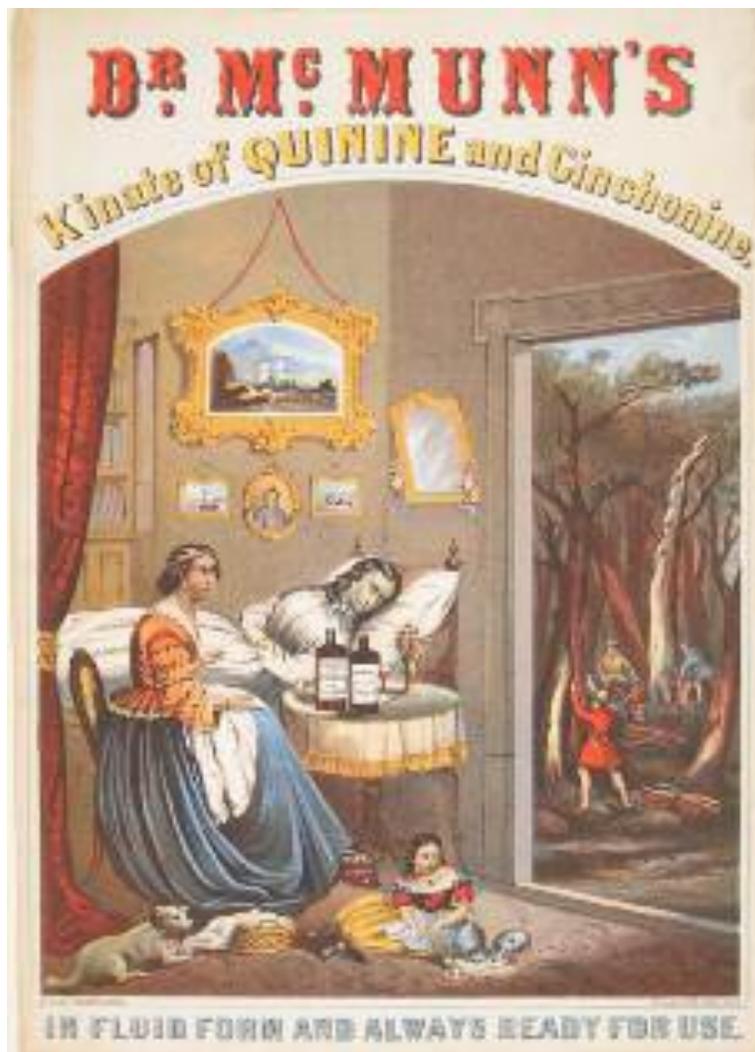


American Association for the
History of Medicine

AAHM

2011 Annual Meeting



Sheraton Society Hill Hotel, Philadelphia, PA
April 28-May 1, 2011

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Conference Hotel

Sheraton Society Hill
1 Dock Street
Philadelphia, PA 19106
(215) 238-6000

Other Locations

The Fielding H. Garrison Lecture and Reception will be held at the
National Constitution Center
525 Arch Street
Philadelphia, PA 19106
(215) 409-6600

Registration

(Foyer BCD)

Thursday, April 28, 12:00 PM-7:00 PM
Friday, April 29, 7:00 AM-5:00 PM
Saturday, April 30, 7:00 AM-5:00 PM

Book Exhibit

(Hamilton Room)

Thursday, April 28, 6:30 PM-9:00 PM
Friday, April 29, 9:00 AM-5:30 PM
Saturday, April 30, 9:00 AM-6:00 PM
Sunday, May 1, 9:00 AM-12:00 PM

Cover Image: DR. MCMUNN'S KINATE OF QUININE AND CINCHONINE, C. 1862-67
ANONYMOUS (AMERICAN, ACTIVE MID-1860S); PRINTED COURTESY OF THE WILLIAM H.
HELFAND COLLECTION, PHILADELPHIA MUSEUM OF ART

84th Annual Meeting of the
**American Association for
the History of Medicine**



Conference Abstract & Program Book
April 28 - May 1, 2011

Sheraton Society Hill Hotel
Philadelphia, PA

Continuing Education Credit Information

CONTINUING MEDICAL EDUCATION CREDITS

Continuing medical education credit for the AAHM meeting will be offered by, The School of Medicine, State University of New York at Stony Brook.

The School of Medicine, State University of New York at Stony Brook, is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The School of Medicine, State University of New York at Stony Brook designates this live activity for a maximum of 17.25 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Overall Learning Objectives for the Meeting:

By the end of this meeting, participants will be able:

- To identify historical aspects of the complex interactions between the conceptualization of disease, medical theory and practice, social response and agency, scientific innovation, doctor-patient relationships, and the role of the state in medicine and nursing;
- To ascertain many of the key issues, historiography and methodologies in the history of medicine, nursing, and allied sciences;
- To employ historical analysis to discover useful perspectives on today's problems and issues relating to health care debates.

Acknowledgements

The LAC wishes to thank the following:

Institutional Hosts

**Chemical Heritage Foundation
Drexel University
University of Pennsylvania**

Sponsors of the Meeting

**Department of the History and Sociology of Science, University of Pennsylvania
Chemical Heritage Foundation
Drexel University**

Sponsors of the Garrison Lecture and Reception

**Department of Surgery, University of Pennsylvania
School of Medicine, University of Pennsylvania
Professional Staff of Pennsylvania Hospital**

Sponsor/Underwriter of Graduate Student Participation

School of Arts and Sciences, University of Pennsylvania

Tote Bag Sponsor

Pennsylvania Hospital

Session Sponsors

**Philadelphia Area Center for the History of Science (PACHS)
Section on the History of Medicine, College of Physicians of Philadelphia
Drexel University Institute for Women's Health and Leadership
Educational Commission for Foreign Medical Graduates**

Individuals

**Anonymous (2)
Steven Peitzman
Wanda Ronner**

The Local Arrangements Committee wishes to thank Holly Marrone of Penn Conference Services, without whose dedication this meeting could not have been organized. Her grace (especially under fire) made our tasks both lighter and pleasanter.

THURSDAY, APRIL 28

Registration
12:00 PM - 7:00 PM
Foyer BCD

AAHM Council Meeting
12:30 PM - 7:00 PM
Cook Room

Tour of the Helfand Collection
3:00 PM - 5:00 PM
Philadelphia Museum of Art
2151 Benjamin Franklin Parkway, Philadelphia, PA

Book Exhibit
6:30 PM - 9:00 PM
Hamilton Room

Opening Reception
7:00 PM - 9:00 PM
Courtyard

FRIDAY, APRIL 29

Continental Breakfast
7:00 - 8:30 AM
Foyer BCD

President's Breakfast for New Members
7:00 - 8:30 AM
Bromley/Claypoole

**Bulletin of the History of Medicine
Editorial Board Breakfast**
7:00 - 8:30 AM
Reynolds

Registration
7:00 AM - 5:00 PM
Foyer BCD

Book Exhibit
9:00 AM - 5:30 PM
Hamilton Room

**Welcome and Plenary Session
"Medical Science, Media Spectacle"**
8:45 - 10:00 AM
Ballroom BCD

Bert Hansen (*Baruch College*)
Before the News Was 24/7: How the Media Made
Medicine Dramatic

Susan Reverby (*Wellesley College*)
Escaping Melodramas: Reflections on Telling the Histories
of the PHS's Research in Tuskegee and Guatemala

FRIDAY, APRIL 29 (cont.)

Break
10:00 - 10:15 AM
Hamilton Room

10:15 - 11:45 AM

Concurrent Sessions: A1, A2, A3, A4

A1: AIDS: Thirty Years after Its Discovery
Ballroom A
MODERATOR:

Monica Green (*Arizona State University, Phoenix*)

Luke Messac (*University of Pennsylvania*)
Lazarus at America's Doorstep: Framing in Federal
Appropriations for Global AIDS Relief

Mandisa Mbali (*Yale University*)
"The Moral High Ground": South African AIDS Activism,
Drug Companies, and the Medicines Act Case, 1999-2001

Richard McKay (*University of Oxford*)
"I feel like an Alien [*sic*]": Gaétan Dugas's View of the
Early North American AIDS Epidemic

A2: Race and Medicine in the 20th-Century United States
Ballroom C
MODERATOR:

Dayle DeLancey (*University of Wisconsin, Madison*)

Adam Biggs (*Independent Scholar*)
New Negro Therapeutics: Black Doctors and Racial
Destiny in Early 20th-Century Medical Practice

Mical Raz (*Van Leer Jerusalem Institute*)
Cultural Deprivation? Pediatric Mental Health, Race,
and the "War on Poverty"

Leyla Mai (*New York University*)
Race, Risk, and Cervical Cancer

**A3: Disease in the Middle Ages: Goiter, Lupus, and
Anxiety**
Cook Room

MODERATOR: **Mary Yearl** (*Independent Scholar*)

Michael McVaugh (*University of North Carolina, Chapel Hill*)
Bocium: Or, Goiter in the Middle Ages

Luke Demaitre (*University of Virginia, Charlottesville*)
"Wolf Bite": The Provenance and Early Vagaries of Lupus

Nicole Archambeau (*California Institute of Technology*)
Anxiety and Health: One 14th-Century Doctor's
Unique Approach

FRIDAY, APRIL 29 (cont.)

A4: Museum Practice and the Making of Medical Science: Specimen Collections, Networks, and Institutions in the Late 19th and Early 20th Centuries

Ballroom E

MODERATOR: **Susan Lawrence** (*University of Nebraska, Lincoln*)

Eva Åhrén (*University of Uppsala*)

“Making Space for Specimens”: Medical Museums and Institution-Building at the Karolinska Institute, 1860-1910

Ross Jones (*University of Sydney*)

“No interest in human anatomy as such”: Frederic Wood Jones Dissects Anatomical Investigation in the United States in the 1920s

Lisa O’Sullivan (*University of Sydney*)

Creating Medical Specimens and Meanings: Frederic Wood Jones and the Work of a “Good” Anatomical Specimen

12:00 - 1:15 PM

Concurrent Lunch Sessions: L1, L2

L1: Digital Media and New Audiences for the History of Medicine

Sponsored by Philadelphia Area Center for the History of Science (PACHS)

Ballroom B

Joanna Ebenstein (*Library of Morbid Anatomy, New York City*)

Susan Reverby (*Wellesley College*)

Lisa Rosner (*Stockton College*)

Michael Sappol (*National Library of Medicine*)

Karie Youngdahl (*College of Physicians of Philadelphia*)

Laura Zucconi (*Stockton College*)

L2: HIV/AIDS at 30: History’s Role in a Global Pandemic

Bromely/Claypoole

Monica Green (*Arizona State University, Phoenix*)

Victoria Harden (*Independent Scholar*)

Richard Keller (*University of Wisconsin, Madison*)

1:15 - 2:45 PM

Concurrent Sessions: B1, B2, B3, B4, B5

B1: Influenza: Surveillance and Suffering in Global Perspective

Sponsored by the Educational Commission for Foreign Medical Graduates

Ballroom A

MODERATOR: **John Eyler** (*University of Minnesota, Minneapolis*)

Michael Bresalier (*University of Manchester*)

Instruments of Consensus: The Developing Chick Egg and the Organization of Global Influenza Surveillance and Control, 1947-1967

John McLane (*University of Otago*)

One Disease, One People, Two Histories: The Samoas in 1918

Mark Honigsbaum (*Queen Mary, University of London*)

The New Sensation: Influenza, Celebrity, and Suffering at *Fin de Siècle*

FRIDAY, APRIL 29 (cont.)

B2: Pharmacy in Colonial and Postcolonial India

Cook Room

MODERATOR: **Richard Keller** (*University of Wisconsin, Madison*)

Nandini Bhattacharya (*University of Leicester*)

Drugs, Markets, and Colonial Industrialism: The Emergence of the Indian Pharmaceutical Industry

Nupur Dasgupta (*Jadavpur University*)

Rhapsody of Knowledge: The Impact of Western Science and the Rediscovery of Indian Medicinal Plants

Sarah Hodges (*University of Warwick*)

The Afterlives of Afterbirth: Placental Waste Economies in Chennai, India, 1980-2010

B3: Pregnancy Loss, Infertility, and In Vitro Fertilization

Ballroom C

MODERATOR: **Margaret Marsh** (*Rutgers University*)

Sarah Rodriguez (*Northwestern University*)

Watching the Watch-Glass: Miriam Menkin, the First Human IVF, and the Development of Infertility Research in the 1940s

Bridget Gurtler (*Rutgers University*)

From “Fructification” to “Insemination”: Narratives in Nomenclature in the Early History of Artificial Insemination, 1850-1940

Lara Freidenfelds (*Independent Scholar*)

In Vitro Fertilization and Early Pregnancy Loss

B4: Death and Taxes

Reynolds Room

MODERATOR: **Janet Tighe** (*University of Pennsylvania*)

John Burnham (*Ohio State University*)

The Death of the Sick Role

Daniel Brauner, Caitjan Gainty, & Geoffrey Rees

(*University of Chicago & Rush University Medical Center*)

Forgotten Prophet of Resuscitation: Claude Beck and the Uncertainty of Death

Jim Connor (*Memorial University of Newfoundland*)

Canadian Medicare—Another Yankee Invention? Frederick D. Mott and Socialized Medicine in the United States and Canada

B5: Diabetes and Syndrome X: Heredity, Metabolism, and Risk

Ballroom E

MODERATOR: **Ann La Berge** (*Virginia Tech*)

Arleen Tuchman (*Vanderbilt University*)

Diabetes and “Defective” Genes in 20th-Century America

Aaron Mauck (*University of Michigan*)

From “Syndrome X” to Metabolic Syndrome: The Rise of a Modern Diagnosis

FRIDAY, APRIL 29 (cont.)

Break

2:45 - 3:00 PM
Hamilton Room

3:00 - 4:30 PM

Concurrent Sessions: C1, C2, C3, C4, C5

C1: Disease Ecology: Cholera, Hookworm, and Anthrax Cook Room

MODERATOR: **Susan Jones** (*University of Minnesota, Minneapolis*)

Pratik Chakrabarti (*University of Kent*)

Pathogens and Places: Cholera Research in the Tropics

Heather Dron (*University of California, San Francisco*)
Intensive Hookworm Treatment Demonstrations and Brazilian Response: The Rockefeller Foundation International Health Commission's First Forays in Brazil, 1916-1921

Jamie Stark (*University of Leeds & Thackeray Medical Museum*)
Agricultural Anthrax in an Industrial Context: Representations of Disease in Glasgow, 1875-1920

C2: Health and Medicine under Communism in Eastern Europe

Ballroom A

MODERATOR: **Theodore Brown** (*University of Rochester Medical Center*)

Bradley Moore (*University of Wisconsin, Madison*)
For the People's Health: Medical Authority and Marxist-Leninism in Communist Czechoslovakia, 1948-1956

Dora Vargha (*Rutgers University*)
Drawing the Iron Curtain: Polio Vaccination Policies in Cold War Hungary, 1957-1960

Nikolai Kremmentsov (*University of Toronto*)
Blood and Socialism: Blood Transfusions in Soviet Russia, 1919-1936

C3: Health Activism: Race, Gender, and Social Justice Ballroom C

MODERATOR: **Judith Houck** (*University of Wisconsin, Madison*)

Jane Whalen (*Wilfrid Laurier University*)
Political Agents or Government Pawns? Health Activism Among the Indians of Canada, 1904-1931

Evan Hart (*University of Cincinnati*)
"We Are the One's We've Been Waiting For": The National Black Women's Health Project and Self-Help Women's Health Activism

Kelly O'Donnell (*Yale University*)
Stories of Jane: Remembering Chicago's Underground Abortion Service

FRIDAY, APRIL 29 (cont.)

C4: Medicine and Surgery in Early Modern England Reynolds Room

MODERATOR: **Robert Martensen** (*National Institutes of Health*)

Katherine Walker (*McMaster University*)
Medicine, Gender, and Physical Pain in Early Modern England

Seth LeJacq (*Johns Hopkins University*)
"Turning Over an Admirable Book of my Grandfather's Receipts": Domestic Healers and Resistance to Surgery in Early Modern England

Daphna Oren-Magidor (*Brown University*)
Queens, Cuckolds, and Cures: Royal Infertility and Taking the Waters in 17th-Century England

C5: Conscientious Objectors and Medical Research During World War II

Ballroom E

MODERATOR: **Barron Lerner** (*Columbia University*)

Sydney Halpern (*University of Illinois, Chicago*)
Military Science and Peace-Church Subjects: Allowable Risks in World War II Hepatitis-Infection Research

Alison Bateman-House (*Columbia University*)
Compelled to Volunteer: The Use of American Conscientious Objectors as Research Subjects during World War II

Sarah Tracy (*University of Oklahoma, Norman*)
The Guinea Pig's Perspective: Conscientious Objectors and the Allure and Challenges of World War II Medical Research

Fielding H. Garrison Lecture

Sponsored by the Department of Surgery, University of Pennsylvania

6:00-7:15 PM

National Constitution Center

Martin Pernick

(*University of Michigan, Ann Arbor*)

"Disease and the Racial Division of Labor in America"

Reception

Sponsored by the Professional Staff of the Pennsylvania Hospital

7:15-9:00PM

SATURDAY, APRIL 30

Registration

7:00 AM - 5:00 PM

Foyer BCD

Continental Breakfast

7:00 - 8:30 AM

Foyer BCD

Women Historians Breakfast

*Sponsored The Institute for Women's Health and Leadership of
Drexel University College of Medicine*

7:00 - 8:15 AM

Bromley/Claypoole

Clinician Historians Breakfast

7:00 - 8:30 AM

Ballroom B

Book Exhibit

9:00 AM - 6:00 PM

Hamilton Room

Concurrent Sessions: D1, D2, D3, D4, D5

8:30 - 10:00 AM

D1: Coronary Heart Disease: Diagnosis, Prevention, and Risk in the United States

Ballroom C

MODERATOR: **Bruce Fye** (*Mayo Clinic*)

Joel Howell (*University of Michigan, Ann Arbor*)

Diagnosing Coronary Heart Disease: A Tale of Three Tools

Gerald Oppenheimer & I. Daniel Benrubi (*City University of New York, Brooklyn College, Columbia University, & University of Florida*)

Food Fight: The McGovern Senate Select Committee on Nutrition and Human Needs and the Meat Industry's Battle over the Diet-Heart Question, 1976-1977

David Jones & Jeremy Greene (*Massachusetts Institute of Technology & Harvard University*)

Is an Ounce of Prevention Actually Worth an Ounce of Cure? Accounting for the Decline in Coronary Heart Disease Mortality, 1974-2010

D2: The Humors of the Renaissance Body in Childhood, Puberty, and Sexual Maturity

Cook Room

MODERATOR: **J. N. Hays** (*Loyola University, Chicago*)

Hannah Newton (*University of Exeter*)

Tender Humors: Treating the Sick Child in Early Modern England, c. 1580-1720

SATURDAY, APRIL 30 (cont.)

(Session D2 Continued)

Victoria Sparey (*University of Exeter*)

Puberty and Humoral Change in Shakespeare

Jennifer Evans (*University of Exeter*)

"The Matrix is Much Affected with Smells": Generative Dysfunction and Perfumes in Early Modern England

D3: Disease and Disability

Ballroom A

MODERATOR: **Beth Linker** (*University of Pennsylvania*)

Sandra Sufian (*University of Illinois, Chicago*)

Disability, Pathology, and the Medicine of Adoption

Kenton Kroker (*York University*)

Epidemic Encephalitis, between Disaster and Design

Walton Schalick (*University of Wisconsin, Madison*)

Xenodisability in the Middle Ages

D4: Alternative Spaces, Alternative Systems: Medical Practice off the Beaten Path

Reynolds Room

MODERATOR: **Naomi Rogers** (*Yale University*)

Judith Houck (*University of Wisconsin, Madison*)

Treating Men at a Lesbian Health Clinic: Identity Politics, Feminist Organizing, and Health Care Provision, 1979-Present

Barbara Brookes (*University of Otago*)

Performing Medicine: Dr. Anna Longshore Potts in the Antipodes

Susan Cayleff (*San Diego State University*)

"Keepers of the Path": The Lusters' Naturopathic "Health Empire," 1896-1925

D5: Transforming Pregnancy in the 20th Century

Ballroom E

MODERATOR: **Judith Leavitt** (*University of Wisconsin, Madison*)

Salim Al-Gailani (*University of Cambridge*)

Antenatal Health and the Politics of Biomedical Research on Pregnancy in Mid 20th-Century Britain

Jesse Olszynko-Gryn (*University of Cambridge*)

The Aschheim-Zondek Pregnancy Test and the 1930s Controversy over the Hormonal Placenta

Ziv Eisenberg (*Yale University*)

When Lucy Was Pregnant: The Belly Bump in the Early Television Years from Eddie Cantor to *I Love Lucy*

Break

10:00 - 10:15 AM

Hamilton Room

SATURDAY, APRIL 30 (cont.)

Concurrent Sessions: E1, E2, E3, E4, E5

10:15 - 11:45 AM

E1: Race, Slavery, & Medicine

Ballroom A

MODERATOR: **Melissa Gormley** (*University of Wisconsin, Platteville*)

Pablo Gomez (*Texas Christian University*)

“O Achaque do Bicho”: Luso-Atlantic Medicine and the Commodification of African Diseased Bodies

Rana Hogarth (*Yale University*)

“Incorrigible Dirt Eaters,” or Slave Resistance and Medical Authority in Jamaica

Stephen Kenny (*University of Liverpool*)

Race, Slavery, and the Development of Medical Museums in the Antebellum American South

E2: Medical Institutions in England, Ireland, and Scotland

Cook Room

MODERATOR: **Ellen More** (*University of Massachusetts Medical School*)

Catherine Cox, Hilary Marland, & Sarah York

(*University College Dublin & University of Warwick*)

Itineraries and Experiences of Insanity: Irish Migration and Mental Illness in Nineteenth-Century Lancashire

Laura Kelly (*National University of Ireland, Galway*)

Women’s Experiences within Irish Medical Education and the Irish Medical Profession, 1880s-1920s

Janet Greenlees (*Glasgow Caledonian University*)

“The Peculiar and Complex Female Problem”: The Church of Scotland and Maternal Health Care, 1900-1948

E3: Laboratories, Museums, and Medical Research

Reynolds Room

MODERATOR: **Alan Kraut** (*American University*)

Stefano Gulizia (*Independent Scholar*)

Girolamo Ruscelli, the Book of Secrets, and a 16th-Century Venetian “Museum in Motion”

Holger Maehle (*Durham University*)

Historicizing Stem Cells: The Emergence of the Concept around 1900

Robert Kirk (*University of Manchester*)

Caring for the Animal: Medical and Veterinary Expertise and the Professionalization of Laboratory Animal Care, c. 1945-1986

SATURDAY, APRIL 30 (cont.)

E4: Public Education and Medicine in the Media Ballroom C

MODERATOR: **Alison Bashford** (*University of Sydney*)

Paul Lombardo (*Georgia State University*)

How to Keep Well: W. A. Evans and the Invention of Medical Journalism

Karen Buckle (*University College London*)

Ego-Documents, Testimonials, and Adaptive Case Files: The Paper World of a Medical Itinerant, 1696-1715

Cherilyn Lacy (*Hartwick College*)

Educating the Patient in Late 19th-Century France: For Good or Ill?

E5: Addiction, Psychiatry, and Institutionalization in the 20th-Century United States

Ballroom E

MODERATOR: **Caroline Acker** (*Carnegie Mellon University*)

Nicolas Rasmussen (*University of New South Wales*)

The Obese and the Addict: Psychiatry and the Stigmatization of the Overweight in the Postwar United States

Jessica Kovler (*Harvard University*)

The Drug Addict Is Contagious and Must Be Quarantined: New York City’s North Brother Island, 1952-1963

Tess Lanzarotta (*McGill University*)

Before Betty Ford: Explaining the Panic over Female Alcoholism, 1965-1980

12:00 - 1:15 PM

Lunch Sessions: L3, L4

L3: How Digital Resources Can Support Your Scholarship

Bromley/Claypoole

Jack Eckert (*Countway Medical Library*)

Jeremy Greene (*Harvard University*)

Lori Jahnke (*College of Physicians of Philadelphia*)

Michael North (*National Library of Medicine*)

Stephen Novak (*Columbia University*)

L4: Germs, Gender, and Food: Remembering Gina Feldberg

Ballroom B

Shigehisa Kuriyama (*Harvard University*)

Ian Mosby (*York University*)

Naomi Rogers (*Yale University*)

Nancy Tomes (*State University of New York, Stony Brook*)

SATURDAY, APRIL 30 (cont.)

Graduate Student Lunch

Sponsored by /located at: Chemical Heritage Foundation
315 Chestnut Street, Philadelphia, PA

1:15 - 2:45 PM

Concurrent Sessions: F1, F2, F3, F4, F5

F1: Women, Mothers, and Health Controversy

Ballroom A

MODERATOR: **Charlotte Borst** (*Whittier College*)

Emma Jones (*University of Manchester*)

From Dysmenorrhoea to Premenstrual Syndrome: Creating
Categories of Menstrual Debility in 20th-Century Britain

Wendy Kline (*University of Cincinnati*)

Coming Home: Modern Midwifery and the Controversy
over Home Birth

Elena Conis (*University of California, San Francisco*)

A Mother's Responsibility: Women and Vaccine Skepticism
in the U.S., 1970s-1980s

F2: Rickets, Vitamin D, and the Dangers of Sun Exposure

Ballroom C

MODERATOR: **Mindy Schwartz** (*University of Chicago*)

Christian Warren (*Brooklyn College*)

Rats and Foundlings: Rickets Experimentation in
Depression-Era Philadelphia

M. Allison Arwady (*Yale University*)

The Uses of Rickets and Vitamin D Deficiency:
Creating a Universal Disease

Sally Romano (*Yale University*)

Selling Sun Safety: Skin Cancer, Sunscreen, and the
Promise of Protection, 1953-1994

F3: Poverty, Charity, and Illness in Early Modern Europe

Cook Room

MODERATOR: **Harold Cook** (*Brown University*)

Olivia Weisser (*Princeton University*)

Pleas for Relief: Narratives of Illness by 17th-Century Paupers

Leigh Whaley (*Acadia University*)

Charitable and Practical Medicine in Early Modern
Europe: Marie de Maupeou Fouquet's *Recueil de
recettes charitables*

SATURDAY, APRIL 30 (cont.)

F4: Medical Institutions from Hospitals to Homes for the Aged

Reynolds Room

MODERATOR: **Emily Abel** (*University of California,
Los Angeles*)

Jacalyn Duffin (*Queen's University, Kingston*)

Hospital Mergers in the Early 19th-Century: The Apostolic
Visit to the Hospitals of Rome, 1825

Daniel Lage (*Harvard University*)

Vicissitudes and Values of Old Age: The Case of the
Boston Home for Aged Men

Toby Gelfand (*University of Ottawa*)

Men in the Labor Room: Foreign Surgeons at the Hôtel-
Dieu of Paris in the Early 18th-Century

F5: Fevers, Epidemiology, and Policy, 1840-1940

Ballroom E

MODERATOR: **Margaret Humphreys** (*Duke University*)

Christopher Hamlin (*University of Notre Dame*)

Getting the "Famine" out of "Famine-Fever"

Jacob Steere-Williams (*University of Minnesota*)

Beyond an Urban History of Fever: Rural Epidemiological
Practices in Late Victorian and Early Edwardian Britain

Anne Hardy (*London School of Hygiene and Tropical Medicine*)

Accidents Waiting to Happen: Typhoid Fever in
England, c. 1900-1940

Break

2:45 - 3:00 PM

Hamilton Room

SATURDAY, APRIL 30 (cont.)

3:00 - 4:30 PM

Concurrent Sessions: G1, G2, G3, G4

G1: Psychiatry and Mental Illness: The Hospital, the Prison, and the Asylum

Cook Room

MODERATOR: **Laura Hirshbein** (*University of Michigan, Ann Arbor*)

Isabelle Perreault (*Simon Fraser University*)

Salvage Mission: The Lobotomized Patients of the Saint-Jean-de-Dieu Psychiatric Hospital in Montreal, 1949-1956

Anne E. Parsons (*University of Illinois, Chicago*)

Community Mental Health Reform and the Brief De-Institutionalization of Prisons

David Schuster (*Indiana University-Purdue University Fort Wayne (IPFW)*)

Van Deusen v. Newcomer (1879): The Doctress and the Asylum

G2: Drugs and the Pharmaceutical Industry in the United States

Ballroom C

MODERATOR: **Elizabeth Watkins** (*University of California, San Francisco*)

Carla Keirns (*State University of New York, Stony Brook*)

From the Armour Slaughterhouse to Synthroid: Energy, Metabolism, and Women's Bodies in 20th-Century America

Cynthia Connolly & Janet Golden (*University of Pennsylvania & Rutgers University*)

"The fever disappeared and the child improved immediately": Sulfonamides, Penicillin, and the Transformation of Pediatrics, 1936-1949

Robert Field (*Drexel University*)

Public Funding and Free Market Health Care: How the United States Government Shaped the Pharmaceutical Industry, 1945-Present

SATURDAY, APRIL 30 (cont.)

G3: Infectious Disease, Migration, and War: The Case of Palestine/Israel

Reynolds Room

MODERATOR: **Sandra Sufian** (*University of Illinois, Chicago*)

Rakefet Zalashik (*Temple University*)

The International Health Station in Jerusalem: Colonial Medicine and Public Health Campaigns in the First Half of the 20th Century

Tamar Novick (*University of Pennsylvania*)

Emerging Epidemic in an Emerging Society: Poliomyelitis in Israel in the 1950s

Nadav Davidovitch and Benjamin Langer (*Ben Gurion University*)

Emerging Infectious Diseases and the Securitization of Public Health: A Middle Eastern Perspective

G4: Medical Images, Images of Medicine

Ballroom E

MODERATOR: **David Cantor** (*National Institutes of Health*)

Lorenzo Lorusso, Nancy Dosch, & Crystal Smith

(*Mellino Mellini Hospital & National Library of Medicine*)

Philadelphia and Pioneers of Moving Pictures in Medicine

Jean Whelan, Heather Urkuski, Luba Polyak

(*University of Pennsylvania*)

Imaging the Nurse: The Photographic Collection of the Philadelphia General Hospital School of Nursing

Daniel Goldberg (*East Carolina University*)

X-Rays and the Power of Remotely Anatomizing the Living Body: Insights from *Fin-de-Siècle* Medical Litigation in the U.S.

Business Meeting

5:00 - 6:30 PM

Ballroom AB

Reception

6:45 - 7:30 PM

Courtyard

Awards Banquet

7:30 PM

Ballroom CD

SUNDAY, MAY 1

Continental Breakfast
7:00 - 8:30 AM
Foyer BCD

**Post-Mortem Breakfast for
Annual Meeting Organizers**
Bromley/Claypoole
7:00 - 8:15 AM

Book Exhibit
9:00 AM - 12:00 PM
Hamilton Room

8:30 - 10:00 AM

Concurrent Sessions: H1, H2, H3, H4, H5

H1: Contraception in the 19th and 20th Centuries
Ballroom A

MODERATOR: **Suzanne Junod** (*FDA History Office*)

Claire L. Jones (*University of Warwick*)

Beyond Medical Orthodoxy: Practitioners and the Promotion of Contraceptive Products in Late 19th- and Early 20th-Century Britain

Joan Marie Johnson (*Northeastern Illinois University*)

When the Philanthropist Was a Scientist: Exploring the Influence of Katharine Dexter McCormick on the Development of the Oral Contraceptive

Heather Munro Prescott (*Central Connecticut State University*)

The Pill at 50: Scientific Commemoration and the Politics of American Memory

**H2: Anatomical Models and the
Commercialization of Anatomy**

Cook Room

MODERATOR: **Carin Berkowitz** (*Chemical Heritage Foundation*)

Daniel Margocsy (*Hunter College*)

The Commercialization of Anatomy, c. 1700: Atlases, Preparations, and Color Mezzotints

Anna Maerker (*Oxford Brookes University*)

Commercial Success and Scientific Credibility in the Global Circulation of Anatomical Models

Stephen Jacyna (*University College London*)

“*Faits matériels et faits psychiques*”: François Leuret and Pierre Gratiolet’s New Anatomy of the Brain

SUNDAY, MAY 1 (cont.)

**H3: Practicing Law in the Shadow of Medicine:
The Regulatory State and Medical Practice in the
20th-Century United States**
Ballroom C

MODERATOR: **Leslie Reagan** (*University of Illinois,
Urbana-Champaign*)

Kara Swanson (*Northeastern University*)

“Adultery by Doctor”: Law and the Treatment of Infertility in the 20th-Century United States

Theodore Ruger (*University of Pennsylvania*)

A Constitution Frozen in Time: Medicine, Law, and Normative Resistance to Federal Authority, 1938-1965

Lewis Grossman (*American University*)

You Can Choose Your Medicine: Therapeutic Freedom in American Law and History

H4: The Politics of Mental Health in Global Context
Reynolds Room

MODERATOR: **David Herzberg** (*University of Buffalo*)

Janice Matsumura (*Simon Fraser University*)

The Politics of Manic-Depression in Wartime Japan, 1930-1945

Adriane Gelpi (*Harvard University*)

Outrage as/and Evidence: Mental Health Policy Reform in Mexico, 1990-2010

Marian Moser Jones (*Virginia Commonwealth University
& National Institutes of Health*)

ADAMHA and the Institutionalization of Homelessness Research

H5: Children’s Health and Safety in the United States
Ballroom E

MODERATOR: **Cynthia Connolly** (*University of Pennsylvania*)

Meghan Cronic (*University of Pennsylvania*)

Sojourn at Sea: The Seashore as Remedy for “Invalid Children,” 1870-1930

Amy Hay (*University of Texas, Pan American*)

Unexpected Casualties: Agent Orange Exposure and Veterans’ Children

Amy Gangloff (*Mississippi State University*)

Protecting the Youngest Motorists: Pediatricians, Crash Injury Protection, and Car Safety Seats

SUNDAY, MAY 1 (cont.)

Break
10:00 - 10:15 AM
Foyer BCD

10:15 - 11:45 AM

Concurrent Sessions: I1, I2, I3, I4

I1: Eugenics in North America

Ballroom A

MODERATOR: **Alexandra Stern** (*University of Michigan, Ann Arbor*)

Leslie Baker (*University of Saskatchewan*)
“Nova Scotia Leads the Way”: Locating Maritime Physicians’ Voices in the Canadian Eugenic Movement

Erika Dyck (*University of Saskatchewan*)
Surviving Sterilization: A Historical Look at Institutionalization, Reproduction, and Health Activism in 20th-Century Alberta

Ben Harris (*University of New Hampshire*)
Arnold Gesell, Child Hygiene, and Eugenics

I2: Marriage, Birth, and Death: Syphilis around the Globe

Cook Room

Joan Sherwood (*Queen’s University, Kingston*)
Confidentiality and Harm: Congenital Syphilis and the Doctor’s Dilemma in 19th-Century France

Julien Comte (*University of Pittsburgh*)
Atlantic Crisscrossings: Syphilis in New York, Paris, and Buenos Aires

I3: Animal Spirits, Canine Hysteria, and Zombies: The Cultural Meanings of Rabies in the 19th and 20th Centuries

Ballroom C

MODERATOR: **Bert Hansen** (*City University of New York, Baruch College*)

Jessica Wang (*University of British Columbia*)
“He growled and snapped like a cur”: Rabies and Animal Spirit Possession in 19th-Century America

Michael Worboys (*University of Manchester*)
“As if they had been spooks”: Canine Hysteria in the 1920s and 1930s

Neil Pemberton (*University of Manchester*)
Rabid Movies: From *Old Yeller* to *28 Days Later*

SUNDAY, MAY 1 (cont.)

I4: Medicine, Surgery, and Public Health in East Asia

Ballroom E

MODERATOR: **Marta Hanson** (*Johns Hopkins University*)

Jane S. Kim (*University of California, Los Angeles*)
“Reconstruct Public Health and Idealize the Nation”:
Public Health Reconstruction in Postwar Korea, 1953-1960

John DiMoia (*National University of Singapore*)
“Saving Faces”: Eyelid Surgery and the South Korean Context, 1955-Present



IVO SALIGER, (GERMAN, 1894–1987), *DER ARTZ, DAS MADCHEN, UND DER TOD (THE DOCTOR, THE MAIDEN, AND DEATH)*, 1920
PRINTED COURTESY OF THE WILLIAM H. HELFAND COLLECTION, PHILADELPHIA MUSEUM OF ART

**American Osler Society
Program Schedule**

41st Annual Meeting

Hyatt Regency Hotel at Penn's Landing
Philadelphia, PA
May 1 - May 4, 2011

SUNDAY, MAY 1

2:00 – 5:00 PM

Registration

Grand Ballroom Foyer

3:00 – 5:00 PM

Recitations

Moderator: Frank Neelon
Riverview B

6:00 – 7:00 PM

Past Presidents Dinner Meeting

Riverview B

7:00 – 9:00 PM

Board of Governors Meeting

Riverview B

7:30 – 8:30 PM

Creative Writing Session

Moderator: David Cooper
Riverview A

MONDAY, MAY 2

7:00 – 7:45 AM

Registration & Continental Breakfast

Grand Ballroom Foyer

7:00 AM – 5:30 PM

First Annual Art Exhibit

USS Olympia Room

7:45 AM

**Charles S. Bryan, AOS President
Welcome and Announcements**
Grand Ballroom A

MONDAY, MAY 2 (cont.)

General Session, Charles S. Bryan, Moderator
Grand Ballroom A

“Philadelphia”

7:50 AM

SANDRA W. MOSS

“I’d Rather be Here Than Philadelphia”: Yellow Fever
in the New Jersey Hinterlands

8:10 AM

STEVEN J. PEITZMAN

Medicine in Philadelphia 1884-1889: What Else
Was Happening?

8:30 AM

ROBERT G. MENNEL

The College of Physicians of Philadelphia

8:50 AM

JOSEPH B. VANDERVEER, Jr.

Not Without Honor: Thomas Eakins and Samuel D. Gross

9:10 AM

MARVIN J. STONE

Osler’s Somersault on Malaria

9:30 AM

CHARLES S. BRYAN

Presentation of new AOS merchandise

9:40 AM

REFRESHMENT BREAK

Grand Ballroom Foyer

“Osleriana”

10:00 AM

IAN A. CAMERON

“It is Always Better to do Something Wrong the First
Time”: Dr. William Osler and Medical Mistakes

10:20 AM

H. MIKE JONES

Osler and the Sanitary Movement with a Scatological
Guide to Loos, Privies, and Crappers

10:40 AM

GEORGE S. BAUSE

The Professor versus the Plagiarist: Has Osler Finally
Triumphed Over Souvielle?

MONDAY, MAY 2 (cont.)

“The John P. McGovern Award Lectureship”

11:00 AM

Rosemary A. Stevens

The Back Forty: American Medicine and the Public Interest Revisited

12:00 PM

LUNCHEON

Grand Ballroom B&C

General Session, Michael Bliss, Moderator

Grand Ballroom A

“Oslerian Medicine, 2011”

1:00 PM

JEREMIAH A. BARONDESS

Internal Medicine as a Vocation

1:20 PM

DENNIS K. WENTZ

Osler’s Pervasive Influence on Modern Continuing Medical Education

1:40 PM

PAUL R. McHUGH

Whither Bioethics Given the Deliberative Approach of the President’s Council? – Thoughts from an Oslerian

Concurrent Session, Michael Bliss, Moderator

Grand Ballroom A

“Osler & Oslerians”

Concurrent Session, Sandra Moss, Moderator

Grand Ballroom B&C

“Potpourri”

2:00 PM

PERRY HOOKMAN

On the Origins of Osler’s Philo-Semitism
Grand Ballroom A

JUN TASHIRO

Abraham Louis Levin: Demystifying the Duodenum
Grand Ballroom B&C

2:20 PM

MILTON G. ROXANAS

Osler’s Connections with Australia
Grand Ballroom A

GEORGE SARKA

Osler, Keats and Tuberculosis
Grand Ballroom B&C

MONDAY, MAY 2 (cont.)

