

Society for the Social History of Medicine



The Gazette

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OFFICIAL NOTICE

Annual General Meeting for the SSHMM

The Society's Annual General Meeting (2007) will be held on 15 September 2007 from 2:00-3:00 p.m. at the Joint Conference of the SSHM and the European Association for the History of Medicine and Health. This conference will be held at the Brunei Gallery, School of Asian Studies (London, 12-15 September). The conference programme (accessible from the SSHM webpage) gives details about room allocations and directions to the venue.

OFFICIAL NOTICE

Elections for the Executive Committee of SSHM

Nominations are invited to the Executive Committee of the Society for the Social History of Medicine, following the 2006 Annual General Meeting.

The Executive Committee consists of sixteen members, twelve of whom are elected. Four members stand for election each year, serving a three year term of office. The joint editors of the Society's journal, *Social History of Medicine*, the edited series editor, and the monographs editor are ex-officio members of the Executive Committee.

Candidates must be members of the Society of at least one year's standing. Proposers and seconders must also be members.

Members of the Society may nominate themselves or another member. The nomination form (on the back cover of this issue) should be completed, signed by the proposer, the seconder and by the nominee.

The completed form should be returned to the Society's Secretary as soon as possible:

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OFFICIAL NOTICE

Thank you

Pamela Dale will be standing down as secretary of the SSHM and member of the Executive Committee at the Annual General Meeting. The EC would like to thank Pamela for her hard work over the past few years and wishes her well in the future.

Cathy McClive, Editor, *The Gazette*
Durham University

CONFERENCE REPORT

Canadian Society for the History and Philosophy of Science

**University of Saskatchewan, Saskatoon,
Canada, 28-30 May 2007**

The Canadian Society for the History and Philosophy of Science (CSHPS) had its annual meeting at the 76th Congress of the Humanities and Social Sciences held this year at the University of Saskatchewan, in Saskatoon, Canada. The meeting was attended by participants from across Europe and North America and covered a wide variety of subjects in the history, philosophy, and sociology of science and mathematics.

I attended two sessions that might be of interest to readers of the *Gazette*. In 'Material Practices in the Bio-Medical Sciences' Tracy Koeing (Louis Pasteur, Strasbourg) discussed how 'trash' from surgical operations was turned into 'treasure' in the hands of pathologists and Howard Hsueh-Hao Chiang (Princeton) talked about the creation of the process and practice of gel electrophoresis at the intersection between separation science and biomolecular science. In an overlapping presentation, three Philosophy post-graduate students, Robyn Bluhm (Western Ontario), Kirstin Borgerson (Toronto) and Maya Goldenberg (Toronto) challenged the hierarchy of evidence in evidence-based medicine.

Perhaps the best attended session was the plenary session held in association with the Association of Canadian College and University Teachers of English (ACCUTE) on 'Adaptation: The Plenary, Not the Movie'. In this highly entertaining and interwoven discussion Linda Hutcheson (Toronto) discussed the problems she encountered with the literary perspective on adaptation while the biologist Gary Bortolotti (Saskatchewan) and the historian Gordon McOuat (University of King's College, Halifax) discussed adaptation from biological and philosophical perspectives.

The annual Stillman Drake Lecture was given by David Kaiser, a physicist and historian, on the subject 'Toil, Trouble, and the Cold War Bubble: Physicists and the Academy since World War II'. Kaiser offered a fascinating discussion on the effects of politics and government policy on enrolments in physics departments after the Second World War and how class size affected the teaching of physics from the 1940s to the 1970s.

Judith Friedman
University of Victoria, Canada

CONFERENCE REPORT

Canadian Society for the History of Medicine

University of Saskatchewan, Saskatoon, Canada, 31 May-2 June 2007

This year the Canadian Society for the History of Medicine (CSHM) and the Canadian Association for the History of Nursing (CSHN) held their annual meetings jointly at the 76th Congress of Humanities and Social Sciences at the University of Saskatchewan, Saskatoon, Canada. This combined session offered a wide variety of talks on the history of medicine, nursing, and healthcare in general and covered time periods ranging from the Ancient to the Modern.

Papers were given on topics as diverse as plastic surgery in Renaissance Italy to the difficulties of nursing in the wilds of Canada and from the origins of Canadian Medicare to the ethics of medical trials run on civilian and military subjects in Alberta.

In his Presidential Address 'The Rise and Fall of German as the Language of Medicine,' outgoing president Dr. Paul Potter (Western Ontario) offered an interesting look at the rise of German as the dominant language of medical literature through the 19th century and its decline in favour of English in the 20th century.

