimmy Fund, how they changed over the course of the twentieth century, and what they subsequently revealed about the meaning of childhood in the US. After David Cantor treated participants to a screening of "Man Alive," a short, animated film produced in 1952 for the American Cancer Society that added a hint of levity to the proceedings, Susan Lederer explored images of the cancer patient in popular, pre-1970 Hollywood movies. A spirited discussion followed on the use of cancer as a plot device within such films, the Cold War context of their production, and a subtext which revealed fear of the destruction of the family as a social and economic unit.

With the end of the scheduled presentations, attendees headed to a local restaurant for dinner and drinks. Judging by the looks of some colleagues the following morning, libations flowed freely that evening. It proved an appropriate ending to a conference marked by vigorous discussion and collegial debate, and which provided participants with numerous opportunities to chat, socialize, and discuss one another's work in an informal, intimate setting.

Leyla Mei
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City University of New York

CONFERENCE REPORT

History and Ethics of Human Reproduction and Embryo Research

Durham, December 10, 2004

The Centre for the History of Medicine and Disease, University of Durham, held its 3rd Workshop in the Wolfson Research Institute, Queen's Campus in Stockton, on 10 December 2004, bringing together academics and students from philosophy, health, medicine, history, biology, anthropology, theology, and biotechnology. The event was sponsored through the Centre's recent Wellcome Trust Enhancement Award.

In his introduction the Director of the CHMD, *Holger Maehle*, referred to a topical discovery in British stem cell research, reported in the German weekly magazine *Der Spiegel* on 2nd December 2004. At first glance, the new technique described, which allows

harvesting of embryonic stem cells from blastocysts developed from chemically treated rather than fertilised human egg cells, seems to circumvent ethical problems. However, Maehle noted that this technique is unable to solve the problems linked with the human embryo's moral status. Issues surrounding egg donation, for research rather than infertility treatment, and the question of whether it can be guaranteed that cells cloned from the egg donor are guaranteed to be incapable of development into a human still remain. Problems still abound with informed consent to embryo donation in the context of IVF, and there are uncertainties about whether the new technique can yield stem cells equally useful to those derived conventionally from 'real' embryos.

This example served to address two main issues that were to be discussed in the workshop. First, historical legacies wield powerful effects upon current issues in reproductive medicine. Differences in debates, legislation and policies vary between countries, attributable to their different histories. The strong German and British presence facilitated a comparative approach in our discussions. The problem of the human embryo's status underlies and connects debates in stem cell research, IVF and infertility treatment, and abortion reform. Our second aim was to appreciate this interconnection of issues, to do each more justice, and thus raise our awareness of how cultural traditions act upon ethical reasoning.

Christine Hauskeller (Exeter), in a paper on the scientific and public debates on stem cell medicine in Germany and the UK, addressed many of the two countries' differences in attitude and legislation on embryo research. She outlined major breakthroughs and legislative decisions from the field in both countries, before exploring the apparent effects of their different ethical histories upon research trajectories and the embryo's differing moral status. UK research focuses on embryonic stem cells, and funding for adult stem cell work (considered less innovative) is elusive. German funding concentrates on adult stem cell research; creation of embryonic cell lines is forbidden and their use limited to imports under stringent conditions. Hauskeller discussed how strategic use of particular scientific terms and language styles reflect underlying differences in attitude to stem cell medicine, like the different connotations associated with 'cloning' and 'nuclear transplantation'. Asserting 'battlefields' of strategic language to be unhelpful to finding agreement in ethics, she called for a rational conception of dignity, detached from material substance. In our discussion, we noted that language changes during a debate and shapes it as it proceeds. This affects public understanding of science; the language in which a debate is couched greatly influences its interpretation. We agreed that no scientific language can be 'neutral', as no term is ahistorical, and that strategic language is unavoidable for both sides of a debate.