“Moving Forward” (continued on Wednesday)

2:40 PM

CARLA C. KEIRNS

Visions of the Good Physician: A National Survey of Oaths Administered at US Medical Schools in 2008-2009
Grand Ballroom A

“Potpourri”

LORELEI E. STEIN

The Citizens Commission on Graduate Medical Education: Its Impact on Residency Programs in the United States
Grand Ballroom B&C

3:00 PM

REFRESHMENT BREAK

Grand Ballroom Foyer

3:20 PM

W. BRYANT BOUTWELL

John Shaw Billings – Librarian, Medical Bibliographer, Hospital Designer, Medical Statistician and Science Administrator
Grand Ballroom A

J. GORDON FRIERSON

East Meets West: Early Medical and Artistic Exchanges with China
Grand Ballroom B&C

3:40 PM

SARA SPETTEL

J. Marion Sims: VesicoVaginal Fistula Repair and Surgical Experimentation
Grand Ballroom A

KENNETH J. WEISS

Isaac Ray’s Jefferson Lectures: America’s First Psychiatry Curriculum
Grand Ballroom B&C

4:00 PM

HERBERT M. SWICK

Osler in the West: Dr. Earle Strain, the Wood Tick and Rocky Mountain Spotted Fever
Grand Ballroom A

CLAUS A. PIERACH

Two Gardening Movements in 19th Century Germany – Friedrich Froebel and Dr. Moritz Schreber
Grand Ballroom B&C

MONDAY, MAY 2 (cont.)

4:20 PM

MICHAEL W. CATER

Augustus Calvin Behle: An Oslerian Pioneer
Grand Ballroom A

RICHARD J. KAHN

Polenta, Paddle Wheelers, and Pachyderms
Grand Ballroom B&C

4:40 PM

J. MICHAEL FULLER

Thomas E. Brittingham: A Vanderbilt Oslerian?
Grand Ballroom A

JOHN F. DELANEY

Training of St. Luke, Physician and Apostle
Grand Ballroom B&C

5:00 PM

ADJOURN

6:00 PM

Buses leave for Reception at the
College of Physicians of Philadelphia

6:30 PM

RECEPTION

College of Physicians of Philadelphia

7:45 PM

Buses begin return from the
College of Physicians of Philadelphia

TUESDAY, MAY 3

Registration & Continental Breakfast

7:00 – 8:00 AM

Grand Ballroom Foyer

First Annual Art Exhibit

7:00 AM – 5:30 PM

USS Olympia Room

TUESDAY, MAY 3 (cont.)

General Session, Laurel Drevlow, Moderator

Grand Ballroom A

“Moving Forward” (continued on Wednesday)

8:00 AM

HOWARD I. KUSHNER

*“Toward an Applied History of Medicine Riches
of Medical History”*

8:20 AM

SUSAN LAMB

“The Most Important Professorship in the English-
Speaking Domain”: How Johns Hopkins Recruited
Adolf Meyer, a Pathologist of the Mind

8:40 AM

T. JOCK MURRAY

Dr. Lewis Yealland and the Treatment of Shell Shock:
Demon or Healer?

9:00 AM

ERIC L. MATTESON

Friedrich Wegener: “His” Granulomatosis and His
Place in History

9:20 AM

ROBERT R. NESBIT, Jr.

The Coconut Grove Fire

REFRESHMENT BREAK

9:40 AM

Grand Ballroom Foyer

10:00 AM

CHRISTOPHER J. BOES

The Difficulty of Recognizing New Diseases: Examples
from Osler and Horton

10:20 AM

DAVID R. HABURCHAK

The Evolution of Isolation: Pest Houses to Isolation Rooms

10:40 AM

WILLIAM N. EVANS

Origins of the MedicalSurgical Bond Needed for
Treating Cardiac Malformations

TUESDAY, MAY 3 (cont.)

11:00 AM

DAVID K.C. COOPER

A Brief History of CrossSpecies Organ Transplantation

11:20 AM

ALLEN B. WEISSE

Dr. Castle's Little Secret and Self Experimentation in
Medical Research

11:40 AM

SCOTT H. PODOLSKY

Park's Story and Winters' Tale: Alternate Allocation
Trials in Turn of the Century America

12:00 PM

LUNCHEON

Grand Ballroom B&C

General Session, Mike Jones, Moderator

Grand Ballroom A

"Medicine and Media"

1:00 PM

ROB STONE

Twitter MD: Physicians and Social Media

1:20 PM

VIVIAN C. McALISTER

Open Access or Open Season: Reuse of Medical
Illustrations Over the Ages

1:40 PM

JOHN D. BULLOCK

Artistic Depictions of Blindness

Concurrent Session, Mike Jones, Moderator

Grand Ballroom A

"William B. Bean Student Research Award Lectures"

Concurrent Session, Pam Miller Moderator

Grand Ballroom B&C

"Women"

2:00 PM

MICHAEL BRENER

A Social Experiment's Impact on Medical Education:
The Story of the Baltimore City Almshouse in the
Antebellum Era
Grand Ballroom A

TUESDAY, MAY 3 (cont.)

J. MARIO MOLINA

Sir William Osler and Nurses

Grand Ballroom B&C

2:20 PM

NITIN K. AHUJA

Fordism in the Hospital: Albert Kahn and the Design
of Old Main, 1917-1925
Grand Ballroom A

MARGARET P. WARDLAW

Osler's Martha: The Role of the Doctor's Wife in
Historical and Contemporary Medical Practice
Grand Ballroom B&C

2:40 PM

KATHERINE A. LATIMER

Forgotten Operations in Dr. Harvey Cushing's Early Practice
Grand Ballroom A

JACALYN M. DUFFIN

Feminization of Canadian Medicine: Voices from the
Second Wave
Grand Ballroom B&C

3:00 PM

REFRESHMENT BREAK

Grand Ballroom Foyer

Biographical

Grand Ballroom A

Biographical/Literary

Grand Ballroom B&C

3:20 PM

ROBERT P. TURK

Boerhaave, The Osler of the 18 th Century
Grand Ballroom A

CAROLINE COATS

Surgery, Medicine and Detection: Who taught the teachers?
Grand Ballroom B&C

3:40 PM

JOHN W.K. WARD

Thomas West (1777-1857)
Grand Ballroom A

DARRYL D. BINDSCHADLER

The Medical Life of Arthur Conan Doyle
Grand Ballroom B&C

TUESDAY, MAY 3 (cont.)

4:00 PM

MICHAEL E. MORAN

Harvey's Parrot, Procreation and Panspermia
Grand Ballroom A

STEPHEN B. GREENBERG

"Microbe Hunters" Revisited – Paul de Kruif and the
Beginning of Popular Science Writing
Grand Ballroom B&C

4:20 PM

ROBERT I. LEVY

Robert Boyle, Lignum Nephriticum and Colour Indicators
Grand Ballroom A

DAVID HAMILTON

Tissue Transplantation and Popular Culture
Grand Ballroom B&C

4:40 PM

CONRAD C. FULKERSON

Passion Without Bounds: The Collecting of Henry
Solomon Wellcome
Grand Ballroom A

RYAN T. HURT

The Trial of Dr. Charles W. Malchow an Early Case of
the Comstock Law
Grand Ballroom B&C

5:00 PM

ADJOURN

6:00 – 7:00 PM

SOCIAL HOUR

"The Surgeon and Assistant" The 6th PA Regiment
Revolutionary Reenactors

7:00 – 9:00 PM

BANQUET

Grand Ballroom D

PRESIDENT'S ADDRESS

Charles S. Bryan

WEDNESDAY, MAY 4

7:00 – 8:00 AM

Registration & Continental Breakfast

Grand Ballroom Foyer

7:30 - 8:30 AM

Annual Business Meeting

Grand Ballroom A

General Session, Allen B. Weisse, Moderator

Grand Ballroom A

"Creative Genius"

8:40 AM

PHILIP W. LEON

Thomas Hood's "Stanzas: Farewell Life!" Osler:
"A good poem for doctors, and all should know it."

9:00 AM

JAMES E. BAILEY

Dante Alighieri – Physician of the Soul

9:20 AM

CLYDE PARTIN, Jr.

An Historical Look at Writers, Poets, Mental Health
and Creativity

9.40 AM

REFRESHMENT BREAK

Grand Ballroom Foyer

"Moving Forward"

10:00 AM

**JUDITH F. ARONSON &
BARBARA L. THOMPSON**

Learning Anatomy and Pathology in Osler's Era:
UTMB's Collection of 1400 Specimens in an 1892
Vintage Learning Environment

10:20 AM

MICHAEL BLISS

The Little We Know About Willie and the Oslers

"Riches of Medical History" (continued from Tuesday)

10.40 AM

SIMON HANFT

"This Stockholm Experiment": The Story of Frigyes
Karinthy and the Founder of Swedish Neurosurgery,
Herbert Olivecrona

11:00 AM

ADJOURN

Sigerist Circle Program Schedule

Sheraton Society Hill
Bromley/Claypoole Room
Philadelphia, PA
April 28, 2011

2:00 - 4:00 PM
Scholarly Session

4:00 - 5:15 PM
Reception

5:15 - 6:30 PM
Business Meeting

Scholarly Session:

WALTER LEAR:
Preserving and Making Health Left History

MODERATOR:
Janet Golden, Rutgers University

SPEAKERS:
JoAnne Fisher, Maternity Care Coalition
David Rosner, Columbia University
Anne-Emanuelle Birn, University of Toronto
Elizabeth Fee, National Library of Medicine
Merlin Chowkwanyun, University of Pennsylvania
Heidi Knoblauch, Yale University

COMMENT AND DISCUSSION:
The Audience

www.sigeristcircle.org



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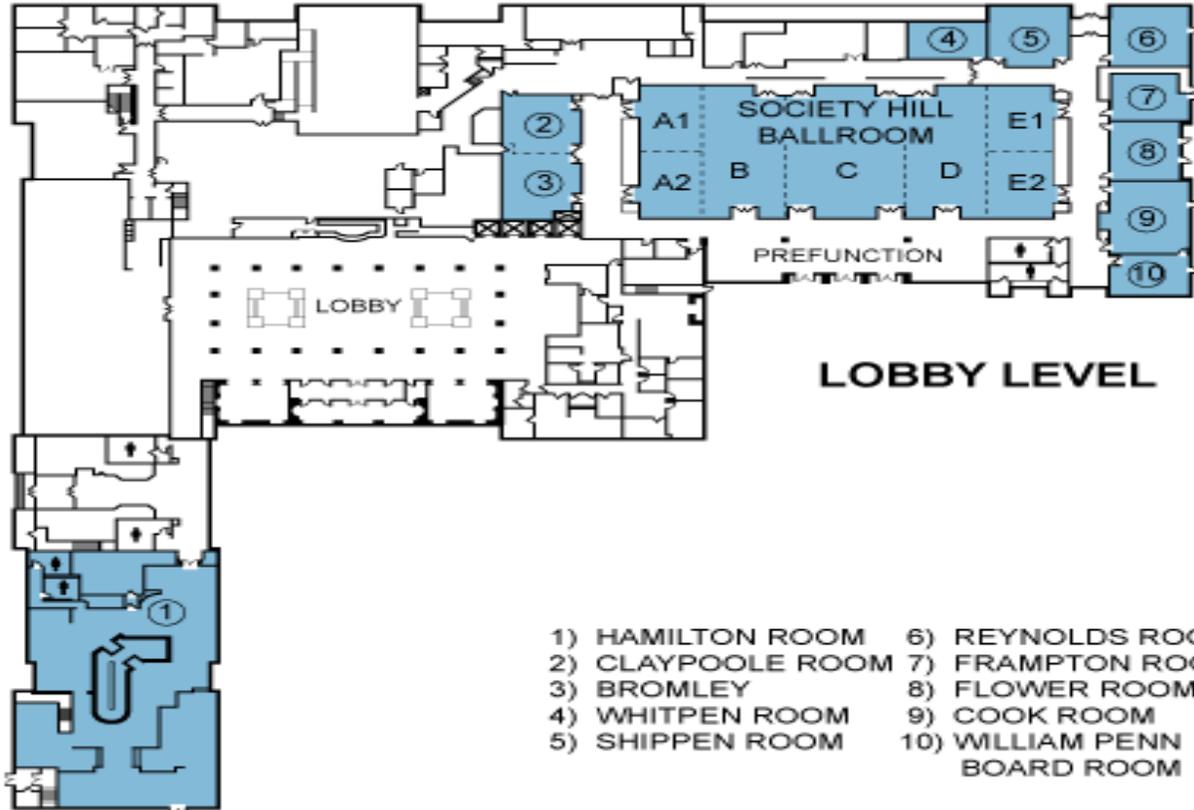
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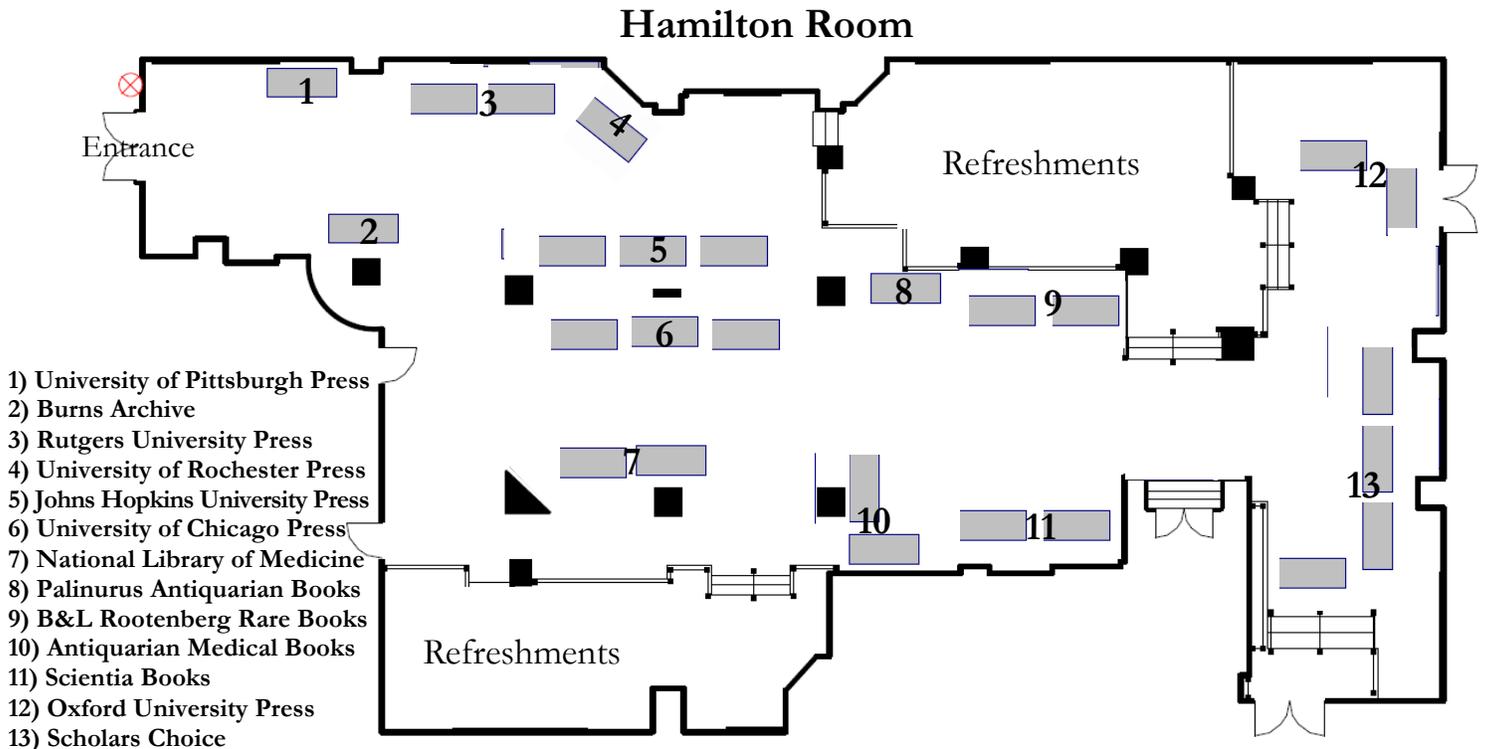
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Meeting Room Map



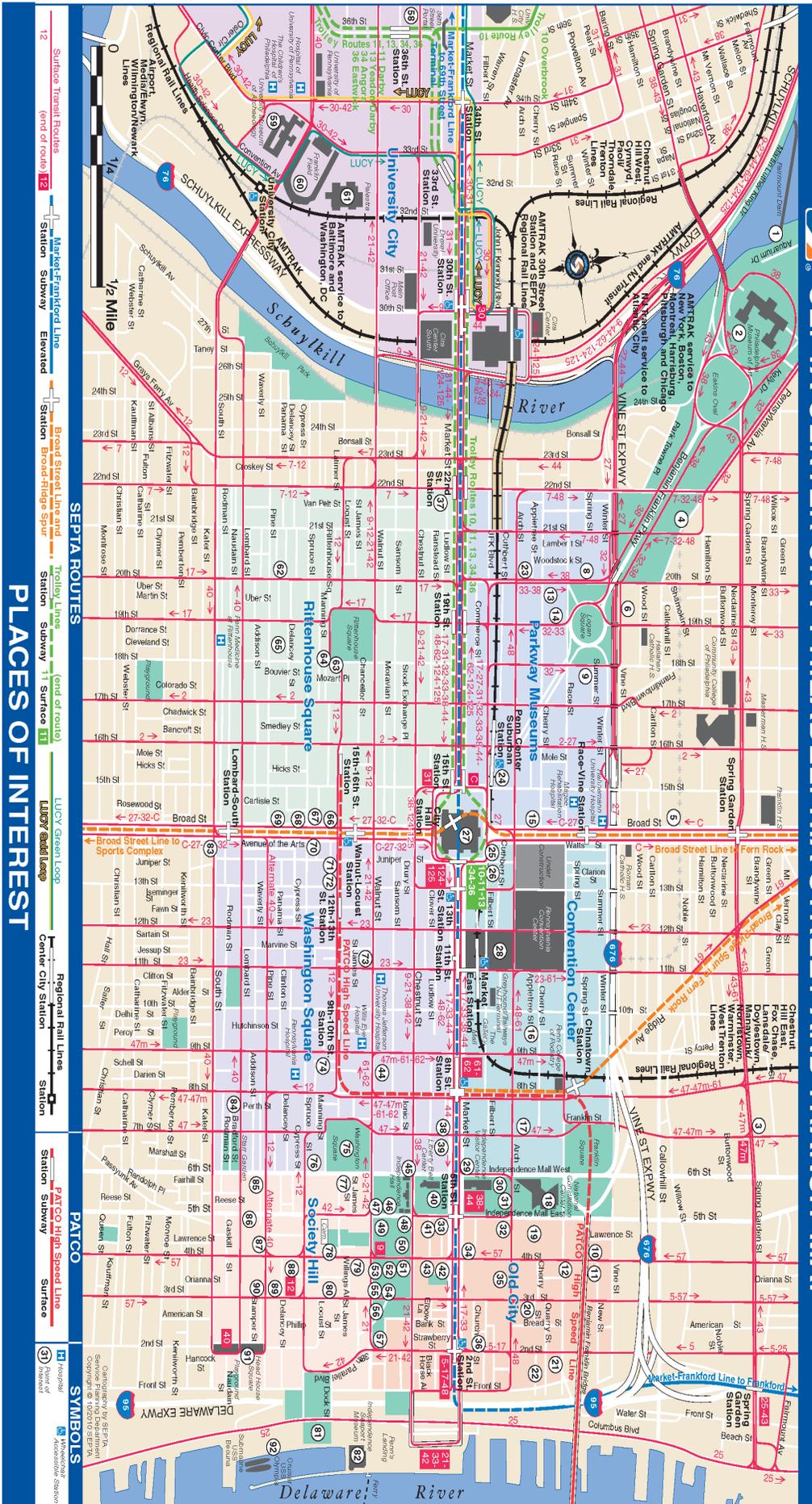
Book Exhibitor Map







SEPTA CENTER CITY PHILADELPHIA STREET AND TRANSIT MAP



PLACES OF INTEREST

Indicated by Numbers On Center City Map

- Historic Sites**
 - 20 Todd House
 - 25 Tomb of the Unknown Soldier of the American Revolution
- Historic Churches**
 - 35 Arch St. Friends Meeting House
 - 36 Cathedral Basilica of SS. Peter and Paul
 - 37 Christ Church
 - 38 Holy Trinity R.C. Church
 - 39 Mikveh Israel Congregation
 - 40 Mother Bethel A.M.E. Church
 - 41 Old First Reformed Church
 - 42 Old St. Joseph's R.C. Church
 - 43 St. Augustin's Episcopal Church
 - 44 St. Mary's R.C. Church
 - 45 St. Peter's P.E. Church
- Arts, Sciences, Drama, Music**
 - 66 Academy of Natural Science
 - 67 Art Alliance
 - 68 Art Bank
 - 69 Ahmanson of Philadelphia
 - 70 Curtis Institute of Music
 - 71 Forest Theatre
- Arts, Sciences, Drama, Music**
 - 8 Aviator Kent Museum
 - 9 Civil War & Underground Railroad Museum
 - 10 Friemans' Hall Museum
 - 11 Historical Society of Pennsylvania
 - 12 Independence Seaport Museum
 - 13 Hodge Building of Philadelphia
 - 14 Mutter Museum
 - 15 National Constitution Center
 - 16 National Liberty Museum
 - 17 National Museum of American Jewish History
 - 18 Peshwayan Historical Society
- Arts, Sciences, Drama, Music**
 - 26 Franklin Institute Science Museum
 - 27 Institute of Contemporary Art
 - 28 Kimmel Center for the Performing Arts
 - 29 Merriam Theatre
 - 30 Moore College of Art
 - 31 Pennsylvania Academy of Fine Arts
 - 32 Philadelphia Museum of Art
 - 33 Rodin Museum
 - 34 Society Hill Playhouse
 - 35 University of Pennsylvania Museum of Archaeology and Anthropology
 - 36 Walnut St. Theatre
- Boat Houses of Interest**
 - 1 Boat House Row
 - 2 Bourse Building
 - 3 Chinese Cultural Center
 - 4 City Hall
- Historic Sites**
 - 21 Bishop Ross House
 - 22 Carpenter's Hall
 - 23 Christ Church Cemetery
 - 24 City Tavern
 - 25 Congress Hall
 - 26 First Bank of the United States
 - 27 Franklin Court
 - 28 Free Quaker Meeting House
 - 29 Head House Square
 - 30 Independence Hall
 - 31 Jacob Graft House
 - 32 Kosciuszko National Memorial
 - 33 Liberty Bell Center
 - 34 Liberty Hall
 - 35 Mikveh Israel Cemetery
 - 36 Old City Hall
 - 37 Powell House
 - 38 Second Bank of the United States
- Historic Sites**
 - 39 University City
 - 40 University City
 - 41 University City
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The University of Pennsylvania
Department of History & Sociology of Science
is proud to support the annual meeting of the
American Association for the History of Medicine
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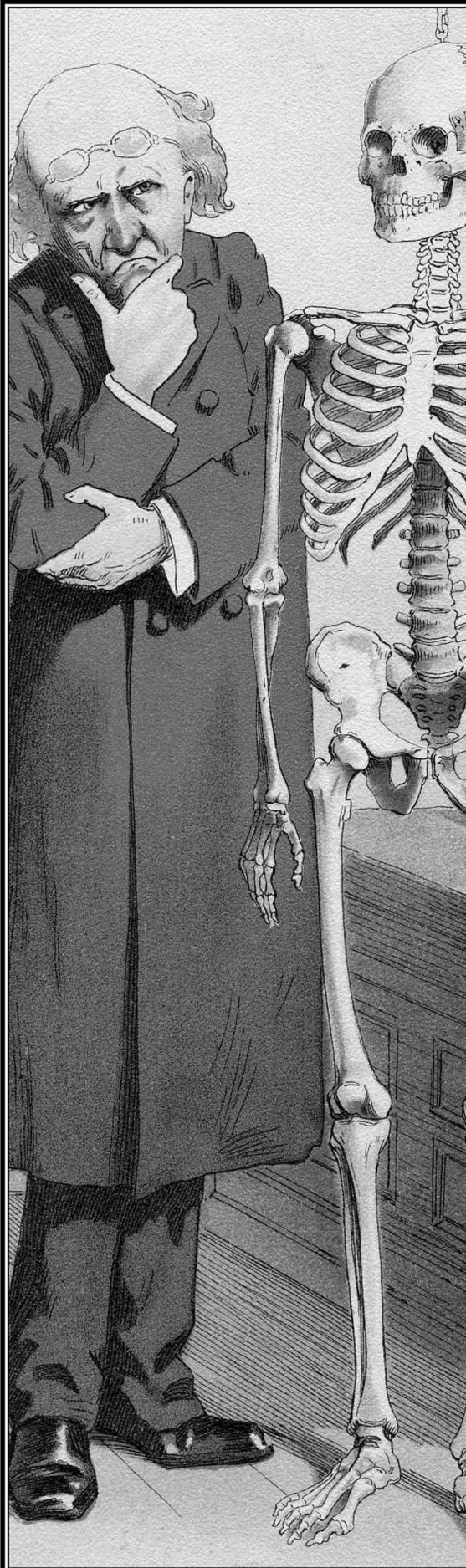
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Our graduate program is jointly administered by the Departments of the History of Medicine in the School of Medicine and the History of Science and Technology in the Krieger School of Arts and Sciences. It combines a broad introduction to historical scholarship with training in the skills needed for specialized historical research. The program is particularly strong in the history of medicine and science for early modern Europe; medicine, science and technology in the United States, 19th and 20th centuries; history of public health and colonial medicine; Russian and Soviet science; Asian science and medicine; the history of 20th-century biology and biomedicine; modern physical sciences; science in Latin America; museum studies. We also offer a special concentration in the History of Global Health and Disease and a combined MPH/PhD program with the Bloomberg School of Public Health.

**We look forward to seeing you at AAHM
in Baltimore in 2012!**

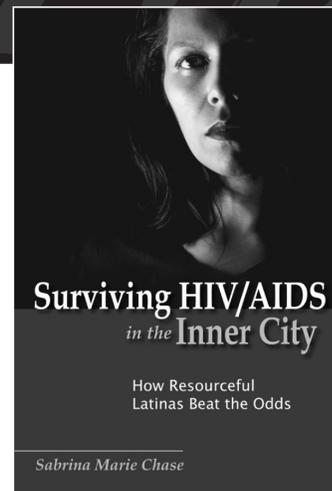
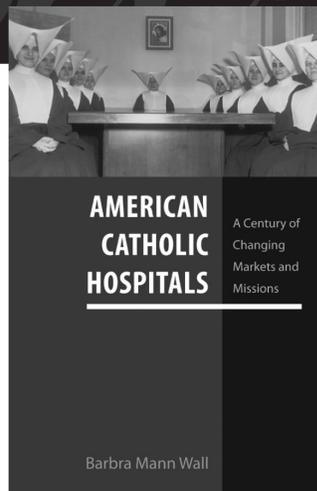
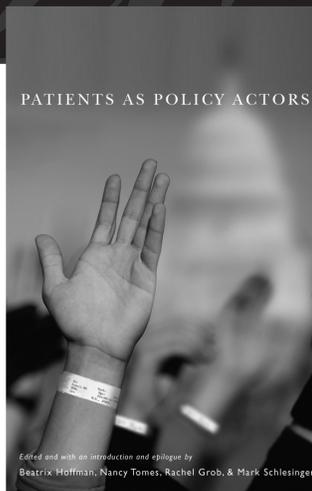
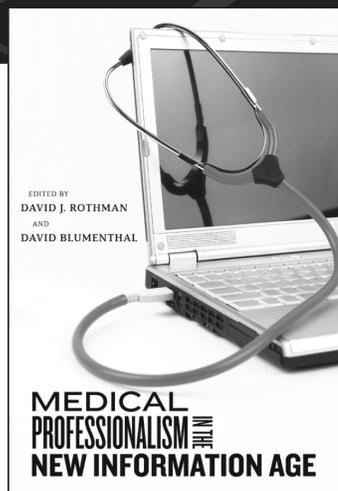
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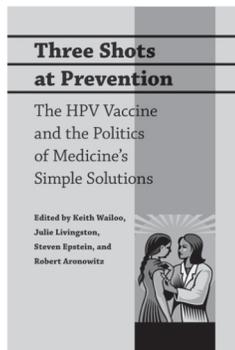
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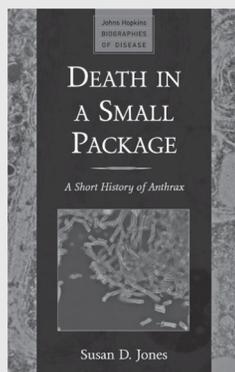
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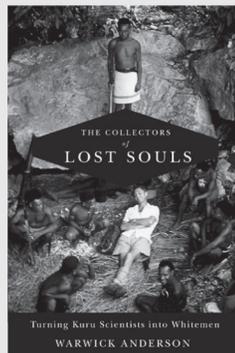
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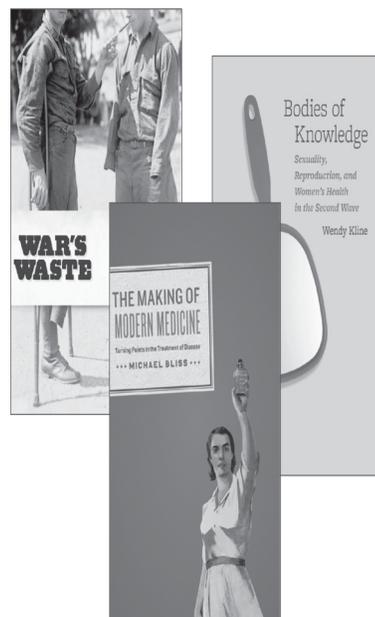


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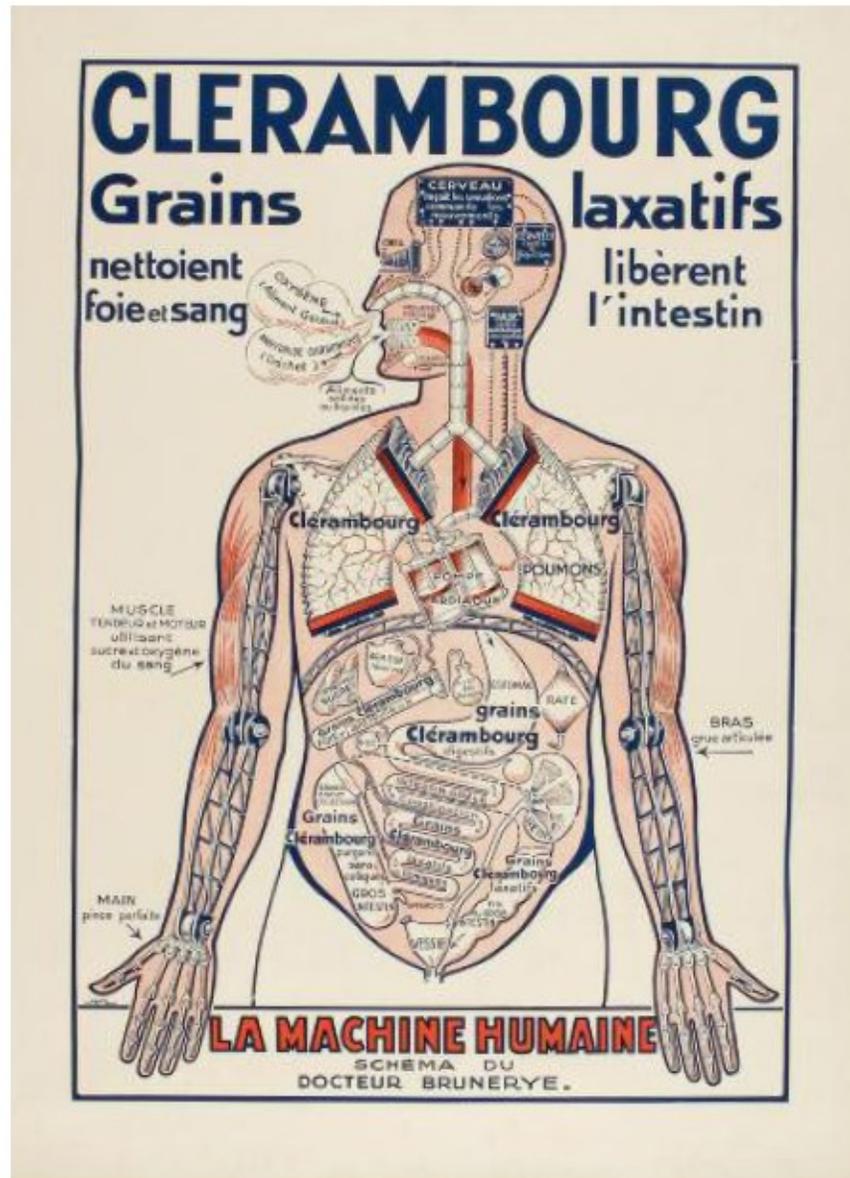
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Abstracts

(Listed in alphabetical order by presenter's last name.)



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“Making space for specimens”: Medical Museums and Institution-Building at the Karolinska Institute, 1860-1910

Eva Ahren

University of Uppsala, Uppsala, Sweden, Office of NIH History, Bethesda, Maryland, United States

In his 1910 account of the history of the department of pathological anatomy, professor Carl Sundberg reflected on the continuous growth of the collections, and the need to make space for their display. Since its opening in 1866 the museum had been the heart of the department and its scientific research, lining up more and more specimens, mostly produced in-house but also acquired through an expanding international network of exchange. Yet the pathology museum was only one of many special collections at the Karolinska: the museum of anatomy was the largest, but there were also collections relating to hygiene; obstetrics and gynecology; pharmacology and chemistry; dermatology and syphilidology; forensic medicine; histology; and psychiatry.

The museums had educational functions, but their meaning for the medical community extended much further. (1) They were spaces for inaugurations, receptions, and faculty meetings, and thus symbolically embodied and advertised collective prestige and authority. (2) They served as archives of previous research and resources for further scientific inquiry, and so connected the work of the doctors at the Institute to national and international discourses in medicine and science. (3) They marked the establishment of new departments and scientific fields: each time a new department was established at the Karolinska, a museum was included alongside other professional signifiers, such as a chair, publications, etc. (4) They were closely tied to the individual curators and depended on their skill in producing specimens, raising funds, and building exchange networks (of knowledge and specimens). And the museums in turn provided spaces for these curators to showcase their work, promote their departments, and forge professional alliances.

Museums and specimen collections were vital in the formation of medical institutions in the late 19th and early 20th centuries. Taking the case of the Karolinska Institute in Stockholm, this paper will explore this crucial role of medical museums, while also addressing their functions in the production of knowledge, careers, professional identity, and networks of exchange.

Learning Objectives:

To identify the different special collections within the medical school and research center of the Karolinska Institute around 1900

To explain the relation of medical museums to medical specialization and institution-building

To discuss the various roles of medical museums to the medical community in the late 19th and early 20th centuries

An Evaluation of Census and Vital Registration Records: Marital Fertility and Syphilis in Ipswich, c. 1871-1911

Emily (Emma) Alden^{1,2}, Simon Szreter¹

University of Cambridge, Cambridge, United Kingdom, ²University of Pennsylvania, Philadelphia, United States

The end of the 19th and the beginning of the 20th century in Britain was marked by a sharp decline in the nation's fertility. Between 1870 and 1920 female fertility fell from approximately 5.5 children per woman to just over 2. The British fertility decline has been a subject of significant interest for population historians who have offered a variety of social and cultural explanations for the decline. To date though the possible role of infertility caused by sexually transmitted infections (STIs) in the fertility decline has not been explored. Simon Szreter has hypothesized that STIs may have contributed to the secular fertility decline, particularly in the upper and middle classes.

The fortuitous survival of a unique set of vaccination and death records covering the period between 1870 and 1910 from the town of Ipswich allowed me to specifically investigate the potential relationship between syphilis and decreased fertility. Syphilis, a well-recognized disease during the period, is understood to decrease fertility by affecting the health of the foetus, leading to miscarriage, stillbirth, and early infant death. Combining data from the Ipswich vaccination and death registers and Ipswich data from the 1911 Census of England and Wales, I created a powerful database that allowed me to uncover a vast array of demographic, socio-economic, and fertility pattern trends in the syphilitic population of Ipswich. Among the many quantitative findings of this work, I will demonstrate in this talk that whilst syphilis deaths increased over the period, the data suggest that lower class children had a proportionally higher death rate compared to middle class children, which goes against Szreter's original hypothesis.

However, my data suggests that physicians may have used euphemisms for syphilis in the death records, thus decreasing the apparent child death rate from the disease. I have identified three other cause of death terms "debility from birth", "premature birth", and "marasmus", that may actually represent deaths from syphilis. These novel findings could change the way in which we evaluate cause of death information and revise our estimates of the importance of syphilis in the British fertility decline.

Learning Objectives:

To gain an appreciation for the significance of quantitative historical methods

To understand the demographic and fertility pattern changes in the syphilitic population of Ipswich between 1871 and 1911

To understand the applications of research on the British fertility decline to policy and public spending concerns in the developed world

Antenatal Health and the Politics of Biomedical Research on Pregnancy in Mid 20th-Century Britain.

Salim Al-Gailani

University of Cambridge, Cambridge, United Kingdom

At the close of World War One, the Medical Research Council (MRC) convened a sub-committee to research the ‘antenatal’ causes of infant mortality and morbidity as part of a wider program to investigate and ameliorate ‘child life’ in Britain. Posing novel questions about the determinants of fetal, neonatal and maternal health—including what later came to be defined as ‘perinatal medicine’—the committee produced a series of reports making the case for developing effective and universal prenatal supervision and improving the training of midwives and doctors. Yet this paper will suggest that the investigations also brought together clinicians, physiologists and epidemiologists from across Britain who held very different interpretations of and expectations about biomedical research and where it should be located. The collaborations and conflicts that emerged from these early studies set the tone for a swathe of new MRC-funded research into the physiology and pathology of pregnancy in the following decades amid continued concern about maternal and neonatal mortality. This paper uses previously unexplored archival materials to investigate shifting concerns over venereal disease, diabetes, nutrition and rubella in pregnancy within the MRC and Ministry of Health. Recovering the professional politics stimulated by these studies helps to explain how pregnant women and ‘antenatal life’ were made central, and contested, objects of biomedical research in conjunction with better-understood transformations in the rise of maternity surveillance in the postwar period.

Learning Objectives:

To highlight the increasing status of pregnancy within biomedical and public health debates in the mid-twentieth century

To understand professional politics of biomedical and obstetric research

To understand the role of the Medical Research Council in funding pregnancy research in Britain

Anxiety and Health: One 14th-Century Doctor's Unique Approach

Nicole Archambeau

California Institute of Technology, Pasadena California, United States

Shortly after the first wave of the Black Death in 1348, medical doctors started to tailor the popular genre of regimens of health to address the epidemic illness. Regimens of health, which had been available for centuries, emphasized the six non-naturals, i.e. those things outside the body necessary to the body's health. The six non-naturals included air and breathing, food and drink, motion and rest, excretion and repletion, sleep and waking, and the accidents of the soul (what we now call emotions). For medical practitioners writing after the Black Death, no small part of avoiding death during waves of epidemic was avoiding the emotions—especially fear and anxiety—associated with epidemic.

Medical doctors suggested special diets, exercise, and sleep regimens at this time, and they tried various methods to curb emotional distress, even suggesting that towns not toll bells for the dead in order to avoid anxiety in those weakened by illness. One medical doctor in Provence, Master Durand Andre, developed a method of healing anxiety that took advantage of a unique resource in his area. He organized meetings for people to hear a holy woman, Countess Delphine de Puimichel, who, as she prayed aloud, transformed the anxiety and sorrow of her listeners into contrition, peace, and happiness. He spoke to sufferers before and after they listened to her and remarked on their changed emotional state.