This year's CSHM Paterson Lecture was given by Dr. Heinrich von Staden (Princeton) on 'The Physiology of Morals: Ancient Medical Perspectives'. He discussed the Greek view on the correlation between physiognomy and behaviour—particularly Galen's linkage of anger with physical characteristics.

The closing lecture was the CAHN Hannah Lecture by Dr. Maureen Lux (Brock University) who spoke passionately on the subject 'Segregated and Isolated: Institutional Health Care for Aboriginal People in Post-

World War II Canada'. She argued that the creation of Indian Hospitals in Canada after the Second World War should not be viewed as a step in the process of providing health care to Canada's First Nations, but rather as part of a process of institutionalization and control of Native peoples that included removing children from their homes and placing them in residential schools.

Judith Friedman
University of Victoria, Canada

Editor's Note:

At the CSHM conference, Ms Friedman was awarded the H. N. Segall Prize prize for her paper, 'The Rediscovery of Anticipation in Hereditary Disease'. This award is given by the CSHM to recognise the best paper presented by a postgraduate student at the conference.

CONFERENCE REPORT

Health and Welfare in Spaces of Confinement

**Faculty of Health and Social Care,
University of the West of England,
Bristol, 30 March 2007.**

Although the title signalled a day focussed on institutional health services, the speakers who gathered for this conference pursued the theme of confinement across a range of physical, psychological and social settings. In the first plenary Paul Gough gave a luminous account of the artist Stanley Spencer's spell as a medical orderly at Beaufort Military hospital in Bristol during the 1914-18 war. Deftly illustrating the talk with images of the hospital and of Spencer's murals at the Burghclere chapel, Gough analysed the impact of the hospital's 'cells of intimacy' on the artist's vision of soldiering, recovery and commemoration. In a pleasing post-modern twist, visiting delegates discovered that the

hospital (once the city's lunatic asylum) was now part of the University itself, and indeed the very building in which we had convened.

The first parallel session discussed sexuality and sexual health. Kath Holden offered a powerful reading of the normative strictures imposed on single women in interwar Britain, as demonstrated in sexual advice literature. David Evans then explored contact tracing in VD clinics, arguing that the confining space of the clinic pressured patients into providing details of sexual partners. Institutional histories of a different sort figured in the second parallel session. Matthew Godsell and Peter Carpenter gave an engrossing account of a short-lived 1960's experiment in a Bristol hospital for patients with learning disabilities, where a liberal, patient-centred regime antagonised conservative staff and finally collapsed in the glare of the media spotlight. Stephanie Kirby then painted a vivid picture of nursing in the TB sanatorium. Drawing on her now substantial collection of oral histories, Kirby explicated the range of skills, both clinical and emotional, which this challenging environment required of its staff.

In the second plenary Pamela Dale traced the shifting boundary of institutional and community care for vulnerable groups. Illustrating her argument with reference to her work on Devon, Dale showed how the disciplinary techniques of the asylum were increasingly extended beyond its walls by new forms of domiciliary visiting. Yet despite the intention to socialise deviant families, contact with officials also prompted recipients to reframe their expectations of institutional support.

These reflections provided an appropriate introduction to the two afternoon sessions on care of children and the elderly. A highlight of the former was Harry Ferguson's moving study of the NSPCC's turn of the century Children's Shelters. These were the first spaces that acknowledged the abused child, but Ferguson also punctured the 'myth

of rescue', showing that residents were typically returned eventually to their parents. Meanwhile a couplet of papers by Moira Martin and Robin Means charted the course of medical and residential care for the elderly through the twentieth century, with Martin reaffirming her argument that the Poor Law legacy of therapeutic nihilism needlessly manufactured a class of bedridden, chronic patients. Julia Johnson followed this with an absorbing report of a project that revisits the old peoples' homes originally analysed by Peter Townsend in his great classic *The Last Refuge*. The ex-workhouses which scandalised readers in the 1960s may have gone, but Johnson's team have traced several surviving homes and documented their changes. As might be expected, conditions today are a good deal more humane and comfortable, yet paradoxically the volume of petty regulations which constrain residents has increased. It was a suitably contradictory point on which to conclude a day which had juxtaposed the benign and the repressive aspects of medical and social care.

Martin Gorsky
London School of Hygiene and Tropical Medicine

discussion about how paediatric medicine has developed within, and how it has reshaped, not only our understanding of child health but also our understanding of the meaning of childhood. Individual papers looked at changes in how and where children were treated within hospitals, at cultural representations of childhood illness and health, and at the fluctuating role of parents in health care, leading to the development of strong themes and new questions through the day.