Nick Hopwood's (Cambridge) presentation, '"Ourselves unborn"? Human embryology before IVF', was an illustrated historical account of the field's development from 'marginal' topic in biology and medicine to major field in the life sciences subject to intense debate. He described the shift away from a concept of the embryo as proof for the existence of 'ideal types', to its gradual claiming by Darwinists as a proof of common ancestry. Hopwood began with developmental series created at the turn of the nineteenth century, arguing that despite their familiarity as textbook images, we should question their 'obviousness'. Closely examining their production reveals developmental schemes as embryologists' creations; 'development' was produced as a subject for scientific study, reconstructed on a magnified scale with drawings and wax models. Hopwood displayed pictures of Ziegler's wax models, explaining their importance as visual aids to the institutionalisation of a vertebrate developmental scheme. We discussed the

disenfranchisement of women from whom embryonic tissue, before the advent of modern imaging techniques, was taken, linking this to ethical issues associated with the abortion debate and definitions of 'normal' development. We also considered the extent of women's, apparently considerable, interest in representations of the developmental processes. This lead to interesting comparisons with certain practices today including blurring of cutting edge embryonic images, because they are considered too shocking or politically charged, with respect to the abortion debate, for public viewing. Thus, pictures in science, as well as words, are usually heavily politicised.

Christina Benninghaus (Bielefeld) showed in her paper 'Displaying expertise: advice literature for infertile couples from the 19th and 20th century', that infertility is not only a recent problem. Focusing specifically on five German advice books, she argued the literature took two broad approaches, the first being the believed consequences of childlessness. Benninghaus discussed gendered meanings of infertility, describing ninerteenth-century portrayals of fatherhood as an 'essential' achievement for men, though they were believed able to compensate in other areas of their life. Female experiences of infertility were presented more emotionally, in terms of 'hysteria', devastation and non-fulfilment. Infertility was so stigmatised that it rarely even appeared in personal diary entries. The second focus concerned definitions, possible treatments and remedies, which varied among the books. Nineteenth-century advice appears more practical; many solutions pertain to the quality of sexual experiences for both partners, making the books interesting also as rare historical repositories of sexual advice. Early twentieth-century literature centred more on preparing couples for medical consultations or surgical procedures, rather than practical suggestions not requiring a doctor, supporting the idea of a shift towards the belief that these were lay-people's practices, and a more clinical attitude. We linked this biologisation of kinship to an increasing preoccupation with science as a source of 'answers', and addressed the changing importance placed upon family. We also discussed differences between male and female discourses of infertility, and examined passivity and activity concepts relating to eggs and sperm.

Representation of an embryo from Anatomie menschlicher Embryonen (1885) by Wilhelm His. By permission of the Special Collections Librarian, Robinson Library, University of Newcastle upon Tyne.

The presentation of *Gayle Davis* (Glasgow), on abortion law reform and the Scottish medical community between 1960 and 1980, contrasted with the preceding paper's emphasis on the desire for children. After outlining the Scottish common law system, she described Sir Dougal Baird's influence upon David Steel, the MP responsible for the private member's bill leading to the 1967 Abortion Act. Baird, a prominent Aberdeen gynaecologist, was unusual for capitalising on ambiguities in Scottish abortion law, and for publicly supporting 'therapeutic' abortion according to social criteria relating to the wellbeing of the mother. His stance starkly contrasted with that of Donald (another prominent Scottish gynaecologist, who pioneered ultrasound) in Glasgow, where Scotland's abortion rate was lowest. Davis argued that

vocal political support from Baird and associates, driven by increasing desires for professional autonomy and the eradication of 'back-street' abortions, influenced the state's move towards legalisation. We discussed the impact of publicity for Baird's vision, and his opposition's persuasive use of ultrasound images for discouraging abortion, and their wider political uses, alongside their primary function as an informative health tool.

In his concluding remarks, *Lutz Sauerteig* (CHMD, Durham) stressed that debates on reproduction and the human embryo are culturally as well as historically contingent. The language employed in debates on stem cells, for instance, illustrates the fact that scientific language uses metaphors intentionally as well as unintentionally, hence meanings are transported. Accusing science of a strategic language use – an accusation often made in debates on reproduction – is in itself a strategic argument since there is no way that language can be objective. Visual representations, images of embryos for example, also carry meanings and have a political function, which contributes to alterations in the experience of pregnancy.

Victoria L. Blake
Centre for the History of Medicine and Disease
University of Durham

CONFERENCE REPORT

Health, Work and Masculinity, circa 1800-1950

Warwick, December 10-11, 2004

On December 10-11 of last year the Centre for the History of Medicine at the University of Warwick hosted a workshop on 'Health, Work and Masculinity, c.1800-1950'. This event provided a platform for discussion of some of the ways in which the concept of 'masculinity' can contribute to historical understanding of the complex relationship between gender and occupational health over the increasingly industrialised nineteenth and twentieth centuries and within a variety of national contexts. The workshop was held at the Modern Records Centre on the Warwick campus, the repository of a number of archives pertaining to trade unions, employers' and trade associations, and industrial relations organisations. A total of fourteen papers were presented at the workshop, which was organised by Hilary Marland, Vicky Long and Mathew Thomson (Centre for the History of Medicine, University of Warwick), and Martin Dinges (Institut für Geschichte der Medizin der Robert Bosch Stiftung, Stuttgart).