Master Durand Andre's testimony about Countess Delphine appeared in her canonization inquest in 1363. As Jacalyn Duffin's work with the use of medical expertise in proving miracles has shown, canonization inquest testimony is a valuable source for medical knowledge from a time period. Master Durand's words reveal insight into the cooperation among healing practitioners, the interplay between miracle and medicine, and, most importantly, the emphasis on emotion in health at this time. His testimony provides evidence of doctors' active use of emotion-shaping strategies for sufferers.

Learning Objectives:

To emphasize the importance of emotion in health for fourteenth-century doctors

To emphasize the flexibility of healing practitioners at that time to work together across the divide of religion

To emphasize the usefulness of canonization inquests for exploring the history of healing practice

The Uses of Rickets and Vitamin D Deficiency: Creating a Universal Disease

M. Allison Arwady

Yale University, New Haven, CT, United States

Rickets, the bone disease classically caused by Vitamin D deficiency, has been linked to issues of race, culture, and lifestyle for more than a century. Before 1910, U.S. physicians noted the preponderance of the disease in African-American and Italian-American children and sometimes used it to reinforce racial stereotypes. However, little information has been published on details of diagnosis or treatment during this time. My investigation of unpublished patient and dietary records from Bellevue Hospital (1904 to 1909) demonstrates that despite some claims to the contrary, neither the diagnosis nor the treatment of rickets had been standardized at all: children of the same age, in the same ward, at the same time, received entirely different therapies.

In the second and third decades of the twentieth century, scientists began to unravel the twin roles of diet and sunlight exposure in the disease's etiology and X-rays came into more common use. The diagnosis and treatment of rickets changed dramatically, as evidenced in archival and published materials from the New Haven Rickets Study of 1923-1926 and other early clinical trials investigating cod liver oil as specific treatment. The New Haven study identified radiographic evidence of rickets in 96% of its study population, even calling into question whether the mild form of the disease was a disease at all. By the late 1920s, both the medical and popular literature had switched to presenting rickets as a universal affliction, found to some degree in nearly every young child, regardless of race or class. Rickets was thus used to promote the young disciplines of preventive medicine and pediatrics, as well as to drive sales of supplements and eventually universal vitamin supplementation.

Today, 80 years later, vitamin D deficiency is back in the news, again promoted as a near-universal problem. Hundreds of articles propose links to larger issues, from cardiovascular disease to malignancy, often while criticizing modern lifestyles. Ongoing debates over standardizing diagnosis, treatment, and disease definition are best informed by examining their deep historical roots.

Learning Objectives:

To compare methods for diagnosing rickets and vitamin D deficiency in the 20th century and consider how these methods have altered the perceived prevalence of disease

To discuss how the new field of preventive medicine could have used rickets to promote its agendas

To identify parallels in the debates of the 1920s and the 2010s over how to define and treat vitamin D deficiency

“Nova Scotia Leads the Way”: Locating Maritime Physicians’ Voices in the Canadian Eugenic Movement

Leslie Baker

University of Saskatchewan, Saskatoon, Saskatchewan, Canada

While the push toward eugenic institutionalization in the early to mid-twentieth century has been increasingly recognized in the United States, in Canada historians studying the movement have largely remained focused on, and even defined by, the sterilization policies that were passed in the provinces of Alberta and British Columbia. This focus is demonstrative of a recent historiographical trend that seems to be less cognizant of the involvement of eugenicists in the institutionalization movement. My research endeavours to broaden the historical understanding of both the Canadian movement and the contributions that medical practitioners made to the discourse that surrounded it. I argue that because of a diversity of approaches and uses, eugenic theory was shaped regionally. In Nova Scotia, while the province adopted segregation rather than sterilization policies, those practitioners involved in the debates were very much aware of the eugenics discourse as a whole and incorporated purported scientific and legal findings from other localities, including Canadian, British and American, in their attempts to convince both their peers and the public of what eugenics should mean to Nova Scotians. Through an examination of both provincial and national journals such as *The Maritime Medical News*, the *Canadian Medical Association Journal* and the *Canadian Bulletin for Mental Hygiene* I trace the participation and responses of Nova Scotian medical practitioners within the larger eugenic discourse between 1900 and 1960 with some surprising results. Far from being passive or resistant within the discourse some of the most vociferous supporters of eugenic policy came from within the Nova Scotian medical community, leading the *Canadian Bulletin of Mental Hygiene* to declare, “Nova Scotia Takes the Lead” in April 1927, praising the province’s “Progressive Policy For Dealing With Problems of Mentally Deficient.” Sources such as this suggest that not only is there a new perspective to be explored regarding Canadian eugenics but that the connectivity to and awareness of North American medical debates held great significance for twentieth-century Nova Scotian physicians and reformers.

Learning Objectives:

To engage the medical historical community with the suggestion that eugenics were shaped both regionally as well as through an accessible international discourse

To broaden the historical discourse that surrounds eugenics so that this interconnectivity of awareness and discussion may spread from the historical past to the academic present

To bring to light the interest and involvement of Nova Scotian physicians, reformers and legislators in a movement that linked medicalization and modernity at the same time that Maritimers were being cast by folklorists such as Helen Creighton as untouched by the forces of modernization.

Compelled to Volunteer: The Use of American Conscientious Objectors as Research Subjects during World War II

Alison Bateman-House

Columbia University, New York, NY, United States

Recent decades have seen an explosion of interest in and concern about human experimentation. By and large the history of human experimentation is primarily a tale of research abuses conducted upon groups of people—such as prisoners, soldiers, patients—described by one bioethicist as “captive and convenient” populations. To this historical record, I add a little known episode that both complicates the familiar story of research abuses and underscores the ethical ambiguities involved in human subjects research.

During World War II, drafted American conscientious objectors had three options: join the military as noncombatants, go to jail, or participate in an alternative service program called Civilian Public Service (CPS). CPS units performed varying types of labor, such as working in national parks, fighting forest fires, and tending inmates of mental institutions. Under the auspices of CPS, approximately 500 conscientious objectors served as research subjects in experiments involving pesticides, anti-malarial drugs, treatments for frostbite, and dietary studies. Participation in these studies was voluntary; indeed, conscientious objectors and their representatives actively sought opportunities to serve as research subjects.

Drafted to military service that they could not serve on account of their religious beliefs, the conscientious objectors sought to fulfill their national obligations in ways that they found morally appropriate. Their efforts to fulfill both their duties to the nation and to their beliefs were further complicated by a hyper-patriotic environment in which those who opposed the war were met with scorn and derision. It is in this context—of seeking to serve their country and their beliefs while proving their worth to their detractors—that conscientious objectors volunteered to serve as “human guinea pigs.”

Drawing upon a variety of sources, including a never-before used archive of audiotapes, photographs, and correspondence, this paper will discuss how the military, the scientific community, and the research subjects themselves perceived the “guinea pigs” and the questions of voluntariness and coercion that accompanied their use as research subjects.

Learning Objectives:

To describe the use of World War II-era American conscientious objectors as research subjects

To give examples of World War II-era collaborations between the American military and scientific researchers

To discuss how members of the military, the scientific community, and conscientious objectors perceived issues of voluntariness and coercion during wartime

Drugs, Markets, and Colonial Industrialism: The Emergence of the Indian Pharmaceutical Industry

Nandini Bhattacharya

University of Leicester, Leicester, United Kingdom

This paper will identify the political, economic and institutional processes that contributed to the emergence of the pharmaceutical industry in colonial India. The predominant mode of studying the history of the pharmaceutical industries in Europe and North America has been in terms of industrialization, collaborations between the industry and medical schools and new marketing strategies. The history of medicine in modern India has focussed chiefly on public health and the role of the state, reinvention of indigenous medicine and the emergence of the medical marketplace. These approaches have overlooked the complex relationship through which the pharmaceutical industry in India developed and established itself, with reference to the colonial industrial policies, indigenous commercial enterprise and Indian consumerism.

By the late nineteenth century, there was a growing demand for western pharmaceuticals and drugs in the Indian market, a consequence of urbanization and the growth of the Indian middle class. The demand was for drugs and consumer goods, including pharmaceuticals and products such as hair oil, toothpastes, aphrodisiacs, tonics, vitamins and cosmetics. This was also the consequence of the popularity of western medicine and the rise in the numbers of hospitals and dispensaries, both government and charitable. Other factors contributed as well to the expansion of the pharmaceutical industry. The first was the spread of western science and technical education and an increase in the numbers of science graduates from the universities. The indigenous pharmaceutical industries were all started by these Indian scientists and physicians. The second was the rise of the swadeshi (self-rule) movement as part of Indian nationalism, which led to an emphasis on self sufficiency and Indian entrepreneurship in textiles, steel, paper and drugs and pharmaceuticals. The third was the role of the colonial state in both procuring drugs and encouraging production in the inter-war period. Finally, the patronage extended to Indian entrepreneurs by princely states such as Baroda, which were keen to reform and 'modernize' their administration, technical education and economy played its part in the industrialization of drugs production in colonial India.

India is the only developing country self-sufficient in pharmaceutical production. This paper traces its historical trajectories.

Learning Objectives:

To provide a political and economic background to the emergence of the pharmaceutical industry in colonial India

To link drugs production with economic nationalism and the quest for self-sufficiency among Indian nationalists, entrepreneurs, and certain princely states

To provide a fresh approach to the history of pharmaceutical industry by arguing that colonial industrialism as well as the interventions of the colonial state were crucial in developing this industry

New Negro Therapeutics: Black Doctors and Racial Destiny in Early 20th-Century Medical Practice

Adam Biggs

Independent Scholar, Chicago, IL, United States

“We have a greater duty before us,” wrote one black doctor from South Carolina, “than the mere practice of medicine.” Professing the importance of eugenic education for the future prosperity of his race, William Thorne’s words from 1924 reflect the obligation many black doctors felt to use their medical practices as a means to shape the greater destiny of African Americans in the early-twentieth-century. Drawing upon medical journals, racial anthologies, scientific treatises, and other primary source materials, my paper examines how black doctors used modern medicine to propagate the model of a eugenically “fit” African-American citizen, seeking to mold their patients to the image of racial modernity embodied in the construct of the “New Negro.” More than a literary trope of the Harlem Renaissance, I maintain, the construct of the New Negro emerged around the turn-of-the-century, alongside evolutionary notions of regeneration and Progressive Era reform impulses, as part of a developing effort to challenge popular depictions of racial degeneracy, suggesting the use of eugenic reproduction to promote racial reform and recast African Americans as models of modern citizenship.

In examining the influence of the New Negro on African-American medical practices, my paper engages with ongoing scholarly debates over how early-twentieth-century medical therapeutics “worked,” arguing that the construct of the New Negro served as fundamental currency in the therapeutic exchanges taking place between African-American doctors and patients. Seeking to persuade black patients of the benefits of professional medicine, I maintain, black doctors used the New Negro as a model for both their professional identities and as a definition of African-American health. Utilizing the historic achievements of colleagues, like Daniel Hale Williams, as indicators of their racial capacity, my paper shows how black doctors sought to construct a public image that affirmed they, themselves, were model representative of the New Negro. Finally, examining Charles Roman’s scientific treatise, “American Civilization and the Negro” (1916), my paper demonstrates how black physicians sought to use their scientific analysis to affirm the existence of a bona fide New Negro race. Ultimately, I contend, black doctors used the New Negro as a means to assure African-American patients that modern medicine could offer them relief from the greatest affliction they faced—racial prejudice and discrimination.

Learning Objectives:

To explore the significance of the New Negro in African-American therapeutic practices

To re-examine the historical legacy of Daniel Hale Williams

To discuss the scientific reasoning behind Charles Roman’s conception of the New Negro race

Forgotten Prophet of Resuscitation: Claude Beck and the Uncertainty of Death

Daniel Brauner¹, Caintjan Gainty¹, Geoffry Rees²

¹*The University of Chicago, Chicago, IL, United States*, ²*Rush University Medical Center, Chicago, IL, United States*

In the 20th century history of resuscitation, probably no figure lays greater claim to the title of prophet than Claude S. Beck. A tireless researcher and promoter of cardiopulmonary resuscitation, in addition to developing important techniques he established many of the themes that inhabit the current practice and discourse of CPR – especially as it relates to the uncertainty of death.

To understand his contributions it is helpful to return to the work of Beck in the decades before those practices consolidated in their present form. Beck remains an especially important figure in this history, because more than any other single person he comprehensively envisioned the popular and professional mobilization of resources and technology in support of a global practice of resuscitation. Resuscitation must be widely deployed, he argued, because every death is also a potential accusation of culpable inaction against the living. But at the same time it was the very popularization of resuscitation that made this claim tenable. Its popularization was possible, in other words, because its application was never constrained by a question of medical indications. Instead, uncertainty about the definition of death, and what to do when death happens, was structured into the very techniques and technologies of resuscitation.

In much of the recent literature on resuscitation, it is common to describe it as part of a straightforward campaign of the living against a unified enemy, death. But careful review of Beck's work shows that he didn't seek to wage a battle against death so much as to enroll the general public and enlightened physicians in support of a particular set of technological and conceptual approaches to the uncertainty surrounding the definition of death. This paper will demonstrate how Beck, through the publication of numerous journal articles, the leadership of training courses, the establishment of partnerships with community organizations, mentorship, and film, repeatedly used the seemingly absolute opposition of life and death to position cardiopulmonary resuscitation as a set of techniques that mediate a passage back and forth between them.

Learning Objectives:

To understand the role of Claude Beck in the development of resuscitation practice during the 1930's to 1950's

To appreciate how these developments affected our conception of death

To appreciate how these development set the stage for the rapid acceptance of CPR in the 1960's

Instruments of Consensus: The Developing Chick Egg and the Organization of Global Influenza Surveillance and Control, 1947-1967

Michael Bresalier

Centre for the History of Science, Technology and Medicine, University of Manchester, Manchester, United Kingdom

In 1948, the World Health Organization founded the World Influenza Programme (WIP). Coordinated through two reference laboratories, the World Influenza Centre (WIC) in London and the International Influenza Centre (IIC) in Birmingham, Alabama, the WIP was the WHO's first international epidemiological surveillance system. Mandated to collect and serologically-identify influenza viruses isolated at reporting laboratories across the world, the WIP's work on strain typing and classification aimed to provide vaccine researchers and manufacturers with seasonal variants of flu virus. As with all WHO initiatives, consensus-formation was a defining goal. Creating standard instruments was crucial. This paper examines the role of a simple technology in the organization of WHO system: the cultivation of flu virus in the developing chick egg. Introduced into influenza virus work in 1935, the chick egg became the medium of choice for influenza virus cultivation during the Second World War and in the post-war period this technology became indispensable to international influenza surveillance and control. For the orchestrators of the WIP the chick egg's availability as an organism and simplicity as a culture tool made it readily adaptable to disparate contexts. The WIC and IIC trained laboratory workers in its use, and facilitated its introduction into industry. By distributing this technology across the world, the WHO created a means to standardize and globalize the collection of flu viruses and vaccine manufacture. Yet these efforts did not go unchallenged. Debates over the material organization of vaccine manufacture in the 1950s and 1960s served as a prism for larger debates over the distribution of biomedical resources and inequalities in the organization of post-war influenza control.

Learning Objectives:

To establish consensus-making as a key area of research in post-WWII international health and to highlight the crucial role of instruments to this process

To highlight the changing regulatory practices of the WHO in infectious disease surveillance and control

To examine the material organization of influenza control can be used to evaluate the foundations of international health policy and inequalities in the distribution of biomedical and public health resources

Performing Medicine: Dr Anna Longshore Potts in the Antipodes

Barbara Brookes

University of Otago, Dunedin, New Zealand

Variously named a 'she-quack', a 'hybrid,' a 'lady medico,' 'Mrs Doctor Potts', a 'female physician', a 'Quaker lady', 'the American lady doctor', and 'one of the most distinguished women of this century', Anna Longshore Potts proved to be an entertainment sensation. Dr Longshore Potts graduated in the first class of the Women's Medical College of Philadelphia in 1851. By the 1870s she had become an itinerant lecturer on health, travelling first across the USA and then throughout the English-speaking world. In 1883, she travelled the length and breadth of New Zealand with a significant entourage. In her well-advertised lectures Dr Longshore Potts instructed and entertained mixed and women-only audiences illuminating 'The Human Form: the system and its diseases'; 'Food and its Digestion'; 'The Brain and Nervous System and their Diseases'; 'The Circulatory and Respiratory Systems' and 'Love, Courtship and Marriage'. She saw herself as a missionary of health, spreading the gospel of right living. A Christian with spiritualist leanings, a practitioner of phrenology, a believer in magnetism and a dispenser of medicines and devices, Dr Longshore Potts defied conventional categories bringing forth admiration in some quarters and vilification in others. By following her progress through New Zealand on her first visit in 1883, this paper addresses the significance of gender and the reception of an American medical practitioner in a British colonial society.

Learning Objectives:

To analyze the career of an early American medical woman graduate

To examine the performance of medicine on stage

To examine the reception of an American woman doctor in a British Colony in the 1880s

Ego-Documents, Testimonials, and Adaptive Case Files: The Paper World of a Medical Itinerant, 1696-1715

Karen Buckle

University College London, London, United Kingdom

On 22 September 1696 the oculist William Read posted his first advertisement in the London press. Over the next 19 years until his death in 1715 Read placed almost 400 advertisements in a growing swathe of newspaper journals and magazines. These entries told readers about Read's apparent skill and expertise in curing diseases of the eyes; recounted his recent successful treatments; provided testimonials from grateful patients and local figures of authority, and, whilst he was traveling around the country, gave details of his past and future whereabouts.

William Read's prolific presence in the newspaper press was, however, supported by a wider background of paper records that featured in his working life. Moreover, such certificates, testimonials, letters, records of patients, hand-bills, and even the newspaper advertisements themselves, were not simply words on a page. They were picked up, read, carried around and compared. They were used as tools to forge encounters between patients and practitioner, and between past and potential patients. For an itinerant like William Read the world of paper was crucial to his medical practice, but in ways that current historiography has of yet failed to address.

Existing literature on the 'medical marketplace' has dramatically altered our approach to the history of quackery. Its emphasis on advertisements and self promotion has, however, also led to a rather reductionist account of the work and lives of medical artisans such as the oculists. The use of extant advertisements to illustrate common commercial techniques has fundamentally restricted our understanding of these practitioners to their way-one manipulation of supply and demand. Focus on a unidirectional 'monologue' from the practitioner has thus undermined the level of interaction and exchange between the practitioner and his potential clientele. This paper argues that a cross reading of the paper output of William Read can substantially add to our understanding of everyday early modern medical life. It does so by exploring the alternative ways that records, documents and advertisements were used interactively to foster trust and credibility and a sound reputation for the practitioner whose style of work and itinerancy otherwise denied him.

Learning Objectives:

To discover the nature of an oculist's work in early modern society

To understand the current historiography of early modern medical 'quackery'

To describe the difficulties of reading advertising materials as historical sources

The Death of the Sick Role

John Burnham

Ohio State University, Columbus OH, United States

In the middle of the twentieth century, sociologist Talcott Parsons named a social role played in society by those who fell ill, “the sick role.” On a commonsense basis, for centuries, physicians and lay people alike had described people who acted out the invalid role and took advantage of the deference and care that custom accorded the ill. Parsons spelled out how this role operated as he studied it then and as it was reported from “other” societies. Anyone who involuntarily departed from ordinary social roles could be excused from those roles and have social support—but also had the responsibility to try to get well and to use appropriate social resources, typically a doctor, to assist. That was the sick role.

Half a century later, major social shifts had occurred that took away the social structures supporting the sick role. Therefore patients were finding that they no longer had a right to be sick or to expect the usual social support. Social and medical commentators noted:

- 1) Obviously disabled people were discharged from care facilities, not cared for, including women who had just given birth and surgical and mental patients.
- 2) Environmental or lifestyle factors made people feel ill, and so no personal care was needed.
- 3) Medical care was a market matter, and “consumers” (not patients) had to buy services, not receive customary care. (Nancy Tomes)
- 4) With privacy laws, other members of society anyway could not know if one was sick and so could not offer care and support.
- 5) Modern medicine was generally not applied to sick people any more but to preventive measures for well people who fell into risk groups. (William Rothstein, Robert A. Aronowitz)

Medical historians who have tried to write about the patient’s point of view, from the classic papers of N. D. Jewson and Roy Porter to more recent scholars (Flurin Condrau), have still not succeeded in moving away from the patient-physician dyad to the perhaps now outdated total social interaction of “being sick.”

Learning Objectives:

To identify a central concept often used implicitly or explicitly by medical historians

To understand how social change, at least in the United States, has brought a standard, apparently cross-cultural category into question or even irrelevance

To suggest some of the ways in which the understanding and practice of medicine changed in the late twentieth century, as has been maintained by such thinkers as Francis Collins

'Keepers of the Path': The Lusts' Naturopathic 'Health Empire,' 1896-1925

Susan Cayleff

San Diego State University, San Diego, CA, United States

Eighteenth- and 19th-century healing sects have been chronicled at length, yet Naturopathy, increasingly influential and vibrant today, has not been explored in detail. It became a distinct healing system by 1896, based upon Euro-American predecessors in botanics, hydrotherapy, eclecticism, air and climate cures, chiropractic, homeopathy, osteopathy and vegetarianism. While emphasizing different modalities, all practitioners promoted strict self-moderation and removal from urban life and its attendant stresses. Therapeutics included stream plunges, nudity and sunbathing, lectures, mud baths, vegetarianism, walks, sports and health naps.

Two individuals were most responsible for coalescing diverse philosophies and therapeutics to create Naturopathy: Benedict Lust (1872-1945) and Louisa (Stroeble) Lust (1868-1925). During their partnership and marriage, they succeeded in finding common ground, gaining some allopathic allies, and persisting in a public battle for legitimacy with the American Medical Association. The Lusts expanded Louisa's Bellevue Sanitarium in Butler, New Jersey where Benedict provided water-cure treatments modeled after the popular German hydrotherapist Sebastian Kneipp. From their headquarters in Manhattan the Lusts founded the American School of Naturopathy (1901-1924) and in 1905 conferred the Doctor of Naturopathy (N.D) degree. Benedict, fueled by Louisa's finances, published the "Naturopath and Herald of Health" and "Nature's Path" (1925). They and their zealous colleagues penned an impressive body of literature. The Lusts bolstered acceptance of naturopathy with cookbooks, highly successful vegetarian restaurants, a healthy bakery and "Dr. Benedict Lust's Radio Health Talks." In 1902 the American Naturopathic Association formed, absorbing eighteen complementary state organizations.

Because naturopaths staunchly opposed mandatory vaccinations, antibiotics, dental amalgam fillings, toxins used in everyday life, and the authority of Public Health and allopaths, the Lusts and their close supporters were pursued by the American Medical Association and New York County medical authorities. Benedict was arrested 19 times.

Naturopathy survived despite internal strife, external condemnation and shifting cultural landscapes that devalued agrarian retreat and personal self-control. Yet the relevance of Naturopathy today reflects the Lusts' legacy: five accredited Naturopathic schools in the U.S., insurance reimbursement in fourteen States (with more pending) and complete acceptance in the Canadian medical system.

Learning Objectives:

To explain the role of Benedict and Louisa Lust in forming Naturopathy

To distinguish the diverse philosophies and therapeutics that contributed to Naturopathy

To identify the controversies and challenges facing naturopaths by established medical authorities

Pathogens and Places: Cholera Research in the Tropics

Pratik Chakrabarti

University of Kent, Canterbury, United Kingdom

This paper studies cholera research in the 20th century. We know a great deal about the cultural, epidemiological and ecological history of 19th century cholera, particularly in Europe, but very little about its history beyond the works of Koch and Haffkine. Bacteriologically, cholera germs were located at two different sites, the environment (water) and the human intestine. The dominant view among British Indian medical men was that cholera was essentially a disease of the 'locality' and of the water of the Gangetic basin. Instead, in 1914, EDW Greig focussed on the biliary tract as the site of infection, rather than the environment in India. He argued that the life of cholera vibrio outside the human host in natural conditions of India was very short and promoted the theory of cholera caused by the 'human factor'. The WW1 put an end to his research, leading to the 'epidemiological years' of cholera research in India. The Indian Research Fund Association promoted epidemiological research and produced immense epidemiological maps of cholera in the Indian subcontinent. Internationally, a WHO report in 1959 (by R. Pollitzer) on cholera marked the epidemiological dead end in cholera research. Throughout, the development of effective treatment against cholera remained elusive. In 1959 Dr Shambhu Nath De who worked in a pathological laboratory in Calcutta demonstrated that cholera bacteria secrete enterotoxin in the intestine. This helped in the development of new vaccines by the SEATO. Nevertheless, WHO continued to highlight the problem with local water, despite evidences against it and discouraged the use of vaccines. In recent years, there has been a greater emphasis in studying climatic influences in cholera, which have been shaped by the growing concerns on the effects of climate change on disease. Despite the intense mapping, the cause of cholera has remained subliminal. The paper argues that 20th c bacteriological and epidemiological mapping of cholera reiterated and validated it as a tropical disease. By these intensive mapping, cholera was not only firmly situated to its 'home', but was also dislocated from the problematic of Europe.

Learning Objectives:

To critique the understanding of cholera as a tropical disease and redefine it as a global problem in the twentieth century

To contribute to a new understanding of endemicity of disease in the Tropics

To critically analyse what constitutes the 'home' of disease

Atlantic Crisscrossings: Syphilis in New York, Paris, and Buenos Aires

Julien Comte

University of Pittsburgh, Pittsburgh, PA, United States

My paper examines the circulation of medical knowledge on syphilis within the Atlantic world before the advent of penicillin in the 1940s. Using French medical journals and the archives of the French Society of Dermatology and Syphiligraphy (SFDS in French), a collection mostly untouched by historians, my paper sheds light on the transatlantic networks that linked key dermatological centers in Paris, New York, and Buenos Aires.

French medical journals offer concrete evidence of transatlantic connections between French doctors and their American and Argentine colleagues. French dermatologists often mentioned and cited foreign work, and those who did not keep up with German, Argentine, American, or Italian research risked falling behind their more internationally-inclined colleagues. To make this task easier, journals like the “Annales des maladies vénériennes” included extensive bibliographies at the end of every issue, thus keeping their readers informed of advances in other countries. We know from occasional messages from the editors of these journals that French readers did consult these bibliographies and found them useful. Most medical journals also contained extended sections reviewing French and foreign work.

The archives of the SFDS complement these published sources by laying bare the selection process for foreign corresponding members. The society only inducted the most talented nominees, and letters between SFDS members show how foreign dermatologists were either accepted or rejected based on the quality of their work. These letters therefore allow us to gauge the status of American and Argentine doctors on the international stage. The more personal nature of these archival sources (as opposed to the published obituaries of foreign doctors, for instance) suggests that the words of praise for foreign colleagues that appeared in French medical journals generally reflected what was said behind closed doors.

In sum, these sources demonstrate that French dermatologists did not regard their Argentine and American colleagues as “peripheral.” My paper therefore engages with the work of Marcos Cueto and others who have found evidence of “excellence in the periphery.” International collaboration was so extensive that I find the image of core and periphery ill-suited to a study of syphiligraphy in the modern Atlantic world.

Learning Objectives:

To question nation-centered scholarship

To place Buenos Aires, New York City, and other North and South Atlantic urban centers within the same conceptual framework

To reevaluate the concept of periphery

A Mother's Responsibility: Women and Vaccine Skepticism in the U.S., 1970s - 1980s

Elena Conis

University of California, San Francisco, San Francisco, CA, United States, Emory University, Atlanta, GA, United States

Historians and vaccine experts alike have dated the origins of the so-called contemporary anti-vaccination movement to 1982, the year that NBC aired "Vaccine Roulette," an exposé of the risks associated with pertussis vaccination. The broadcast prompted a group of parents of vaccine-injured children to form, later that year, Dissatisfied Parents Together (DPT), a national organization that began advocating for safer vaccines and altered vaccination policies.

"Vaccine Roulette" and DPT made parental vaccine skepticism visible to the American public in the early 1980s, but neither marked the inception of such sentiments. Rather, parents—particularly mothers—had expressed increasing doubts about the wisdom of vaccinating their children against an ever-growing number of infections as vaccine laws were strengthened and expanded in scope throughout the 1970s. Their vaccine doubts were the product of a growing popular skepticism toward health professionals, the drug industry, and government, which was fed and informed by the anti-medicalization and feminist movements of the 1960s and 1970s.

This paper demonstrates that the vaccine-skepticism expressed in both the mainstream media and alternative publications of the 1970s and early 1980s was influenced by these new social movements as well as shifting notions regarding the social, economic, and civic roles of women, particularly mothers. As government officials and voluntary organizations urged mothers to vaccinate their children in the 1970s, many mothers resisted, employing feminist and anti-professional rhetoric to justify their hesitation. Mothers argued that the government and medical profession's tight control over information on vaccine risks and side effects precluded them from making informed health care decisions for their children, and many reported feeling patronized and oppressed by the medical profession. These themes were as evident in fringe publications of the 1970s (such as "Mothering" and "East West Journal") as they were in "Vaccine Roulette" and DPT's early publications. This paper argues that the origins of contemporary vaccine skepticism were rooted, in part, in the leftist political ideology with which the feminist and anti-medicalization movements were allied in the 1970s, and underscores the need to bridge the history of vaccines to the history of women and women's health in the late 20th century.

Learning Objectives:

To gain insight into the origins and influences of the contemporary anti-vaccination movement

To investigate the role of the social movements of the 1960s and 1970s, particular the feminist and women's health movements, in reshaping American attitudes toward vaccines and vaccination

To explore the intersection of the history of women's health and the history of vaccination

“The Fever Disappeared and the Child Improved Immediately”: Sulfonamides, Penicillin, and the Transformation of Pediatrics, 1936-1949

Cynthia Connolly¹, Janet Golden²

¹*University of Pennsylvania, Philadelphia PA, United States*, ²*Rutgers University, Camden, NJ, United States*

The advent of sulfa in the 1930s and penicillin in the 1940s raised unique issues regarding their use in the pediatric population. That children, and especially newborns and young infants, react differently than adults to drugs and require distinctive dosage calculation methods, has long vexed clinicians in terms of applying that understanding in practice and antibiotics were no exception. Through an examination and statistical analysis of over 500 pediatric patient records from Baltimore’s infectious disease hospital, Sydenham, we examine how physicians adopted first the sulfa drugs and then penicillin for use in infants and children. The records offer a window into the lived experience of patients, parent, physicians, and nurses confronting often-deadly infections as well as a statistical portrait of changing treatment protocols. This paper also includes narrative accounts of illustrative cases. Publications by Sydenham physicians, including Horace Hodes and Francis Schwentker, leaders in the field of pediatric infectious disease, provide additional data concerning treatment protocols and evolving clinical practice.

Based on our analysis, we present three conclusions. First, the “therapeutic exuberance” that the sulfa drugs inspired led to “therapeutic caution” for some children when penicillin became available after World War II. Many physicians proved reluctant to abandon the sulfonamides in favor of penicillin, even when it appeared warranted. Second, both scientific accounts of therapeutic reform and traditional historical narratives of antibiotic development often overlook the real time experience of clinicians. Finally, the history of pediatric pharmacology deserves further scrutiny and needs to be viewed apart from the development of therapeutics for adults.

Learning Objectives:

To analyze features of pharmaceutical history unique to the pediatric population

To describe the evolution of antibiotic therapy for children

To trace the role of antibiotics in the postwar history of children’s health care

Canadian Medicare—Another Yankee Invention? Frederick D. Mott and Socialized Medicine in the United States and Canada

Jim Connor

Memorial University, John's, Newfoundland, Canada

Its Medicare program is one of the most public ways that the nation of Canada defines itself. In a recent media poll, Tommy Douglas, the leftist prairie (Saskatchewan) politician who was already dubbed the “father” of Medicare in Canada, was voted the “greatest Canadian.” The perception of Canada’s healthcare system is more ambiguous in the United States: some Americans view it as something to envy and emulate, while others fear or revile a neighboring “socialized” system of medicine. Medicare, then, is of course also about politics—and therefore national identity, cultural ideology, and international relations. To suggest that this federal/provincial healthcare program, while integral to Canada’s identity, owed much to the tireless activities, foresight, and experience of Americans might seem unthinkable. But, extensive historical evidence contained in the national archives of Canada that I have examined makes plausible the question, “Is Canadian Medicare an American invention?”

Dr. Frederick Dodge Mott (1904-1981), and American colleagues (including Milton Roemer) who were also active in Canada during the 1940s and 1950s, are pivotal to my discussion. Mott dedicated his life to social medicine through New Deal programs he administered; his role at a crucial time in the Saskatchewan provincial government as Deputy Minister of Health (despite being an American citizen); as chief medical executive officer for two major American unions; and finally as professor of medical administration at the University of Toronto. Mott, along with Roemer, wrote *Rural Health and Medical Care* (1948) an exhaustive monograph that was in effect a blueprint for a national health insurance plan for the US; this book was the subject of a legal battle with the New York Academy of Medicine over its publication, likely due to its ardent socialized medicine message that coincided with the rise of the era of “un-American activities.” Due to his “association” with political undesirables Mott left his Public Health Service position in 1946 somewhat tainted to assume his Canadian (Saskatchewan) job. His subsequent decade of service to Premier Tommy Douglas was so essential to the development of the pioneering provincial health scheme, as public documents reveal, that the premier made it clear to Mott he was its savior if not tantamount to being its inventor.

Learning Objectives:

To illustrate the role of Americans in the formulation of Saskatchewan’s medicare program

To review biographical details of Dr. Frederick Mott

To suggest the need for a broader historiographical interpretation of the roots of medicare in North America

Sojourn at the Sea: The Seashore as a Remedy for “Invalid Children,” 1870-1930

Meghan Crnic

University of Pennsylvania, Philadelphia, PA, United States

Beginning in the late 19th century, each summer physicians, nurses, and philanthropists sent thousands of indigent urban children to hospitals located at the seashore; this paper examines the medical, social, and cultural factors that underpinned this phenomenon. I argue that in the United States, physicians and philanthropists intended seashore hospitals and marine therapies to serve as an antidote to the industrialized urban environment and as a means to Americanize immigrant children.

I use the Children’s Seashore House (CSSH) at Atlantic City as a case study to explore this practice, which occurred throughout America’s northeastern seaboard and Western Europe. Established in 1872, the CSSH admitted “invalid children of both sexes, without regard to creed, color, or nationality,” or ability to pay. Children suffering from non-contagious diseases including cholera infantum, tuberculosis of the bone and glands, and rickets, took the train from Philadelphia to the CSSH where they stayed for a week or longer. The CSSH was considered a great success, with the resident physician labeling the vast majority of patients as either “cured” or “improved” upon discharge.

Using primary documents including log books, annual reports, newspaper articles, conference proceedings, and medical publications, this paper examines the scientific and medical knowledge production regarding the effect of the seashore on children’s health, and how the CSSH incorporated that knowledge into practice. I consider how physicians and nurses interwove aggressive interventions, such as surgery, with milder, nonspecific therapies, such as sun and sea bathing, in their treatment of sick and weak children. Building on historians’ scholarship on health and the environment and children’s health and welfare, I argue that the medico-philanthropic community used “marine medication” as a response to the rapid societal changes, including immigration, industrialization, and urbanization, that marked the Progressive Era. Child welfare advocates looked to nature to remedy illness associated with urban life, and found the seashore provided a therapeutic environment in which they could heal children and mold them into productive, Americanized citizens.

Learning Objectives:

To recognize the convergence of environmental medicine and surgery as a medical response to societal changes, including immigration, urbanization, and industrialization, that occurred at the turn of the 20th century

To identify the medical and social interventions intended to ameliorate poor children’s ill health in the late 19th and early 20th centuries

To analyze the historical relationship between immigration, poverty and ill health, and recognize that legacy in contemporary health care debates

Rhapsody of Knowledge: The Impact of Western Science and the Rediscovery of Indian Medicinal Plants

Nupur Dasgupta

Department of History, Jadavpur University, Kolkata, West Bengal, India

The proposed presentation explores the impact of the emerging disciplines of Botany, Chemistry and Pharmacy on investigations in the traditional *Materia Medica* of India. The presentation will be in two parts. The first part will focus briefly on the articles and reports on Indian flora and *materia medica* featuring in two series of science journals – “The Foreign and British Medical Review” and the “American Journal of Pharmacy” - published in the 19th century from England and the United State of America respectively. These references would aid in tracing the reflections on the newly emergent concepts like scientific medical botany, plant chemistry and Pharmacology and the nascent attempts made by the scientists to integrate the modern medical disciplines with the traditional knowledge of India in the nineteenth century. The second part will investigate the process of infusion of the new scientific episteme onto the Ayurvedic *Materia Medica*, which would henceforth be composed in the format of western Pharmacopoeias. Four major compendiums, two from the 19th and two from the 20th century - composed by western educated Indian authors have been selected for brief discussions. The main aim is to observe how the entry of such investigations led to a “rediscovery” of traditional Indian medicinal flora and how the new adoptions of scientific and cognitive tools and technologies impacted the paradigm of the indigenous system. In conclusion the paper will round up the issue as it stands in this century especially scrutinizing how infusion of western episteme has affected free indigenous innovations in natural drug discovery.

Learning Objectives:

To note the processes of knowledge exchange between the two paradigms: western science and the traditional Indian concept of *materia medica* in the 19th century

To observe the changes in the cognition of the Ayurveda medicine among the early batch of trained Indians in western medicine

To discern how the gap between the two systems is still blocking innovations

Emerging Infectious Diseases and the Securitization of Public Health: A Middle Eastern Perspective

Nadav Davidovitch, Benjamin Langer

Ben-Gurion U.

Over the past decade, three major outbreak events have become global concerns: Severe Acute Respiratory Syndrome (SARS) in 2003, Avian Flu (H1N1) in 2005, and Swine Flu (H5N1) in 2009. These disease threats fall into the recent discursive category of ‘emerging infectious diseases’ presenting a great deal of uncertainty. Often through history, major epidemic events have caused shifts both in public health practices as in ideas of governance and the relationships between individuals and the state. These three outbreaks, including ubiquitous air travel, the “war on terror”, concern about global warming has led to a unique public health: the bundling of global health concerns with other security concerns. In 2005 the World Health Organization revised and updated its international health regulations (IHR) and new institutional structures, like the Global Health Security Initiative (GHSI), have emerged.

This paper combined historical, sociological and political approaches to analyze the development of epidemic management in the Middle East. In particular, it explores the “securitization” of public health in both discourse and practice, using as case study the development of public health responses to epidemics in Israel since its establishment in 1948 as well as in the occupied territories and later Palestinian Authority, keeping in mind that the term securitization captures on the one hand a discursive framework and on the other a real, institutional reality.

Learning Objectives:

To contextualize the response to emerging infectious diseases in the Middle East within social frameworks

To contextualize the response to emerging infectious diseases in the Middle East within historical frameworks

To understand the concept of “securitization” of public health in both discourse and practice

“Wolf Bite”: The Provenance and Early Vagaries of Lupus

Luke Demaitre

University of Virginia, Charlottesville, VA, United States

Synoptic histories of lupus, in specialized journals as well as encyclopedias, leave gaps between the roots in vernacular metaphor and branches in modern pathology; a laboratory perspective, moreover, leads them to oversimplify the facts, context, and implications of its genesis. In this paper I will review the medieval record, explore the relationship between popular and scientific responses, and assess the early medical discussion.

The term lupus, which had no antecedents in Greek, Roman, or Arabic medicine, apparently entered the Latin nomenclature of skin conditions from Franco-Teutonic lore. The first mention, in Liège in the 960s, was attributed to common usage. By 1170, the term was linked to the Hippocratic label for an aggressively corrosive ulcer, “herpes estiomenus, which is commonly called ‘the wolf;’” as a French correspondent in Sicily observed. In the writings of Salernitan masters, Lombard surgeons, and university physicians, however, the linkage fluctuated from synonymy to juxtaposition and differentiation, with the classical herpes estiomenus eclipsing the newer item. The identity of lupus, while clear for the inclusive designation of voracious afflictions, became blurred in the growing array of skin ailments which included other homegrown ones, such as ‘sacred fire’ and ‘touch-me-not’, as well as the traditional erysipelas, gangrene, and several types of herpes. A vague etiology did not favor integration into the crucial scheme of humors beyond a general grouping with the ‘hot apostemes’. Listed signs and symptoms varied widely, except for a distinct allocation to the lower body, which was consistent with the original citation—and may hold surprising clues for a historical revision. The physicians’ prescriptions were largely generic, and they conveyed an impression of helplessness even when they superseded miracles and folk remedies. In effect, the treatment and even the recognition of external afflictions as such were the province of surgery. With a name rooted in fear, a definition left to imagination, and therapeutics based on experience, lupus, like the wolf, spoke “more to sense than to understanding,” to borrow a phrase from the surgeon Guy de Chauliac (1363).