Hilary Marland (University of Warwick) presented a paper on 'fragile adolescence' and advice literature for girls written between 1880 and 1930, and Rachel MacAdams (University of Glasgow) described the emergence of neonatology as a specialism in the 1950s – both drew attention to how children have come to be seen as a distinct category of potentially sick people or clinical subjects and how this category has come to be subdivided as the discipline of paediatrics has become more established. There is a need for further work exploring the role of sub-specialisation in the establishment of paediatrics as a major field within modern medicine.

SSHM CONFERENCE REPORT

Re-imagining Paediatrics: Writing the History of Paediatrics

Centre for the History of Science, Technology and Medicine, University of Manchester, 18 May 2007.

On Friday May 18th 2007, CHSTM and the British Society for the History of Child Health and Paediatrics jointly hosted a workshop on 'Re-imagining paediatrics,' bringing together historians of medicine, sociologists of child health, and practicing paediatricians interested in the history of the discipline, with the intention of initiating new collaborative projects to reinvigorate the history of child health. The event established



Pictured above: Rachel MacAdams and Neil Pemberton at the Workshop.

Jonathan Reinarz (University of Birmingham) and Andrea Tanner (Great Ormond Street Hospital for Children) gave

rich descriptions of how hospital provision for children developed in Birmingham and London respectively in the second half of the nineteenth century, both stressing how children have been of special concern to the nation and to cities as the locus of 'the future,' and how issues over the gender and class of those treating children (including their parents) have risen repeatedly over the past 150 years.

David Stevens (Gloucester Royal Hospital) took this last matter further when he presented his published work on 'Pride, Prejudice and Paediatrics,' a history of attempts to exclude women from positions and professional representation in paediatrics until about 1950. This stimulated much debate on how struggles for status and money have shaped professionalisation in many medical fields.

Andrew Williams (Northampton General Hospital) showed how rich are the archival sources for recovering a vision of John Locke as a children's doctor as well as an educationalist, and made a convincing case

rooted influences on the ethos of paediatrics in Britain, where the need for paediatricians to advocate widely for children is stressed by the Royal College, since paediatrics is a discipline very interested in its own history.

The day also highlighted how few are the historical traces of the experiences of sick children themselves until we look at the very recent past. Mary Dixon-Woods presented her work on attitudes to tumour banking within paediatric oncology wards and clinics in the UK. Medical professionals, parents, and child patients were interviewed to see how they thought about donations of excess tumour biopsy material to a 'bank' for future medical research. The survey revealed that a sense of belonging to a historical community of patients contributing to and benefiting from experimental treatments was widespread, and has served as a foundation for a trust-based system of gifting clinical material. That children themselves have been asked, and have spoken of their own awareness of being 'in history,' is wonderful but rare – there is a need for historical detective



*Andrew
Williams and
Neil Pemberton
at the
Workshop*

that we cannot understand Locke's views on child development without also looking to his beliefs about good medical practice. It would be interesting to look for other long-

work to look for older instances of children leaving their mark on the shaping of understandings of child health, illness, and medical care.

We hope to hold a further event early in 2008 to strengthen the links made between disciplines and scholars at this event, and to launch new research projects. Watch the CHSTM website for more information, or contact emm.barnes@manchester.ac.uk or neil.pemberton@manchester.ac.uk.

Emm Barnes
University of Manchester

CONFERENCE REPORT

International Commission on Occupational Health: The History of Work, Environment and Health

**Dudley, West Midlands, United Kingdom,
18-21 April 2007.**

The International Commission on Occupational Health has previously sponsored two major conferences on the history of occupational health and environmental health, in Rome (1998) and Norkopping (2001). This, the third such historical event, took place in Dudley in the West Midlands, was hosted by the Centre for the History of Medicine at Birmingham and attracted an international group of scholars working in a particularly interdisciplinary and specialised field of medical history. Following introductory comments by two of the conference organisers, Tim Carter and Robert Arnott (University of Birmingham, UK), and a welcome from Sergio Iavicoli, Secretary-General of ICOH, the conference quite appropriately, given its location, commenced with a session entitled 'Cradles of Industry'. Rather than focus on the particular cradle of industry in the immediate