The question of how to deal with masculinity as a means of uncovering experiences and explaining the behaviour of male workers in the past emerged as one of the central themes of this workshop, and lively debate surrounded some of the methodological problems and possibilities in placing masculinity as a conceptual tool at the centre rather than the periphery of analytic focus when dealing with perceptions, representations and experiences of illness, health and body in the workplace.

The familiar problem of source recurred with regard to consideration of how to use masculinity as an ontological basis for historical and sociological analysis of male health behaviour (Meuser), and also how to relate gender identity or, more specifically, 'the practice of being men' to the wider social/cultural expectations and mores inherent within, adapted by, or imposed upon particular workplace cultures. Discussion centred upon the theoretical and methodological challenges involved in attempting to unearth workers' practices and responses, locating individual and personal testimonies whilst at the same time extricating prescriptive ideals from actual conduct.

In negotiating this division between representation and social reality, a number of papers explored personal narratives of body,

disease and sickness. Whether soldiers writing letters home to their families during the Franco-Prussian war of 1870/71 (Richter), letters between two male workers and their wives during years of separation in war-torn Germany (Schweig), or through close reading of workers' attitudes to illness and health in nineteenth-and early twentieth-century German autobiography (Schmidt), such approaches allowed a more intimate view of the distinctly gendered nature of health behaviours and practices, providing unmediated, individuated testimonies of men and women as they sought to explain and control the vagaries of body and mind in the pursuit and preservation of wellness.

Another common theme and discussion point was the recognition of male workers' agency in modifying and sometimes resisting medical intervention, a defiance that highlighted the interpretive significance of class and hierarchy in the many and varied workplace cultures under consideration over the course of the workshop. The extent to which the operation of class could explain male reluctance to embrace medical advice or examination remained an open question.

Some papers looked at particular occupational health controversies from 'shuttle-kissing' and cotton spinners (Melling and Dale) to anthrax among British textile workers (Carter), inviting discussion of nineteenth-and twentieth-century medical surveillance of men and women and the problem of who or which groups in society were privileged with a voice in these health debates. Could twentieth-century industrial welfarism be viewed as the infiltration of the middle class into working-class spaces, an effort at the reformation or 'cultural re-fabrication' of the young male worker (Melling in reference to Long's paper) and to what extent did such reformist agendas reflect actual employer and medical provision?

In charting the entry of psychological specialisms in twentieth-century understandings of occupational health, such as psychological conceptions of risk behaviour and male 'accident proneness' in Switzerland and Germany (Lengwiler), or the problem of the 'industrial misfit' in British inter-war industrial psychological literature (Whitelaw), the assertion of expertise both within and beyond the factory gates and the question of what motivated different specialist groups in their scrutiny of the industrial worker became a pertinent discussion point. Whether tracing the contours of political regulatory involvement in the workplace, organisational and social response to medical initiatives, or legal and trade union compensation battles, the industrial male body became a focus of professional interest and the locus upon which a variety of occupational health and safety debates centred (Melling, Dale and Bufton).

The propensity of middle-class (professional or lay) observers to comment upon and criticise working-class lifestyles and behaviour, along with the historical specificity of gendered notions about privacy, hygiene, shame, embarrassment, cleanliness and self-control allowed for analysis of working-class interaction with medical authority, a relationship which often blurred the boundary between what could be regarded as public and private in examination of ideas and practices of health (Dale and Melling).

Though most papers concentrated upon industrial workers within British and European national contexts, several papers found the soldier-as-worker a fruitful source for analysis through the personal testimonies already outlined, and also in relation to institutional provision of health care for Indian troops in British India (Sehrawat). The number of papers focussing upon the industrial context highlighted the need to look beyond the factory, at other sites of masculinity and health, perhaps taking into account white-collar and agricultural workers. The influence of age, religion and education

were singled out as themes requiring greater elaboration, and age was particularly emphasised in this respect though touched upon in a paper which dealt with statistical evidence of mortality and morbidity amongst elderly workers in late Habsburg Vienna (Weigl), and another which focussed upon British boy labour and Industrial Welfare provision in World War One (Long).