Learning Objectives:

To deepen the historical perspective on lupus, a disorder commonly viewed in presentist terms

To review, correct, and expand the currently available coverage of the early history

To shed light on the role of popular culture, traditional doctrine, and therapeutic concerns in medieval pathology

“Saving Faces”: Eyelid Surgery and the South Korean Context, 1955-Present

John DiMoia

National University of Singapore (NUS), Singapore, Singapore

In late 1953, Dr. David Ralph Millard was commissioned as part of a U. S. Marine Corps team to remain behind in South Korea to continue the work of providing medical relief, or, as he would subsequently characterize his task, one of offering “visible evidence of American goodwill in Asia.” Specifically, Dr. Millard would serve as the Chief Plastic Surgeon for the Marine Corps (1954-1955), performing a wide variety of procedures, including skin grafts and the repair of the cleft lip, for which he would later become well-known.

However, Millard would become best-known at this time—and would earn substantial criticism from many scholars in the field of Asian-American studies—for his early attempts at performing eyelid surgery, or what was then generally known as Oriental Blepharoplasty. This paper will historicize and complicate the context of Millard’s work in Korea in 1955, placing it within the lineage of prewar Japanese medical work on the eyelid, ranging from Mikamo (1896) until more recent work up to 1945. Rather than accepting Millard’s claims of being able to transform a patient from “Oriental to Occidental,” I want to suggest an ongoing dialogue in which patients seek to mark difference through surgery, while not necessarily seeking to become “Western,” as Millard and others have claimed.

Ultimately, Millard’s work would not only have implications for introducing this new understanding of the transformative power of surgery to Korea, but also for placing his work within a reconstructive paradigm, with both of these issues continuing to influence the context of Korean plastic surgery as it is now practiced.

Learning Objectives:

To examine cultural perspectives on plastic surgery in war time

To explore the politics of identity and body image in South Korea

To understand the medical marketplace and medical tourism in South Korea

Intensive Hookworm Treatment Demonstrations and Brazilian Response: The Rockefeller Foundation International Health Commission's First Forays in Brazil, 1916-1921

Heather Dron

University of California, San Francisco (UCSF), San Francisco, California, United States

Dr. Lewis Hackett and his wife Hazel set sail for Brazil in 1916, to show Brazilians how to treat hookworm using elaborate demonstration projects and to foment the seeds of public health in the process under the auspices of the International Health Commission of the Rockefeller Foundation. Hackett encountered a receptive audience among Brazilian medical and political elites, yet was met with suspicion elsewhere. In contrast to instances where hygiene was imposed by army forces, as in the Philippines where, according to Warwick Anderson, U.S. forces inculcated hygiene in order to restrain “promiscuous defecation,” the few International Health Board (IHB) staff in Brazil were only attempting to project power as they negotiated the complex local politics driving discourse on public health in Brazil.

This paper draws out the discrepancies between the heralded successes of the Brazilian hookworm project in Rockefeller Foundation reports and the vulnerabilities and challenges of local staff, including tensions between headquarters and the field about how to proceed in Brazil. It illustrates the varied response to the IHB from Brazilian citizens, using descriptions from personal letters and diaries of Rockefeller Foundation employees. Rural residents caught up in IHB treatment demonstration projects exhibited a range of reactions to their bitter medicine and to the monitoring of their bodily excretions; they rarely submitted with docile compliance. Most members of the IHB teams were Brazilians, and they relied on a range of props and dramatic exhibitions of worms to persuade individuals of their illness. Community members at times created dramatic rumors to dissuade compliance; or in some instances they took part in the persuasion process. The relationship between Rockefeller IHB staff, Brazilian team members, and rural citizens was one of negotiation and exchange rather than simply coercion and power. This study complicates the narrative of the IHB as a powerful neo-imperialist influence and Brazilians as oppressed and obedient acceptors, while exhibiting the lively exchange and dramatically persuasive props required to convince wary Brazilians of the claims of medical science.

Learning Objectives:

To define the origins of U.S. international hookworm treatment programs

To identify local Brazilian forces that influenced the formation of public health institutions

To describe the relationships between the IHB, local participants, and Brazilian elites

Hospital Mergers in the Early 19th Century: The Apostolic Visit to the Hospitals of Rome, 1825

Jacalyn Duffin

Queen's University, Kingston Ontario, Canada

Two years into his papacy, the unpopular Leo XII decided to mark the holy year of 1825 by visiting the dozen or so hospitals of Rome and several monasteries. The state was still recovering from the “French period” resulting from the invasion of Napoleon I whose legacy had disrupted social and religious structures throughout Italy.

Both Leo XII and his designated inspector, the future Cardinal Giuseppe Antonio Sala, had spent time in Paris where they had observed post-Revolutionary changes in the French medical establishment. The purpose of the Apostolic Visit was to investigate conditions and recommend changes for greater efficiency in serving the bodily and spiritual needs of the “poveri Infermi” (sick poor).

In preparation for the Visit, hospitals gathered information in “self study” reports describing the buildings, ambience, meals, clientele, and caregivers. Their books were opened to inspection and financial conditions were scrutinized in audit form by the accountant, Filippo Fratini. Each formal hospital visit took several days and entailed tours, interviews with caregivers, and sometimes encounters with individual staff or patients with specific complaints. Apparently, Leo XII himself participated in only one visit. Having accomplished these meetings, Sala and his colleagues filed their own reports.

By 1826, the hospitals of Rome were ordered to unite under the leadership of the vast, ancient Santo Spirito hospital next door to the Vatican. The recommendation to merge was unpopular and unwieldy; within three years it had been rescinded – only to appear again—repeatedly--in future decades.

This Apostolic Visit (and others) left a remarkable collection of mostly unexamined documents comprising many linear feet of shelf space in the Vatican Secret Archives. The proposed paper will be based on an analysis of the 1825 records to reconstruct a “fly-in-amber” snapshot of eight Roman hospitals. It will also address the relationships between medical (or surgical) and religious caregivers as they struggled to meet the peculiar needs of patients and students in times of fiscal restraint. Finally, it will examine the shaky recommendation to merge as an early example of administrative practice that remains vibrant if controversial in our time.

Learning Objectives:

To become aware of the medico-historical potential of the documents pertaining to the 1825 (and other) Apostolic Visits to the Hospitals of Rome in the Vatican Secret Archives

To understand the nature and variety of hospital care in 1825 Rome and to contrast it with that in Paris of the same period

To problematize the historical context of hospital mergers

Surviving Sterilization: A Historical Look at Institutionalization, Reproduction, and Health Activism in 20th-Century Alberta

Erika Dyck

University of Saskatchewan, Saskatoon, SK, Canada

In 1928 the United Farmers of Alberta passed legislation that put Canada on the eugenics map. The sexual sterilization law remained in effect for forty-three years and authorized the sterilization of nearly 4,000 men and women, many of whom had lived the majority of their lives in institutions and were operated on without providing informed consent. Aside from the legal and ethical legacy of this act, which has received some scholarly attention, there is a yet unexplored social history of sterilization that focuses on the individual subjects of this act. This paper begins to address that gap by focusing specifically on two women who lived out their childhoods in institutions, were sterilized as young teenagers, and were later discharged before learning that they could not have children. One of these women eventually sued the Alberta Government and successfully brought the issue to the public's attention. The other, whose personal records remain in the Red Deer Archives, became a patients' rights activist and eventually earned the Citizen of the Year Award for her public service. While remarkable for their leadership, tracing their respective paths from orphaned children to health activists provides significant historical insights into the era of eugenics legislation, institutionalization/deinstitutionalization and reproductive rights in 20th century Canada from a patient's perspective.

Learning Objectives:

To appreciate the social history of individuals affected by the sterilization legislation

To understand the importance of incorporating patients' perspectives into our history of medicine scholarship

To interrogate the relationship between reproduction and feminism and better understand how it contributes to 21st-century health activism

When Lucy Was Pregnant: The Belly Bump in the Early Television Years from Eddie Cantor to “I Love Lucy”

Ziv Eisenberg

Yale University, New Haven, CT, United States

Lucille Ball’s televised pregnancy in 1952-1953 has often been seen as a symbol of mid-twentieth-century Americans’ inhibitions about the public discussion of human reproduction. When Ball integrated her pregnancy into her television comedy "I Love Lucy," network executives initially prohibited the cast from using the word “pregnant.” Still, Lucy’s pregnancy was looked upon favorably by millions of viewers. Nor was she the first to bring a public pregnancy into Americans’ private living rooms. The topic was represented on previous occasions, like a 1944 variety special in which NBC censored lines from Eddie Cantor’s song “We’re Having a Baby” and the 1948 domestic comedy "Mary Kay and Johnny."

Ball and other mid-century artists who brought pregnancy to television never claimed avant-garde status. Rather, they argued that their acts were done in “good taste” and negotiated with network officials around ways to best portray a married, middle-class expectant couple. Although 1940s and 1950s censors were sometimes reluctant to expose viewers to what was considered earlier in the century a subject too delicate for public consumption, they were eventually persuaded by artists like Ball. As a result, television couples shared with the audience the moment that they learned that they were expecting, as well as other relatively new prenatal practices like medical checkups, baby showers, wearing fashionable maternity garments, buying baby clothes and toys, and eventually hospital delivery. In these Baby Boom years, the millions of viewers who religiously followed the pregnant Lucy and bought the show’s merchandize demonstrated that not only they were having more children than their parents and grandparents, but they had also internalized a new discourse that legitimized showing and speaking about pregnancy in public. Beyond issues of respectability and visibility, an analysis of the early television years opens a window into the tensions and confusion that characterized the ways in which Americans grappled with mid-century changing dynamics of family life.

Drawing on television recordings, memoirs, newspapers reviews, advertisements, corporate documents, and viewers’ letters, this paper examines mid-century television representations of middle-class pregnancy and the rituals and practices associated with it, offering a new view of a critical period in the history of reproduction in America.

Learning Objectives:

To uncover and analyze new primary sources

To offer a fresh way to explore the history of medicine during the post-WWII Baby Boom

To offer revisions and fill critical gaps in the secondary literature

“The Matrix is much affected with Smels”: Generative Dysfunction and Perfumes in Early Modern England

Jennifer Evans

University of Exeter, Devon, United Kingdom

It was widely acknowledged by early modern medical writers that the womb was particularly sensitive to, and affected by, smells both good and bad. In response to works such as Alain Corbin's 1986 work 'The Foul and the Fragrant', Mark Jenner argued, in 'Civilization and Deodorization', that it would be profitable for historians to examine smells within specific locations or discourses. Several scholars such as Claire Brant, Richard Palmer and Holly Dugan have discussed the role of smell in areas such as the theatre and medicine. This paper will also build upon Jenner's suggestion by investigating the role and actions of odoriferous smells upon the generative organs and in the treatment of barrenness and infertility. Through an examination of early modern vernacular printed medical works this paper will argue that odoriferous substances had a long standing medical association with hysteric disorders. It will be argued that in addition to this association medical writers widely adopted the Hippocratic practice of using pungent substances to identify cases of female infertility. Finally it will also be suggested that physicians and medical writers discussed the beneficial virtues of several aromatic substances for the treatment of female sexual disorders. These substances were able to transfer their humoural qualities directly into the cavity of the womb, thus making them an important component of sexual health practices. The predominant feature of these pungent remedies, it will be shown, was their aphrodisiac qualities which could stimulate sexual desire, sexual pleasure and fecundity.

Learning Objectives:

To identify the role and function of odoriferous substances within early modern generative medicine

To demonstrate that these substances were widely utilised for their aphrodisiac qualities, predominantly heat

To highlight that fragrant aromas were thought to transmit the humoural qualities of their originating substance into the internal cavities of the body

The Global Pandemic in Chinese Villages: El Tor Cholera from 1961 to 1965

Xiaoping Fang

University of Technology, Sydney, Sydney, NWS, Australia

The seventh cholera pandemic, called El Tor cholera, broke out in Indonesia in 1961 and quickly spread to South-east Asian and East Asian countries. By June 1961 it had reached China, first appearing in Yangjiang County in Guangdong Province, and it re-emerged in Guangdong in February 1962. In July 1962, it rapidly spread through the southeast coastal areas of Fujian, Zhejiang, and Shanghai. This incident occurred 12 years after the founding of the new Communist regime. The rural social and political systems had recently been adjusted following the Great Leap Forward, which lasted from 1958 to 1961, and China was not a member of the World Health Organization when China was afflicted by the cholera pandemic. Basic measures were adopted to contain the spread of cholera in the coastal areas from 1962 to 1965, such as quarantine orders and the administration of vaccines. Of these, the vaccination program was more difficult as it was required to accomplish the vaccination of at least 80% of the rural population in just two weeks, particularly those people living along rivers and roads. To accomplish this goal, medical personnel had to be organized to administer the vaccinations quickly and efficiently in the rural areas, where the union clinics were the main agencies of the state medical system.

Contextualizing this incident against the backdrop of the gradual formation of the rural disease prevention system since the early 1950s, this paper aims to explore how the evolutions of social organization, social control and medical technology impacted the implementation of vaccination campaigns and quarantine orders. This paper re-examines the prevailing argument regarding the top-down medical system and the orthodox interpretation mode of “mobilization-acceptance” concerning disease prevention in the early socialist era of China.

Learning Objectives:

To address how the evolution of social organization constantly differentiated rural medical practitioners and contributed to the formation of a medical community in rural China

To discuss how and to what extent the social control facilitated the implementation of quarantine orders during the cholera pandemic

To explore how folk recipes hindered disease prevention, and how modern medical technology finally obtained dominance in rural Chinese society

Public Funding and Free Market Health Care: How the United States Government Shaped the Pharmaceutical Industry, 1945-present

Robert Field

Drexel University, Philadelphia, PA, United States

American health care is often characterized as a free market system, and as revealed by the recent debates over health reform, any suggestion of a governmental role is highly controversial. Since the beginning of the twentieth century, however, the government has played a crucial role in shaping and guiding health care. This public-private symbiosis is dramatically illustrated in the pharmaceutical industry, which has prospered since the end of World War II, consistently commanding one of the highest rates of return of any private enterprise. While often characterized as the most free market aspect of American health care, the vitality of this industry would not have been possible without the support of the federal government. This interplay as it has evolved since World War II has shaped the pharmaceutical industry into a public-private partnership. This paper traces the history of this dynamic during the second half of the twentieth century, uncovering the numerous implicit and explicit collaborations between government and the private sector that have supported the robust growth of the pharmaceutical industry. Drawing upon statistical sources and case studies, I focus on the role of the National Institutes of Health and on specific federal legislation designed to promote commercialization of its research, such as the Bayh-Dole Act. The NIH has indirectly supported the pharmaceutical industry by funding basic research, which has a payout that is too speculative for private investor-owned companies to sponsor. When that research reveals commercial possibilities, those companies can conduct applied studies that lead to marketable products. More directly, through initiatives such as the Human Genome Project, the NIH has deliberately fostered close collaboration between government researchers and private companies. This twentieth-century history thus provides an example of the public nature of the American medical enterprise.

Learning Objectives:

To understand key forces that drove the robust growth of the pharmaceutical industry in the United States over the latter half of the twentieth century

To recognize the role of government funding programs in the United States in shaping the private pharmaceutical industry since the end of World War II

To appreciate the public-private symbiosis that facilitates the development of private health care enterprises in the United States

In Vitro Fertilization and Early Pregnancy Loss

Lara Freidenfelds

Independent Scholar, Chatham, NJ, United States

I have previously shown how over the past 40 years the rituals and practices Americans have developed around new pregnancy-monitoring technologies including ultrasound, Doppler, home pregnancy tests and ovulation kits have contributed to women and their partners perceiving a “baby” earlier and earlier in pregnancy, and experiencing early pregnancy loss as the loss of a baby. The technologies produce focal points for experiences of early pregnancy, and are central to how we produce its meanings and material representations of it (“proof” that the baby is “really there” in medical and affective terms). IVF clinics provide another technological focal point. Some clinics embrace practices fully in line with the patterns I describe above: they hand patients copies of ultrasounds of the embryos even before implantation, and may encourage them to “bond” with the embryos. However, other clinics are much more cautious, taking it upon themselves to slow down the process of turning embryos into babies, modeling language for couples such as, “let's give it a few weeks, and see if this one sticks.” In this paper, I will look at IVF clinics as sites which have the dual potential to accelerate and exaggerate the trend I have documented, and alternatively, to provide a helpful perspective on the tenuousness of early pregnancy, applicable inside and outside the clinic. I will examine these patterns over time, drawing upon early and recent ethnographies of IVF clinics, postings from on-line pregnancy and infertility forums, and IVF clinicians’ and nurses’ professional literature about patient care and management.

Learning Objectives:

To understand how the use and linguistic framing of technology shapes the experience of early pregnancy and early pregnancy loss

To understand the different experiences potentially produced by the various rituals and linguistic framings used in different IVF clinics

To understand the potential impact of practices within IVF clinics on perceptions of pregnancy and pregnancy loss both within and outside the IVF experience

Protecting the Youngest Motorists: Pediatricians, Crash Injury Protection, and Car Safety Seats

Amy Gangloff

Mississippi State University, Mississippi State, MS, United States

In 1973, Tennessee pediatrician Robert Sanders commented: “In all due respect to diphtheria, whooping cough and measles, what kills kids nowadays is the auto crash. That’s the No. 1 killer.” Since 1966, the federal government has issued minimum safety standards for automotive design including requiring seat belts, interior padding, and collapsible steering wheels designed to safely package occupants. The problem was regulators based these standards on adult measurements, ignoring the unique needs of young children and infants. It would take almost twenty years for all fifty states to pass mandatory use laws for child safety seats, effectively extending crash injury protection to preschoolers and infants.

This paper uses the story of car safety seats as a case study to explore the role of pediatrician as activist. Pediatricians, like Sanders, played pivotal roles in making crash injury safety for children a national issue. They amassed evidence that preschoolers and infants could no longer be considered small adults and used that evidence to lobby for legislative change. They also started an educational campaign to expand the profession’s understanding of preventive medicine for young children. In the pages of professional journals, these activist pediatricians taught other doctors about the array of child safety seats available on the market and the benefits and faults of each kind. Doctors like Sanders argued that car seats were the best way to immunize children against the risks of the automobile. In doing this, they helped to spread the tenets of the new pediatrics to all general practitioners and hospitals.

This paper will explore the pediatric literature, charting the arguments used for car seats, the different problems pediatricians had to overcome and the start of hospital-based education programs. The careers of Dr. Seymour Charles and Dr. Robert Sanders will highlight the close relationship between these pediatricians and the consumer movement of the period. While not the only pediatricians fighting to extend crash safety to small children, these men best represented the missionary zeal of the new pediatrics.

Learning Objectives:

To add a new dimension to our current understanding of pediatrics and the “new pediatrics” in the second half of the twentieth century

To explore the close relationship between the consumer movement and general pediatrics

To explore the difficulties of implementing technological change and the public health implications of it

Men in the Labour Room: Foreign Surgeons at the Hôtel-Dieu of Paris in the Early 18th Century

Toby Gelfand

University of Ottawa, Ottawa, Ontario, Canada

A considerable historical literature on the advent of the male midwife or accoucheur situates his superseding of the traditional female midwife in urban centers of England and France around the middle decades of the 18th century. Many and various factors, acting independently and in concert, have been advanced to account for the male take-over: professionalization, anatomical progress, technological advance, economic incentives, client demand, and fashion. Yet, for at least a century beforehand, surgeons had sought entry to observe and practice delivering women in the *salle des accouchés* of the Hôtel-Dieu of Paris, universally agreed to be the best center in Europe for acquiring obstetrical skills. With rare exceptions, their requests were denied. Hospital regulations expressly forbidding male presence were enforced by hospital administrators who accepted the claims to exclusive jurisdiction over childbirth by the religious nursing sisters and midwives .

But, during the second and third decades of the 18th century, foreign surgeons experienced unprecedented success in gaining access to the Hôtel-Dieu labor and delivery room, in spite of the formal prohibitions. My paper, based upon hitherto unexploited hospital archival sources, identifies who these surgeons (and the occasional physician) were, the countries from which they came, their patrons, and how they managed to circumvent the regulations. I discuss the terms on which they were admitted, what they were able to learn, and the continuing opposition of the hospital authorities. I seek to explain why the surge of prospective accoucheurs took place when it did and why they opted for the Paris hospital. Finally, I consider whether this episode foreshadowed the subsequent emergence of the accoucheur as a medical professional increasingly called upon for normal deliveries.

Learning Objectives:

To profile surgeon-accoucheurs as a group

To understand importance of hospital experience to early modern medical professionals

To understand opposition to male practitioners

Outrage as/and Evidence: Mental Health Policy Reform in Mexico, 1990-2010

Adriane Gelpi

Harvard University, Cambridge, MA, United States

This paper examines the evolution of major movements for psychiatric reform in Mexico across the past two decades. In the wake of a broader push towards democratization, Mexico undertook a major reform of its health system in the early part of the 21st century, seeking to improve equity, quality and access of care for all Mexicans. While this process has been extensively documented, there has been virtually no attention paid to how mental health care has fared during this period of dramatic change.

Using the results of in-country fieldwork, including analysis of archival documents and in-depth interviews with key actors involved in this process, this paper shows how Mexican mental health reformers have sought to articulate a new vision of mental health care during a time of great upheaval in the health system, both reflecting and responding to sweeping forces of historical change ushered in by Mexican democratization. I demonstrate that attempts at psychiatric reform in Mexico have been dominated by two major approaches to advocacy: the first model uses what I call “advocacy of evidence,” by building the case for mental health reform through data-driven reports grounded in epidemiological and economic evidence of the need for change. The second model, the self-proclaimed “psychiatric revolution” leverages what I call “advocacy of outrage,” deploying tactics such as street protests and muckraking exposés of human rights violations to achieve its desired results. Further, I show that despite profound differences in approach, key leaders in both groups have also formed strategic alliances when mutually beneficial.

Tracing this recent history of attempted mental health reform illuminates a host of broader challenges related to health reform: how to achieve the challenge of envisioning and then implementing a modern health system, how to understand the political uses of scientific evidence and the difficulty in prioritizing a disease category that has been stigmatized to the point of near invisibility. As other nations seek to reform their health system, the struggles of Mexico to achieve meaningful reforms in the face of those daunting challenges represents an issue that is at once locally contingent and universally relevant.

Learning Objectives:

To learn how attempts at mental health reform both responded to and reflected broader historical changes in Mexico between 1990 and 2010

To analyze the successes and failures of two dominant approaches to mental health reform in Mexico between 1990 and 2010

To examine the strategic use of scientific evidence for advocacy, in particular how mental health advocacy groups have marshaled resources, including scientific evidence and the language of human rights, to achieve their objectives

X-Rays and the Power of Remotely Anatomizing the Living Body: Insights from Fin-de-Siècle Medical Litigation in the U.S.

Daniel Goldberg

East Carolina University, Greenville, NC, United States

In this paper, I argue that examination of the role of X-rays in fin-de-siècle American legal culture provides a critical window for understanding the significance of X-rays in the larger medical and social contexts of the time. In prior work I argued that the power of remotely anatomizing the human body is evident in the fact that dozens of early American roentgenologists knowingly suffered mutilation and premature death from radiation-induced cancer at least in part for the sake of their roentgenological investigations. This paper extends the focus on the power of the visible by locating the struggle to mobilize and regulate the power of X-ray images within the discursive space of the fin-de-siècle American courtroom. Lay and professional spheres collided therein as physicians, scientists, patients, attorneys, judges, and journalists struggled to understand the meaning of seeing inside the living body, and to harness the resultant power. Relying on a variety of primary sources including medical journals, treatises, notes from medical association meetings, case law, legal periodicals, and mass media, I document how X-ray images played a crucial role in changing American law regarding scientific and medical evidence, and facilitated a novel regime for their regulation that continues to reverberate in the present. This regime at its core relies on the methodological reliability of scientific and medical processes as a justification for the veridical capacity of such evidence. While the historiography shows that this framework has roots in eighteenth century Britain, I demonstrate how, in fin-de-siècle America, X-rays catalyzed the process through which the epistemic authority of scientific and medical methods became sufficient to ground their admissibility in all manner of medical litigation. This process also made much more prominent the role physicians and scientists played with regard to expert interpretation of scientific and medical evidence. Therefore, X-rays were socially and culturally powerful enough to have played a significant role in transforming both the ways in which American law regulates scientific and medical evidence, and the designation of those qualified to interpret such evidence for finders of fact.

Learning Objectives:

To identify challenges that fin-de-siècle actors in American medical litigation faced in introducing X-ray images as evidence

To explain how X-rays catalyzed a novel regime for the regulation of scientific and medical evidence in American law

To describe how X-rays changed the roles of physicians and scientists as expert witnesses in American medical and scientific litigation

“O Achaque do Bicho:” Luso-Atlantic Medicine and the Commodification of African Diseased Bodies

Pablo Gomez

Texas Christian University, Fort Worth, United States

This paper, based on original research on Portuguese, and Spanish archives, and the holdings of the John Carter Brown Library, examines the commodification of African slaves' sick bodies at the dawn of the eighteenth century. Focusing on African slaves afflicted by the “bicho” disease this paper explores the less-well known, but highly lucrative, trade on diseased bodies during the seventeenth and eighteenth centuries. The “bicho” disease was an obscure entity with high mortality rates and symptoms similar to those of an aggressive dysentery. While it was widespread in the early-modern Atlantic World, its origins are poorly understood. Miguel Dias Pimenta, a Portuguese colonist living in Recife, Brazil, and who started his career as a shop-boy, made a fortune buying slaves afflicted by the “bicho” disease, and then curing and selling them for a profit. Like him, Samuel Brun, a Swiss surgeon, wrote about his experiences with “bicho” and his methods of healing Africans for a profit in seventeenth century West and West-Central Africa. Exploring the histories of these two health practitioners living and working in the midst of the slave trade business, this paper dissects the different meanings ascribed to diseases by people of American, European and African origin in the early-modern era. It opens the door for the exploration of diseased bodies as commodities and of medical treatments as economic activities dissociated from traditional early-modern health-practitioner/patient scenarios. The relatively loose boundaries of health practices within the realm of slave trade allowed practitioners like Dias Pimenta and Brun, to freely appropriate popular, Native American, and African medical practices to maximize monetary gains. While certainly not circumscribed to the treatment of African slaves, evidence of the usage and intersections of non European medical rites are particularly evident in the type of sources I examine here.

Learning Objectives:

To define the historical processes shaping the commodification of African slaves' sick bodies at the dawn of the eighteenth century

To identify the different meanings ascribed to illnesses, such as the “bicho” disease, by people of American, European and African origin in the early-modern era

To explore the relatively loose boundaries of health practices within the realm of slave trade and the intermingling of popular, Native American, and African medical practices that it fostered

“The peculiar and complex female problem”: The Church of Scotland and Maternal Healthcare, 1900-1948

Janet Greenlees

Glasgow Caledonian University, Glasgow, United Kingdom

In 1895 the Church of Scotland opened the first Protestant Hospital in Great Britain – the Deaconess Hospital in Edinburgh. By 1900, the Church had completely refocused its mission to seeking social justice in this world, rather than merely the evangelism that had dominated its nineteenth century agenda. To this end, in 1908 the Kirk formed a Social Work Committee to provide health and welfare services for the marginalized, with perceived ‘at risk’ young women the primary target. Early initiatives included hostels and ‘rescue and preventive’ homes in Scotland’s cities. In 1915, the Church opened a maternity home for unwed mothers in Glasgow – Scotland’s largest city, reputed for its high poverty levels. Combined, these initiatives sought to address ‘the peculiar and complex female problem’ – the perceived high levels of illegitimacy, which needed preventive and remedial action. The Kirk sustained this work postwar, when Scottish Presbyterianism was withdrawing from other efforts of social reconstruction. In fact, the maternity hospital only closed in the 1970s.

This paper utilizes church and hospital records to analyze the extent, nature and intent of the Church of Scotland’s healthcare provision for society’s marginalized women before the introduction of the National Health Service (NHS) in 1948. It argues that while the Church was uniquely placed to address health concerns as the established national church and the leading denomination in membership share and a key participant in Scottish health debates, it restricted its health mission to the ‘deserving poor’. Therefore, while these homes provided quality health care and a necessary service, the underlying goal was to maintain or restore the women to citizenship in the Church, not to help those in dire need. Hence, this paper adds to broader debates about voluntarism and healthcare where little is known about the mixed economy of welfare and voluntary bodies as healthcare providers, particularly for marginalized patients.

Learning Objectives:

To highlight the importance of religious groups in healthcare provision for marginalized patients

To describe the maternal healthcare provision of one voluntary body that contributed to the mixed economy of healthcare in Britain before the National Health Service

To highlight a healthcare option available to unwed, pregnant women within the context of available alternatives (primarily the Poor Law Hospitals)

You Can Choose Your Medicine: Therapeutic Freedom in American Law and History

Lewis Grossman

American University, Washington College of Law, Washington, DC, United States

In *Abigail Alliance v. von Eschenbach* (2006), the D.C. Circuit held that terminal cancer patients with no alternatives have a substantive due process right to purchase unapproved post-Phase I oncology drugs. The court reached this conclusion using a test articulated by the Supreme Court in *Washington v. Glucksberg* (1997), a case denying a right to assisted suicide. This test requires judges to determine whether a claimed right is “deeply rooted in this Nation’s history and tradition.” A year later, the full D.C. Circuit, sitting en banc, overwhelmingly reversed the panel’s decision.

The *Glucksberg* test implicates the discipline of American History as directly as any doctrine in American law, and it frequently calls for a sophisticated understanding of the History of Medicine in particular. Unfortunately, the judges and advocates on both sides of *Abigail Alliance* lacked such understanding. In my talk, I will examine the history in this country of the notion of a right to therapeutic access and the significance of this history for modern substantive due process arguments. Unlike the briefs and opinions in *Abigail Alliance*, I will consider the history of arguments regarding access to medical practitioners as well as to drugs, because I see these questions as being inextricably linked. Using both nonlegal and legal sources, I will examine the rhetoric used in favor of therapeutic freedom by different groups throughout American history. I will contend that most movements for “medical freedom” from the antebellum years through the 1960s were motivated not only by notions of bodily liberty, but also by antimonopolist and populist attitudes, a commitment to economic freedom, and skepticism about the supposed “scientific” basis for orthodox medicine. The type of freedom of access claimed in *Abigail Alliance*, by contrast, is based almost exclusively on ideas of bodily integrity and self protection and thus cannot credibly draw from these longstanding traditions. Instead, it is the product of more recent struggles of the 1970s and 1980s, namely the women’s rights and patients’ rights movements and cancer and AIDS patient activism, which fought for freedom within establishment medicine rather than freedom from that establishment.

Learning Objectives:

To explore how the notion of medical “rights” has changed along with the scientific and political context.

To discuss the relationship between access to practitioners and access to treatments in American history

To demonstrate how the History of Medicine can directly affect legal decisions

Girolamo Ruscelli, the Books of Secrets, and a Sixteenth-Century Venetian “Museum in Motion”

Stefano Gulizia

Independent Scholar, Saint Louis / New York, United States

This essay discusses the emergence of empirical practices both in houses of craft and medicinal laboratories in Venice during the 1550s, a period in which, with the fortunate collection of the Secrets of Alexis anonymously published by the relentless polymath, geographer and emblem-maker Girolamo Ruscelli (fl. c.1547-66), the Venetian world had firmly sided with the printed word as a strategy of scientific information and communication. Neither Ruscelli nor Venice figured in any significant way in our history of science books, with the exception of William Eamon’s seminal researches on the tradition of the “books of secrets”. Yet, as I argue, it was a diffuse sense of saturation in the Venetian marketplace of similar “galleries” and “theatres”—a phenomenon traditionally ascribed to the rise of the early modern museum—that gave Ruscelli his reputation as a master of virtual witnessing. I present here some examples of commerce and collecting, translations, and visual adaptations as representative of epistemological changes taking place within commercial and long-distance networks, and I examine the type of gathering activities both institutions and people deployed as they extended the technological and cognitive jurisdictions of media within the printing house.

In the paper I document a medicinal trend toward openness, sociability, and publicity taking place in merchant hubs in Venice. Presses and houses of trade implemented protocols for the verification of information, instruments, and technologies before they were institutionalized in formal councils and assemblies. Less a product of courtly public making than a discursive range of street-culture, these protocols engaged with visual representations and categorization of the natural world, and fostered an underlying tension between metropolitan management and cosmopolitan geopolitics, local sights and global exchange.

Learning Objectives:

To explore the role of Venice in the rise of early modern science

To situate medicine within an urban network, the “public sphere,” and the sociability of the press

To assess the role of “virtual witnessing” and sixteenth-century museums

From ‘Fructification’ to ‘Insemination’: Narratives in Nomenclature in the Early History of Artificial Insemination, 1850-1940

Bridget Gurtler

Rutgers University, New Brunswick, NJ, United States

From the first historical reports of its use, artificial insemination has been a reproductive technology through which much more complex ideas about the role of family, gender, sexuality and race in American society were contested. This paper explores the emergence of changing narratives about “artificial insemination” (A.I.) as it surfaced both as an increasingly used form of therapy for infertility and as a medical term prior to World War II. Artificial insemination provides a window into debates about the meaning of professionalism and the boundaries of practice in the emerging medical specialties of gynecology and urology, the significance of heredity, and the meaning of marriage in a society confronting declining birth rates and battles over the use of prophylactics.

These conflicts were interwoven with professional debates about how to name, and thus define, the parameters of artificial insemination. Early attempts at “artificial fructification” helped a woman achieve a natural life cycle by attaining pregnancy and experiencing motherhood in the mid-19th century but by the turn of the century shifted to fears about the removal of sex from reproduction with “artificial parthenogenesis.” During the decades following, medical practice and nomenclature struggled to grasp the implications for families, heredity, and society as the use of sperm from anonymous donors became more widespread during interwar period and the terminology split into categories we recognize today, “artificial insemination using husband’s sperm” (A.I.H) and “artificial insemination using donor sperm” (A.I.D). These discussions occurred largely in the annals of professional gynecology, urology and sexology journals and the records of birth control and fertility clinics. However, the experiences and influence of patients on debates about “test-tube babies” and is explored as their voices emerge in newspapers, film, radio, popular journals, and personal letters.

Histories of reproduction have tended to focus on more “high-tech” forms of assisted reproduction, such as IVF and egg donation that emerged in later decades. This paper presents a reframing of this portrayal by offering early narratives of A.I., as revealed in conflicts over nomenclature, as American physicians, their infertile patients, and society confronted issues raised by the first form of assisted reproduction.

Learning Objectives:

To provide a chronology and deeper understanding of the politics of the early history of artificial insemination

To interrogate the power of naming both to reflect and to shape medical practice and knowledge

To discuss the different forms of infertility (both male and female) that artificial insemination was used to treat as well as the changing techniques of the therapy itself

Military Science and Peace-Church Subjects: Allowable Risks in World War II Hepatitis-Infection Research

Sydney Halpern

University of Illinois- Chicago, Chicago, IL, United States

Medical historians are aware that World War II inaugurated a new relationship between American medical science and the American state. Defense-related agencies began providing unprecedented levels of funding for medical research. Accompanying federal support were new notions about acceptable research hazards. David Rothman describes a wartime utilitarian ethos that placed greater value on social good to be accrued from science than on the well being of research subjects. The report of the Advisory Committee on Human Radiation Experiments notes that the popular media presented heroic depictions of hazardous human research. But how did researchers and science administrators decide what levels of risk were justifiable? Why did managers of custodial institutions open their doors and assist in recruiting inmates to serve as subjects in dangerous research? What did subjects understand to be the risks and why did they participate in what were potentially life-threatening experiments?

The experiments examined here involved deliberately infecting human subjects with viral hepatitis. No animal model for hepatitis existed during World War II and the U.S. Army sponsored human infection studies to learn about relevant virus strains and gain control over hepatitis outbreaks in the military. The Army's preferred subjects for these and other human infection experiments were conscientious objectors (COs), men performing work alternative to the wartime military draft in Civilian Public Service (CPS) camps run and financed by historical peace churches.

This paper draws on previously unexamined archival records to explore the apparently improbable collaboration among COs and other peace-church personnel, the U.S. Army, and university based medical scientists receiving military funding. The narrative clarifies church leaders' rationale for cooperating in the conduct of human-infection research; their negotiations over the medical care that would be available; their responses to objections raised from within their own community; the measure they took to recruit subjects. CPS cooperation with military medical research was rooted in notions of service. CO-subjects were demonstrating that refusing to fight was not the same as cowardice. Some undertook efforts to win public recognition for CO contributions to the war effort. Meanwhile, the wartime science-administrators used peace-church participation as a vehicle for legitimizing the conduct of extremely hazardous human experiments.

Learning Objectives:

To examine the perception of risk among clinical researchers and scientific program officers during World War II

To examine the motivations of the conscientious objectors who participated in military-sponsored human subject research during the Second World War

To examine how the collaboration between historic peace churches and military-sponsored scientific research altered the state's and the public's perception of acceptable risk during World War II

The Rise and Fall of “Famine Fever”

Christopher Hamlin

University of Notre Dame, Notre Dame, United States, London School of Hygiene and Tropical Medicine, London, United Kingdom

During the middle of the century the term “famine fever” evolved from an informal short hand for feverish conditions associated with famines (chiefly in Ireland) into a quasi-specific disease entity. That evolution took place as older designations of circumstance-specific fevers (e.g. camp- ship- and gaol-fever) were giving way to a generic continued fever, which in turn was being subdivided into redefined concepts of typhus and typhoid. The famine-fever designation was ironic, however: the fever in famine became a specific disease only with the recognition of a new epidemiological entity, relapsing fever. That entity, recognized for an Edinburgh epidemic in 1843, was then retrospectively imposed on earlier fever epidemics in Ireland (1816-1819, 1826) and Edinburgh (1826). Relapsing fever was to be the default diagnosis for fever-like diseases during famines that were not clearly something else, like the newly narrowed concept of typhus.

In Charles Murchison’s magisterial 1862 work *On Continued Fevers*, the newly severed typhus and typhoid fevers, along with this relapsing fever would come close to exhausting the old category of continued fever. Murchison would associate what others were calling typhoid fever with fecal contamination, typhus with overcrowding, and relapsing fever with hunger, but in the latter case the link was weak: more incidental than essential. In his 1868 on “Hunger-Typhus,” Rudolph Virchow followed Murchison. During the second half of the century the relapsing fever/famine fever diagnosis would often be applied to epidemics in India and other parts of Asia, which occurred sometimes, but not always, in conjunction with famines. The attempt to use the terms synonymously, however, led to famine fevers without famines and relapsing fevers without relapses. Increasingly, as the various forms of lice- and tick-borne relapsing fevers became distinct as infectious diseases, “famine fever” came to seem an archaic and misleading appellation for any disease. That left much famine-related illness without any designation in particular, however.

The rise and fall of famine fever was a central part of the de-medicalizing of hunger, and of social etiology more broadly, that accompanied the transformation of constitutional medicine into a medicine defined in terms of infectious agents.