vicinity of the conference, the first panel covered a wide range of topics in terms of both geography and chronology. Alberto Baldasseroni (AUSL, Italy), in the conference's first keynote address, focused on the Milan Exhibition of 1906, which coincided with the completion of the Simplon Tunnel. The reduction in both disease and injuries because of effective preventative measures compared to the St Gotthard tunnel (1872-82), was a cause for celebration. In subsequent years, occupational health remained a priority in Italy, not least because the Clinica del Lavoro was founded in Milan only four years later. The second paper, by Robert Arnott (University of Birmingham, UK), examined the potential hazards of workers centuries earlier from evidence gathered at a copper-smelting site in Crete. Workers here seem to have been aware of the hazards as they treated their ailments with remedies made at the site, perhaps the earliest medicines found in Europe. The following paper by Paul-Andre Rosenthal (INED, France) examined the role of government in the treatment of silicosis in ten countries. In the case of France, some of the most significant work appears to have been carried out by the Vichy government, collaborators with the Nazis, rather than, ironically, by labour-friendly administrations. The penultimate paper of the day was by Toshio Matsushita (Kagoshima University, Japan), who discussed the western-style industrial modernisation project, known as Shuseikan, at Satsuma, while Jonathan Reinarz (University of Birmingham, UK) concluded the session by returning to the Midlands in his exploration of occupational health as revealed in the records of Birmingham teaching hospitals during the nineteenth century.

The following day commenced with a keynote paper by Geoffrey Tweedale (Manchester Metropolitan University, UK) who, among other things, considered the localisation of industrial disease by discussing regional clusterings of mesothelioma in Clydeside and Merseyside and lamented the scarcity of such localised historical approaches, which tend to be more common in the work of epidemiologists, as well as economic historians. Six regional studies of 'towns, trades and diseases' followed, demonstrating the influence of local politics in occupational health history, as well as the localisation of knowledge.

These included Tim Carter's (University of Birmingham,

UK) expert study of anthrax in Edwardian Kidderminster, and two other papers, by Pierluigi Cocco (University of Cagliari, Italy) and Douglas Buchanan (University of Manchester, UK), which together explored both the global and regional history of malaria campaigns, Buchanan concentrating on the Roan Antelope Mine in Northern Rhodesia.

Mining was the focus for other papers. Zodwa Ndlovu (NIOH, Johannesburg, South Africa) concentrated on 64,000 Chinese miners who helped South Africa re-establish itself as the leading producer of gold after the Boer war. Alessandro Porro (University of Brescia, Italy) highlighted the specific hazards posed by one of Europe's leading zinc mines in Buggerru in Sardinia between 1907-1926 as revealed in the records of the local mining hospital. While mining deaths in the West declined in subsequent

years, the final paper in this session by Robert McKnight (University of Kentucky, USA) demonstrated how agricultural deaths failed to decline in line with those of other industries, especially as agricultural work became more mechanised in the 20th century.

After lunch, the delegates took a coach tour of the Ironbridge Gorge, exploring the rich industrial history of the Severn Gorge.



*Pictured to the left:
The ICOH Conference Delegates at the Ironbridge Gorge.*

The following day was characterised by sessions united in their focus on technology, the first on the new risks posed by innovation, the second on the way in which technology has aided historians of occupational health. The former session was commenced by Paul Blanc's (University of California, USA) keynote which considered wood preservatives and glues, less in terms of social history, than as product histories, highlighting the way in which new hazards are generally quick to be identified, but responses to these hazards materialise more slowly. The second paper, by Silvana Salerno (ENEA, Italy), was a more traditional biography of the first woman graduate of Sapienza University in Rome, Maria Montessori, better known for her work on children's education than as a pioneer in the field of ergonomics. Minori Nakata (Kanazawa Medical University, Japan), in one of many Asian studies, examined the debate

provoked in Japanese society by the state's inaction to the new risks facing key-punchers in the 1950s. A session on the technologies of the historian began with an introduction to the South Wales Coal-field Collection by Sara Knight (Swansea University), before Pier Bartazzi (University of Milan) discussed and demonstrated the 36,000 documents recently digitalised and made available online by the Clinica del Lavoro in Milan. Arthur McIvor (University of Strathclyde, UK) concluded the session with a sensitive reading of oral history testimony and demonstrated the potential of this under-used source to occupational health historians.

The final session on 'social and political responses to harm from work' commenced with a final keynote paper by Ian Eddington (University of Queensland, Australia) who discussed the motivations of two occupational health reformers concerned with lead poisoning in Australia to draw out the features from successful and unsuccessful campaigns that are still relevant for practitioners. This was followed by a paper by Heikki Vuorinen (University of Helsinki, Finland) who discussed the emergence of a national health policy in Finland in the late 19th century, when the country's economy was still primarily agricultural in nature. In many ways, development of health care for Finnish workers benefited from a weak industrial sector, that was less able to block progress as was seen in other more heavily industrialised nations. Francesco Carnevale (AUSL, Florence, Italy) then took us back to Italy in his paper on the beginnings of a Medical Inspectorate of Work in that country in the decade before WWI, describing the difficulties of regulating three diverse industries and processes, namely silk, pneumatic hammers and home-based labour. Kang Seong-Kyu (Korea Occupational Safety and Health Agency, Korea) then brought us up to date in his fascinating discussion of the development of worker's compensation in Korea, where 11 million workers are covered by what has very quickly evolved into a system of social security in a country where