The role of women and female socialisation in influencing masculine health practices, where social expectations of appropriate 'manly' behaviour impacted upon actual conduct was highlighted as another aspect in need of further attention, along with the need for awareness of the ways in which men created hierarchy amongst themselves, differentiating and delineating by trade, skill and locality, rather than solely along class lines.

Overall, the workshop provided participants with the opportunity to explore the gender politics of disease, perceptions of health and illness and their relationship to work in an internationally comparative forum, and allowed for the discussion of, among other things, the kinds of stories and explanations that existed about certain occupational diseases and how they affected and were interpreted by workers as well as by various professional groups, inviting consideration of the workplace as a site of protection for male health where historiography has tended to focus on its potential for harm.

Contrasting geographical points of reference worked to illumine the way in which industrial and political movements, economics, the decline of the apprenticeship system, mechanisation and the relationship between man and machine (Reinarz), along with conceptualisations and practices of skill translated differently not only according to historical moment but also by nationality. Themes of commonality and difference across continents were continually emphasised throughout the workshop, pointing to potentially rewarding future directions in the scholarship of occupational health, where geographically and culturally distinct practices of work and health intersect and refract, allowing historians new ways of getting at an old problem: that of revealing how men and women in the past shaped and responded to ideas of health and wellness, and what this meant for their experience of labour.

Brooke Whitelaw
Centre for the History of Medicine
University of Warwick

EXHIBITION

Hazard! Health in the workplace over 200 years

People's History Museum, Manchester, January 22 - July 10, 2005

The new changing exhibition at the People's History Museum in Manchester is all about ordinary people's working conditions. Hazard! Health in the workplace over 200 years is thought to be the first exhibition about health and safety at work to be held in the UK. The exhibition was developed in collaboration with the Centre for Occupational and Environmental Health (COEH) at the University of Manchester to celebrate their Diamond Jubilee this year. Professor Raymond Agius, Head of the COEH came up with the idea of an exhibition and spent time researching various possible venues across the city. It was felt that the People's History Museum was the most appropriate place to hold such an exhibition because of the changing exhibitions programme and as the main galleries tell the story of ordinary people.

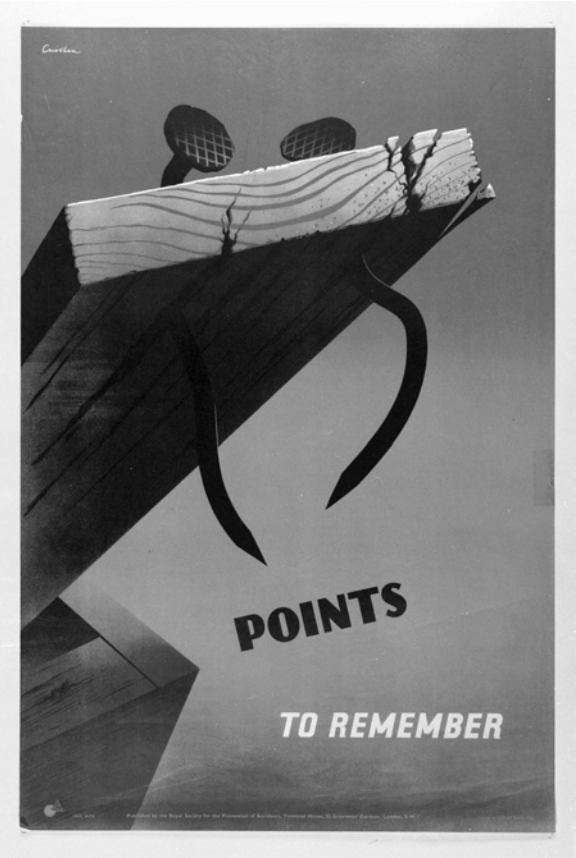
The department and university connections with related industries and trade organisations helped them to secure support and funding for this exhibition from various bodies. Supporters of the exhibition are; Astra Zeneca, Bentley Motors Limited, BMI Health Services, the Cotton Growing

Association - Work People's Collection Fund, The British Occupational Hygiene Society (BOHS), Chemical Industries Association (CIA), The Colt Foundation, the Forum for Private Business, the Health and Safety Executive, the Institution of Occupational Safety and Health (IOSH), the Occupational Health and Safety Advisory Service (OHSAS), the Society of Occupational Medicine (SOM) and Unilever.