Learning Objectives:

To understand how names of diseases can have implications for prophylaxis

To acquaint attendees with the major conceptual shift in nosology in the mid nineteenth century

Accidents Waiting to Happen: Typhoid Fever in England, 1900-1940

Anne Hardy

London School of Hygiene and Tropical Medicine, London, United Kingdom

By 1900, typhoid had become so relatively rare in Great Britain that the immunologist Sir Almroth Wright defined conditions in which the disease might occur as going 'straight back to barbarism'. By 1910, typhoid was known to originate in a human carrier, and to be transmitted among humans through contaminated water, milk and food supplies; it could be detected by laboratory analysis of urine and faeces. In England, however, such epidemiological knowledge did not translate into direct public health action: there were no formal registers of known carriers as there were in the US. Nor were there mechanisms for compelling local authorities to take sanitary precautions against outbreaks. Instead, the public health services operated a reactive policy, responding to each of the many outbreaks that occurred in the first half of the century with the traditional techniques of observational investigation, supported where required by laboratory analysis. The number and nature of typhoid and paratyphoid outbreaks in the years to 1940 make it clear that this non-interventionist policy had its drawbacks: there existed a sufficient reserve of healthy carriers within the country to maintain endemic infection, and to result from time to time in epidemic outbreaks on a worrying scale. This paper argues that techniques of laboratory diagnosis were not powerful enough at this period to supplant the established methods of field investigation. The shift in investigatory power from field to laboratory was not to happen in England until 1939-40, and was then partly due to scientific breakthrough, and partly to administrative developments associated with the Second World War.

Learning Objectives:

Public health in England did not become "scientific" in the sense of adopting the laboratory as an essential reference point until c. 1940

The English practitioners of field epidemiology privileged their traditional investigative methods

The successful transfer of authority to the laboratory was associated with a breakthrough in laboratory science but also with crucial administrative reforms initiated by England's preparations for World War II

Arnold Gesell, Child Hygiene, and Eugenics

Ben Harris

University of New Hampshire, Durham, NH, United States

In the fall of 1913, residents of Alma, Wisconsin were mortified to see their town portrayed in *The American Magazine* as overflowing with the mentally and morally unfit. Although neither the town nor its residents were named, photos and text left no doubt that Alma was “The Village of a Thousand Souls” described by Arnold Gesell. Gesell was a favorite son of Alma: an outstanding student in high school and at the University of Wisconsin who received a Ph.D. from Clark University, and was now studying medicine at Yale University.

Today Gesell is remembered as a pediatrician, developmental psychologist and the most-read authority on child rearing prior to Benjamin Spock. What is not appreciated is his early faith in eugenics and his self-identification as an expert in Child Hygiene. Historians have also failed to appreciate Gesell's socialist beliefs as a young man, which lasted into his post-doctoral career and beyond.

Using Gesell's papers at the Library of Congress, we will show Gesell's socialist views of poverty, injustice and human development. His medical studies, we will show, were motivated by a desire to become a leader of the field of Child Hygiene. The ethos of that field was expressed well by Gesell and his wife Christine in 1912: “Just as we have socialized dwellings, water supply, laundry, medicine, etc., so we must ‘socialize the maternal function’ through the kindergarten.” Later, Arnold Gesell wrote: “The primary school is the Ellis Island through which our future citizens pass, native as well as alien, normal as well as delinquent and defective. While the public school cannot deport, but must accept its defectives, it can do the next best thing; that is, it can recognize, classify [and] register, all the types of human material which pass its threshold.”

This paper will also explore the motives for Gesell’s eugenic analysis of his hometown and briefly show how he made his contribution to the genre of eugenical field reports. Using the archives of his father’s photography studio (at the Wisconsin State Historical Society), we will show his manipulation of the photographic record to suit his hypotheses.

Learning Objectives:

To show how socialism and eugenics were compatible in the United States

To explore the motives behind Arnold Gesell’s eugenical analysis of his hometown

To show how child hygiene was an important medical field in the early 20th century

“We Are the Ones We’ve Been Waiting For”: The National Black Women’s Health Project and Self-Help Women’s Health Activism

Evan Hart

University of Cincinnati, Cincinnati, OH, United States

Founded in 1983, the National Black Women's Health Project (NBWHP) was the first women’s health organization devoted solely to the unique health needs of black women. First developed by activist Byllye Avery under the auspices of the National Women’s Health Network (NWHN), the Project began as a way to pull more women of color into the movement. The organization achieved independence in 1983, and Avery helped set the organization on its course.

This paper explores the NBWHP’s self-help concept and its myriad differences from predominantly white women’s health organizations, arguing the NBWHP’s version of self-help more adequately addressed the unique needs of black women, empowering them to become advocates and activists for their own health and their communities. Self-help had a long history in the Women’s Health Movement, but for most women’s health groups, most of which were predominantly white, “self-help” generally referred to self-care and self-help gynecology. Viewing one’s cervix and seeking out alternative women’s health care were viewed as revolutionary experiences.

Although the NBWHP did not discount the revolutionary potential in self-care and self-help gynecology, their version of self-help was based more on individual and group empowerment through sharing experiences. Health educator Lillie Allen developed a workshop for the NBWHP, “Black and Female: What is the Reality?” based on a form of counseling called Re-evaluation Counseling (RC) which stressed talking and active listening in order to understand the roots of psychological, emotional, and societal distress. This workshop was soon adapted into NBWHP self-help groups which urged black women to share their health care ordeals, but also to discuss what it meant for them to be black women. As the NBWHP argued, black women must first break the “conspiracy of silence” which isolated black women before they could become effective activists.

Through the use of archival sources from Avery and the NBWHP, this paper discusses self-help in the larger Women’s Health Movement and show how the NBWHP’s version of self-help differed. Self-help in the NBWHP was more responsive to the needs of black women, providing emotional and psychological support which they did not receive in other women's health organizations.

Learning Objectives:

To understand and be able to define how white women’s organizations defined self-help

To understand and be able to define how the NBWHP defined self-help

To understand why many black women did not find predominantly white women’s organizations responsive to their unique health needs

Unexpected Casualties: Agent Orange Exposure and Veterans' Children

Amy Hay

University of Texas - Pan American, Edinburg, Texas, United States

In 1979, over 4,000 Vietnam veterans brought suit against Dow Chemical Company and other manufacturers of Agent Orange herbicides in the belief that the dioxin-contaminated defoliants had caused a wide array of illnesses and even deaths. The case attracted the attention of filmmakers, and resulted in a 1983 documentary, "The Secret Agent." Vietnam veteran Michael Ryan, his wife Maureen, and daughter Kerry were featured in the documentary and Maureen Ryan was interviewed in a New York Times article about the film. She explained the couple's belief that their daughter Kerry's birth defects had been caused due to Michael Ryan's exposure to Agent Orange. What they originally thought of as "an act of God" had become "an act of a chemical company." The Ryans had joined the class action lawsuit. Their story contrasted strongly with another case of Agent Orange exposure and families that emerged just a few years later. Admiral Elmo Zumwalt, Jr. had ordered herbicide spraying missions in South Vietnam that resulted in his naval lieutenant son, Elmo Zumwalt III, being exposed to the herbicides when he commanded a swift boat in the Mekong Delta. Zumwalt senior publicly expressed his sorrow, but maintained the rightness of his order to spray chemical defoliants to expose the enemies hiding in the jungles. The Zumwalts' story, told in "My Father, My Son" (1987), became a Book-of-the-Month Club Featured Selection.

These stories of the unforeseen consequences of herbicide exposure, these unexpected casualties, exposed the tensions embedded in Americans' understandings of the Vietnam War, veterans' disillusionment with government denials and inaction, and controversy over the safety of the chemical herbicides used in South Vietnam. Using memoirs, documentary film, congressional testimony, and personal papers, this essay examines the relationship between military service and Agent Orange exposure, particularly as veterans began to suspect their children had been harmed. Veterans and their families created illness narratives that both justified and challenged military and political officials' decision to use Agent Orange, and their accounts embodied the contested nature of democratic decision-making and the obligations of the state.

Learning Objectives:

To learn about US chemical regulation and policy

To explore a case study of veterans and disability

To explore a case study of science and medical policy making

The Afterlives of Afterbirth: Placental Waste Economies in Chennai, India (1980-2010)

Sarah Hodges

University of Warwick, Warwick, United Kingdom

Based largely on evidence gained from oral history interviews conducted in 2009 and 2010 with Chennai-based mothers, obstetricians, hematologists, and cord blood bankers and their marketing teams, this paper provides an overview of changes in human placental waste economies there over the course of the past three decades in Chennai, India. I use the term “placental waste economies” to refer both to practices of ritual placental disposal as well as to the commercial reclamation of placental materials for subsequent biomedical and cosmetic therapeutic uses. In this presentation I argue that the relatively recent practice of new parents’ private banking of umbilical cord blood-derived stem cells in Chennai repackages a cluster of extant south Indian traditions surrounding conjugality, progeny and progress. Childbirth exists simultaneously as a physiological process and a social one. In both its physiology and its sociability, childbirth represents a conjuncture of possible dangers and vast rewards/value/treasure. Because childbirth occupies such a privileged ritual and material status of power and danger, the material by-products of childbirth—principally the placental afterbirth—also possess this dual status of power and danger. By investigating the recent rise of umbilical cord blood derived stem cell banking in Chennai alongside a broader set of longstanding placental waste economies, this paper will attempt to provide some understanding of the impact of the globalization of medicine and biotechnology on local traditions, and vice-versa. I use the media of placental waste to connect the contemporary history of medicine in modern India to the rapid social and economic changes now taking place on the subcontinent. In particular, this presentation connects the turn of the century history of the beliefs and practices surrounding the material by-products of clinical encounters with how these beliefs and practices constitute a contact zone between local cultures and an emergent medical science that crosses national boundaries.

Learning Objectives:

To give an overview of placental waste economies in Chennai, India

To show that the banking of umbilical cord blood-derived stem cells reflects traditional notions of conjugality, progeny, and progress

To provide an understanding of how the globalization of medicine and biotechnology affects, and is affected by, local traditions

“Incorrigible Dirt Eaters” or Slave Resistance and Medical Authority in Jamaica

Rana Hogarth

Yale University, New Haven, CT, United States

Cachexia Africana, also known as mal d'estomac, dirt eating, or pica, emerged as one of the most challenging “slave diseases” to white physicians and medical authority in the nineteenth-century Atlantic World. There was little agreement among these practitioners as to its etiology and treatment. Defined as a wasting syndrome that resulted in debility, loss of weight, fat, and muscle, Cachexia Africana eroded the image of black bodies considered naturally suited to slave labor. Because Cachexia Africana was difficult to diagnose and treat, Anglo practitioners constructed the disease as self-induced by slaves unwilling to work, depressed, or too ignorant to care for their own bodies. The name, Cachexia Africana, explicitly marked it as a slave complaint and placed the disease within the already contested space of racialized patho-physiology in the plantation system of the Americas. Though white physicians frequently defined diseases as unique to African constitutions as part of larger aims of justifying slavery, little historical attention has been given to cases in which this process failed.

In Jamaica, nineteenth-century Anglo-physicians used Cachexia Africana as a means to assert their control over black productivity and to establish their status as experts on Negro diseases and plantation management. Writing in plantation guidebooks and medical journals, these physicians lamented and lampooned slaves’ attempts to rid themselves of the disease through herbal or spiritual healing methods. Because eating dirt was at times viewed as a deliberate measure to resist the plantation regime, these “incorrigible dirt eaters,” became the objects of reproach to the physician and sources of suspicion to the overseer. Yet calling attention to the troublesome nature of Cachexia Africana and the troublesome behavior of its victims did more to highlight the professional insecurities and shortcomings of white practitioners than it did to provide practical ways to curb the disease. Drawing upon the writings of white physicians, I address the process by which Cachexia Africana illuminated the limitations of orthodox medicine, made vulnerable the position of whites in the plantation milieu, and challenged a priori beliefs about the physical capabilities of black bodies.

Learning Objectives:

To examine the relationship between “slave diseases” and the expansion of the medical profession in the Atlantic World

To analyze the ways assumptions about racial difference mediated power relations between practitioners and healers in 19th-century slave holding societies

To illustrate how white physicians and slaves attempted to assert power through applications of medical knowledge and healing practices

The New Sensation: Influenza, Celebrity and Suffering at Fin de Siècle

Mark Honigsbaum

Queen Mary University London, London, United Kingdom

On 15 January 1892, Britons awoke to the news that after a two-week battle with influenza and pneumonia the Duke of Clarence, Queen Victoria's grandson and the second-in-line to throne, was dead. The death of Prince 'Eddy', as the Duke was fondly known, prompted an outpouring of grief that had not been witnessed since the death of his grandfather, Prince Albert, twenty years earlier. At the gates of Malborough House, *The Times* reported, there were crowds 'such as has never been seen before'. Josephine Butler captured the public sentiment perfectly when she recorded in her diary that influenza was a disease that 'strikes the great as much as the weak' and that Prince Eddy's passing was an event that will 'call out all the nation's sympathies'.

In this paper I will explore how the death of the Duke of Clarence drew on the Victorian fascination with celebrity and the New Journalism. The Duke of Clarence was not the first prominent casualty of influenza, but his royal position and the public's identification with his plight meant that his illness was the subject of intense newspaper interest. Contrasting the news reports with the private account of the Duke's physician, I will show the media sensationalized the Duke's illness and, in the processes, transformed the identity of influenza. The result was what previously been regarded as a 'trivial' ailment on a par with a 'common' catarrh, now became a fashionable 'celebrity' illness in which influenza convalescents were united in a community of suffering.

Influenza's celebrity status, I will argue, was further enhanced in 1895 by the British Prime Minister, Lord Rosebery's widely publicised six-week battle with post-influenzal insomnia. Rosebery's insomnia coincided with Oscar Wilde's criminal libel trial and society rumours implicating Rosebery in a homosexual liaison with Francis Douglas, the marquess of Queensberry's eldest son and the brother of Alfred Douglas, Wilde's lover. However, rather than Rosebery's illness being construed as evidence of a 'morbid' temperament, I will show how newspaper reports of his breakdown drew on his celebrity as a millionaire race-horse owner, prompting the multiplication of stories about other 'celebrity sufferers'.

Learning Objectives:

To trace how the modern identity of influenza emerged from late 19th-century medical and media narratives

To raise wider questions about the extent to which all representations of disease can be viewed as narrative productions and to draw attention to the importance of metaphor

To draw attention to the way that disease is also a social production

Treating Men at a Lesbian Health Clinic: Identity Politics, Feminist Organizing, and Health Care Provision, 1979-Present

Judith Houck

University of Wisconsin, Madison, Madison, WI, United States

In 1977, Patty Robertson, a lesbian physician working in San Francisco, launched a research project to determine the level of sexually transmitted diseases among lesbians. In the course of the study, Robertson and her study co-workers discovered what they already knew: lesbians frequently avoided medical care for fear of encountering ignorance, homophobia, and discrimination. In particular, lesbians routinely eschewed screening examinations like the Pap smear, fearing the vulnerable position and the invasive questions about their need for birth control and the nature of their sex lives. Consequently, Robertson recruited friends and colleagues to establish a health clinic staffed by women to meet the need for affordable, nonjudgmental health care and health education for lesbians. Lyon-Martin Women's Health Services, opened in 1979, was the result.

Despite the clear vision of its founders, this "lesbian" clinic evolved in many unforeseen ways. By the late 1980s, only about 50% of the clients at Lyon-Martin identified as lesbians, and in 2007, the board of directors dropped "women" from the clinic's name, recognizing the increasingly transgender-identified clientele. Some of the changes occurred unexpectedly. Locating the clinic in the San Francisco Mission district, for example, attracted a significant number of straight, monolingual Spanish-speaking clients. Sometimes the changes were deliberate, as when a new executive director aimed outreach efforts at poor women of color without regard to their sexual identities.

Each of these changes has been controversial. Many of the original stakeholders have felt betrayed by the ostensible turn from the original vision. Others have argued that the clinic administrators have clung too tightly to the lesbian focus, thus leaving the women most in need of affordable, nonjudgmental health care underserved.

Based on oral interviews and institutional documents, this paper explores the sexual, racial, and gender politics at the center of this clinic's history, demonstrating how identity politics kept the struggling institution afloat while simultaneously threatening its future.

Learning Objectives:

To show the interaction between identity politics and health care

To bring issues of sexuality and sexual identity into the history of medicine

To complicate our understanding of the women's health movement

Diagnosing Coronary Heart Disease: A Tale of Three Tools

Joel Howell

University of Michigan, Ann Arbor, MI, United States

A rarely made diagnosis in the 1910s, by the 1930s coronary heart disease (CHD) was perceived throughout the U.S. to be a rapidly increasing cause of disability and death. CHD's most dramatic manifestation was thought to be myocardial infarction – so called “heart attack” – which all too often caused sudden death. But could CHD be detected before death? Over the next few decades three very different tools were widely advocated for diagnosing CHD:

- (1) Exercise testing: Patients stepped up and down on a standardized step for a set time period. Physicians monitored the pulse, the blood pressure, and, in later versions, the electrocardiogram. Initially invented as a test for general circulatory efficiency, exercise testing became seen as useful to diagnose CHD.
- (2) Anoxia Testing: Patients breathed a gas mixture that contained a lower than normal amount of oxygen (usually 10%) through a face mask at rest for twenty minutes, or until they developed chest pain or exhibited electrocardiographic changes.
- (3) Ballistocardiography: The ballistocardiogram was based on the Newtonian principle that “every action has an equal and opposite reaction.” To have a tracing recorded, patients either lay on a bed suspended from wires or had a motion-detecting device placed on their legs. The ballistocardiograph tracing reflected the body's motion caused by blood being pumped around the circulatory system.

This paper compares and contrasts these three competing diagnostic technologies from the 1930s to the 1950s. Sources include published literature, archival material, and clinical records. Powerful individuals at influential institutions widely promoted each of these technologies as a means of diagnosing CHD. Each tool was seen as being clinically valuable, albeit with distinct benefits and risks. Perhaps most important for comparative analysis, the three tests were based on changing theoretical rationale(s) and produced very different forms of evidence. The paper explores when and how two of the tests gradually disappeared (and why the disappearance was gradual), and how the step test was transformed into today's treadmill test. The tale of these three tools illustrates ways in which technology use reflects changing epistemological assumptions as well as changing social context.

Learning Objectives:

To understand that technologies have a history

To understand that the perceived utility of a technology depends on both the theory that drives its use and the type of evidence that it produces

To understand that technologies reflect the social context in which they are used

“Faits matériels et faits psychiques”: François Leuret and Pierre Gratiolet’s New Anatomy of the Brain

Stephen Jacyna

University College London, London, United Kingdom

Between 1839 and 1857 the Parisian physicians and anatomists, François Leuret (1772-1840) and Pierre Gratiolet (1815-1865) undertook an extensive series of researches that resulted in a two-volume ‘Anatomie comparée du système nerveux considéré dans ses rapports avec l’intelligence’. The work is chiefly remembered as marking a landmark in cerebral anatomy. In particular, Leuret and Gratiolet are credited with establishing the existence of a uniform pattern to the convolutions of the mammalian cerebral cortex that had eluded previous investigators.

However, as the title of their work suggests, the goal of their researches went beyond the purely anatomical. The study of the brain’s structure was merely a prelude to an investigation into ‘intelligence’. Just as analogies existed between the brains of all mammals—including man—so intelligence was distributed throughout the animal kingdom. Moreover, in the same way that Leuret and Gratiolet discerned an ‘evolution’ in the degree of development of the cerebral organs culminating in the unique complexity of the human brain, they also discerned a gradation in the psychological capacity of animals that anticipated the sophistication of the human mind.

The paper will explore the resources that Leuret and Gratiolet employed in pursuit of their project of achieving a ‘history of human intelligence’. It will, in particular, examine the links between psychiatry, natural history, and social statistics in France during this period. It will seek to elucidate the goals that motivated this project. By showing the tensions that arose in Leuret and Gratiolet’s work as a result of the impulse to establish a psychic, as well as a morphological unity in organic nature, the paper will also try to place their project in the wider historical context of the historical negotiation of the boundaries between human and animal.

Learning Objectives:

To elucidate the links between anatomy, psychology, and psychiatry in France in the first half of the 19th century

To show the dynamics of the interactions between clinical medicine and the human sciences during this period

To consider the significance of these events in the wider context of the emergent relationship between psychology and the sciences of the nervous system

When the Philanthropist was a Scientist: Exploring the Influence of Katharine Dexter McCormick on the Development of the Oral Contraceptive

Joan Marie Johnson

Northeastern Illinois University, Chicago, Illinois, United States

Katharine McCormick funded the research of doctors and scientists that successfully produced the first birth control pill in the 1950s. Descended from a prominent family, McCormick inherited millions of dollars from her husband. Although referred to as Lady Bountiful by Dr. John Rock, McCormick did more than write checks to fund medical research. She was a feminist who played a prominent role in the woman suffrage movement and an early advocate of birth control. More significantly, in 1904 McCormick was the first woman to graduate from MIT with a degree in science. This paper will explore how McCormick's own scientific background influenced her interest in funding medical research as a strategy for obtaining better birth control methods. McCormick was in a unique position to enable doctors to conduct controversial medical research because of her wealth and her belief that science could and should improve women's rights. This paper will explore how McCormick collaborated with the many "fathers" of the pill—doctors and scientists John Rock, Gregory Pincus, M.C. Chang, and Celso-Ramon Garcia, as she kept birth control advocate Margaret Sanger up-to-date on their progress. Using correspondence among Rock, Pincus, McCormick, Sanger, and others, I will examine the interplay between McCormick and the scientists, to determine how she inserted her own ideas into the direction the research would take. Notably, McCormick was insistent that the pill be for women so that they could control their own fertility, and refused to fund research on a male hormonal contraceptive. Furthermore, McCormick had already funded endocrine research in mental health (her husband became insane) and was knowledgeable about developments in the field.

Learning Objectives:

To examine the contributions of women, including non-professionals, to the field of reproductive medicine, which is often defined as one dominated by men and doctors

To analyze critically the influence that philanthropists have had on the direction of medical research

To describe the contributions McCormick made in the funding and scientific direction of reproductive science

Beyond Medical Orthodoxy: Practitioners and the Promotion of Contraceptive Products in Late 19th- and Early 20th-Century Britain

Claire L. Jones

University of Warwick, Coventry, United Kingdom

During the late-nineteenth and early-twentieth centuries, medical practitioners' adherence to professional codes of ethics restricted their involvement in many of the commercial activities that increasingly dominated everyday life. The medical profession generally accepted practitioners' involvement in the promotion of tried-and-tested surgical tools and medical appliances exclusively aimed at qualified professionals, but frequently condemned those who promoted unorthodox or unsafe products aimed at the general public. The profession fiercely condemned practitioners' involvement in the promotion of contraceptives in the form of rubber sheaths, douches and pessaries. Indeed, much of the profession (and also the public) condemned practitioners' involvement in birth control altogether, considering it a domestic matter rather than a subject of medical concern.

While historians have long discussed the controversial role of medical practitioners in attempting to popularise the social and medical theories surrounding birth control in this period, relatively little is known about practitioners' contentious contributions to the commercialisation of the contraceptive products that related to these theories. Indeed, historians have generally tended to focus on practitioners' controversial endorsement of patent medicines in this period. In this paper, I will therefore provide a broad overview of practitioners' controversial role in the promotion, distribution and sale of contraceptive products to the general public. First, I outline how companies and practitioners worked together to promote contraceptives via a range of media, and argue that the relationships formed between them were mutually beneficial: companies gained medical credibility for the contraceptives they produced and practitioners found an additional method of disseminating their medical theories. Secondly, I consider in more detail the significance of the methods practitioners used to promote contraceptive products, such as their provision of product endorsements, and briefly compare these methods with those used to promote other household medical products. By examining practitioners' commercial role in contraception popularisation, I seek to expand our understanding of medicine in practice during this period. Indeed, practitioners of this period did not solely practice a healing art or an applied science, but also played an important but controversial role in the promotion of a wide range of unorthodox products; contraceptives were among the most unorthodox.

Learning Objectives:

To show a historical awareness of the development of commercial aspects of late 19th- and early 20th-century domestic medicine, particularly regarding contraceptive products

To highlight the tension between medical professionalism and commerce during this period

To expand our understanding of medical practice and the everyday activities conducted by practitioners during this period

Is an Ounce of Prevention Actually Worth an Ounce of Cure? Accounting for the Decline in Coronary Heart Disease Mortality, 1974-2010

David Jones^{1,2}, Jeremy Greene²

¹Massachusetts Institute of Technology, Cambridge, MA, United States, ²Harvard Medical School, Boston, MA, United States, ³Harvard University, Cambridge, MA, United States

At some unnoticed moment in the mid-1960s, a momentous change took place. Mortality from coronary heart disease (CHD) in the United States peaked at a rate of 340 deaths per 100,000 people. Then, after decades of inexorable increase, the dreaded epidemic reversed course. Although CHD remains the leading cause of death worldwide, CHD mortality in the United States has fallen 60% from its zenith. Surely this represents one of the greatest accomplishments of modern medicine and public health. But does it really? When observers first recognized the decline in 1974, they set out to determine which factors were most responsible for the decline. This research, now in its fourth decade, has yielded hundreds of articles, ever better data, and increasingly sophisticated analytic techniques. Even as the data and methods have changed, however, the conclusions have remained remarkably consistent. From the earliest speculations of the mid-1970s to the sophisticated computer models of the 2000s, researchers concluded time and time again that medicine and public health can each take equal credit, with each responsible for half of the progress against cardiovascular disease.

The very stability and expedience of this answer suggests that something interesting is afoot. We offer a close analysis of the literature on the decline in CHD mortality, especially the October 1978 “Decline Conference” organized by the National Heart Lung and Blood Institute, and the structure and assumptions of the models used to allocate responsibility for the decline. Two developments have contributed to the perpetuation of consensus. First, the meaning of prevention has been redefined, from an initial focus on modifying population wide risk factors to the current interest in secondary prevention and adherence to prophylactic drug regimens. Second, the increasing reliance on quantitative models has restricted attention to certain quantifiable risk factors, especially the classic Framingham variables (e.g., smoking, cholesterol, and blood pressure). This has led to the exclusion of other possible contributing factors, especially the role of stress and socioeconomic conditions. These two developments enabled the rhetoric of risk factor management and acute treatment to sustain their dominant position despite evidence of the importance of other variables.

Learning Objectives:

To understand the changing epidemiology of CHD in America

To learn the explanations that have been given to account for CHD decline in America

To appreciate how the methodological choices and professional commitments of the researchers influence their conclusions

From Dysmenorrhoea to Premenstrual Syndrome: Creating Categories of Menstrual Debility in 20th-Century Britain

Emma Jones

Centre for the History of Science, Technology and Medicine, University of Manchester, Manchester, United Kingdom

Over the last three decades, scholarly interest in women's health has produced a vast literature, ranging from historical investigations into the production of ideas about the nature of woman, her physiology, and social roles in the eighteenth and nineteenth centuries (Moscucci, 1990; Dudin, 1991) to historical and anthropological investigations into the experience of puberty, pregnancy and the menopause in the twentieth century (Brumberg, 1993; Houck, 2006). And yet, research into how the menstrual cycle, a core physiological feature of women's lives, was understood in the twentieth century remains underdeveloped.

While Strange (2001) and Brookes (2006) have shown that dysmenorrhoea, or painful periods, was the focus of much medical attention in interwar Britain, the fact that by the 1970s and 1980s, medical and popular interest in dysmenorrhoea had been supplanted by concern with 'Premenstrual Syndrome' (PMS) has gone unnoticed in scholarly literature. Scholars have failed to address the changing historical understanding of menstrual symptoms, medicine's role in defining these symptoms, and their place in discussions relating to women's responsibilities in home and work life. As I show, while PMS was coined in the 1930s as a term to describe a set of physical, mental and behavioural symptoms, including severe headaches, tension, restlessness, and irritability that occurred in the days immediately prior to menstruation, it was only in the post-war period that it rose in prominence in both clinical and public debate, was used as a medical defence by women in criminal trials, and was the basis of the formation of special clinics and a sufferers' advocacy group.

Based on clinical papers, medical journals, and archival collections, this paper traces and compares the evolutions of dysmenorrhoea and PMS. It explores why the balance of importance between these two categories of menstrual debility shifted to reveal more about the way such categories are created, addressing the influence of biological, demographic, socio-cultural, and institutional factors. Ultimately, however, I argue that menstrual symptoms were battle grounds exemplifying developments in twentieth-century medicine that reaffirmed sex as the central feature of the body, and legitimated broader cultural assumptions about the nature of woman and her social role.

Learning Objectives:

To enhance existing scholarship by examining how understandings of the menstrual cycle changed over the course of the 20th century, with particular reference to how premenstrual symptoms were understood

To reveal more about the ways in which categories of disability are created

To contribute to our understanding of the interrelationships between gender and medicine in the 20th century

ADAMHA and the Institutionalization of Homelessness Research

Marian Moser Jones

National Institutes of Health, Bethesda, MD, United States, Virginia Commonwealth University, Richmond, VA, United States

In the early 1980s, health researchers began to study the emergent population of haggard men and women living in the public spaces of American cities. They wanted to know who these people were, why they had appeared so suddenly, in such large numbers, and what services they needed. How many suffered from severe mental illness, substance abuse, or infectious disease? These studies soon coalesced into research agendas. This paper examines the “homelessness” research agenda developed in the 1980s by the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), and the National Institute of Alcohol Abuse and Alcoholism (NIAAA), the three research institutes separated from the National Institutes of Health and brought together in 1973 under the aegis of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA).

Unlike most NIH institutes, which focused primarily on basic research, the ADAMHA institutes emphasized applied and community-based research, together with treatment and prevention programs. Given this hybrid background, it is hardly surprising that the institutes plunged into funding community-based surveys of the new homeless. But this research unexpectedly landed them in the middle of a controversy over the prevalence of mental illness among this population. When one 1984 NIMH-sponsored survey of homeless shelter clients, for example, reported that fewer than 5 percent required psychiatric hospitalization, it came under sharp criticism from mental health professionals who believed such severe mental illness to be much more common in the homeless. Ignoring the political aspects of this controversy, ADAMHA institute leaders instead raised the shield of scientific neutrality, convening meetings to discuss research methods and promoting “increased methodological rigor” in future studies they funded. Over the following decade, these studies, together with the prodigious institutional structure that supported them, tended to reify earlier notions of the homeless as a severely mentally ill population pervaded by chronic substance abuse. In turn, they provided scientific justification for a public policy response that privileged treatment over long-term housing and employment assistance; rendered many homeless women, men and families invisible; and reinforced social stigmas towards homeless people.

Learning Objectives:

To clarify the problems surrounding research on the homeless population that emerged in the U.S. in the late 1970s and early 1980s

To delineate the institutional aspects of government-sponsored homelessness research in the U.S. during the 1980s

To identify the connections between research and policy in the intertwined arena of homelessness, mental illness, substance abuse

“No interest in human anatomy as such”: Frederic Wood Jones Dissects Anatomical Investigation in the United States in the 1920s

Ross Jones

University of Sydney, Sydney, Australia

In 1926, Frederic Wood Jones, professor of Anatomy at the University of Adelaide and a leading figure in the British anatomical world, took a Rockefeller Foundation funded trip from the east to the west coast of the United States of America in order to inspect anatomy programs and medical museums and to meet leading figures in the anatomical and anthropological world. His later reflections on his sojourn paint a picture of a discipline in transition, although it was changing in a way that often dismayed Wood Jones. His harsh but revealing portraits of leading anatomists such as William Gregory (“who could not stand the ordinary exam given to a first year medical student”) and Ales Hrdlicka focus on the contradictions and redundancies that had developed in the discipline. Physical anthropology and gross anatomy were coming to a crisis point in the Atlantic world, increasingly displaced by research in histology, embryology and radiological anatomy. Meanwhile, in British colonial and dominion outposts, anatomists such as Wood Jones were attempting to re-invigorate the discipline in the field, studying biological specimens as functional and active agents in their particular milieus, rather than as morphological archetypes in a laboratory, museum or dissecting theatre. Wood Jones’ reports of his US experiences present an informed yet critical view onto the contemporary condition and imagined prospects of anatomical investigation in the mid-twentieth century.

Learning Objectives:

To examine the degree to which gross anatomy was a discipline under threat as a preeminent foundation of western medical schools from the beginning of the 20th century

To examine the character of the divergence in anatomical traditions in the US and the British Empire in this period

To argue for a reevaluation of the role of anatomists in the development of physical anthropology and race science in the interwar years

From the Armour Slaughterhouses to Synthroid: Energy, Metabolism and Women's Bodies in 20th-Century America

Carla Keirns

Stony Brook University, Stony Brook, NY, United States

In the first decades of the twentieth century, extract of the thyroid gland was simultaneously a wonder-drug and a crude waste-product of industrial slaughterhouses. As early as 1891, extracts from the thyroid glands of sheep, cattle, and other animals had been used to rescue women suffering severe thyroid failure, and by 1917 thyroxine had been isolated from the thyroid gland, paving the way for synthetic thyroid hormone for treatment of deficiency states.

Hypothyroidism manifests with weight gain, decreased energy, and depressed mood, as well as changes in the hair, skin, and internal organs which were frequently seen, as simple effects of aging in middle-aged and postpartum women, perhaps a variant of menopause. It was by no means clear who could benefit from thyroid extracts, and the setting of standards for normal thyroid hormone and thyroid stimulating hormone levels were controversial from the beginning, and remain so today.

A critical regulator of metabolism, by the 1940s the thyroid became imbued with cultural images of energy, virility, and vivacious womanhood, and thyroid extracts joined estrogen, testosterone, and cortisone, used for general rejuvenation as well as specific diseases. Over the next three decades the autoimmune basis of hypo- and hyperthyroid diseases would be established through molecular immunology. These technologies gave scientific explanations for stereotypes of sluggish women with thyroid disease, while also opening the way for speculation about immunity, childbearing, and evolution. In the 1960s and 1970s, the implementation of the 1962 FDA amendments, brought synthetic thyroid hormone from over-the-counter to prescription status, a reassertion of medical control at just the time that medical consumerism was growing. Some women continued to use thyroid hormone for energy, metabolism, and weight maintenance long after its sale for such purposes was supposed to be stopped in the early 1970s, whether by buying it abroad or by convincing doctors to continue to prescribe it. The history of thyroid disease weaves strands from the history of gender, pharmaceuticals, and enhancement technologies, building on my previous work on the mutual construction of diseases and their treatments, and raising questions about how normal physiology is defined and contested.

Learning Objectives:

To describe the changing treatment of thyroid disease in the 20th century

To explain the basis of controversy about who should be treated with thyroid hormone

To connect hypothyroidism with stereotypes about women's gender roles, and to consider whether there are similar connections in other diseases past or present

Women's Experiences within Irish Medical Education and the Irish Medical Profession, 1880s-1920s

Laura Kelly

Department of History, NUI Galway, Galway, Ireland

In 1877, the King and Queen's College of Physicians in Ireland became the first institution in the United Kingdom to allow women to take medical examinations following the Enabling Act of 1876. From the 1880s, women began to be admitted to the medical classes of Irish universities, in many cases, earlier than their British counterparts. However, as yet, there has been very little research on the topic of women in medicine in Ireland in the late nineteenth and early twentieth centuries. Historians of medical women have drawn attention to the sense of separatism that both British and American women tended to feel, both with regard to their university education but also later in their professional lives. The first part of this paper examines the experiences of women at Irish medical institutions. Drawing primarily on the minute books of Irish universities and hospitals as well as student magazines, I aim to demonstrate that Irish medical education was egalitarian in nature, with women and men for the most part being educated together and treated as equals. In this way, Irish universities and hospitals possessed a surprisingly inclusive attitude to women medical students.

Nevertheless, it is clear that in the context of Irish universities, women medical students came to occupy a world which was very much separate from the men. This world was constructed literally through special dissecting rooms so that the women might practice anatomy without corruption from the men, but also through the creation of special ladies rooms, which reaffirmed this sense of separatism. At the same time, lady medicals themselves reiterated this sense of distinction through their self-identification as a cohort.

The second part of this paper examines whether this sense of separatism continued in Irish women doctors' professional lives. Through an examination of the careers that women doctors worked in through the use of the Medical Directory, I will demonstrate that these doctors did not generally work in the careers that were expected of them such as in women and children's health and in the missionary field, but were more likely to work in general practice and hospital appointments.

Learning Objectives:

To discuss the egalitarian nature of Irish medical education in the late 19th and early 20th centuries

To suggest that within this, women students were seen as and self-identified as a separate group, in particular in the context of the dissecting room

To examine whether this sense of separatism continued in Irish women doctors' professional careers

Race, Slavery, and the Development of Medical Museums in the Antebellum American South

Stephen Kenny

University of Liverpool, Liverpool, United Kingdom

Using case-history narratives published in antebellum Southern medical journals (and medical college circulars and announcements), this paper examines the development of medical museums in the antebellum American South. As the work of an increasing number of historians of medicine and science in recent years has demonstrated, museums were central features of medical education and research from the early nineteenth to the early twentieth-century. Prior to the American Civil War, museums were enthusiastically promoted in the annual circulars of Southern medical colleges as important and valuable aids to medical education. Together with anatomical dissection and clinical observation, museums were one of the main ways in which medical students learned about bodies and diseases (normal, comparative, and pathological anatomy). As well as functioning as key sites of medical education and medical knowledge-production, museums were also of great value in enabling the profession to gain social and cultural status by communicating a vision of scientific medicine to a wider professional and lay audience. The paper highlights the social origins of the region's collections of anatomical and pathological specimens, and explores the professional agents, organizations and institutions responsible for their maintenance and development. Museums, as well as the various physicians, physician-authors and medical educators who collected the specimens, wrote and submitted case histories, and organized the museum collections of medical schools, together formed a far-reaching and influential network for communicating the aims and ideas of a rapidly developing profession. This paper is also concerned with exploring the racial framework in which these bodies and specimens were sourced and displayed. The racial hierarchy by which natural history collections were organized and which was expressed by the theorists of Western natural history; the racialized social relations embodied in natural history and medical museum collections; and the emerging specialism of negro medicine; were all elements of a context, or white racial framing mechanism, which objectified blackness and permitted the exploitation of black bodies.

Learning Objectives:

To highlight the social origins of medical museum collections in the antebellum American South

To explore the networks of professional agents, organizations, and institutions responsible for the development of medical museum collections in the antebellum American South

To understand the role of slavery and race in the creation and operation of medical museums in the antebellum American South

“Reconstruct Public Health and Ideologize the Nation”: Public Health Reconstruction in Post-War Koreas, 1953-1960

Jane S. Kim

UCLA, Los Angeles, United States

Shortly following the end of the Korean War, the two regimes of Korea – North and South, began to launch plans to ‘reconstruct’ public health systems in their respective societies. In the South, the United Nations Korea Reconstruction Agency (UNKRA) commissioned the World Health Organization (WHO) to investigate and to produce report on how to rebuild the war-damaged South Korean public health system. In the North, following the 6th Plenary Meeting of the Central Committee (August, 1953), “improvement and fortification of the popular public health work” was decreed and implemented. Although the immediate purpose of both regimes’ reconstruction efforts lay in the recovery of the war – ravaged public health infrastructure, the long – range goal of the reconstruction for both Koreas was to “ideologize” the nation through controlling the health of its populace.

For South Korea, the purpose of the public health reconstruction was to defend the free and democratic society from further threats of communism. Therefore, the institution of ‘American-styled’ public health system was intended to not only stabilize but also to prevent potential popular discontent. For North Korea, the socialization of public health was to signify the furthering of socialization of the North Korean nation-state and to prove the superiority of socialism over ‘decadent’ and ‘corrupt’ capitalist state of South Korea. This paper will compare the two different post-war reconstruction plans to show how the notion of public health was articulated and mobilized to produce the ideological identities of the two Korean nation-states. Competing for ‘difference’ from the Other in rebuilding public health, this paper will conclude by highlighting the striking similarity of both Korean states in utilizing the ideology of health to formulate the apology for the existence of two separate Koreas in the peninsula.