no such safety net otherwise exists. Jennifer Zelnick's (Tufts University, USA) paper maintained the contemporary theme by focusing on organised labour's role in tobacco control in the US service sector, where shared space, among other things, has lent a non-unionised workforce considerable control over workplace hazards. Vicky Long's (University of Warwick) paper discussed industrial health education in Britain in the inter-war period and the equivocal stance of the trade unions on educational initiatives that could divert the blame for harm from poor working conditions to careless workers. Gordon LeRoux (Shrewsbury Hospital, UK) presented the final paper on the long and interesting history of music, work and health, punctuated with examples from a rich and under-used sound archive.

In a very fruitful closing commentary, Tim Carter (University of Birmingham) adeptly attempted to draw out some key themes from what had been a very rich programme. While some themes had emerged from the four strong panels prepared by the organisers, recognition of harm, its validation and the diffusion of knowledge and action to prevent risks, on reflection, appear to have been important themes addressed by papers across regions and time periods. While the programme was remarkably international in scope, both in terms of presenters and subject matter, Carter additionally offered a framework for considering such diverse studies in the history of industrial health. In particular, he suggested an approach that might be described as 'an ecology of occupational health'. This might assist historians in their attempts to explain why, for example, a particular species of disease called byssinosis evolved in Lancashire and then spread around the world. While this example might in future be grappled with by historians of occupational health, the growing prevalence of the historical geographical approach among historians of medicine suggests these particular debates

and concerns will be of interest well beyond specialist workshops and conferences.

Jonathan Reinarz
University of Birmingham

SSHM CONFERENCE REPORT

**Workshop on Social Medicine,
Medical Geography and Health
Care for Indigenous People: Ethnic
Pathology. Max Kuczynski (1925)
in Germany, Russia, Latin America
and Beyond.**

Gießen, Germany, November 2006.

In 1925, the German physician and scientist Max Kuczynski (Berlin 1890 - Lima 1967) introduced the term 'ethnic pathology' for a medical approach that included pathology and microbiology, hygiene, medical geography, anthropology and even medical history. Though this part of his work wasn't well accepted by contemporaries, modern academics, Dr. Michael Knipper (Gießen, Germany) and Prof. Marcos Cueto (Lima, Peru), have recognised its importance, organising an international conference on 'ethnic pathology' and on Max Kuczynski. This double-pronged approach, exploring biography and the history of ideas related to 'ethnic pathology', has resulted in a productive conference with international participants from a wide range of origins and disciplines.

During his lifetime, Kuczynski was a well-known physician and scientist born to a Jewish family (although he later converted to Protestantism). He worked in Berlin at the department of bacteriology of the institute of pathology, under Lubarsch, where he undertook a number of expeditions to Poland, Russia and Central Asia (Mongolia, China) to investigate the influence of geography, climate, social aspects and ethnicity on the occurrence of diseases.

During these expeditions, he used a wide range of different research techniques, combining autopsy, bacteriological and clinical examinations with history, statistics, and extensive ethnographic observations and interviews. He left Germany in 1933--a forced migration--for South America, where he had spent some time doing research in a laboratory on tropical diseases.

Kuczynski trained in medicine and anthropology, specialising in microbiology, the leading field in medicine at that time. He earned his living as a pathologist, a microbiologist and a social hygienicist and public health officer. His outstanding publication, 'Steppe und Mensch', emerging from his excursions to Kazakhstan in 1925 and dedicated to his former teacher of anthropology, Luschan, was reviewed as a book beyond the boundaries of medicine. According to Aschoff, he moved beyond the realm of medicine with this work. His concept of ethnic pathology focuses on the fact that not only germs or social conditions are responsible for a disease, but that there are also ethnic differences, which can be examined through field study. That is what he did on his research trips to the Caucasus, the Andes and the Peruvian Amazon region. This kind of field work was not customary in the 1920s and 1930s.

Kuczynski's life was full of changes: radical changes of home and profession and changes of identity, religion, language and name. The aim of the conference was to bring together all of these diverse appearances, to take a deeper look at the context and possible comparisons. The objective was to examine and to acknowledge Kuczynski's legacy from an international point of view. In seven sessions, historians, geographers, social scientists and public health workers from four continents--South and North America, Africa and Europe--shared their knowledge and experience in animated discussions.