The Hazard! exhibition is an enjoyable introduction to some of the issues and developments in health at work across a variety of industries. The exhibition's accessible approach through family friendly interactives, oral histories and lively events programme appeals to family groups and non-specialists whereas the subject matter, object rich displays and archive film footage appeals to academics, occupational health professionals and school groups.

The purpose of the exhibition is to introduce the subject of occupational health to a wide an audience as possible using a variety of media. Using a range of themes is often the best way to encourage learning and enjoyment. The themes selected cut across industries to provide a context to general developments in occupational health and case studies of specific illnesses: Health, Safety, Child Labour, Sport & Leisure industries, Research and Now & the Future. These themes emphasise the changes in health at work from the Industrial Revolution through to the present day. The exhibition is brought up to date by the on-going research into the causes and prevention of occupational illness, an area of expertise at the Centre for Occupational and Environmental Health, and by reference to the problem of industrial disease and child labour in developing nations.

Objects have been sourced from the museum's own collections, in particular the Trades Union Congress collection and Department of Work and Pensions collection. Outside loans come from local museums and other institutions such as the Wellcome Trust. Objects and images on display are supported by oral histories from the North West Sound Archive. These allow visitors to listen to workers describing their own experiences of ill health, accidents, child labour and medical care in industries from textiles, transport and mining to sport, domestic service and munitions.



In order to encourage visitors to investigate issues and developments in occupational health for themselves, the exhibition features a range of family-friendly interactives. These include: true or false flaps with information about industrial diseases and ailments, a timeline with information about legislation over the last 200 years and jigsaw parts for children, 'Hazardous' Snakes and Ladders with information about how visitors can improve their own health at work, a reconstruction fireplace in which children can dress up as chimney sweeps and enter the fireplace (imagine having this job aged ten), dressing up in various occupational costumes and online worksheets and

activities for families and schools to download.

There is a full and varied events programme to complement the exhibition. These range from themed school holiday activities, several different guided walks around the city linking with the content of the exhibition, to ABC of Hazards tours held on the first Friday of every month, to our new Living History character Maggie McCallow. Strike a Light! tells Maggie's story and was developed around the story of the famous match girls strike at the Bryant and May factory in 1888. The exhibition has also been timed to coincide with the following conferences in Manchester: the Annual Conference of the British Occupational Hygiene Society (19 - 21 April), the History of Occupational Medicine Conference (5 July) and the Annual Scientific Meeting of the Society of Occupational Medicine (6 - 8 July).

Karen Moore

Location: People's History Museum
The Pump House
Bridge Street
Manchester M3 3ER
Tel 0161 839 6061
Web www.phm.org.uk

SSHM CONFERENCE ANNOUNCEMENT

Cultural History of Health and Beyond

Joint conference of the European Association for the History of Medicine and Health and the SSHM

Ministère de la Recherche, Paris, France, September 7-10, 2005

Diverse cultural representations of the healthy body, behaviour, and practices of care are deeply intertwined with social relations in Europe today. It is not a new configuration. As far back as you care to look, and especially since the early modern period, processes such as the acculturation of new immigrants from countryside to city, or from a foreign to a familiar culture, as well as resistance to assimilation, have been among the main issues of the process of medicalization. The topic of the conference therefore includes different agents and scenarios, diverse representations, whether lay or expert, and conflicting interests that structured this domain of life. For at least three centuries, the body and its preservation and health have become more and more integrated into a new European manner of governance which promoted health as a social and cultural value.

We invite participants to consider various aspects of such historical processes. Behind the visible culture of health lie many different cultures, such as professional cultures, cultures of the market place, and cultures specific to the interaction of social classes or minority groups. For instance, what are the explanations for the itinerary of a patient in the health care system? What are the cultural aspects behind the definition of what is efficient delivery of health care? We hope that papers will also deal with the dynamics of cultural change in the perception of body and health, including the role of the media and the new imaging technologies. Moreover, historiographical issues may be raised about the ways in which cultural approaches have modified our knowledge about the history of health and what has changed in recent interactions between social and cultural perspectives. All the domains of medicine and health are concerned: mental health, professional versus lay medical cultures, health services and administration, as well as individual preventive behavior or scientific theories.