Learning Objectives:

To explore post-Korean War history of public health, hygiene and sanitation

To discuss early Cold War U.S. - S. Korea and USSR - N. Korean relations

To illuminate the transformation of international health during the early Cold War era

Caring for the Animal: Medical and Veterinary Expertise and the Professionalization of Laboratory Animal Care, c. 1945-1986

Robert Kirk

University of Manchester, Manchester, United Kingdom

Recent histories have explored the importance of the experimental animal within the biomedical sciences emphasizing how standardizing practices have operated to render the living organism a universal and often commoditized tool within the laboratory. This paper shifts the focus of analysis from the laboratory to the animal house, from experimental scientist to animal technician, from working with 'tools' to 'living organisms', in order to investigate how from the mid 20th century the laboratory animal became the object of a new medical expertise orientated about the provision of healthy animals for biomedical research. By identifying key shifts in the production and provision of animals for biomedical research c. 1947 to 1986 in Britain and America, this paper traces how the demand for reliable experimental organisms instigated the professionalization of laboratory animal care outside the laboratory. The formation of new organisations, including the British Animal Technicians Association (est. 1950) and the American Animal Care Panel (est. 1950), reveals the development of a new specialism of 'laboratory animal science and medicine', which crossed the medical and veterinary professions, establishing a new expertise over the health and welfare of laboratory animals. The historical development and institutionalization of this specialism will show how its proponents claimed the ability to determine, speak for, and protect the welfare of laboratory animals. Established themselves as a pragmatic group occupying a new middle ground between scientists and animal protectionists, animal technicians and veterinarians became increasingly powerful, exemplified for example in the fact that the UK Animal (Scientific Procedures) Act of 1986 make it mandatory for all registered laboratories to appoint a named advisory veterinary surgeon. At the same time, by mobilizing animal care as a moral and practical necessity, they promised to protect the welfare of animals whilst facilitating biomedical research, locating themselves as arbitrators between the needs of laboratory animals and those of the biomedical sciences. By tracing the comparatively recent history of this new expertise and middle ground, this paper contributes to our understanding of the contemporary biomedical sciences and the complex factors which have supported and resisted their development.

Learning Objectives:

To develop our understanding of the structural and material factors which enabled the success of the biomedical sciences in the mid to late 20th century

To extend our understanding of the ethical and moral debates about animal experimentation by tracing the development of a new middle ground which deployed medical and veterinary expertise to 'speak for' the animal

To build upon extensive studies of the way animals have been rendered tools in the laboratory by examining how laboratory animals were cared for and understood as living organisms in the animal house (before they entered the experimental scenario)

Coming Home: Modern Midwifery and the Controversy over Home Birth

Wendy Kline

University of Cincinnati, Cincinnati, OH, United States

In a decade that witnessed Watergate, violence in Vietnam, and social unrest at home, childbirth—specifically how and where women gave birth—took on particular significance in the United States. In the 1970s, nurses deserted delivery tables to “catch” babies in bathtubs. Hippies flocked to the Farm (a self-contained agricultural collective in Summertown, Tennessee) to recapture the spiritual element of childbirth under the stars. Middle-class suburban housewives in places like Bethesda, Maryland, and Beverly, Massachusetts, attempted natural deliveries in birth centers. “Lay” midwives (those without professional accreditation) battled not only with the law, but also with nurses, doctors, and nurse-midwives, for the right to tend to women at birth.

Recently archived papers of childbirth activists and organizations such as HOME (Home Oriented Maternity Experience), NAPSAC (National Association of Parents and Professionals for Safe Alternatives in Childbirth), and ACHO (American College of Home Obstetrics) convey a widespread determination to redefine birth as a consumer choice rather than a medical procedure. An unusual assortment of actors (hippies, religious fundamentalists, feminists, and the occasional physician) fought to shift the location of birth from the hospital back to the home. This conference paper reveals the strategies of birth activists and consumers who worked at the grass roots to challenge hospital protocol. The conflict over how and where to give birth in the 1970s sheds light on deeper issues about gender, power, and health in our society. The fact that many of these issues remain unresolved today make this topic—and the preservation of the sources that provide evidence of its roots—all the more relevant.

Learning Objectives:

To establish the existence of various grassroots organizations established in the 1970s to challenge the medicalization of childbirth in the U.S.

To examine the multiple strategies activists and consumers used to make home birth safe, legal, and increasingly popular

To determine the historical significance of the home birth movement within the wider context of American society and culture in the 1970s and 1980s

The Drug Addict is Contagious and Must be Quarantined: New York City's North Brother Island, 1952-1963

Jessica Kovler

Harvard University, Department of the History of Science, Cambridge, MA, United States

In 1952, North Brother Island, a previously abandoned island in the waters near the Bronx, NY, became home to an experiment to see if juvenile heroin addicts could be cured of their addictions by isolating them from the perceived dangers of New York City. The hospital was the first of its kind in the country. This paper explores the role of Riverside Hospital as an incarceratory research institution, whose stated initial goal of operating solely as a therapeutic institution quickly changed to one designed to serve other social utilities. The remote hospital's dual missions were to segregate adolescent black and Hispanic addicts considered dangerous by the larger society (many had been sent there in lieu of jail time), and also to use them as subjects for experimental drug treatments. Ever-changing treatment protocols at Riverside applied a contagion model to both the addiction disease and the social problem of crime. Public health officials chose isolated North Brother Island because many viewed these young patients as "carriers"; thus, quarantining them would cure both the patient and his neighborhood of delinquency and addiction. By applying varying identities to those admitted to Riverside Hospital—including patient, delinquent, criminal, and inmate—the city was able to justify their use as experimental subjects.

This paper also examines the reasoning behind the changing protocols: Fears of growing rates of juvenile delinquency in the early years of the Cold War, issues of informed consent in the adolescent population, and transformations in the juvenile justice system. Antiquated models of dealing with the urban poor and conflicting disease models also contributed to the protocols at Riverside Hospital, whose history as a juvenile narcotics treatment facility has not previously been discussed.

Analysis for this paper is based on extensive and previously-unexamined archival research from the records of the Federal Bureau of Narcotics; the Federal Bureau of Investigation; the New York Academy of Medicine; the New York City Municipal Archives; hospital reports; follow-up studies of addicts; and oral testimonies from former patients.

Learning Objectives:

To understand the implications of placing a contagion model on what is arguably a socio-medical problem, and to examine the use of quarantine in a non-traditional context

To continue the discussion of informed consent and bioethical dilemmas related to experiment on the adolescent population

To understand how the way in which the public health community responded to this crisis was a direct reflection of early Cold War-era ideology

Blood and Socialism: Blood Transfusions in Soviet Russia, 1919-36

Nikolai Kremontsov

University of Toronto, Toronto, ON, Canada

In 1919, Vladimir Shamov, a surgeon at the Military-Medical Academy in Petrograd, performed Russia's first blood transfusion matching the blood groups of donor and recipient. In the subsequent years, surgeons all over the country began to practice the operation and to study blood groups, publishing their results in both professional and popular periodicals. In March 1926, the People's Commissariat of Health Protection (Narkomzdrav), the country's highest agency in charge of medicine, established the world's first Institute of Blood Transfusion in Moscow. In 1928, Narkomzdrav issued guidelines for performing the procedure, clearly identifying both the clinical indications and the technical requirements for the operation. Yet despite the concerted efforts of researchers, clinicians, and administrators, only 3,995 blood transfusions in toto were performed in the entire country from 1919 to 1930. The situation changed dramatically in the next decade: the number of transfusions soared from 2,400 in 1932 to 48,790 in 1936. This presentation investigates the political, social, and practical reasons for this unusual trajectory in the proliferation of transfusions in Soviet Russia. It argues that the major reason for the slow diffusion of the technique during the 1920s was the shortage of blood. Most Russian surgeons found the practice of voluntary blood donations inefficient. But the alternative—the commercialized selling and buying of blood widely accepted, particularly in the United States—undermined the very foundations of the first socialist state and its legal system. The dubious legal status of blood donations impeded Soviet physicians' efforts to institute a system of "professional" donorship. In the 1930s, however, the extensive militarization of the country made blood transfusions a priority for the Red Army's medical services and instigated a large propaganda campaign to recruit volunteers, hailing blood donations as the "honorable duty of every Soviet citizen." The campaign culminated in a special decree issued by the Soviet government in April 1935 titled "On the cadres of donors." The decree affirmed the principle of voluntary donorship—there could be no selling of blood and no "professional" donors in a socialist society—while providing the necessary legal framework for the development of a countrywide system of collecting and storing blood.

Learning Objectives:

To investigate the history of blood transfusions in the Soviet Union

To analyze the political, social, and practical reasons for a specific trajectory in the diffusion of the technique in Soviet Russia

To offer a comparative analysis of differences and similarities in the development of national blood services during the interwar period

Epidemic Encephalitis, between Disaster and Design

Kenton Kroker

York University, Toronto, Ontario, Canada

The image of medical practitioners “framing” an epidemic around extant social relations has a long and illustrious past in the social history of medicine. But what happens when medical research itself becomes the subject of the tableau? The discovery of encephalitis lethargica posed precisely this problem shortly after it was named by the Austrian neuroanatomist, Constantin von Economo, in 1917. Over the following decade, many of the world’s leading medical researchers treated the multiple, global, but ultimately minor outbreaks of this disease as much more than mere curiosities. This extent of interest in the disease is perhaps best captured in one 1929 report, which, working from an international bibliography of some 4,600 publications, set the reported number of cases during the first ten years of the pandemic at just over 50,000.

Lacking a definitive bacteriological, immunological, or neurological definition, epidemic encephalitis wrapped a horrific spectrum of symptoms around a recalcitrant and obscure etiology. Gross motor disturbances and delinquent juvenile behaviour set a sharp visual contrast with the yet-undiscovered viruses and healthy carriers that supposedly perpetuated the epidemics. How did researchers forge such a successful research object out of this amorphous entity?

I argue that the coherence of epidemic encephalitis was the product of a new way of looking at epidemics as future disasters to be managed, rather than as immediate threats to be defeated. As such, the disease became a potent means by which clinicians, experimentalists, and public health officials alike aspired to re-fashion the futures of their own fields. Examples drawn from France and Britain will serve to illustrate the diverse ways in which epidemic encephalitis came in and out of existence during the 1920s and 1930s.

Learning Objectives:

To understand the history of an obscure but important 20th-century epidemic disease

To conceptualize better the meanings of epidemics in biomedicine

To compare national differences in the responses to 20th-century epidemics

Educating the Patient in Late 19th-Century France: For Good or For Ill?

Cherilyn Lacy

Hartwick College, Oneonta, NY, United States

When the French Third Republic revised and expanded the national system of public education in the 1880s, physicians were staunch supporters of the reforms. According to one prevalent view among French doctors, an educated public was a key step in eliminating fatalism and erroneous practices where health care was concerned. This was of particular concern in the decades following France's military defeat in the Franco-Prussian War of 1871. Politicians and doctors alike blamed the defeat on the degeneration of France's population, which they argued could be remedied by improved hygiene at the individual, family, and national levels. Education in proper hygiene, and in the importance of consulting a physician, was the means to achieve this goal.

Yet on the other hand, articles that appeared in professional journals of the French medical profession raised some concern that educating the general public also had a vexing consequence: difficult, argumentative patients. And textbooks that were produced for use in the newly expanded French public schools reveal further tension about the merits of educating students (especially girls) about health and hygiene. Specifically, it was difficult for the authors to agree on how much education was too much to be appropriate for girls (or even women). At the heart of this tension was the presumed division of labor between a patient's female relative and the physician. How much instruction in hygiene and basic medical concepts did women need to assist the doctor without usurping his authority?

This paper will draw upon French medical professional journals and home economics textbooks of the late nineteenth century to consider the influence of education on doctor-patient relations in a period of increasing professionalization of health care.

Learning Objectives:

To consider the influence of education on doctor-patient relations

To examine the division of labor between a patient's relatives and the doctor that prevailed in caregiving in late 19th-century France

To argue that the working relationship between doctors and patients was socially constructed by several constituents beyond the medical profession, but that this was important for the professionalization of medicine in the same way that establishing codes of professional ethics and conduct were

Vicissitudes and Values of Old Age: The Case of the Boston Home for Aged Men

Daniel Lage

Harvard University, Cambridge, MA, United States

In 1860, the founders of the Boston Home for Aged Men (BHAM) asked themselves a simple question: where are the aged men? They created the first “curative” private rest home to care exclusively for aged men fallen upon hard times—particularly well-connected, Yankee ones. While previous scholarship on old age homes in America has focused on the elitist nature of these benevolent organizations, this paper will argue that the narrative of the Boston Home for Aged Men, taken more broadly from the perspective of the history of medicine, gives us an insight into nineteenth century conceptions of diseases of old age, caregiving for the elderly, and interactions with broader concepts of institutionalization, mental illness, and social welfare. This study will incorporate the perspectives of both the recipients and providers of care by analyzing case reports from the first forty years of the home’s existence, including resident medical files and letters written by residents to the directors. In this manner, we can gain a perspective on the residents’ experience of old age, the Directors’ responses to their needs, and the broader medical and scientific issues which affected caregiving in late-nineteenth century America. For example, while the directors sought to create a “curative” environment in the home, they accomplished this partly by refusing admittance to those with mental and physical illness. In fact, several admitted residents who later developed dementia or other forms of mental illness were expelled. But these definitions of illness and disease were not static and contingent not merely on medical factors but also economic and social ones. Discussions on the matter among the home’s directors hinged upon the economic burden of care and the home’s relation to more medicalized institutions such as the almshouse or the state mental hospital. In many cases, residents were shuttled between the BHAM and these other institutions, physically demonstrating the ambiguity in the continuum of care between the two classes of institutions. This institutional tug-of-war hinged on varying definitions of disease and disability, but reflected the inherently troubling issue of caring for chronically ill elders in late nineteenth century America.

Learning Objectives:

To discuss the history of institutionalization, with particular focus on the elderly

To focus on the history of disease and conceptions of the aging body, using archival records as a lens into how 19th-century Americans viewed aging

To give an example of how to combine the history of social welfare with the history of medicine to better understand the methodology and logic behind the intersection of these fields

Before Betty Ford: Explaining the Panic over Female Alcoholism, 1965-1980

Tess Lanzarotta

McGill University, Montreal, Quebec, Canada

Between 1965 and 1980, America “discovered” the female alcoholic. This paper will explain how a disease long associated with men suddenly became one of women as well. Before 1965, medical literature on alcohol abuse largely ignored female alcoholics. According to a recent Web of Knowledge search, fewer than 10 studies on alcoholic women were published between 1930-1965. However, the same search conducted for the years 1965-1980 produces more than 70 studies on the behaviour and characteristics of female alcoholics. Beginning in the mid-1960s, newspaper headlines and publications like “Newsweek” increasingly informed Americans that women were entering the drinking population, becoming alcoholics, and seeking treatment in record numbers. In addition to medical literature, this paper will use popular media reports and women’s personal accounts to demonstrate that alcoholism became a largely gender neutral disease by 1980.

It is tempting to conclude, as many have done, that the attention paid to female alcoholism was a result of the post-1973 publicity surrounding Fetal Alcohol Syndrome, a condition extensively analyzed by historians. However, this paper suggests a new timeline and explains the complex social forces leading to the increased pathologization of female alcoholics. Medical studies regularly cast female alcoholism as a manifestation of women’s lack of emotional or sexual fulfillment, the pressures created by new social roles, or their inability to adjust to traditional “feminine” social behaviour. Media reports portrayed the alcoholic woman as a dissatisfied housewife, or a female executive- unable to manage the stresses of the working world. She was cast as a victim of shifting gender role expectations, and her own emotional nature.

This emerging figure did not go uncontested. Women’s health activists, among them many prominent women, were unwilling to see their serious addictions written as evidence of social upheaval or trivialized as emotional complaints. Instead, they insisted that female alcoholics were victims of a government and medical profession that had ignored their needs, and their existence, for too long. In illustrating the debate over the meaning of female alcoholism, this paper contributes to our overall explanation of the fundamental shifts in American alcohol policy that began in the 1970s.

Learning Objectives:

To establish a historical narrative for the panic over female alcoholism that occurred in the United States between 1965 and 1980

To explain how medical professionals, the media, and health activists understood increased female alcoholism differently

To explore the processes by which the gender association with a particular disease is weakened and consider how such transformations can contribute to policy shifts

“Turning over an admirable Book of my Grandfather’s Receipts”: Domestic Healers and Resistance to Surgery in Early Modern England

Seth LeJacq

Johns Hopkins University, Baltimore, MD, United States

Historians have argued that early modern Europeans regarded domestic medicine as a sort of “first aid” that was inferior to officially-sanctioned healing. The writings of domestic recipe collectors, however, when read with those of surgeons, complicate that picture. They reveal a strong current of support for domestic healers and suspicion about licensed surgeons. This paper argues that domestic healers and officially-sanctioned practitioners—in this case, guild surgeons—were in fact in direct competition.

My sources include surgeons’ published works and over two dozen seventeenth- and eighteenth-century British manuscript recipe books from collections at the New York Academy of Medicine, the New York Public Library, and the National Library of Scotland. The compilers of these recipe books presented themselves not as the “first port of call,” purveyors of simple remedies to be tried before moving on to physicians or surgeons, but as healers who offered equally powerful—and far safer—alternatives. They routinely selected medical recipes whose virtues explicitly included avoiding surgical cures. They preferred, for instance, non-surgical cures for the treatment of bladder stones, cataracts, and wounds. Compilers also collected stories of surgeons’ healing failures, lay healers’ successes, and happy escapes from the surgeon’s knife.

Surgeons also saw domestic healers as competition for their practices. John Woodall’s influential “The Surgions Mate” (1617), a vade-mecum by a master of the London Barber-Surgeons’ Company, reveals many tensions between surgeons and domestic healers. Woodall’s argument for rooting out surgical practices that are “butcher-like and hatefull” hinges on a comparison between his brethren and competing domestic healers, but Woodall praises lay healers as superior in important respects. His vision for reform in fact entails moving guild surgeons closer to lay healers.

Domestic healers and guild surgeons were therefore in direct competition to an extent that has not yet been appreciated by historians of either practitioner. Each type of practitioner, in fact, defined itself in reference to the other. Attention to this dynamic enriches our understanding of both domestic medicine and surgery.

Learning Objectives:

To show that competition existed between guild surgeons and domestic healers in early modern Britain, that both types of healers recognized this in their writings, and that they in fact often defined themselves in reference to each other

To show that historians of domestic medicine need to attend to these negative discourses regarding officially-sanctioned practitioners when reading sources like recipe books and analyzing domestic healing, how it was understood, and why sufferers patronized domestic healers

To show that surgeons’ attitudes towards domestic healers were far more complex and ambivalent than has been recognized

How to Keep Well: W.A. Evans and the Invention of Medical Journalism

Paul Lombardo

Georgia State University, Atlanta, GA, United States

In September of 1911, the Chicago Tribune announced that it was initiating a “new department of Public Health” for the paper, and naming of former Chicago Health Commissioner “W.A. Evans, M.S., M.D., LL.D., Ph.D” as its director. William Augustus Evans was a Professor of Sanitary Science at the Northwestern University Medical School, and served on the famous 1910 Chicago Vice Commission. In addition to his service on many state and local health associations, Evans also held national posts on the National Safety Council and the American Public Health Association. His Tribune column “How to Keep Well” was touted as the first syndicated health column in the country and it was printed every day of the week from 1911 until his retirement in 1934. During that period Evans wrote a staggering 7000 columns, many of which were structured around the more than 1 million letters of inquiry from readers. He explored subjects ranging from breast feeding to bed sores; narcotics to nutrition; eczema to eugenics. His work was so popular that in 1917—the year he became President of the American Public Health Association—the Sears Roebuck Company collected more than 1000 of his columns, and published them in a volume of 1365 pages and 500 illustrations as: “Dr. Evans How To Keep Well: A Health Book for the Home.”

In an age when medical “salesmanship” was decried by the profession and mocked in novels like “Arrowsmith,” Evans generated expansive publicity for the special expertise of “medical men.” At the same time he set a standard for mass health education, openly promoting to his colleagues “gossipy and newsy” writing that was “flavored with personality” as the foundation for successful “medical propaganda.”

This presentation, illustrated with images from Evans’ book, will survey his work as a medical educator, writer and health activist, and explain how his advice column launched a new genre of medical journalism which continues to flourish today.

Learning Objectives:

To appreciate the role of Dr. W.A. Evans as a pioneer in medical journalism

To understand the importance of Dr. Evan’s career in medicine, including the national offices he held

To understand the innovations Dr. Evans introduced into the popular genre of the medical advice column

Philadelphia and Pioneers of Moving Pictures in Medicine

Lorenzo Lorusso¹, Nancy Dosch², Crystal Smith²

*Neurology Dept., Mellino Mellini Hospital, Chiani, Brescia, Italy,*²*History of Medicine, NLM/NIH, Bethesda, MD, United States*

Invention of moving pictures, in the 19th century, enhanced the ability of physicians at that time to correctly diagnose and treat their patients, especially in cases of neuropsychiatric disorders.

Around the end of the 19th century, especially in Philadelphia, Pennsylvania, the cultural medical environment was such that the “new” medium of moving pictures was quickly observed to be applicable. A pioneer of cinema, E. J. Muybridge (1830-1904) collaborated with one of the “pioneers” of Neurology in America, Francis Xavier Dercum (1863-1931). In 1884, Dercum became head of the neurological clinic at the University of Pennsylvania and was one of the founders of the Philadelphia Neurological Society. It was at this time that Muybridge and Dercum began their studies on pathological gaits and neurological disorders using photographs and, later, motion pictures. Their work was the beginning of what has developed into the “movies”, which laid the foundation for the popularization of an entire industry, beginning with the Lubin Manufacturing Company, whose founder, Sigmund Lubin (1851-1923) began a collaboration with Theodore H. Weisenburg (1876-1934) in the production of medical and scientific films. Together, Lubin and Weisenburg produced several films regarding various neurological conditions, such as epilepsy and other movement disorders, in order to be able to carefully and systematically examine patients and study different clinical features. By this means, they added a valuable tool with which to more accurately observe the movements of patients and to compare with normal movements. Not only did physicians of that time acquire such a useful tool, but, the inventors and visionaries of the day were motivated to improve the quality of their devices as well. These collaborations illustrate not only how valuable and critical they were to the advancement of both industry and science in the early 19th century, but, as well, how continued collaboration between pioneers in industry and medicine remains necessary and vital to this day.

Learning Objectives:

To summarize the origins of cinematography and its initial early applications in neurology in Philadelphia, Pennsylvania

To describe the collaboration between clinicians and the pioneers of cinematography as an example of the development of the science

To explain the role of cinematography as a tool for the advancement of knowledge and improvement of neurology

Historicizing Stem Cells: The Emergence of the Concept around 1900

Holger Maehle

Durham University, Durham, England, United Kingdom

Over the past ten years an international discourse on the medical, ethical, religious, social and legal implications of stem cell research has developed. Remarkably, however, and in contrast to other publicly debated issues in biomedicine, the history of this research area has largely remained unexplored. The historiography of scientific work on stem cells, other than the literature on its ethical and political debate, is in a fragmentary state. With few exceptions (Brown, Kraft and Martin 2006; M. Cooper 2009; Fagan 2007; Maienschein 2003) historians and sociologists of medicine and science have neglected investigating the epistemological and socio-cultural foundations of stem cell research. Characteristically, historical accounts or reviews have rather been provided by scientists engaged in the stem cell field (e.g. Andrews 2002; Solter 2006).

The present paper aims to explore the different strands of scientific enquiry which have contributed to the conceptualisation of 'the stem cell' during the late nineteenth and early twentieth centuries, especially in scientific communities in Imperial Germany. Following on from the recent findings of Ramalho-Santos and Willenbring (2007) on the origin of the term 'stem cell', it examines the contexts in embryology, cell biology, genetics, haematology and pathological anatomy, in which differing notions of stem cells became established. My paper will draw upon the works of Theodor Boveri (1862-1915), Valentin Haecker (1864-1927), Ernst Neumann (1834-1918), Artur Pappenheim (1870-1916), Max Askanazy (1865-1940) and others to demonstrate how the idea of stem cells, originally put forward by Ernst Haeckel (1834-1919) against the background of his biogenetic law, was accommodated in different research environments as a heuristically useful concept. It will also draw attention to common areas of interest between the different scientific fields, particularly in haematopoiesis and teratomas, which provided the basis for modern stem cell research after the Second World War. Overall, I argue that the metaphoric plasticity of the stem cell concept, which arose in a time when the biopolitical metaphor of Rudolf Virchow's 'cell-state' ('Zellenstaat') flourished, facilitated its wide acceptance before stem cells as such became epistemic objects.

Learning Objectives:

To appreciate the historical dimension of stem cell research

To learn about the early connotations of the stem cell metaphor

To gain insight into the embryological, haematological and pathological-anatomical research around 1900 which established the concept of stem cells

Commercial Success and Scientific Credibility in the Global Circulation of Anatomical Models

Anna Maerker

Oxford Brookes University, Oxford, United Kingdom

Around 1820, the French doctor Louis Auzoux developed an extraordinary new tool for medical instruction: a life-sized anatomical model made from a paper paste which allowed for hands-on interaction and “dissection” into pieces—the forerunner of today’s classroom models in plastic. Auzoux gained the support of the French government and the academies of medicine and science to establish a commercial modelling enterprise. He initiated factory production in his home village, and set up shop in Paris, around the corner from the famous medical school where he had received his doctorate. The enterprise became a global commercial success. The Brazilian emperor knighted Auzoux; the tsar and the pope sent laudatory letters; American Ivy League universities prided themselves in their Auzoux models; a Japanese franchise was established. Today, Auzoux models can still be found in teaching collections around the world.

For this paper I focus on the marketing and circulation of the artificial anatomies to show how Auzoux instrumentalised both academic anatomists and actors beyond the academies in his enterprise. On the one hand, the model maker strategically called on scientific academies and recognised anatomical experts for the design and evaluation of his models. On the other hand, Auzoux’s models were circulated by sales representatives, travelling to places like Russia and Egypt, by philanthropists and government officials who sent models to the colonies in India and Sudan, and by itinerant public lecturers like Frederick Hollick who employed Auzoux models in his controversial lectures on reproduction for lay audiences in the US. This dual commercial strategy, I argue, put the model maker in a precarious position between research and popularisation, and the paper will highlight Auzoux’s efforts to strike a careful balance to maintain his credibility across a wide range of customers and audiences.

Learning Objectives:

To give an overview of an influential anatomical modelling enterprise with global customer base

To consider the importance of entrepreneurial considerations on the production of body images

To highlight the role of non-academic historical actors for the production and distribution of anatomical models

The Commercialization of Anatomy, c. 1700: Atlases, Preparations and Color Mezzotints

Daniel Margocsy

Hunter College, NYC, United States

Early modern Europe saw a proliferation of visualization techniques in anatomical research. The years around 1700 saw the publication of a large number of engraved anatomical atlases, as well as the invention of color mezzotints and dry and wet anatomical preparations. These techniques were invented by artisans, surgeons, and printmakers, working outside the medical faculties. My paper focuses on a group of Dutch and French inventors, incl. Lodewijk de Bils, Frederik Ruysch, Jacob

Christoffel Le Blon and Jacques-Fabien Gautier d'Agoty, and investigates their theoretical arguments for replacing traditional anatomical atlases with preparations and/or color mezzotints in education and in research. Throughout their careers, these inventors engaged in heated arguments with each other about the comparative value of their visualization techniques. Ruysch spent the better half of the 1690s locked in a debate about the scientific value of anatomical preparations with the Leiden University professor Govard Bidloo, and Le Blon's family and Gautier d'Agoty filled journal issue

after journal issue in the 1740s with arguments about the proper method of printing in color. These debates touched on deep, philosophical issues concerning the meaning of anatomical representation, revealing new concepts of objectivity. My paper argues that these philosophical debates were fueled

by the participants' financial investments in their inventions. Working outside the traditional reward system of the academia, these practitioners earned a living by selling their innovative anatomical representations to curiosi across Europe. As a result of these commercial considerations, De Bils, Ruysch, Le Blon and d'Agoty had little incentive to reach a consensus on what counted as proper representation in anatomy. The modern culture of visual, factual knowledge about the human body was fragmented, heavily contested and riddled with contradictions from the beginning.

Learning Objectives:

To understand the complexities of representing the human body

To compare the benefits of 2- versus 3-dimensional models of anatomy

To understand how financial interests influence philosophical arguments about anatomy

Itineraries and Experiences of Insanity: Irish Migration and Mental Illness in 19th-Century Lancashire

Catherine Cox², Hilary Marland¹, Sarah York¹

¹*University of Warwick, Coventry, United Kingdom*, ²*University College Dublin, Dublin, Ireland*

The Irish and Irish migrants have been depicted as particularly prone to mental illness and institutionalisation in the nineteenth and twentieth centuries on a global scale, a relationship that this paper will explore in the English context. This paper offers an analysis of research into the migratory patterns of Irish patients through the Lancashire asylum system in the mid to late nineteenth century, demonstrating how this became a major management issue for asylum and Poor Law administrators. Arriving in a state of optimism or more often extreme distress at the port of Liverpool, huge numbers of Irish migrants found their way into the four Lancashire Asylums at Rainhill, Lancaster, Prestwich and Whittingham. Their impact was staggering, accounting for around half of the admissions to Liverpool's Rainhill Asylum by the late 1850s. Not surprisingly, medical superintendents referred specifically in their reports to the pressure placed by the Irish on what were rapidly to become severely overcrowded institutions, their accounts prefacing what was to evolve into a broader concern with the 'alleged increase of insanity' and the Irish contribution to this phenomenon in the late nineteenth century. Pressure from those migrating directly from Ireland was exacerbated by the intake of lunatics returned from America to Lancashire. Though these numbers were small in terms of the overall picture of admissions, they became a source of great frustration for the Poor Law and asylum authorities, and symbolic of wider issues concerning settlement and repatriation. This paper will couple the big picture of the impact of the Irish on management within the asylum system to individual stories of migration, employment, destitution and confinement. A unique set of notebooks produced in the late 1860s and early 1870s as part of an attempt to locate the settlement of Irish asylum patients provides a rare insight into the fortunes of individual patients prior to their confinement. Cross record linkage with case notes also enables us to track movements of Irish patients through the asylum, workhouse and prison systems, a route which for many ended in Whittingham Asylum, the end station where many Irish patients remained until their deaths.

Learning Objectives:

To examine the impact of Irish migration on the Lancashire asylum system during the 19th century

To explore the links between migration and mental illness in terms of our case study and in broader context

To explore through cross-record linkage the experiences of patients prior to their confinement, and thus develop a broader picture of the events and personal circumstances leading up to asylum admission

The Politics of Manic-Depression in Wartime Japan, 1930-1945

Janice Matsumura

Simon Fraser University, Burnaby, British Columbia, Canada

This paper focuses on studies of manic-depression conducted in Japan, its puppet state of Manchukuo, and its formal colonies of Korea and Taiwan, which were published in the country's major medical journals. Its principal purpose is to illustrate how analyses of mental illnesses converged with theories of racial/ethnic differences, personality types, as well as political and strategic policies.

Through their discussion of manic-depression, Japanese psychiatrists working in the colonies were able to present rather reassuring assessments of the mental health of Japanese living abroad, reinforcing a sense of superiority over colonized peoples and promoting confidence about the ability of their forces to occupy areas where such disorders were supposedly more widespread. While expressing some concerns about the ability of the Japanese to adapt to the cold, northern climate and harsh living conditions of Manchukuo, psychiatrists in the informal colony were content to support the belief that manic-depression was comparatively rare among the Japanese and other "civilized" peoples. In Korea, where the Japanese had to contend with persistent opposition to their rule, rates of manic-depression seemed to be even lower among the indigenous population. Testing Ernst Kretschmer's theory linking disorders to personality types among prison inmates as well as hospital patients in Korea, psychiatrists concluded that manic-depressives were generally docile, congenial and thus, better candidates for medical treatment and social rehabilitation. Comparatively peaceful conditions in Taiwan, where rates of manic-depression among the ethnic Chinese were the highest in the empire, appeared to confirm the perception of manic-depression as an affliction of more compliant peoples living in warmer regions. Moreover, after 1940, when the state had clearly adopted a so-called nanshin policy of southward expansion into Southeast Asia, practitioners in Taiwan emphasized the relevance of psychiatry to state-sponsored research to safeguard the health of Japanese in tropical environments. In conducting a study of Taiwanese and Japanese patients, which he hoped would assist this war effort, one psychiatrist argued that although living in hotter climates might render the Japanese more susceptible to manic-depression, they would probably suffer more from bouts of depression, which, he asserted, were easier to treat than mania.

Learning Objectives:

To provide material for comparative studies on wartime medical policies and the medical history of Asia

To contribute to a very nascent area of study for specialists of Japan and historians of empire

To bring scholarship on colonial psychiatry and Japanese empire together

From “Syndrome X” to Metabolic Syndrome: The Rise of a Modern Diagnosis

Aaron Mauck

University of Michigan, Ann Arbor, MI, United States

Over the last two decades metabolic syndrome became a widely-employed diagnosis used to characterize the associated risks of obesity, hypertension, insulin resistance, and dyslipidemia. Encompassing as it does many prominent risk factors of cardiovascular disease, metabolic syndrome has been criticized for lacking clinical precision and concrete treatment guidelines. While the clustering of these risk factors is generally acknowledged, the question of whether or not these constitute a unique “syndrome” has been hotly contested. This paper charts the evolution of metabolic syndrome from its introduction in the 1980s as “Syndrome X,” a term used to highlight the relatively unrecognized importance of insulin resistance in cardiovascular disease, through the introduction of concrete diagnostic criteria during the last ten years. The rapid evolution of metabolic syndrome from a research hypothesis to an institutionalized diagnosis was marked by intraprofessional turf battles over the definition of the syndrome and its associated criteria, especially between endocrinologists who had long been interested in insulin resistance and cardiologists who had only recently come to recognize its importance. Although these battles have fostered growing skepticism among many specialists concerning the legitimacy of the diagnosis, the popularity of metabolic syndrome in clinical settings reflects the practical difficulties doctors often encounter in counseling patients about the risk factors for chronic disease. Many continue to promote it today as a heuristic, even as its existence has been increasingly scrutinized. Metabolic syndrome thus exemplifies the tensions that often arise in delineating the limits of disease in modern diagnoses— tensions that are particularly apparent in chronic degenerative conditions. The existence of systemic risk factors associated with multiple diseases and the emphasis placed on abnormal biomarkers in defining such diseases often challenge historical notions of specificity, even as medicine has placed increasing emphasis on the precise biochemical pathways involved in pathogenesis.

Learning Objectives:

To present an account of the development of metabolic syndrome as a diagnosis

To highlight recent intraprofessional tensions concerning the validity and applicability of metabolic syndrome in clinical settings

To discuss ways in which metabolic syndrome complicates twentieth century beliefs about disease specificity

‘The Moral High Ground’: South African AIDS Activism, Drug Companies, and the Medicines Act Case, 1999-2001

Mandisa Mbali

Yale University School of Medicine, New Haven, CT, United States

This paper examines AIDS activism around South Africa’s Medicines and Related Substances Amendment Act (hereafter, the Medicines Act) of 1997 from 1999-2001. In 1998 forty multinational drug companies acting as the Pharmaceutical Manufacturers’ Association (PMA) of South Africa brought a lawsuit to strike down sections of the Medicines Act which were designed to facilitate access to generic and imported cheap patented drugs. This paper contends that in its opposition to the industry’s litigation the Treatment Action Campaign (TAC) contributed a uniquely South African form of ‘moral capital’ to the emerging global HIV treatment access movement of which it was a member. Not only did the TAC argue in court that the Act was constitutional but its media strategy equated the industry’s actions with those of the apartheid regime. The TAC’s successful application to be admitted as an amicus curiae in the court case was an important assertion of the socio-economic right to access to health care and its arguments became a critical factor in the PMA’s decision to drop the case in 2001. The anti-segregationist background of key TAC leaders such as Zackie Achmat also enabled the domestic and global movements to credibly re-develop anti-apartheid symbolism to cast the industry’s actions as unethical. Moreover, the TAC’s mass membership of aggrieved poor South Africans living with HIV and their relatives and allies, as evident in its demonstrations, lent credibility to both domestic and international solidarity advocacy. The paper contributes to the small, but growing, literature on South African AIDS activism and global health ethics by showing how health equity can be advanced through advocacy which frames inequities in terms of past injustices and socio-economic rights litigation. Based on the records of the Treatment Action Campaign (TAC) and the AIDS Law Project (ALP), newspaper and medical journal articles and interviews with South African activists and physicians who opposed the suit this paper highlights how a developing country’s health movement and its international allies claimed the moral high ground against powerful corporate adversaries, events which are especially worthy of analysis given ongoing intellectual property and trade-related barriers to universal access to essential medicines.

Learning Objectives:

To provide a historical example of the roles of socio-economic rights litigation and patient-driven social mobilization in South African advocacy for global health equity

To facilitate a discussion of how the historical injustice of apartheid was invoked by South African activists and their international allies in a global health ethical debate

To outline the content of a debate around the ethics of drug company policies in South Africa in the past

“I feel like an Alien [*sic*]”: Gaétan Dugas’s View of the Early North American AIDS Epidemic

Richard McKay

University of Oxford, Oxford, United Kingdom

Much has been written about Gaétan Dugas, the flight attendant at the centre of the “Patient Zero” myth of AIDS. He was described by journalist Randy Shilts as “the Québécois [*sic*] version of Typhoid Mary”—a characterization later echoed by newspapers around the world. More than one physician has accused him of being a “sociopath”, and his reported refusal to give up sex—in the face of strong evidence suggesting the sexual transmissibility of AIDS—is still often cited as proof of his profound disregard for social responsibility.

Shilts’s popular history, “And the Band Played On”, the only source for much of the subsequent discussions about Dugas, has drawn repeated criticism for its reliance on rumour and hearsay. Yet even those who have criticized the book’s construction of Dugas—as the arch-villain of AIDS—have also suggested that it would be unworkable to reconstruct the flight attendant’s perspective. There are, they fear, no historical records that reveal his thoughts or actions.

This presentation argues that sufficient evidence does exist to articulate a “patient’s view” of the early North American AIDS epidemic from Dugas’s perspective. It draws upon a combination of archival documents from across North America, and oral history interviews with Dugas’s friends, fellow flight attendants, and physicians, to articulate a more nuanced account of Dugas’s experience with AIDS. The presentation emphasizes the difficulties faced by the earliest AIDS patients, including a lack of effective treatment, information, and support. It demonstrates that the selective manner by which Shilts gathered and wrote up his information about Dugas substantially influenced the latter’s posthumous reputation. Finally, the presentation argues that Dugas’s actions and legacy can be better understood within a wider context of scientific uncertainty, gay resistance to medical authority, and discrimination within the gay community itself.

Learning Objectives:

To describe at least three difficulties experienced by early AIDS patients like Gaétan Dugas: lack of effective treatment, lack of information, and lack of support

To outline how Dugas dealt with the challenges posed by his evolving diagnosis and the reactions of his fellow gay-community members

To be able to list three ways in which Dugas’s views and actions have been distorted as part of an emerging historiography on AIDS

One Disease, One People, Two Histories: The Samoas in 1918

John McLane

University of Otago, Dunedin, Otago, New Zealand

The 1918 influenza pandemic devastated Western Samoa, killing more than a quarter of the population in a matter of weeks and striking particularly hard at the traditional chiefs and religious leadership during a time of great political ferment. With the seizure of Western Samoa from Germany in 1914, the governance of the territory became vested in the New Zealand military under Col. Robert Logan. Decisions made in Auckland, as well as those made by Col. Logan, left Western Samoa vulnerable to infection. American Samoa, in contrast, avoided infection entirely. Through a strict quarantine imposed under the authority of US Navy Commander John Poyer, the military administrator in Pago Pago, American Samoa emerged from the pandemic as one of a very few polities around the globe who did not lose a citizen to the disease.

Having been separated less than 20 years previously in the Tripartite Convention of 1899, Western and American Samoa maintained close ties. Lacking any significant difference in genetic, dietary, or cultural vulnerability between the two pieces of the Samoan state, explanations for the very different outcomes of the pandemic of 1918 must be sought in the political and economic spheres. The structure, authority, personality, and history of each administration, as well as the economic imperatives of the colonial enterprises, determined the eventual responses to the approaching pandemic.

The example of successful quarantine in American Samoa coupled with the devastating impact of the influenza in Western Samoa led to widespread discontent with the New Zealand administration, and significant goodwill amongst Samoans toward the U.S. Military government in Pago Pago. While Western Samoa suffered through the Mau and eventually obtained independence from New Zealand in 1962, American Samoa remains a territory of the United States and has produced only rare attempts to change this status. The two Samoas in 1918-1920 demonstrate a case of political decisions producing a medical outcome, which in turn drove eventual political realities.