The first session shed light on the international health and social medicine in the European context in the first half of the 20th century and contextualized the political and sciento-political world of Kuczynski. Iris Borowy (Rostock, Germany) considered the ways in which ethnic groups were 'discovered' by European explorers and were subsequently shaped and defined by European colonialism. Medical thinking and medical ideas were in the minds of the travelers, many of whom were trained physicians in the field of tropical medicine, which meant that diseases unknown 'at home' became the subject of study for scientists from industrialized Europe and North America. Scientific concepts traveled or were able to travel--i.e. the concepts of bacteriology (germ theory with the practices of therapy and vaccination as prophylaxis), but the possibility of adaptation of a concept depended on different factors.

Paul Weindling (Oxford, UK) discussed an international scientific coalition against racism. He highlighted the field of racism and ethnical diversification, which shaped Kuczynski's concept of ethnic pathology, although this concept shows a critical awareness of what could happen on the road to racism. Weindling also argued that racism was not simply a 'German' phenomenon. Kuczynski rejected the concept of race, preferring a concept of ethnicities.

The second session was dedicated to the 'ethnic pathology' approach at the interface of pathology, medical history and ethnography, allowing for a history of science approach. Cay-Rudiger Pruell (Freiburg, Germany) described the world of pathology of Max Kuczynski, who had been a keen bacteriologist, based at the Institute of pathology in Berlin. This institute was founded by the famous Rudolph Virchow, Kuczynski worked under his second successor Otto Lubarsch. During his time, the field of bacteriology nearly moved to the department of hygiene. Michael Knipper provided more details on Kuczynski's life

and work until 1937. He illustrated that Kuczynski looked not only for germs, but also environmental factors. Simply considering the causes of diseases as poverty, alcohol and bad housing was a matter of reduction to him, as was the Koch dictum of a sole germ theory. Diseases affect individuals which can be grouped after this in a retrospective way, like pathology is a retrospective learning process. Josep Comelles (Tarragona, Spain) focused on the question of continuity or break in the ethnographic science. The idea of an ethnic pathology was in the world before Kuczynski, but he wrote it down, fixing and shaping it.

In the third session entitled 'Medical geography and social hygiene in the "East"', the perspective shifted from Central Europe to Eastern Europe and Asia. Marius Turda (Oxford, UK) considered the Rumanian scientist and politician Gheorghe Banu (1889-1957) who had developed a concept of rural biology, which implied the study of pathological, social and physical conditions of health. Turda reflected on the similarities of the concepts of Banu and Kuczynski: they were both developed for rural ethnic groups or mostly rural countries such as Romania.

Jochen Richter (Berlin, Germany) examined in detail Kuczynski's stay in Omsk, Siberia. He spent time there because of his expertise in malaria and typhus fever research. Kuczynski saw himself as an ambassador of German science, in contrast to British and French scientific travellers. And he used his stay for field research; he wasn't asked to perform the field study, but wanted to use the opportunity to prove his thesis that diseases were an attribute of a particular habitat and of a particular attitude and that both of these influences needed proper attention.

Susan Gross Solomon (Toronto, Canada) also focused on Kuczynski's research, particularly the significance of his being a

German professor who taught in Siberia. During the 1920s, Omsk had a rapidly growing industry and urban culture, with more than 25 nationalities living together there. Solomon identified a ‘Swiss connection’, proving that scientists tend to import and use their ideas and concepts wherever they are. Max Ashkenazi, the Pathologist in Omsk who had invited Kuczynski for a stay, had studied medicine in Switzerland. There he learned much about goiter, which was a common local disease in the Swiss Alps due to the low iodine concentration. He continued this interest in goiter in Siberia where relatively few patients suffered from this disease. Through Ashkenazi and the vibrant scientific life in Omsk, Kuczynski was inspired to formulate his theory of ethnic pathology.

Wolfgang Eckart (Heidelberg, Germany) focused on Heinz Zeiss, a contemporary of Kuczynski. In 1933, Zeiss became the director of the institute of hygiene of the Berlin University. He had done research in Russia in the field of bacteriology and hygiene, collecting data for a larger joint project, with Ernst Rodenwalt, on medical geography (‘Geomedizin’). Zeiss was certain to find physiologically proven answers for his political questions of race differentiation, which implied not only differences in race, but also in civilization. There are some similarities between Kuczynski and Zeiss: both liked to travel widely to gather material, although both had an emotional base in Berlin. Both had an agenda which was developed and substantiated with their exploration tours; for Kuczynski it was ethnic pathology, for Zeiss it was Geomedicine. However, the political impact on was different for each, with Zeiss becoming totally dedicated to Nazi thinking and taking a colonial approach to the Russian people. Although the outcomes differed, both Kuczynski and Zeiss developed their theories from their European and Eastern-European/Asian experiences.

