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## Paper and Poster Abstracts

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Session: H5 Medical History in the Medical Education: New (and Old Solutions to an Old Problem). A Panel Discussion for the American Association for the History of Medicine and the American Osler Society

**AAHM/AOS Joint Session 1**

*Medical History in the Medical Education: New (and Old Solutions to an Old Problem). A Panel Discussion for the American Association for the History of Medicine and the American Osler Society*

Speakers: Jacalyn Duffin, Queens University; John Harley Warner, Yale University; David Jones, Harvard University; and Kenneth Ludmerer, Washington University in St. Louis. Chair: Jeremy Greene, Johns Hopkins University

Abstract: Many members of both the American Association for the History of Medicine and the American Osler Society teach medical students and trainees, and they share a strong interest in the role of history in medical education. This joint session will consider the evolving history of justifications and methods for bringing history into medical education, present recent collaborative efforts by historians to articulate the utility of history in medicine (such as the Clio Project), and invite discussion regarding how to advance these goals. History can complement the aim to instill professionalism and other competencies, as they have been promoted by organizations like the Association of American Medical Colleges and the Royal College of Physicians and Surgeons of Canada.

Objectives: The main objective of this session is to stimulate enduring discussion and ongoing strategizing among members of both groups about how to promote this agenda within our own schools, hospitals, medical systems, and nations.

Session: I5 The Origins and Evolution of Informed Consent: A Half-Century of Deliberation. A Panel Discussion for the American Association for the History of Medicine and the American Osler Society

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**AAHM/AOS Joint Session 2**

*The Origins and Evolution of Informed Consent: A Half-Century of Deliberation. A Panel Discussion for the American Association for the History of Medicine and the American Osler Society*

Speakers: Susan Lederer, University of Wisconsin; Laura Stark, Vanderbilt University Chair: Sarah Tracy, University of Oklahoma

Abstract: Many members of both the American Association for the History of Medicine and the American Osler Society teach students about the ethics of clinical research. Some conduct research that involves human subjects. Most are aware of the canonical status of Henry K. Beecher's 1966 New England Journal of Medicine article "Ethics and Clinical Research" in this

field. This joint session offers two fresh perspectives on Beecher's seminal article. Susan Lederer considers the 28 cases left out of Beecher's NEJM 1966 essay, which originally contained 50 rather than 22 cases. Lederer discusses what was lost through these editorial cuts and why they were made. Laura Stark examines the initial, often critical, responses to "Ethics and Clinical Research," and the process through which Beecher's essay became a part of the canon of clinical research ethics. She also explores the ways in which regulatory policies over the decades to come pushed beyond and even against Beecher's original agenda.

Objectives: The main objective of this session is to revisit Beecher's important NEJM article on the occasion of its 50th anniversary to consider both its origins and evolution as a canonical publication in clinical research ethics.

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Session: G1 Race, Civil Rights, and Health Care in the 20th-Century United States

**Adler, Jessica**

Florida International University, Miami, FL

*I never did feel quite well again: African American veterans and health care in the Great War era*

Abstract: This paper examines how African American soldiers and veterans experienced federally sponsored health care during and after the Great War, and how plans for both military and civilian hospitals were complicated by questions about race. At the outset of war, army policy prioritized efficiency, and dictated that black soldiers (approximately nine percent of those serving in the wartime army) would be treated alongside their white counterparts according to ailment. But, in the face of rising social tensions, there were plenty of exceptions to the rule, and segregation was regularly practiced in military hospitals. After the war, many African American veterans faced insurmountable barriers as they attempted to access government sponsored care, which could foster deep feelings of betrayal and lead to negative health outcomes. The story of African Americans' experiences in army and veterans' hospitals showcases the complexity of managing the health fallout of war. More specifically, it highlights the challenges and paradoxes inherent in offering veterans' entitlements in the era of Jim Crow. Analyses of complaints filed with the Army Inspector General, federal agencies, and African American advocacy organizations, as well as congressional testimony, government reports, and articles from African American newspapers reveal how military and federal policies have been interpreted, adapted, implemented, and experienced – and how seemingly universal entitlements may, in fact, be conditional and limited.

The paper focuses on an important moment in the history of health policy. The establishment of the Veterans' Bureau and the first veterans' hospitals in 1921 serves not only as an often overlooked symbol of the mass acceptance of hospitals as ideal sites of care, but also as the initiation of what has become the largest integrated health care system in the United States. All veterans in the early 1920s ostensibly had access to new and diverse entitlements. The struggles of black veterans highlight how one sect of a larger cadre of former service members

vigorously demanded that the government fulfill its increasingly expansive health care obligations.

Keywords:

Hospitals, health policy, health care, war, veterans, African Americans

Objectives:

1. Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations).
2. Acquire a historically nuanced understanding of the organization of the U.S. healthcare system, and of other national health care systems.
3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: A1 Doctors Beyond Borders: Immigrant MDs in North America in the 20th Century