Learning Objectives:

To identify the differences in the political and economic structures of Western and American Samoa in 1918

To describe the response by the administration of each Samoan state to the influenza pandemic of late 1918

To analyze the long-term political impact of each Samoan state's experience of the pandemic and differing views of government responses.

Bocium: Or, Goiter in the Middle Ages

Michael McVaugh

University of North Carolina, Chapel Hill, NC, United States

There are references to what historians have presumed to be goiter going back at least as far as Pliny, but primarily as a descriptive appearance, a phenomenon (*gutturina*, *gutturosus*, *gutturinositas*), not as a medical condition. Nor does it appear to have received detailed attention from Arabic physicians and surgeons. It seems to have been the Latin surgeons and physicians of the twelfth century who defined the condition as a disease, one which they called *bocium* (perhaps from *It. bozzo*, a swelling), or more specifically *bocium gutture*, and to which they assigned a cause and treatments, both medical and surgical. Over the next two centuries the medieval understanding of *bocium* expanded to include new information on the anatomy of goiters and on what might be called the epidemiology of the disease, its localization in specific parts of Europe. Latin medical texts of this period list materials which we now know to contain a high level of iodine, like sea sponge, among the medicines identified as possibly effective therapeutic agents for it; and if medicines failed, the texts described a procedure for surgical excision of the *bocium*.

The medical history of goiter thus provides a certain corrective to the stock view of physicians in the Middle Ages as shackled to the teachings of Galen or Hippocrates, shows them instead collecting information and creating new knowledge, extending the frontiers of the medical system they had inherited. It also suggests the difficulties they faced in assessing the information they gathered, for materials like asparagus and radish continued to be recommended along with sea sponge as medical treatments for the disease. This paper will try to understand the particular ways in which medieval physicians and surgeons framed this evolving new disease of *bocium*, and why.

Learning Objectives:

To appreciate the early stages by which goiter was characterized as a pathological condition

To explore some aspects of the interplay of textual authority and empirical observation in medieval medicine

To understand the difficulties in assessing therapeutic effectiveness in an age long before the advent of clinical trials

Race, Risk and Cervical Cancer

Leyla Mei

New York University, New York, NY, United States

In the 1950s and 1960s, cervical cancer researchers cast race as risk. After focusing on Jewish women and ethnic whites during the previous few decades, postwar scientists sought to explain why rates were higher among African Americans, particularly low-income ones—more than twice those among whites, according to some reports. Researchers dismissed “immutable” racial features, such as skin tone, in favor of a combination of social, environmental, and lifestyle factors. As a result, race came to signify a set of characteristics that increased one’s risk of developing the disease because of the ways in which it seemed to determine behavior.

Sexual health and practices comprised the most significant subcategory of lifestyle factors. Researchers identified a number of themes common to the low-income women of color among whom the disease was most prevalent: early sexual relations, multiple sexual partners, high rates of sexually transmitted diseases, and unstable marriages. The link between cervical cancer and abnormal sexual behavior appeared to explain its prevalence among poor women, thereby revealing the extent of the association among poverty, race, and sexual immorality.

The transformation of race into a risk factor for cervical cancer came within a shift in biomedical approaches to chronic, degenerative disease. As scholars including Allan M. Brandt and Jeremy A. Greene have documented, by the 1960s medical professionals increasingly saw ailments such as heart disease and cancer in terms of individual risk. Because these and similar illnesses had multifactorial etiologies, people could reduce their risk of disease by taking the appropriate precautions and exercising self-discipline.

The relationship between race and cervical cancer, however, meant that some groups were always going to be more susceptible than others. The increased threat of illness for these women was linked to conduct which was unchangeable because it was bounded by race. Race affected one’s lifestyle, which in turn influenced behavior. The epidemiology of cervical cancer shaped research into its etiology, and the result served not to illuminate the growing association between race and class, but to racialize a series of behaviors that were thought to play a role in carcinogenesis.

Learning Objectives:

To highlight the historical association between race and cervical cancer

To analyze how cervical cancer researchers measured and defined race in the 1950s and 1960s

To explore the relationship between race and risk

Lazarus at America's Doorstep: Framing in Federal Appropriations for Global AIDS Relief

Luke Messac

University of Pennsylvania School of Medicine, Philadelphia, PA, United States

Between 1980 and 2010, more than 25 million people around the globe perished from AIDS. Yet AIDS is a preventable and—since at least the mid 1990s—clinically manageable disease. For the first two decades of this period, dearth of public resources rendered adequate prevention and treatment programs a distant dream. In the year 2001, the United States government seemed an unlikely source of funds to combat Africa's AIDS crisis. Both the Republican-led Congress and newly inaugurated Republican President George W. Bush touted a record of opposition to foreign aid. Yet it was during the preceding era of Republican dominance in the federal government that appropriations for international AIDS prevention and treatment programs increased dramatically, from roughly \$300 million in fiscal year 2000 to over \$3.4 billion by fiscal year 2006.

This paper evaluates plausible determinants of U.S. federal appropriations for international AIDS programs during this seven-year period. The analysis draws from original data including personal interviews with legislators, aides, officials, and advocates, as well as roll call votes, economic and national security indices, press accounts, and memoirs. This data is mobilized to interrogate three of the most commonly invoked explanations for the increase in appropriations: a rising concern about U.S. national security interests in failing states, a new appreciation for economic concerns about the impact of AIDS on foreign markets, and tailored appeals to key legislative gatekeepers by constituents and cultural elites. The analysis reveals that the evidence supporting the first two explanations is too weak to ascribe the change to these factors alone. The third factor emerges as a key determinant of the rise in appropriations.

This paper adds to a still-nascent body of literature examining the motive forces underpinning the marked rise in global AIDS spending by the US government. Whereas realists such as Hans Morgenthau argued that foreign aid is just one more “weapon in the political armory of the nation,” this analysis supports the role of value-laden social construction in foreign aid for global health. It also provides insights into how political representatives reframe their understandings of illnesses with deeply rooted social stigma.

Learning Objectives:

To identify three commonly invoked determinants of the rise in US federal appropriations for global AIDS between 2000 and 2006

To assess the relative explanatory power of each of these three explanations using both qualitative and quantitative sources of historical data

To assess the relative importance of deterministic calculations of material self-interest and value-laden social construction in US foreign aid for AIDS prevention and treatment

For the People's Health: Medical Authority and Marxist-Leninism in Communist Czechoslovakia, 1948-1956

Bradley Matthys Moore

University of Wisconsin, Madison, WI, United States

The implementation of communism in 1948 brought with it the transformation of Czechoslovak society, culture, and politics. Recent historiography has shown that there was not, in fact, a complete and monochromatic “Stalinization” of Eastern Europe. Instead, Soviet-inspired communism was heavily modified by the social and cultural landscapes which it sought to control. Although state power and the threat of violence loomed large, communists were nonetheless forced to negotiate their aims within established cultures, traditions, and communities. I will focus on this dynamic in the case of Czechoslovak public health.

After World War II, Joseph Stalin became heavily involved in the development of “communist” approaches to particular branches of science: the most famous example being Lysenko-Michurinist biology. In the field of medicine, a dialectical-materialist interpretation of Ivan Pavlov’s physiology was the ultimate representation of communist science. The Sovietization of Czechoslovak medicine, therefore, would require a heavy emphasis on Pavlovian physiology and a medical approach steeped in dialectical-materialist thought.

This paper argues that Czechoslovak doctors and agents of public health were enthusiastic to take up the Soviet-line in medicine; coercion played little part. Alternatively, the Czechoslovak medical community’s embrace of “Pavlovian medicine” was deeply embedded in two mutually reinforcing motivations. The first was the continued discursive construction of a national tradition in medicine. One of the most celebrated figures in this burgeoning national medical tradition was the 19th-century Czech physiologist Jan Purkyně (Johannes Purkinje), a figure easily and effectively interpolated into an expanded narrative of Pavlov’s significance. The second motivation was the manner dialectical-materialism offered an exponential increase in medical authority, specifically in the case of public health. The dictates of dialectical-materialism place the potential for human change in the material world. Human health was contingent on the development of a salubrious living and working environment: everything from urban planning to objects of furniture, from clothing to mining machinery, necessitated a physiologic and hygienic ideal. Theoretically as important as the modes of production for the development of socialist society, and discursively connected to a national medical tradition, the Marxist-Leninist approach to medicine in Czechoslovakia offered ideological authority at the scale of civilization.

Learning Objectives:

To show how doctors and agents of public health in Czechoslovakia not only accepted, but embraced, communist discourse and Marxist-Leninist ideology in an effort to expand their professional community’s authority, power, and prestige

To demonstrate how an explicitly nationalist project of celebrating a “Czechoslovak” tradition in medicine found refuge in the Soviet idolization of Ivan Pavlov

To illuminate the importance and function of social and cultural particularities in the development of a so-called Soviet “satellite” state

The Pill at 50: Scientific Commemoration and the Politics of American Memory

Heather Munro Prescott

Central Connecticut State University, New Britain, CT, United States

This paper will use coverage of the 50th anniversary of the contraceptive pill as a case study of collective memory and commemorative practice in the history of science and medicine. As Pnina Abir-Am observes in her introduction to the edited volume, “Commemorative Practices in the Sciences,” a “commemorative mania” has swept the world in the past several decades and relationship between memory and historical writing has become “a major element of both scholarly and public discourse in the twenty-first century.” I will show that like the Clemence Royer centennial celebration described by Joy Harvey in the same volume, the celebration of the Pill’s 50th anniversary was a “focal point for feminism, politics, and science” in the United States. For the scientists who developed and tested the first contraceptive pills, the anniversary of the Pill was a way to affirm their collective professional past as well as reassert their professional authority in the present. The celebrations also illustrated culture wars over reproductive rights and the meaning of controversial events in the history of science and medicine in the United States. Finally, I will show that feminist analysis of this historical event was not monolithic, but reflects the complicated history of women’s relationship to contraceptive technology and medical experimentation since the 1960s.

Learning Objectives:

To explain the ways in which different political, scientific, and social groups commemorated the 50th anniversary of the contraceptive pill

To understand how memory studies can be used as an analytical tool in the history of medicine

To explore the difficulties historians face in interpreting a politically controversial subject for the public

Tender Humours: Treating the Sick Child in Early Modern England, c. 1580-1720

Hannah Newton

University of Exeter, Exeter, Devon, United Kingdom

Historians have argued that until the nineteenth century, sick children were rarely treated with medicines, and that the medicines they were given tended to be identical to those prescribed to adults. Through an examination of early modern domestic recipe books, diaries, letters, autobiographies, and medical texts, this paper refutes these assumptions. I argue that laypeople from the middling and upper echelons of English society regularly treated children, and were careful to tailor their remedies to complement the distinctive constitution of the child. Thus, this paper proposes that a concept of 'paediatrics' existed in early modern England, although I prefer to use the less anachronistic term, 'children's physic'. Children's physic was rooted in the ancient traditions of Hippocratic and Galenic medicine: it was the child's humoral makeup that underpinned all medical ideas about children. Children abounded in the humour blood, which made them 'tender', weak, and humid, and in need of medicines of an especially gentle nature. The paper will explore the various ways in which laypeople adapted children's medicines to suit their tender humours.

Learning Objectives:

To show that doctors and medical authors distinguished children from adults in their physiology: children's humours were more tender, weak, warm and moist than those of other ages

To demonstrate that children's medicines were adapted to suit their special temperaments

To highlight the compassionate, humane nature of children's medicine: medical practitioners often tried to make children's medicines as pleasant and painless as possible

Emerging Epidemic in an Emerging Society: Poliomyelitis in Israel in the 1950s

Tamar Novick

University of Pennsylvania, Philadelphia, United States

In the spring of 1950, a poliomyelitis epidemic challenged the stability and the self-conception of the newly established state of Israel. In this paper, I explore the negotiations and management of the first national health threat. Through examining contemporary scientific and popular debates about “infantile paralysis or the partial paralysis of public life,” I show how notions of trust, science, race, Zionism and the “new man” shaped the experience of disease. Moreover, I argue that the challenge posed by the disease played a major role in the formation of the state, and brought to the fore tensions between collectivity and individuality.

Learning Objectives:

To explore the negotiation and management of Israel’s first national health threat.

To examine scientific and popular debates about the intersection of infantile paralysis and “the partial paralysis of public life”

To show how notions of trust, science, race, and Zionism shaped the experience of disease

Stories of Jane: Remembering Chicago's Underground Abortion Service

Kelly O'Donnell

Yale University, New Haven, CT, United States

In the early 1970s, before *Roe v. Wade*, an underground feminist group based in Chicago performed an estimated 11,000 illegal abortions. Women's liberation groups had formed abortion referral services in most major cities across the country. But the Abortion Service of the Chicago Women's Liberation Union, pseudonymously known as "Jane," was different. The women running it eventually performed the abortions themselves even though they had no medical training. Jane members claimed to perform abortions with women, not to them, putting the radical ideas of the feminist health movement into practice.

As the pro-choice community began to fear the erosion of abortion rights, Jane stories have gained new currency among pro-choice feminists as tales of women's resilience in the face of unjust legal restrictions. Jane members and their political allies have been the only writers of these stories, which began in the late 1970s as a series of papers written by the feminist sociologist Pauline Bart. This paper explores how Jane's story has been told, beginning just after the group's dissolution in 1973 and ending in 2010—when Jane stories, now available on YouTube, became part of the consciousness of a new generation of pro-choice feminists.

Jane members have taken an increasingly active role in telling their story through interviews and memoirs. Younger feminists in turn have represented Jane in a variety of media that serve as sites of inter-generational feminist communication. These include documentaries, zines, blogs, and an award winning play. I argue that while Jane members and their feminist contemporaries have been concerned with fashioning their historical legacies, their audience of younger women has eagerly adopted and interpreted their story on their own terms. In this process of remembering, Jane, used as a tool in the emergence of third wave feminism, also represents the making of the history of feminism's second wave.

Learning Objectives:

To discuss the cultural legacy of the women's health movement

To interrogate the role of memory in writing histories of the women's movement

To identify Jane story-telling as a site of intergenerational knowledge exchange among feminists

The Aschheim-Zondek Pregnancy Test and the 1930s Controversy over the Hormonal Placenta

Jesse Olszynko-Gryn

University of Cambridge, Cambridge, United Kingdom

In 1928, two gynecologists in Berlin announced a hormonal pregnancy test. Selmar Aschheim and Bernhard Zondek injected pregnant women's urine into immature virgin female mice, dissected the mice and inspected their ovaries for signs of precocious "ripening". They explained the induction of ovarian maturation in terms of an ovary-stimulating hormone unique to pregnancy urine and produced by the "motor of sexual function," the pituitary gland. The "Aschheim-Zondek test" was one of the first major clinical spin-offs of the reproductive sciences, but their theoretical framework fared less well: almost immediately, other researchers argued that the placenta and not the pituitary produced the pregnancy hormone. In the early 1940s the pregnancy hormone was named "human chorionic gonadotrophin" (hCG) after the chorion, a placental membrane. This paper will reconstruct the international debate by which the site of production of the pregnancy hormone was definitively relocated from pituitary to placenta, and so contribute an important missing piece of the puzzle of reproductive endocrinology in the 1930s. A transient structure, the placenta is not a typical endocrine organ and does not fit easily into the received histories of sex glands or pituitary. By analyzing major conferences and textbooks, I will show how the placental nature of the pregnancy hormone was formally established by the League of Nations and American Medical Association in the process of standardizing and marketing of commercial hormonal products. This story should redirect attention, so far understandably obsessed with the sex hormones, to the historically neglected placenta.

Learning Objectives:

To demonstrate that placenta products were avidly studied, hotly debated, and commercially marketed in the 1930s, which has implications for historical understandings of hormones and gender

To understand that hormonal pregnancy testing succeeded as a reproductive technology and placental products were marketed despite lack of theoretical consensus or debate closure

To show that even something as basic as nomenclature (e.g. hCG), provides historians of medicine with an entry point for both theoretical and marketing issues in reproductive endocrinology

Food Fight: The McGovern Senate Select Committee on Nutrition and Human Needs and the Meat Industry's Battle over the Diet-Heart Question, 1976-1977

Gerald Oppenheimer^{1,2}, I. Daniel Benrubi³

¹*Brooklyn College (CUNY), New York, NY, United States*, ²*Columbia University, New York, NY, United States*, ³*University of Florida College of Medicine, Gainesville, FL, United States*

By the 1970s, despite decades of NIH supported cohort and lab research, no definitive study had been able to show that dietary fat and cholesterol was directly related to heart disease. Nevertheless, enough of a consensus existed among nutritionists and epidemiologists that the Senate Select Committee on Nutrition and Human Needs, in an extraordinary political act, sought to develop guidelines for a healthy American diet. The original mandate of the Committee, headed by George McGovern, was to investigate the causes of undernutrition in the U.S. and counter the effects of poverty through interventions like the food stamp and WIC programs. By 1976, however, the Committee, whose members included Senators Kennedy, Humphrey and Dole, shifted its focus to the relationship between overnutrition and the chronic diseases that were killing most Americans. This was an area of growing public concern, reflected in a mass media that increasingly reported on the deleterious effects of the national life-style. The subsequent hearings, however, became an arena in which different interests, represented by leading scientists, tested the scientific basis and political limits of the diet-heart disease consensus. The Committee engaged in a two year policy battle with various organizations, in particular those representing the meat industry, over dietary recommendations for Americans. During this time, the Committee produced two editions of a report entitled Dietary Goals for the United States. The first encouraged people to “decrease consumption of meat” while the revised edition urged people to “choose meats ... which will reduce saturated fat intake.” Previous histories have charged the Committee with political surrender to special interests without a close examination of the debates that occurred. A nuanced historical account demonstrates that both the Committee and industry had to grapple with questions of the validity of epidemiological science and contention over what constituted scientific proof, especially of causation. It was this lack of scientific certainty and not simply the Committee's political calculations that allowed industry to gain a foothold in the debate, politicizing a risk factor and severely testing the Committee's power and credibility.

Learning Objectives:

To examine the history of coronary heart disease epidemiology in the second half of the 20th century

To critically analyze the criteria for causality in different scientific fields

To assess the interrelationship between science and politics

Queens, Cuckolds and Cures: Royal Infertility and Taking the Waters in 17th-Century England

Daphna Oren-Magidor

Brown University, Providence, RI, United States

Throughout the seventeenth century, baths and waters were used by several English royal women in order to treat their fertility problems. Henrietta Maria, consort to Charles I, went to Wellingborough for her fertility when she hadn't conceived after two years of marriage; Catherine of Braganza, Charles II's famously infertile wife, took the waters several times during the marriage; Mary of Modena attributed her conception after several miscarriages to her trip to Bath, while princess Anne repeatedly went to Tunbridge Wells to treat a variety of ills, but primarily, according to her letters, to conceive and give birth to a living child.

This curative use of baths was not obvious. Following the Reformation, baths and waters had been prohibited in England because of their association with Catholic practices and specific saints. For a period of time, English people were forced to take the waters in continental Europe, most notably at Spa. Only in the seventeenth century did local water cures begin to re-emerge in England, both in ancient locations such as Bath and in newly discovered locations such as Tunbridge Wells. When the aforementioned queens were taking the waters, then, baths were not yet the fashionable meeting places of the upper-middle class that they would become a century later. In fact, this paper will argue that it was the use of baths by royal women that was a crucial stage in making the baths into fashionable locations of both cure and culture.

Using sources such as the queens' own correspondence, traveler reports, ambassador's letters, medical tracts and broadside literature, this paper will examine the courtly society created by queens taking the waters to cure their fertility problems. It will examine how baths became associated with cures as well as with a particular type of courtly culture which was at once fashionable and tainted with accusations of debauchery (with sterility being cured by sexual misconduct rather than the waters themselves). In doing so, it will demonstrate an important stage in turning the baths from forgotten watering holes to the centers of fashionable society they would become in the eighteenth century.

Learning Objectives:

To demonstrate a crucial stage in the development of baths from religious sites to medical sites

To discuss the links between treating infertility and sexual license

To explain the relationship between royal patronage of the baths and their later development into fashionable middle class entertainments

Creating Medical Specimens and Meanings: Frederic Wood Jones and the Work of a 'Good' Anatomical Specimen

Lisa O'Sullivan

University of Sydney, NSW, Australia, Science Museum, London, United Kingdom

The collection and exchange of human material was central to the pursuit of anatomy throughout the 19th and early 20th centuries. Professional, amateur and commercial networks were conduits for the global movement of vast numbers of specimens, which both acted as, and generated further, research material in medicine, comparative anatomy and anthropology.

This paper explores how anatomists acted as agents for the amassing of specimen collections, focusing on the English physician Frederic Wood Jones. Graduating from the London Hospital Medical College (later incorporated into London University) in 1904, Wood Jones had a peripatetic career. He held academic appointments in anatomy at institutions including the University of Melbourne, University of Adelaide, University of Hawaii, University of Manchester and finally the College of Surgeons of England. Throughout his career, he collected anatomical material, which was sent to the British Museum, major American museums and the Royal College of Surgeons of England.

For Wood Jones, the collection and analysis of human skeletal material and wet specimens formed a continuum with his collecting in anthropology, archaeology and comparative anatomy. Specimens were made meaningful in relation to expansive fieldwork, photography, and theoretical texts. Likewise, the exchange and gifting of specimens was central to establishing and strengthening professional networks.

Within this nexus of collection, exchange and analysis, bodies become constituted as 'specimens' in specific ways as scientific objects of study. The roles of a 'good specimen' were many, rhetorical as well as practical and theoretical. Wood Jones' practices are used as a case study through which to examine the historical meanings attached to specimens, and their interpretive possibilities and resistances. In particular, it explores Wood Jones' attempts to mobilise specimens as part of his Lamarckian view of the production of human difference.

This analysis locates Wood Jones' collection and use of specimens in the broader context of exchange networks, medical museums as active research sites, and the pedagogical and theoretical roles played by medical collections.

Learning Objectives:

To explain the importance of medical specimens as rhetorical and intellectual tools in early to mid 20th-century anatomy

To identify the intellectual and professional roles of medical collecting and exchange networks

To describe the centrality of medical collections and museums to the development of anatomical theory

Community Mental Health Reform and the Brief De-institutionalization of Prisons

Anne E. Parsons

University of Illinois, Chicago, Chicago, IL, United States

In the wake of World War II, psychiatrists' faith in distant rehabilitative centers faltered, and the profession began embracing community-centered rehabilitation programs. By the 1960s, psychiatrists across the country advocated for new programs to treat the mentally disabled in their own communities, culminating in Kennedy's Community Mental Health Act of 1963. This turn towards community rehabilitation led not only to the beginning of de-institutionalization of mental hospitals in the 1960s, but also to a brief de-institutionalization of prisons.

To illustrate this intertwined trajectory, I study two nationally-known Philadelphia facilities: the Philadelphia State Hospital at Byberry, and the Eastern State Penitentiary and its farm branch. I base this "tale of two institutions" on archival research in: the newspaper collections at Temple University, government manuscripts at the Pennsylvania State Archives, and the Daniel Blain papers. In the late 1960s, the State Hospital at Byberry experienced great change when nationally-known psychiatrist Daniel Blain became director there. Blain oversaw the creation of many community-based services, and the release of hundreds of patients. Blain's work became a state and national model, and optimism in community-based rehabilitation permeated the language of psychiatrists and state officials.

Just miles away, the ailing Eastern State Penitentiary's terrible conditions made it unlivable for its inmates in the late 1960s. The Pennsylvania Legislature voted to close Eastern State, which gave state officials an opportunity to create new correctional programs in the midst of a public outcry over rising crime and violence. However, rather than constructing maximum security beds, two policy-making bodies, the Joint State Government Commission and the Governor's Justice Committee, called for smaller, minimum-security treatment and pre-release facilities. Influenced by psychiatrists and the successes at nearby Byberry, officials did not build more prison beds to replace Eastern State, but instead created halfway houses, pre-release programs, and treatment centers. Coupled with the increased use of probation, prison populations reached the lowest level since the 1930s.

The parallel trajectories of these two facilities reflect the great impact that psychiatry had on corrections in the twentieth century, and how, for a brief moment, the community mental health movement partially de-institutionalized Pennsylvania's prison system.

Learning Objectives:

To show that the psychiatric model of community-based rehabilitation permeated correctional reform in the 1960s

To demonstrate that both mental hospital and prison populations dropped in Pennsylvania in the 1960s

To argue that Pennsylvania was at the forefront of both community mental health and penal reform in the 1960s

Rabid Movies: From Old Yeller to 28 Days Later

Neil Pemberton

The University of Manchester, Manchester, United Kingdom

Alex Garland, the screenplay writer of the Danny Boyle's film *28 Days Later*, has frequently referenced human rabies as an influence in his imagining of the fictional and horrifying disease 'rage', as have many reviewers, commentators and even bloggers. I shall critically examine these linkages, as well as how this film fitted into a series of bio-horror movies that also drew upon similar rabid associations and meanings. My point is not to defend or critique the representations of rabies or infection in these films as somehow inaccurate or wrong. Rather, I want to explore the extent to which they are historically revealing about changing public and medical understandings of infection and rabies.

Some historians have not only scrutinised the shifting medical and cultural understandings of Victorian rabies, but they have also shown how rabies served as a compelling discourse for exploring the nature of civilisation, otherness, the social body and human nature. Less is known about the ways rabid discourses continued to shape the cultural and scientific imagination of the second half of the twentieth century, and the extent to which this can be revealing about shifting public understanding of rabies and, more crucially, disease and methods of the containment of disease threats more generally.

In this paper, I focus on a series of films released between 1950 and 2000, and their respective shifting historical contexts. Analysing films like *Cujo* (1983), *Old Yellow* (1957) and *I Drink Your Blood* (1971), I argue that rabies and mad animals flourished in the American and British imagination where it could symbolise the threats posed by counterculture, suburbia and national borders. In more recent years, films like *28 Days Later* and *Rabid* (1977) re-configure rabies within a highly imaginative viral and apocalyptic horror. The rabies-like infection is always artificially manufactured by modern bio-science but always triumphant through a combination of cannibalism, insanity and contagion. Rabid references and associations in such films, I show, amplify the social and political representation of what it might mean to live in an age with globalisation isomorphic with bio-security and epidemiology.

Learning Objectives:

To establish the ways in which filmic representations and experiences of rabies and infections co-constitute each other in the second half of the 20th century

To discern the differences in the cultural meanings and their contexts of rabies and infection

To examine public understandings of disease and methods of infection and control, and the extent to which "rabid movies" grew out a fear of transgressions of the animal-human boundary

Salvage Mission : The Lobotomized Patients of the Saint-Jean-de-Dieu Psychiatric Hospital in Montreal, 1949-1956

Isabelle Perreault

Simon Fraser University, Burnaby, British Columbia, Canada

By the end of World War II, there was widespread consensus among Quebec neuro-psychiatrists that a new brain surgery technique developed by Americans Walter Freeman and John Watts was therapeutically effective for some psychiatric patients. In 1944, the French Canadian neuro-psychiatrist Roma Amyot described “lobotomy” as “the last hope, the last plank of salvation.” His colleague, Fernand Charest (borrowing from the poet Nelligan), claimed the technique would allow psychiatrists to “salvage vessels of gold that have sunk.” In 1949, neuro-surgeons at St-Jean-de-Dieu Psychiatric Hospital in Montreal began performing lobotomies on institutionalized patients deemed suitable candidates for the surgery. By 1956—by which time lobotomy was increasingly criticized by medical professionals and the public—more than 250 patients there were lobotomized.

In this study, I use the hospital records of lobotomized patients at Saint-Jean-de-Dieu—a public and French-Catholic psychiatric hospital in Montreal—to explore medical and popular attitudes and practices surrounding the radically new procedure. These rich historical sources contain correspondence between physicians, families and patients, as well as narratives generated by psychiatrists, nurses and social workers describing the evolution of individual mental pathology, daily hospital care, and psychoanalytic and physical treatments. These data provide the opportunity to analyze 1) those symptoms and behaviors warranted surgical lobotomy, 2) the significance of gender, class and ethnicity in this decision-making process, 3) how patients and their families reacted to and made their own decisions about symptoms and lobotomy, and 4) the behaviors and attitudes of physicians, patients and families in the post-operative period.

Like Jack Pressman’s landmark study of lobotomy at the McLean Hospital in Boston, this research reveals a strong correlation between psychiatrists’ decisions to lobotomize and symptomatic behaviors that disrupted daily routines on the wards. Unlike Pressman’s findings, however, statistical patterns of patients lobotomized at Saint-Jean-de-Dieu reveal a stronger correlation between social class and lobotomy, not gender. I suggest that social, religious and nationalistic attitudes particular to post-war Quebec account for these disparities of psychiatric practice regarding lobotomy, despite general theoretical and professional agreement among Francophone psychiatrists and their Anglophone counterparts in the rest of North America.

Learning Objectives:

To see how my results are related to Jack Pressman’s book and how it confirms and also revises some aspects about patients and lobotomy

To give some reflections about the use and utility of patients’ files in history

To situate a francophone and Catholic psychiatric institution in North America and show the academic genealogy of French-catholic psychiatrists

The Obese and the Addict: Psychiatry and the Stigmatization of Overweight in the Postwar United States

Nicolas Rasmussen

University of NSW, Sydney, Australia

In this essay I explore the history of obesity's medicalization since the 1920s, attending specially to the period from the late 1940s to the middle 1960s. I argue that in this period psychiatry developed a new understanding of overweight and obesity that, unlike the medical thinking of preceding decades, stigmatized the fat subject by construing her/him as the bearer of a character blemish identical to that of that most spoiled of identities: the drug addict. I consider the drug industry and other less specific possible cultural contributors to the new stigmatization of the fat, and also possible explanations for the divergence of thinking about addiction and fatness in the later 1960s. I conclude with some general reflections on the relations of stigma, medicine, and cultural change.

Learning Objectives:

To gain knowledge of the history of psychiatric thinking about obesity

To gain knowledge of the history of psychiatric thinking about drug addiction

To gain familiarity with theoretical problems about medicine's role in social stigma

Cultural Deprivation? Pediatric Mental Health, Race, and the “War on Poverty”

Mical Raz

Van Leer Jerusalem Institute, Jerusalem, Israel, Tel Aviv Sourasky Medical Center, Tel Aviv, Israel

Cultural deprivation, a loosely-circumscribed theory citing deficits in an individual’s environment as the cause of social and academic disadvantage, was popularized in the 1960s, shaping the pediatric and psychological discourse of the time. Permeating into diverse spheres of influence, cultural deprivation theory provided the scientific basis of governmental interventions such as Project Head Start. This presentation analyzes how this theory became pivotal to medical interventions and perceptions of child mental health. I argue that no compelling data was amassed as to the existence of cultural deprivation; rather this theory derived its scientific legitimacy from experimental studies in sensory deprivation on the one hand, and from early infant observations regarding the effects of maternal deprivation, on the other. These two fields were merged by child mental health experts, thus creating the rationale for federally funded interventions focusing on increasing sensory stimulation, while either attempting to improve maternal functioning within the family, or placing the child in a day-care facility that provided care that was analogized to that provided by a competent, middle-class mother. Pediatricians and child mental health experts played a key role in popularizing theories of deprivation, in reifying stereotypes of lower class children and their abilities, and in developing compensatory interventions. The choice of health care professionals’ to view these children and their needs through a framework of deprivation—maternal, cultural, sensory, or any combination thereof—was not self-evident, and had far-reaching political implications. In particular, this presentation will evaluate how the cultural deprivation theory shaped perceptions of indigent African American families, seen by many, particularly in light of the Moynihan report, as structurally pathological and a site of potential medical intervention. It examines how theories of deprivation were instrumental in sustaining a deficit-based approach towards members of lower socio-economic strata, and in particular towards minorities. This presentation questions why racial and class differences were conceptualized through a theory of deprivation, rather than through a focus on different strengths and abilities, and how this perpetuated the hegemony of middle class Anglo-American culture as the form of child-raising endorsed by child mental health experts.

Learning Objectives:

To learn about the cultural deprivation theory and its relations to additional theories of deprivation—particularly maternal and sensory deprivation—and how it framed medical intervention

To evaluate the political implications of a deprivation-based theory, and the interrelations between scientific experiments and the translation of their results into governmental intervention

To familiarize the audience with the discourse on deprivation amongst African Americans, and the reasons for which pediatricians and child mental health experts endorsed such theories of minorities

Watching the Watch-Glass: Miriam Menkin, the First Human IVF, and the Development of Infertility Research in the 1940s

Sarah Rodriguez

Northwestern University, Chicago, IL, United States

On August 4, 1944, *Science* published a brief article outlining the first recorded human in vitro fertilization (IVF). Four years later, Dr. John Rock and Miriam Menkin published a second, more detailed article. But news of the first IVF extended beyond medical journals; the popular press also carried articles on IVF. Rock, a clinical obstetrician gynecologist at Harvard University Medical School, and Menkin, his laboratory assistant, were then inundated with requests from women for information on helping them become pregnant through IVF. But while Rock became a household name as both the father of IVF and later as a father of the birth control pill, Menkin did not. Indeed she remains largely unknown outside of those who practice reproductive medicine or who study the history of reproduction. Even in histories where she is mentioned, it is within Rock's story. Though Rock saw Menkin as a collaborator, her career followed the trajectory historian Margaret Rossiter outlined in her history of women in science during much of the early twentieth century—working as an assistant in a man's lab. In this paper I will explore Menkin's role in the history of reproductive medicine by looking at her involvement with the first human IVF. I will examine her as a bench scientist and how she perhaps influenced the direction of the reproductive medical research conducted under Rock. I will also place this work within the larger context of the development of research on infertility in the early twentieth century.

Learning Objectives:

To examine women's contributions to the field of reproductive medicine, which is often defined as one dominated by men and by doctors

To describe the early development of reproductive medicine, in particular treatments for infertility

To analyze critically the contributions of women conducting "bench science" in the 1940s, particularly in reproductive medicine

Selling Sun Safety: Skin Cancer, Sunscreen, and the Promise of Protection, 1953-1994

Sally Romano

Yale University, New Haven, CT, United States

Wearing nothing but shorts tugged down by a playful puppy, the “Coppertone girl” and her lily-white backside adorned advertisements across America beginning in 1953. As she urged Americans to “Flash ‘em a Coppertone tan,” Little Miss Coppertone quickly became an emblem of the mid-twentieth century craze for sun tanning. Four decades later however, even this most famous proponent of sun tanning appeared noticeably paler and wearing a shirt, hat, and sunglasses for the first time. The change in the Coppertone girl’s appearance reflected a significant shift in American ideas about sunlight and health. Previously viewed as the benevolent source of the healthy tan, by the late twentieth century sunlight had become a feared carcinogen. Sun care products—suntan lotions and sunscreens—were integral to this transformation.

Drawing on advertising archives, trade and medical literature, and public health materials, this paper examines the interplay between the sun care product industry and popular and medical ideas about sunlight and health during the second half of the twentieth century. It argues that sun care product companies played a key role in changing Americans’ ideas about the sun. By shifting the focus of product lines to highlight protection rather than tanning, by lobbying the Food and Drug Administration to allow a product label promoting sunscreen as a skin cancer preventive, and by teaming up with public health campaigns to spread the word that sunlight caused skin cancer and that sunscreen use could prevent the disease, sun care companies drew attention to the dangers of sunlight while positioning their products as safe and protective. Health, no longer connoted by the golden tan, could be purchased in SPF-labeled bottles.

More broadly, this paper explores the role of an over-the-counter product (sunscreen) in changing ideas about what constitutes healthy behavior. While prescription pharmaceuticals have attracted much scholarly attention, the role of over-the-counter products—more ubiquitous and perhaps more insidious—can also provide an important lens for understanding changing medical and social definitions of “health.”

Learning Objectives:

To discuss the role of sunscreen companies in skin cancer prevention campaigns

To describe the role of over-the-counter pharmaceutical products in social definitions of healthy behavior

To analyze the nexus between commercial health products, medical knowledge, and social perceptions of health

A Constitution Frozen in Time: Medicine, Law, and Normative Resistance to Federal Authority, 1938-1965

Theodore Ruger

University of Pennsylvania Law School, Philadelphia, PA, United States

The New Deal transformed many aspects of American federalism, not the least of which was reflected in the more capacious view of the federal commerce power that the Supreme Court and other federal courts adopted in the 1940s after initial false steps in a more restrictive direction. Cases such as *U.S. v. Darby* (1941) and *Wickard v. Filburn* (1942) introduced the novel doctrinal concept of aggregated economic effects, opening the door for federal authority in many fields to reach even individualized local transactions. Yet American physicians managed to persuade a compliant set of federal legal institutions to forestall this constitutional transformation as applied to their field for several more decades. Influenced by physician and patient claims of individual liberty that were inflected with Cold War anti-totalitarian rhetoric, Congress and the federal courts went out of their way to avoid federal power touching upon the “practice of medicine”, instead treating that activity for years as though the New Deal commerce clause transformation had never happened. Through the 1960s major federal statutes bore explicit jurisdictional holes disabling federal intrusion on medical practice, and where statutory language was more vague, as in the case of acts like the Sherman Antitrust Act and the Comstock Act, lower federal judges assiduously construed the language away from conferring federal jurisdiction over physician practice. This was no mere doctrinal technicality, but rather the fruit of a concerted strategy by leading physician groups and their advocates that managed to successfully persuade courts to apply a different standard in this specific area. This paper will examine the interactive relationship between this specific doctrinal conception applied by courts and Congress, and the underlying public attitudes, professional interest group politics, and midcentury ideology that helped to sustain it.

Learning Objectives:

To illustrate the interactive relationship between constitutional doctrine and contemporaneous understandings of the constitution held by actors outside of the judicial system, such as physicians and the broader public, during a period of transformative legal development

To explore the manner in which legal institutions in the mid-twentieth century responded to, and ultimately protected, claims of physician authority against state control

To examine the way in which the multiple institutions and legal forms that comprise and create American health law coalesced in this period of time and worked in concert to protect a particular conception of medical authority

Xenodisability in the Middle Ages

Walton Schalick

University of Wisconsin, Madison, United States

The 2005 neologism “xenodisability” interprets disability in non-human species. From amphibian phocomelia to our use of guide dogs, from murine models of multiple sclerosis to phrases like, ‘blind as a bat,’ disabled animals are twined with anthropic understandings of disabilities. Nevertheless, the history of xenodisability is essentially unknown.

This paper attempts to elucidate aspects of xenodisability in medieval medicine and beyond. How did medieval peoples consider animal disability? Did considerations of disabled animals affect the perception of humans with disabilities and vice versa?

Hints of these facets appear in scattered sources. The thirteenth-century physician Aldebrandino of Sienna asked why newborn humans can’t walk, while horses can. He concluded that maternal menstrual blood poisons the child; only after its body is cleansed of that blood can it walk. Later, two manuscripts, now held in Paris and Florence, depicted animals as vectors of human disability and disease. Earlier, Marie de France’s 12th-century ‘*Del leün malade del gupil*’ (“The Sick Lion and The Fox”) sketched a foxy lion feigning disability, so to more easily gobble up other animals; thereafter “blind as a bat” became a novel fourteenth-century literary trope.

Two streams of data offer more consistent insights—animal-based metaphors in medical texts and the exchange of ideas between veterinary and medical manuscripts. Using a broad base of sources in manuscript and edited format, this paper emphasizes how inextricably linked were human and animal disability. In particular, with the inchoate medicalization of disability in the thirteenth and fourteenth centuries, animal metaphors became more common. Simultaneously, newfangled veterinary texts emphasized the import of human medicine to approaching disabled/diseased animals. For example, with Michael Scot’s translation of Avicenna’s commentary on ‘*De animalibus*’ and the uptake of Albertus Magnus’ zoology early veterinary texts added much on equine nerves and nerve injury gleaned in large measure from human experience.

Xenodisability is a subject with rich potential for increasing our understanding of the meaning of disability. As modern studies of the phenomenon begin to appear, examining its medieval precursors around early medicalization of disability can be valuable for contextualization.