In ‘Medical Sciences and Social Medicine in Latin America’, the focus of interest changed to the exchange and interconnection of European and Latin American ideas. Jaime Benchimol (Rio de Janeiro, Brazil) presented on the scientific relationship between Germany and Brazil between 1850 and 1917. He focused on the investigations and findings related to South American health and germs. Brazil was the first host to yellow fever, which can be seen by the discovery of the yellow fever agent in Brazil. Trypanosomiasis was also discovered in Brazil as Chagas-Disease in 1907.

Magali Romero Sá (Rio de Janeiro, Brazil) analysed the influence of German medical science and profession in the Brazilian and Argentine discourse. She examined the strong connections between the Hamburg Institute for Maritime and Tropical Diseases and South American Scientists, which remained alive until 1937. There continuous exchange between German and South American physicians and researchers produced significant contributions in the area of parasitic diseases.

The medical sciences and social sciences in Latin America were at the centre of another session. Marcos Cueto (Lima, Peru) showed the impact of Maxime Kuczynski-Godard on the social medicine in Peru. After Kuczynski moved to Peru in 1936, he worked as pathologist, studied Amazon ethnicities, and, in 1940, was appointed by the Ministry of Public Health to the Amazon region. He condemned the concept of colonization and the social inequalities produced, demanding a critical, more hygienic approach. He was ambivalent towards traditional medicine and extremely progressive medicine. Social medicine was a kind of humanitarianism to him; for example, he took care of leprosy patients suffering from leprosy.

Juan Pablo Murillo (Lima, Peru) described the complex web of interactions that existed

in the Andean ecosystems, and that led Kuczynski-Godard to a series of epidemiological studies, incorporating methodologies from diverse disciplines such as sociology, anthropology and demography. Kuczynski's heritage is still visible in Peru's sanitary policy.

A different aspect of ethnic pathology was shown by Cynthia Pope (New Britain, USA) in her paper, 'Marginalization and HIV in Latin America: The case of Mayans and ethnic pathology frameworks of risk in Belize'. Pope usefully applied the concept of ethnic pathology to a modern case study that showed how prejudices shape the risk of and attitudes toward HIV. Just as Europeans have tended to consider Africans as more promiscuous than other groups, despite a lack of evidence, in Belize, people believe that the Mayans--a socially and economically marginalized group--are more at risk than other ethnicities. HIV is spreading more rapidly amongst the Mayans than other groups, yet continues to be underreported, posing a danger to the indigenous communities and the entire country.

The focus of the final session was the adoption of European medical sciences and social medicine in Africa. Walter Bruchhausen (Bonn, Germany) discussed the adoption of social medicine in East Africa and the academic and political influences on colonial health policies between 1920 and 1970. Although malnutrition was detected as a main cause of disease in the interwar period, it took years until this was accepted for health care programs in Africa. Reasons for this protracting action were manifold: the political situation, the acceptance of other dogmas and discourses, and the non-acceptance of different reasoning in Africa compared to European countries. The two sides of social medicine, the socio-cultural differences and the socio-economic situation, were not easily reconciled.

Glenn Ncube (Harare, Zimbabwe) focused on 'The sick African', a publication by Michael Gelfand that discussed the colonial understanding of Africans' diseases. Medicine was an important instrument of empire building and is an important instrument of development care. Michael Gelfand, born in South Africa to Lithuanian immigrants in 1912, studied medicine in Cape Town and joined the Southern Rhodesia Medical Services as a physician, pathologist and radiologist in 1936. Although he was not familiar with Kuszynski's work, Gelfand was also an ethnic pathologist.

Comments by Volker Roelcke (Gießen, Germany), Axel Kroeger (Geneva, Switzerland), and Marcos Cueto centered on the importance of interactions between center and periphery, or monopoly and colony, both at home and abroad. These were driving forces for Kuczynski personally and in his publications. The question of identity and its stability was also raised, as the examples of Kuszynski, Zeiss and Gelfand demonstrated the ways in which people could change place, name, profession, religion and language throughout life. Axel Kroeger also usefully reflected that it is still difficult within the work of the WHO to identify ethnic factors of pathogenesis.

This international and interdisciplinary conference considered both Kuczynski himself and the concept of 'ethnic pathology'. Using historical insights about the origins and the constraints of particular medical disciplines and methodologies in European, South American and African contexts, it is possible to evaluate different approaches of international health. There is always more than one solution and it is possible to change approaches without losing one's identity.