Conference organiser: Patrice Bourdelais
Ecole des hautes études en sciences socials
Paris

For more information, see the EAHMH website:

http://www.eahmh.net/
Email: info@eahmh.net

CONFERENCE ANNOUNCEMENT & CALL FOR PAPERS

Practices and Representations of Health: Historical Perspectives

SSHM Annual Conference, Warwick, June 28-30, 2006

The Society for the Social History of Medicine invites submissions for its 2006 Annual Conference, 'Practices and Representations of Health: Historical Perspectives', to be held at the University of Warwick on 28-30 June 2006, organised jointly by the Centres for the History of Medicine at the Universities of Birmingham and Warwick.

Keynote speakers include:

- Susan E. Lederer (Yale University)
- Sir Geoffrey Lloyd (Cambridge)
- Charles E. Rosenberg (Harvard University).

The Programme Committee welcome offers of papers on a wide range of topics that link to the theme of the conference, but particularly encourage papers on the following themes: alternative and complementary health movements; airs, waters and places; medicine and emotions; theatre, music and medicine; child health; old age and death; body shape and image; disability; race, post-colonialism and health; health and the workplace; the historiography of the history of medicine. In addition to single-paper proposals, the Programme Committee seeks proposals for panel sessions. All papers should ideally present original work not yet published or in press.

We invite you to submit an abstract by email by **1 May 2005**, to Molly Rogers (molly.rogers@warwick.ac.uk).

If you are unable to submit electronically, please send eight copies of your abstract to Molly Rogers, Centre for the History of Medicine, University of Warwick, Coventry CV4 7AL, United Kingdom.

Abstracts should be limited to one page and must include your mailing and email addresses, telephone number, and affiliation.

Programme Committee:
Robert Arnott (University of Birmingham)
Sarah Hodges (University of Warwick)
Colin Jones (University of Warwick)
Hilary Marland (University of Warwick)
Jonathan Reinarz (University of Birmingham)

CONFERENCE ANNOUNCEMENT & CALL FOR PAPERS

Sense and Substance in Traditional Asian Medicine

International Association for the Study of Traditional Asian Medicine (IASTAM), Austin, Texas, USA, April 27-30, 2006

The International Association for the Study of Traditional Asian Medicine (IASTAM) will hold its Sixth International Congress in the Texas Memorial Union on the campus of the University of Texas at Austin. The theme for the Sixth Congress is "Sense and Substance in Traditional Asian Medicine".

IASTAM invites proposals for papers on the senses (such as vision and hearing) and their functions in medicine and in different medical contexts (such as prognosis and diagnosis), sensory perception, how "sense is made" out of various sets of symptoms in practice, and how contemporary adaptations "make sense" of older medical paradigms. IASTAM also invites proposals on physical substances (such as blood, milk, or tears) and their roles in different theories and models of anatomy and treatment.

IASTAM encourages papers from scholars from all science and humanities disciplines as well as from practitioners of traditional Asian medicine (*Ayurveda,* acupuncture, etc.).

Proposals on any theme or topic are welcome, but papers that address the themes of sense and substance will be given preference, as will proposals for organized panels over individual papers.

Panel and paper abstracts of not more than 250 words should be sent via e-mail attachment to Dr Martha Ann Selby (ms@uts.cc.utexas.edu) by no later than 1 **August 2005.** Decisions on the final programme will be made by 1 December, and full programme details will be made available by 1 March 2006.

Registration details are available on the IASTAM website at www.iastam.org

Accommodation details will be available shortly.

Dr Waltraud Ernst
University of Southampton

ROY PORTER STUDENT ESSAY COMPETITION

The Society for the Social History of Medicine (SSHM) invites submissions to its 2005 Roy Porter Student Essay Prize Competition. This prize will be awarded to the best original, unpublished essay in the social history of medicine submitted to the competition as judged by the SSHM's assessment panel. It is named in honour of the late Professor Roy Porter, a great teacher and a generous scholar.

The competition is open to undergraduate and post-graduate students in full or part-time education. The winner will be awarded £500.00, and his or her entry may also be published in the journal, *Social History of Medicine*.

The deadline for entries is December 31, 2005.

Further details and entry forms can be down-loaded from the SSHM's website: http://www.sshm.org

Alternatively, please contact

David Cantor
Division of Cancer Prevention
National Cancer Institute
Executive Plaza North, Suite 2025
6130 Executive Boulevard
Bethesda MD 20892-7309
U.S.A.
Email: competition@sshm.org

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