Learning Objectives:

To be able to describe different kinds of xenodisability

To be able to understand the medieval medicalization of disability

To be able to describe examples of medieval xenodisability

Van Deusen v. Newcomer (1879): The Doctress and the Asylum

David Schuster

Indiana University-Purdue University Fort Wayne, Fort Wayne, IN, United States

In October 1874 Nancy Newcomer, a doctor from Toledo, Ohio was taken to the Kalamazoo Asylum for the Insane by her son-in-law and committed as an “insane pauper.” There she stayed for nearly a year until August 1875, when her friends convinced the asylum superintendent, E. H. Van Deusen, that Newcomer was not insane and needed to be discharged. Once out, Newcomer struggled to rebuild her medical career and in 1878 filed a lawsuit against the Kalamazoo Asylum for false imprisonment and sued for \$50,000 in personal and professional damages. The case, *Van Deusen v. Newcomer* (40 Mich. 90) went to the Michigan Supreme Court, which heard 77 witnesses and reversed lower court decisions by ruling in favor of Van Deusen. In his opinion, Chief Justice Thomas Cooley established an important precedence: so long as a superintendent acts in good faith, he cannot be held liable for mistakenly committing a sane person to an asylum.

For a case that cuts across so many important historical lines—the legal rights of women; the challenges of being a nineteenth-century doctress; public suspicion of insane asylums; definitions of insanity; the development of medical liability law—there has been little written about Newcomer other than what was originally published in the legal record. Newcomer supposedly had a family history of insanity and tried suicide on at least one occasion. She was twice divorced. While visiting her daughter in Michigan she became emotional and irrational, which led to her son-in-law placing her in an asylum. Once in the asylum, her own medical opinion as a doctor was disregarded and she was kept against her will. The son-in-law’s motives were also questioned, as he used Newcomer’s commitment as a pretense to claim her property. My paper will reconstruct Newcomer’s story and use it to highlight cultural, social, economic, and political tensions of the time.

Sources for the paper will include the published legal record, the papers of Judge Thomas Cooley (Bentley Library, University of Michigan), and local Toledo and Kalamazoo newspapers that covered the case as front-page stories.

Learning Objectives:

To identify cultural and legal authority of 19th-century asylum superintendents

To identify functional definitions of “insanity” during the 1870s.

To identify to what extent did being a professional MD during the 1870s influence a woman’s legal status in court on medical matters

Confidentiality and Harm: Congenital Syphilis and the Doctor's Dilemma in 19th-Century France

Joan Sherwood

Queen's University, Kingston Ontario, Denmark

In mid-nineteenth-century France, mortality from congenital syphilis contributed to a climate of depopulation anxiety. Fournier, the most famous syphilologist of the period, reported on 403 pregnancies resulting in an affected infant. "No other disease can compare to it as an agent in depopulation," he wrote in 1878.

This paper explores the dilemma of Fournier and his colleague Diday caught between two contradictory Hippocratic dictums in the context of congenital syphilis: the principle to do no harm and patient confidentiality.

Since 1837, syphilis was known as easily transmitted through contact with affected babies. Nevertheless, it was not unusual to hire wet nurses for syphilitic infants, although it made them susceptible to infection. Numerous civil court cases show that wet nurses who had been harmed sued families and sometimes their doctors. Physicians were implicated because the nurse had often been hired on their advice. Before 1860, courts often excused the doctor because debates were ongoing about contagion from syphilitic infants. They also accepted that patient/doctor confidentiality justified a refusal to warn her about the infant's condition.

This changed dramatically in 1868 when damages against doctors was recognized by the Court of Dijon. It determined that "The doctor who knowingly does not warn a nurse of the dangers to which nursing an infant with congenital syphilis leaves her exposed can be declared responsible for harm caused by his reticence." He could not be excused on the basis of patient/doctor confidentiality. Subsequently this is cited in medical textbooks and plays a role in a number of law suits. Fournier in a series of lectures published in 1878 as "Nourrices et nourrissons syphilitiques" and Diday's, "Le Péril Vénérien dans les familles" of 1881, detail steps for the family physician to prevent legal repercussions. Ambroise Tardieu, Chair of Legal Medicine, the University in Paris, also highlighted concern these cases could raise for the reputation of the medical profession.

Historians have studied syphilis and noticed harm to wet nurses, but contemporary historiography has ignored this incident. Yet the case can tell much about physicians caught between competing priorities, and it contributes to the history of the evolution of patient rights.

Learning Objectives:

To recognize how the ethical principles of "do no harm" and "confidentiality" have sometimes come into conflict

To explore the history of the transmission of syphilis from contact with infected infants

To examine a previously ignored landmark in the history of patients' and women's rights

Puberty and Humoral Change in Shakespeare's Love Plots

Victoria Sparey

University of Exeter, Exeter, United Kingdom

Modern scholarship has demonstrated that medical debates, widely circulated in vernacular and popular publications, were not isolated to elite professional circles in Renaissance England. Generative theory was widely accessible within Renaissance culture. The complex and often conflicting nature of generative models within medical literature, however, can only partially tell us how medical knowledge was conceived in relation to human experience. By investigating how medical ideas were being made sense of through the dramatized character interactions of the Renaissance stage, this paper aims to demonstrate the value of an expansive approach to Renaissance medical debates.

In particular, the paper explores how Shakespeare's comic "love plots" offer an opportunity to understand how medical theories were being explored within representations of anticipated generative unions. Focusing upon the young lovers of Shakespeare 'As You Like It' and 'Twelfth Night', the paper examines the plays' engagements with medical ideas about the generative promise of puberty. Shakespearean love plots repeatedly align the anticipated marital union of the play's end with the prepubescent body reaching maturation. By considering the representation of puberty within vernacular medical literature of the late sixteenth and early seventeenth centuries alongside these plays, the paper argues that references to the humoral changes of the prepubescent body throughout 'As You Like It' and 'Twelfth Night' suggest more than a penchant for bawdy humour; rather the anticipation of sexual maturity and sexual intercourse that is voiced by the play's lovers relate the ideas of medical discourses to human experience. The paper thus situates the plays' references to heated genitals and "nether beards" within the context of medical discourses and argues that such references (while still clearly meant to be funny) explore how the humoral changes necessary for a generative union might affect the individual.

Learning Objectives:

To highlight the intellectual value of Renaissance drama to studies of medical knowledge in Renaissance culture

To demonstrate how Shakespeare's love plots engaged with medical ideas about puberty

To suggest how love plots explored the implications of medical ideas through relating such ideas to human interactions

Agricultural Anthrax in an Industrial Context: Representations of Disease in Glasgow, 1875-1920

Jamie Stark

University of Leeds, Leeds, United Kingdom, Thackray Medical Museum, Leeds, United Kingdom

This paper seeks to establish the context in which anthrax emerged and persisted in Glasgow during the latter part of the nineteenth century and early-twentieth century. The disease, which affected both animals and man, killed rapidly, and was much feared through this period. It became most strongly associated with the wool industry of Bradford, West Yorkshire (where the condition originated as “wool sorters’ disease”). There were a number of places where anthrax was observed, however, and the first recognised cases in Glasgow in 1876 occurred in the thriving horsehair-treatment works of the city’s South Side. The following decades, however, saw anthrax reported by the local press more as an agricultural problem than an industrial one. Recent studies (most notably Jones & Teigen, ‘Anthrax in Transit’, 2008) have placed a strong emphasis on the industrial context in which anthrax emerged in Glasgow and the resulting investigations by James Burn Russell—the city’s Medical Officer of Health. This paper seeks to further their work by focusing on the manner in which the public regarded the condition. More general concerns relating to poor sanitation and living conditions overshadowed the specific danger posed by anthrax germs, and the disease did not become established as an industrial malady in the same way that it did in Bradford. Indeed, the worries concerning potentially infected milk, expressed by public health officials, medical practitioners and the public in Glasgow, fuelled the idea that anthrax infection could be disseminated through the city’s markets rather than its factories. Although both Glasgow and Bradford were manufacturing powerhouses, therefore, the understandings of anthrax in the two places diverged markedly. The argument that this disease manifested in a variety of different medical, cultural and social ways during this period is intended to complement and enhance recent biographical studies of anthrax (for example: Swiderski, R., ‘Anthrax: a history’, 2003; Holmes, C., ‘Spores, Plagues and History’, 2004; Jones, S., ‘Death in a Small Package’, forthcoming).

Learning Objectives:

To reinforce the idea that disease identities (in both the public and professional domains) are context-dependent

To show that although diseases can emerge in a given context, these identities are flexible and not necessarily stable

To show how the occurrence of anthrax during the late 19th and early 20th centuries provides an important case study in demonstrating how diseases interacted with the societies within which they emerged

Beyond an Urban History of Fever: Rural Epidemiological Practices in Late Victorian and Early Edwardian Britain

Jacob Steere-Williams

University of Minnesota, Minneapolis, MN, United States

In his 1939 classic “Epidemiology in Country Practice” prominent British epidemiologist William Pickles noted that rural epidemiologists stood on a “strategic pinnacle for the investigation of infectious disease.” Observational case tracing, familiarity with the local population and environment, and an intimate knowledge of mortality (and later morbidity) statistics, the bastions of Victorian shoe-leather epidemiology, Pickles thought, still held a prominent place in twentieth century public health. Yet, Pickles’ comments disrupt many of our assumptions about British epidemiology, notably that by the early twentieth century bacteriological and biostatistical methods overshadowed traditional epidemiological practices. By examining rural epidemiological investigations of typhoid fever conducted by Medical Officers of Health and Inspectors at the Medical Department of the Local Government Board, this paper argues that a historiographical urban-bias has masked the importance of rural epidemiological studies. Typhoid fever, it is to be remembered, was largely a rural endemic problem in the late nineteenth and early twentieth centuries, making it illustrative of country epidemiological practices. This paper demonstrates a more nuanced view of late Victorian and early Edwardian epidemiology, and shows that while urban needs often provided a catalyst for rural studies, epidemiology was dependent upon a wide network of practices which were environmental, bacteriological, statistical, and increasingly, ecological. It confirms what Major Greenwood noted in the preface to Pickles’ 1939 book that, “the old race of epidemiologists is not extinct.”

Learning Objectives:

To provide a more nuanced understanding of epidemiology in the late 19th and early 20th centuries

To examine the importance of rural public health practices

To rethink the relationship between epidemiology, bacteriology, and statistics

Disability, Pathology and the Medicine of Adoption

Sandy Sufian

University of Illinois, Chicago, Chicago, IL, United States

My paper will focus on the emergence of a new sub-specialty in pediatrics called adoption medicine and its particular diagnosis and treatment of “reactive attachment disorder.” Adoption medicine treats adopted children, looking for developmental delays and other emotional symptoms as well as pre-existing conditions.

My paper will reveal that contemporary medical practices reflect not only a historically intensified anxiety about adopted child-rearing but have also opened up a new era in the psychopathology of adoption. The field of adoption medicine began in America as a response to the increasing practice of international adoption where many of the children reside in institutions in their country of origin and where prenatal care and medical records are difficult to track. The subspecialty began in the 1980s as the Committee on Early Childhood, Adoption and Dependent Care and grew to become a subsection of the American Academy of Pediatrics, now called the Subsection on Adoption and Foster Care.

Adoption medical concerns that focus on the mental development of the child come from a tradition of pathologizing adopted children, especially in the fields of psychiatry and psychology. Studies focused on adopted children in general (IQ, psychopathology, outcome studies) and also on adopted children with disabilities. Mid-twentieth century studies about the maladjustment of adopted children have led to and connect with contemporary discussions about adopted children. The authoritative text on international adoption medicine today, for instance, invokes a 1965 book about child development in order to describe severe reactive attachment disorder as not only affecting individual families but as damaging to society: “From the societal aspect, disturbed object relations in the first year of life...have consequences which imperil the very foundation of society...They cannot adapt to a society. They are emotional cripples.” The contemporary deployment of reactive attachment disorder here utilizes long-standing, negative ideas about disability and its societal implications. My paper traces these historical precedents in order to situate current diagnostic practices in adoption medicine.

Learning Objectives:

To understand role of pathology in adoption discourse

To situate adoption medicine within historical context of adoption studies

To understand how adoption studies fit within larger anxieties about family-building, child-rearing, disability and nature v. nurture debates

'Adultery by Doctor': Law and the Treatment of Infertility in the 20th-Century United States

Kara Swanson

Northeastern University, Boston, MA, United States

In 1936, the practice of using donor sperm to impregnate women became front-page news in the United States. A handful of American doctors had been performing artificial insemination for decades, largely in secret. The new public discussion motivated many involuntarily childless couples to request the technique. It also prompted the Catholic Church and others to express staunch opposition to the procedure as immoral. The medical profession struggled with the ethics of offering artificial insemination, fearing not only moral condemnation, but legal liability. Throughout the baby boom years, doctors discussed whether the procedure was “adultery by doctor” and whether any resulting child was a legal bastard. The small number of doctors who were willing to advocate publicly for what one called “this God-send to thousands of happy couples” proposed elaborate schemes to protect against liability, including finger-printing one’s patients, locking supporting documentation in an office safe, or destroying any record of such procedures. After an Illinois judge ruled in 1948 that a child conceived by artificial insemination was illegitimate, the medical profession sought help from the law and lawyers. State legislators proposed a flurry of bills to legalize artificial insemination in the late 1940s and 1950s, none of which passed. After two more decades, during which doctors continued to practice artificial insemination secretly, and the nation’s first sperm bank was developed in Iowa, state legislatures again considered artificial insemination as a way of family formation, and this time, in the 1960s and 1970s, about half the states passed measures which provided legalized the technique as a medical treatment. Drawing upon the legal and scientific literatures, case law, legislative histories, newspapers and magazines, and the archives of the founder of the first sperm bank, this paper places the legalization of artificial insemination within historical context, contrasting it with earlier fights by the medical profession to criminalize abortion and contemporaneous resistance to regulation. Using legal history, it analyzes the jurisprudential changes in family law that permitted the legalization of the technique, and provided a legal foundation for other assisted reproductive technologies.

Learning Objectives:

To Understand the legal status of artificial insemination in the 20th-century United States

To understand the nature of social and political opposition to legalizing artificial insemination as a treatment for infertility

To understand the medical profession’s use of the political process to legalize a medical technique

The Guinea Pig's Perspective: Conscientious Objectors and the Allure and Challenges of World War II Medical Research

Sarah Tracy

University of Oklahoma, Norman, OK, United States

During the Second World War, the historic peace churches (Friends, Brethren, and Mennonites) cooperated with the Civilian Public Service (CPS), and the Office of Scientific Research and Development (OSRD) to sponsor research on infectious disease, hypoxia, extremes of climate, human nutrition, starvation, cancer, and poisonous gas. Across the United States, young men—conscientious objectors (COs)—volunteered from their assigned CPS posts to serve as “human guinea pigs,” subjecting themselves to extraordinary hardships and health risks that most people would shun. Many of these 100+ experiments, such as physiologist Ancel Keys’ famous (or infamous) starvation experiment, were publicized widely within newspapers, news magazines, and books. Indeed, the historic peace churches in cooperation with the National Service Board of Religious Objectors (NSBRO) used these experiments as a vehicle for rehabilitating the image of the conscientious objector. The heroic acts of the young pacifist volunteers would, NSBRO hoped, demonstrate their patriotism and physical and moral discipline, ending attacks that labeled the COs unpatriotic cowards. Meanwhile, military and civilian biomedical scientists were eager to have a source of cooperative and intelligent subjects willing to take immense risks for the advancement of scientific knowledge and the health of soldiers and civilians alike. But what were the motivations of the “guinea pigs” themselves?

This paper draws on archival materials from the Swarthmore College Peace Collection, the National Archives, and the Minnesota Historical Society to explore the personal motivations, expectations, and challenges of being a human guinea pig during the Second World War. Sources include the correspondence of human subject research volunteers; 40 NSBRO personnel files, containing interviews with the CO volunteers for the Minnesota starvation study; the camp publications of the volunteers in medical experiments around the country, including “The Guinea Pig Gazette,” “The Pig’s Pen,” “The Weekly Grunt,” and “The Pulse”; and published newspaper and news magazine accounts of the medical guinea pig experience. The participant perspective is crucial to understanding the success of the OSRD/NSBRO research collaboration and its subsequent influence on the NIH Clinical Center’s normal volunteer program.

Learning Objectives:

To understand the place of the historic peace churches in World War II human subject research

To examine the motivations of the conscientious objectors who participated in World War II human subject research

To see how this episode in the history of human subject research affected subsequent federally sponsored human subject research programs

Diabetes and “Defective” Genes in 20th-Century America

Arleen Tuchman

Vanderbilt University, Nashville, Tennessee, United States

In this paper, I examine the interplay of hereditary ideas and eugenic concerns in academic studies of diabetes since the beginning of the 20th century. Pre-Mendelian theories of inheritance tended to be Lamarckian, grounded in the conviction that environmental changes would cause the hereditary predisposition to diabetes to disappear. With the rediscovery of Mendel in 1900, diabetes specialists came to favor the idea that the disease was transmitted from generation to generation as a Mendelian recessive trait. This generated multiple anxieties, especially following the discovery of insulin in 1922, which allowed diabetics to live longer and reproduce more. In the eugenically obsessed atmosphere of the time, calls were made to prevent the further spread of diabetes either through marriage counseling of diabetics or through sterilization.

Diabetes continued to evoke fear in the post-WWII period as the number of diabetes cases increased at a rapid pace. In the early 1950s, medical and public health officials wrote with concern about the estimated 1 million diagnosed cases in the country, but what truly worried them were the additional 1 million “hidden” diabetics they believed to be present in the population. These “hidden” diabetics lived with the disease without knowing it and were thus at risk of passing on their “defective” genes to future generations. Efforts in the 1950s on the part of the United States Public Health Service and the American Diabetes Association to gather more accurate data on the number of diabetics in the country thus took place alongside discussions about the genetic burden diabetes was placing on the human race. Diabetes, I argue, came to symbolize for many eugenicists the potential dangers of medical progress. As Kingsley Davis, Professor of Sociology at UC-Berkeley and a past president of the American Sociological Society, commented in 1966: “[N]o one wants to deny insulin to the diabetic . . . , but to save the defective and yet pay no attention to their reproduction is short-sighted, because it favors the present generation at the expense of many future ones.”

Learning Objectives:

To learn more about the history of diabetes

To learn more about the interdependence of theories of heredity and eugenics in the history of diabetes

To learn more about eugenicists’ ambivalence toward insulin

Drawing the Iron Curtain: Polio Vaccination Policies in Cold War Hungary, 1957-1960

Dora Vargha

Rutgers University, New Brunswick, NJ, United States

The 1950s is almost inseparably linked with the Cold War in our minds. Less apparent at first glance, however, is that this decade was also a time of polio epidemics across the world, causing fear and anxiety shared by politicians, physicians, parents and children on both sides of the Iron Curtain. Although vaccines containing dead and live viruses appeared as solutions to curb contagion, they also held the potential power to cause disease instead of fighting it. Thereby, vaccines contained the threat to cause serious damage to the most innocent and pure members of society, the promise of the future: children. Questions about where the vaccine was arriving from, where and from what it was made, who produced it and who distributed it became important political problems on both sides of the Iron Curtain.

The communist state, which positioned itself as a provider of free childcare and healthcare, was facing a serious challenge with the epidemic that worked against all of its ideals of production. Vaccinating the population in Hungary became a top priority soon after the vaccine became available. Vaccines made it into Hungary in various avenues, creating partnerships that seemed unlikely in the coldest years of the Cold War. Members of the Catholic Church, dissidents and West German pilots became key figures in the quest for protection against the crippling disease.

Based on governmental documents, newspapers, memoirs, film reels and oral history interviews, I argue that in the 1950s, children's health became a safe haven on the troubled sea of political interests, and a site of détente for nations in the middle of Cold War tensions. Immunization efforts with the Salk and Sabine vaccines united East and West in a seemingly apolitical cause of battling polio. At the same time, this fight also became an instrument of nationalist pride, economic production, and contesting welfare policies, politicizing the bodies of potential polio patients and of disabled children.

Learning Objectives:

To show the political and apolitical ambivalence of international poliomyelitis cooperation by looking at Cold War rhetoric

To explore knowledge and technology production in a Cold War context

To examine scientific interactions across the Iron Curtain

Medicine, Gender, and Physical Pain in Early Modern England

Katherine Walker

McMaster University, Hamilton, Ontario, Canada

Scholars have drawn attention to pain as a culturally constructed experience, but there exists little investigation of the connections between medicine, gender, and pain in early modern England. This paper summarizes key findings of my doctoral thesis, “A Gendered History of Pain in Early Modern England,” (expected completion in May 2011). The paper will demonstrate that pain acquired significant meaning in medical treatment and practice, as patients and practitioners paid close attention to pain as a diagnostic tool and as a condition requiring treatment. While lay individuals and practitioners understood the cause and treatment of pain according to principles of humouralism shared among the sexes, there were gendered differences in the ways that patients and practitioners interpreted the significance of pain for men and women.

Apothecarial records, medical manuals, casebooks, and letters of diagnosis by correspondence demonstrate that the early modern English treated pain in both genders similarly, utilizing humoural treatments such as bloodletting, as well as anodynes and chemical medicines. However, the cultural significance attached to women’s reproductive abilities meant that early modern practitioners and patients paid particular attention to pain associated with blocked, absent, and excessive menstrual flows. Midwifery manuals also demonstrate that childbirth pains were understood uniquely, due to a belief that they were a useful part of the birthing process. For men, the pain discourse emphasized the physical manifestations of their societal roles. A central message was that the transgressive male, who took drinking and sexual intercourse to excess, would experience pain in abundance.

Medicalized experiences for patients and practitioners, 1620-1740, therefore included severe bodily pain. Men and women actively sought, and received, a variety of treatments and both patients and practitioners understood the causation and sensation of pain according to shared cultural understandings.

Learning Objectives:

To investigate underexplored connections between pain and gender in early modern England

To demonstrate that physicians and patients shared a cultural understanding of severe pain as a medicalized event

To further the study of physical pain in patients prior to the development of anaesthesia

“He growled and snapped like a cur”: Rabies and Animal Spirit Possession in 19th-Century America

Jessica Wang

University of British Columbia, Vancouver, BC, Canada

This paper examines popular understandings of rabies symptoms in the United States during the second half of the nineteenth century in order to explore underlying cultural assumptions about the relationship between humans and animals. Despite physicians' best efforts to warn against discursive practices that rested on comparisons between humans and animals, Americans of European descent frequently described persons who contracted rabies from dog bites as barking or otherwise adopting dog-like behaviors, while cat bite victims might yowl, scratch, or lap liquid like a cat. Such perceptions, the paper argues, reflected unstated beliefs about spiritual connections between humans and animals. Common preventive measures, such as cutting off the tail of the dog that bit a person, or killing the dog in order to keep its human victim from developing hydrophobia, also assumed an unseen spiritual or supernatural tie between dog and human that could only be broken by resort to sympathetic magic or by the dog's death. Although speculation is required, the work of Carlo Ginzburg and other cultural historians suggests some of the pathways that transferred such beliefs and practices across the Atlantic, and the processes by which, over a period of centuries, their rationale shifted from open articulation to tacit belief. Disease and folklore formed a potent blend in the expression of everyday medical knowledge among European Americans in the nineteenth century.

Learning Objectives:

To illuminate the cultural history of rabies

To highlight the cultural dimensions of zoonotic disease, particularly with respect to humans' relationships with domestic animals

To contribute to scholars' understanding of the history of everyday medical knowledge by examining the ties between folklore and perceptions of disease in 19th-century America

Rats and Foundlings: Rickets Experimentation in Depression-Era Philadelphia

Christian Warren

Brooklyn College, Brooklyn, New York, United States, New York Academy of Medicine, New York City, NY, United States

The inter-war years in America saw dramatic progress in understanding, preventing and treating rickets, which was distressingly common in northern cities, and especially prevalent among dark-skinned children, both southern European and African American. Earlier, Progressive-era health professionals had focused their efforts to prevent rickets on improving general living conditions and diet. But the discovery of vitamin d spurred dozens of studies in the 1920s and 30s to understand the vitamin's role in preventing rickets and establishing standards for the potency and effectiveness of a growing number of competing vitamin-d products.

This talk will focus on a course of studies undertaken in the early 1930s by researchers at the University of Pennsylvania's School of Medicine. Pediatricians Milton Rapoport, John Stokes, Dorothy Whipple and others conducted both animal studies and clinical trials to test various forms of vitamin-d fortified milk. In the winter of 1934, they undertook an experiment with "twenty-three male negro infants" from the Children's Hospital. During the darkest months of the year, when any anti-rachitic benefit from sunshine would be at its lowest, the infants were given milk with no added vitamin d for a month; after that half were fed vitamin-d milk while the others continued with no vitamin-d supplementation. Rickets developed in the majority of children, allowing the researchers to compare the effectiveness of vitamin-d enriched evaporated milk.

The Philadelphia research program was funded by the Wisconsin Alumni Research Foundation, which held a patent for producing vitamin-d enriched milk, and took place more than a decade after New York physician Alfred Hess stirred up controversy with his rickets research employing African American children in that city's Hebrew Infant Asylum. This talk will frame the Philadelphia study in context with Hess's and two other human subject studies in Toronto and New Orleans, as well as the race to supply America's children with "the sunshine vitamin." What did researchers in Philadelphia know of Hess's studies, beyond his published results? Did anyone raise ethical objections to their experiments? How does this case add to the long history of medical experimentation on institutionalized or otherwise marginalized humans in the United States?

Learning Objectives:

To gain historical understanding of the history of human subject experimentation with institutionalized children

To learn the general history of early developments in the treatment of rickets with vitamin-d

To gain insight into the history of, and ongoing issues around defining diseases as racial in nature

Pleas for Relief: Narratives of Illness by 17th-Century Paupers

Olivia Weisser

Princeton University, Princeton, NJ, United States

Much of what we know about early modern patients' perceptions is based on studies of first-hand accounts in diaries and letters. While these sources are immensely valuable for capturing the views of sufferers, they are limited to those middling and upper-status patients who had the time and capacity to write. Using petitions, my paper recovers the voices and behaviors of the very poorest members of seventeenth-century English society. Disabled, ailing, and aged individuals commonly submitted petitions to the parish in seek of financial relief. Some requested a stipend or admittance to a charity hospital; others wrote with specific requests, such as funds to visit a healer. Although clerks often transcribed petitions, these terse, formulaic documents are perhaps the closest we have to first-hand accounts of illness by the seventeenth-century poor.

My exploratory study is based on over 200 petitions spanning 1630-1715 from the Somerset, Lancashire, and Essex Record Offices. I argue that these petitions reveal a particular kind of sick role, one in which paupers had to present themselves as suitably deserving and pitiable in order to secure support from the parish. Moreover, this framework of financial need compelled petitioners to relate their illnesses in material terms—as narratives of disability, immobility, and want that we rarely find in writing by upper-status patients. Petitions referred to claimants' lack of possessions as proof of their extraordinary need—"we were forced to sell the beds from under us"—and alluded to the fatal consequences if petitioners were to be denied aid. Similarly, petitioners qualified illness by its effects on their abilities to work and function. By providing a close analysis of pauper petitions, my paper offers valuable insights into the words and views of the seventeenth-century poor, but also illuminates what we gain and lose by studying patients' perceptions in diaries and letters. The nuanced narratives of illness recorded in personal writing and the terse formulations in petitions present starkly different accounts of illness and its ramifications—distinctions that highlight the conventions, intentions, and mediated nature of the sources themselves.

Learning Objectives:

To explore early modern patients' perceptions of illness

To examine the words and views of 17th-century paupers

To analyze how historical sources shape patients' narratives

Political Agents or Government Pawns? Health Activism among the Indians of Canada, 1904-1931

Jane Whalen

Wilfrid Laurier University, Waterloo, ON, Canada

In March 2010, data released by Health Canada revealed startling tuberculosis (TB) rates within Native communities: the rate among Indians was 31 times higher than that of non-Natives, and among the Inuit 186 times higher. For more than a century, Canada's Department of Indian Affairs (DIA) has supposedly been tackling this epidemic. So, why does this disease continue to wreak havoc in Native communities? This paper answers that question through an examination of the careers of two government-employed health workers—Dr. Peter Bryce and Dr. Russell Martin—who negotiated their complex responsibilities as medical doctors and civil servants to fight for equal access to medical care.

During Bryce's term as Canada's Chief Medical Officer, he routinely reported on the deplorable health conditions on Native reserves. Bryce's special reports on Native health at government-funded residential schools, found that 69% of ex-pupils were dead and that the almost invariable cause of death given was tuberculosis. After years of activism, Bryce was dismissed from his post in 1913 and the position of medical officer remained vacant until 1925. In 1929, Dr. Martin was one of four doctors hired by Ottawa to oversee medical services to the Inuit. After two years in Coppermine, Dr. Martin reported that 70% of the TB cases among the Copper Inuit could be cured with a sunlamp and isolation; he concluded that without these the race could die out in a few years. When his repeated telegrams requesting assistance were ignored, Dr. Martin left Coppermine in March of 1931 to plead his case to government officials. The result—funding was eliminated for his position and Ottawa assigned no medical personnel to Coppermine until sixteen years later.

Through an examination of government documents (DIA & Department of Health), civil service files, and mission hospital records, there are striking parallels revealed between Bryce and Martin's crusades: both fought government parsimony and neglect of Aboriginal communities; both were dismissed from their posts when they revealed the catastrophic rates of TB in Aboriginal communities; and both fought for social justice at a time when Native people were considered to be a 'dying race'. The remarkably high rates of TB in Native communities today remind us that forgetting these lessons of history will have grave political, socio-economic, and moral consequences.

Learning Objectives:

To increase knowledge of historical and contemporary Aboriginal health issues in Canada

To highlight the wealth of Canadian archival resources available on historical Aboriginal health issues

To gain feedback from conference participants about comparative aspects this research might have with historical and/or contemporary American Indian health issues

Charitable and Practical Medicine in Early Modern Europe: Marie de Maupeou Fouquet's *Recueil de recettes charitable*

Leigh Whaley

Acadia University, Wolfville, Nova Scotia, Canada

Compendia of medical recipes and self-help guides published at the time of the Catholic Reformation were intimately connected to a renewed dedication to charity and concern for the poor. French physicians and clerics, including Dr. Paul Dubé, author of “Le Médecin des Pauvres” (1669), and Dom Nicolas Alexandre, compiler of “La Médecine et la chirurgie des pauvres” (1714), provided the model for the rest of Europe.

Perhaps the most successful compiler of charitable medical works was neither a physician nor a man of cloth, but a devout Catholic lay woman and founding member of Vincent de Paul's Ladies of Charity, Marie de Maupeou Fouquet (1590-1681). Fouquet's “Recueil de recettes, choisies...” first published in 1675, became the fundamental vade mecum for every parish priest and nursing sister. Fouquet's “Recueil” would be re-issued in at least eighteen editions throughout the next hundred years. The book's preface stresses the pre-eminence of charity, because of “the continual action of doing good is the connection which unites all virtues to achieve perfection.”

This paper seeks to provide an introduction to Marie de Maupeou Fouquet's brand of medicine through an examination of her texts of medical receipts, with particular emphasis on the ailments under consideration, and the suggested cures. An outsider to the medical establishment, Madame Fouquet sought the assistance of a university trained physician, Dr. Delescure, educated at the University of Montpellier. This paper suggests that Fouquet's aim was to make medicine accessible to the less fortunate by providing affordable and simple cures based on readily available and inexpensive ingredients. It also suggests that folk or domestic medicine was not incompatible with scholarly medicine.

Fouquet's numerous anthologies of charitable and domestic medicine dealt with prevention, diagnosis and treatment. The collections, published in the vernacular rather than in Latin, remained in use in rural France until at least the middle of the 19th century. Eleven Spanish, fifteen Italian, four Portuguese and three German editions were published throughout the 17th and 18th centuries. These medical manuals were used by the Sisters of Charities who worked in hospitals for the poor in Europe.

Learning Objectives:

To gain an understanding of the relationship between charity, a renewed spirituality during the Catholic Reformation, and empirical medicine

To explore the role and importance of Fouquet's medical manuals in hospitals for the sick poor and in home care for the poor

To provide an analysis of Marie de Maupeou Fouquet's brand of medical care, which made health care accessible to the poor sick who were unable to afford treatment from a university trained physician

Imaging the Nurse: The Photographic Collection of the Philadelphia General Hospital School of Nursing

Jean Whelan, Heather Urkuski, Luba Polyak
University of Pennsylvania, Philadelphia, United States

Purpose: This case study uses the photographic collection of the Alumnae Association of the Philadelphia General Hospital School of Nursing (PGH) as primary source data to construct a narrative on the role of professional nursing in a major municipal institution by documenting and validating changes over time during the late 19th to 20th centuries.

Summary: Founded in 1885, the PGH School of Nursing was one of the largest hospital based schools of nursing operating in the United States from the late 19th to the mid-20th century. After its' closure in 1977, the Alumnae Association donated a collection totaling approximately 1400 photos to a major archival center. The collection, which is in excellent condition, features images of life in the school, wards and campus of the hospital for the years 1880 to the 1970s. The photos offer exceptional visual images of the activities in which nurses engaged, the buildings in which health care was delivered, and the individuals critical to the maintenance of the school and hospital. The breadth, depth, and scope of this collection, illuminating the daily life and work of not only nurses but many others in the hospital community, is vast, making it an historically important collection in the field of health care and nursing history.

Using a purposive sample of the photos, four main questions are addressed in this study: 1) How was professional nursing in PGH visually characterized and congruent with written historic documentation; 2) In what roles and activities did nurses engage and how are they portrayed in the photos; 3) What changes over time are discerned in hospital care in a complex tax supported institution; 4) What do the photos reveal about individuals, such as nurses and patients, often considered silent in historic records?

Conclusions: As few photographic analyses of nurses or nursing exist this study offers a unique opportunity to expand our understanding of the development of the profession. Images from the collection reveal the centrality of nurses to the operations of the hospital challenging previous analyses which placed nurses at the periphery of hospital care activities.

Learning Objectives:

To identify the roles professional nurses took in delivering care in a large municipal institution between the late 19th and mid 20th century

Identify the use of historic photographs as a unique data source to expand interpretation of historic events

To evaluate the importance of visual images to contribute to understanding the development of nursing and health care in the United States

'As if they had seen spooks': Canine Hysteria in the 1920s and 1930s

Michael Worboys

University of Manchester, Manchester, United Kingdom

In the 1920s veterinarians across the Western world reported a new condition in dog—'canine hysteria'. In the United States the condition was also known as 'fright disease'; as the animal seemed 'suddenly to have seen a ghost' and to rush away in a state of terror. By the mid-1940s, researchers had linked the condition to dietary factors and the increasingly popular cereal-based dog foods, and it is this context that histories of the episode have tended to be framed. In this paper, I go back to the early debates about the condition, when its nature and causes were the subject of much speculation by veterinarians, doctors and dog owners. Firstly, was the 'disease' a direct analogue of human hysteria caused by anxiety and stress? Was it possible that it was a reaction to long-term domestication, or to the new pet keeping practices of the twentieth century? Secondly, was it a variant of a well known disease: a form of rabies or a variant of epilepsy? Thirdly, some owners whose dogs showed symptoms worried that they had vaccine damaged dogs, suffering an adverse reaction of distemper or other new vaccines, and lastly, there were those, particularly doctors, who suspected a dietary cause. The earliest treatment recommended in the *Lancet* was quite eclectic: rest and quiet, nerve sedatives, and removal of cereal from the diet. The paper will explore interactions between the many professional and lay groups who had an interest in canine hysteria, and the difficulty in agreeing its nature, let alone the cause or cure.

Learning Objectives:

To demonstrate the interactions between human medicine and animal medicine

To situate the debates about canine distemper in the context of changing medical ideas of the nature and management of mental diseases in the inter-war period

To reflect on the methodological issues of researching and writing animal medicine and differences/similarities with the history of human medicine

The International Health Station in Jerusalem: Colonial Medicine and Public Health Campaigns in the First Half of the 20th Century

Rakefet Zalashik

Temple University, Philadelphia, PA, United States

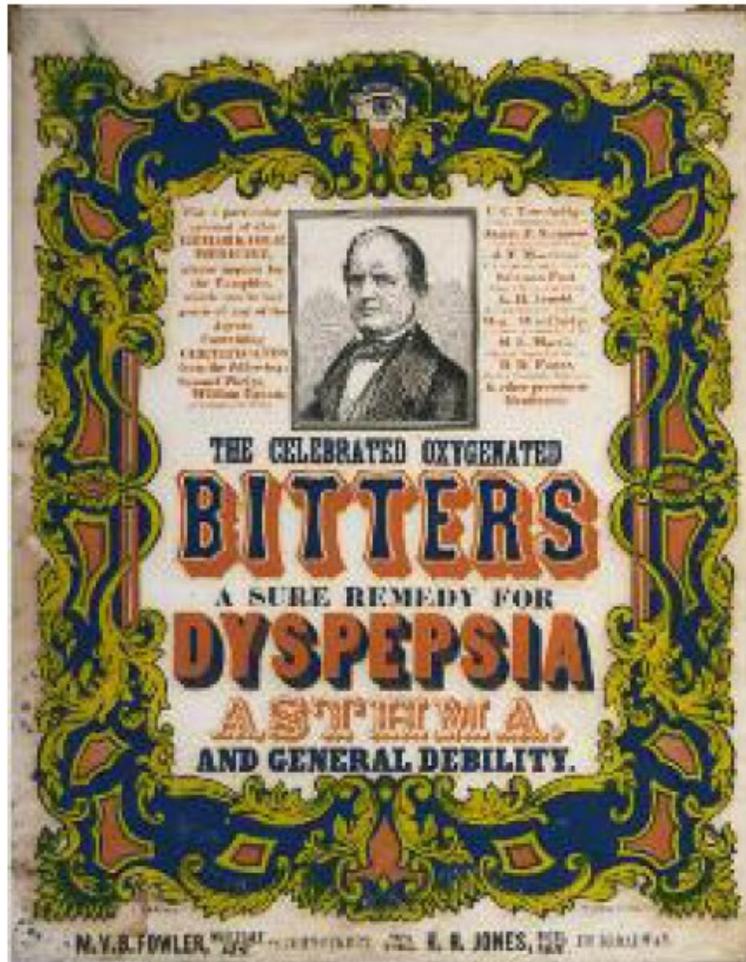
Many infectious diseases, both endemic and epidemic, were very common in Palestine. Nevertheless, at the turn of the 20th century because there were no local vaccines available or developed medical facilities, locals had to travel to Cairo or Constantinople, risking their lives during the long journey. This has changed with the establishment of the international health station in Jerusalem in 1913 when European agents such as German scientists, Zionist physicians and later Mandatory British public health officers, became involved in the local production of anti-rabies, cholera and smallpox vaccinations as well as introducing anti-malaria campaigns. In this paper, I explore the import, adaptation and application of new scientific knowledge on common infectious diseases in a geographical area that was conceived by the Western medical contemporaries as a “tropical” country, during the last years of the Ottoman rule through the British Mandate on Palestine. Although these medical activities were developed due to public health necessity, I argue that they also played a political role in the framework of the Zionist project and more broadly in the local colonial context. In addition, I show how new ways of knowledge production as well as new epistemological, medical and managerial practices present in Palestine after World War I changed public health activities which developed prior to the war.

Learning Objectives:

To analyze anti-Rabies campaigns in Palestine

To evaluate the influence of Western medicine on local population on Palestine

To analyze the cooperation between Zionist bodies and Western agencies regarding anti-Rabies campaigns



THE CELEBRATED OXYGENATED BITTERS, c. 1846–47 ANONYMOUS (AMERICAN, ACTIVE 1840-50); PRINTED COURTESY OF THE WILLIAM H. HELFAND COLLECTION, PHILADELPHIA MUSEUM OF ART

Future AAHM Meeting Sites

2012: Baltimore, Maryland

April 26 - April 29

Local Arrangements Chair:

Randall Packard

2013: Atlanta, Georgia

May 16 - May 19

Local Arrangements Chair:

Howard Kushner