Marion Hulverscheidt
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CONFERENCE ANNOUNCEMENT

Environment, Health, and History

Society for the Social History of Medicine, European Association for the History of Medicine and Health, and London School of Hygiene & Tropical Medicine (University of London)

Brunei Gallery, SOAS, 12-15 September 2007

This conference will cover a range of topics across all time periods and disciplines with national, cross-national and international dimensions. It is hoped through such exchange to explore the interface between environment and health in ways which are sensitive to the past but also speak to present day concerns. Among the themes of the conference are: Health and the urban environment; health and the rural environment; environment and occupational health; environment, climate and health; environmentalism; environment and the ancients - airs waters and places; environment, gender and health; sanitation; immunisation; the colonial environment and health; mental health and war; and more.

Keynote speakers include:

Professor Chris Hamlin (Notre Dame University, Indiana), **Professor Dieter Schott** (Darmstadt University of Technology, Germany), **Professor Chris Sellers** (State University of New York at Stony Brook).

The registration form and outline programme are available. There are special rates for EAHMH and SSHM members, as well as for PhD students. Travel and student bursaries are also available.

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CONFERENCE ANNOUNCEMENT

Children, Disability and Community Care from 1850 to the Present Day

School of Health Sciences (University of Wales, Swansea) and Centre for Medical History (University of Exeter)

Sketty Hall, Swansea, 24-25 October 2007

Community care is an increasingly important topic for social policy and historical research. Recent work has stressed the diversity of experience, the variety of groups involved, the long antecedents of the policy and its contested meanings, but there is arguably still too much emphasis on the closure of long-stay mental health and learning disability centres. This multi-disciplinary conference will explore such issues across a range of chronological periods and geographical regions. Paper topics will consider medical specializations, health screening, social workers and health visitors, social class, and charitable medical care. Keynote speakers include: Harry Hendrick, Anne Borsay, Robin Rohrer and John Welshman. Plenary speakers include: Sally French, John Swain, Steve Thompson, Rosa Ballester and M. José Báguena. For more information, please contact:

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<http://www.centres.ex.ac.uk/medhist/conferences/index.shtml>

CONFERENCE ANNOUNCEMENT

Putting Region in its Place: An Interdisciplinary Conference on Health, Healing and Place

University of Alberta, Edmonton, Canada, 26-28 October 2007

Recent years have seen a number of studies, across many disciplines, on the topic of place. Exploring the questions raised about the connections between health and region, this conference will consider the role of region in framing the analysis of health historically and today. In particular, the conference will examine health and healing in Canada within a broader context, thinking about the forces of location, provincialism and globalism and the ways in which health care and healing reflect these changing connections. Keynote speakers reflect the interdisciplinary interests: Joseph Gone (Psychology, Michigan), John Pickstone (CHSTM, Manchester), and Rob Shields (Sociology, Alberta). For more details about the conference or registration, please see the conference website.

Email: place@ualberta.ca
<http://www.ualberta.ca/~place/cfp.html>

SSHM CALL FOR PAPERS

American Association for the History of Medicine

Rochester, N.Y., 10-13 April 2008

The AAHM invites submissions in any area of medical history for its 81st annual meeting. The AAHM uses an online abstract submissions system and encourages all applicants to use this convenient software (please see the website listed below). If you are unable to submit your proposal online, you may post eight copies of a one-page abstract to the Program Committee Chair, Alan Kraut. Emailed or faxed proposals

cannot be accepted. Abstracts must be received by 15 September 2007.

Alan M. Kraut (Program Committee Chair)
6013 Sonoma Road, Bethesda, MD 20817
Tel: +1 202 885 2410 (0)1392 263289
Email: akraut@american.edu
<http://www.histmed.org/news>

SSHM ROY PORTER STUDENT ESSAY COMPETITION

The SSHM invites submissions to its Roy Porter Student Essay Competition. This prize will be awarded to the best original, unpublished essay in the social history of medicine, subject 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 and his or her entry may also be published in the journal *Social History of Medicine*. Further details and an entry form can be found at the website for the SSHM: <http://www.sshm.org/prize/prize.html>.

Alternatively, please contact:
Dr. Lutz Sauertig
Centre for the History of Medicine and Disease, Durham University,
Queen's Campus, Wolfson Research Institute, University Boulevard,
Stockton on Tees, TS17 6BH, U.K.
Email: competition@sshm.org

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



SOCIETY FOR THE SOCIAL HISTORY OF MEDICINE
ELECTION TO THE EXECUTIVE COMMITTEE 2006
NOMINATION FORM

Name of candidate:

.....

Proposed by:
(Member of the Society for the Social History of Medicine)

Seconded by:
(Member of the Society for the Social History of Medicine)

I accept nomination for election to the Executive Committee:

.....

(Member of the Society for the Social History of Medicine)