**Alam, Eram**

University of Pennsylvania, Philadelphia, PA

*First Contact: Foreign Medical Graduates Enter the American Healthcare System*

Abstract: In 1965, facing a major doctor shortage in the wake of Medicare and Medicaid expansions, Congress passed legislation to expedite the migration of skilled professionals to the US. Foreign Medical Graduates (FMGs), from predominantly postcolonial Asian nations, were amongst the largest groups of immigrants to enter. This “exceptionally” qualified medical workforce was granted legal citizenship in exchange for medical labor and comprised a third to a half of the practicing physicians in the US during the 1960s and 1970s. Drawing from oral histories and published medical literature, I use the clinical space as a site to explore how a South Asian physician in a white coat complicates normative constructions of expertise, credibility, and authority. Although FMGs held a privileged position due to their professional skills, there remained strong discriminatory attitudes towards these “snake charming” physicians, which affected their daily practice and professional prospects. For FMGs, two sets of social interactions were particularly salient: their dealings with their colleagues and their contact with patients. Despite holding the same professional status as their US educated counterparts, FMGs self-reported on the need to outperform in all metrics of clinical knowledge and practice in order to simply receive satisfactory evaluations. And during clinical encounters, FMGs developed particular strategies and techniques to navigate their American cultural naiveté, while maintaining their medical authority and professionalism. In spite of these hardships, FMGs acquired clinical skills and knowledge that allowed them to leverage their training into economic, spatial, and symbolic mobility. I argue that the possibilities afforded FMGs are related to the whitening power of expertise, and it is this process that has allowed South Asian physicians to lose their foreignness and become part of a positive cultural trope in contemporary American society. These non-white elite laborers provide a unique vantage point to explore professionalization as an important axis of racial formation in the United States.

Objectives:

1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.
2. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.
3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: A4 Negotiating Medical Knowledge: Midwives' Tales

**Amster, Ellen**

McMaster University, Ontario, Canada

*The Muslim Midwife: Birth as Medical Knowledge, Mediation, and the Constitution of the Political Subject in French Morocco*

Abstract: What is at political stake in birth? Control over birth is not only control over population, but how a new person becomes a political, legal, and social being. No wonder that the efforts by the republic of France to colonize the Islamic sultanate of Morocco (1912-1956) should become a battle over birth itself.

Traditional Muslim midwives mediated between Galenic, Islamic, and biomedical knowledge, a medical authority that Islamic law courts, state institutions, and physicians of the "high" philosophical medical tradition recognized. In the early protectorate period, Moroccan women enjoyed superior medical authority to French doctors--women diagnosed sickness, selected healers, prepared remedies, delivered babies, and provided medical testimony to Islamic law courts. To access the secluded Muslim woman, French medicine changed genders and recruited French women to act as its medical intermediaries. The pioneer in Muslim women's health, Dr. Francoise Legey, created the first maternity clinic for native women in 1927.

When the French Protectorate state finally created maternal and infant health programs (PMI) on any scale for Moroccans (1948), it was to prevent nationalist revolution. Sociologist Robert Montagne argued that the Muslim patriarchal family was disintegrating and France could avoid revolution by acting as father to the new Muslim proletariat. The French extended the colonial welfare state. In Morocco, PMI (Protection maternel et infantile) was intended to destroy the Muslim "mentalité," replace the midwife ("qabla") with a French-trained attendant ("muwallida") and refashion Moroccans into rational workers ready for colonial industry. However, as Bruno Latour argues, medicine has its own logics that can operate beyond state ideology; midwifery practitioners and forms of knowledge have endured the rise and fall of colonial regimes.

The sources for this research are Islamic medical manuscripts, interviews conducted in Morocco 1998-2000 with midwives, physicians, nurses, and patients, French colonial archives, French medical journals, French medical monographs, and colonial medical ethnography. The project adds the Muslim midwife to histories of European and non-Western midwifery, engages

colonial medicine and public health histories, and introduces historians of medicine to Islamic medical history and cultural attitudes to health and illness.

- Objectives:
1. Understand the dynamic history of medical ideas and practices, and their implications for patients and health care providers, through understanding the history of birth and midwifery among Islamic populations.
  2. Recognize the dynamic relationship between medicine and society through history.
  3. Recognize colonial history as a determinant of health.

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Session: B5 From Vitalism to Vitality

**Anders, Eli**

Johns Hopkins University, Baltimore, MD

*“So delightful a temporary home”: The Material Culture of Domesticity in English Convalescent Homes*

**Abstract:** This paper examines the material culture of domesticity that shaped experiences of institutionalized convalescence in late nineteenth-century England. Though they have received scant attention from historians of medicine, hundreds of convalescent homes were established during this period for working-class patients to recover from surgeries and hospital stays. Convalescent homes drew on powerful Victorian ideas about the physical and moral benefits of domestic comfort; providing a comfortable, “home-like” environment—contra the highly regulated “institutional” environment of hospitals or the degrading surroundings of urban slums—was key to both their justification and appeal. Cheerful environs for rest; domestic spaces such as sitting rooms, libraries, and private bedrooms for reflection and relaxation; and recreational spaces for play and exercise were thought to be both essential to recovery and to have an uplifting influence on the urban poor.

Using administrative records, press accounts, photographs, and patient letters, I show how convalescent homes cultivated “home-like” environments through architecture, interior decoration, and the behavioral expectations, rituals, and routines they envisaged for their patients. I build on recent scholarship examining the material culture of therapeutic spaces, including the work of Jane Hamlett, who has unpacked the myriad vocabularies of domesticity found in nineteenth-century asylums, boarding houses, and schools. I argue that convalescent homes drew on heterogeneous models of domesticity: the grand architecture of hotels and genteel country estates, the possession-packed and functionally divided spaces of middle-class homes, and the recreational spaces of male social clubs. Nevertheless, they shared a common understanding of the power of domestic spaces, practices, and behaviors, not only in supporting the recovery and wellbeing of convalescent patients, but also in controlling and “civilizing” working-class inmates whose deficient home situations put them at risk of social, moral, and spiritual ruin. The material culture and practices of domesticity deployed in convalescent homes—partially superintended private spaces, the rituals of communal dining

and games, and the moral value of domestic decorations—encouraged reflection, self-improvement, and self control. These qualities were essential to what Patrick Joyce calls “liberal subjectivity”—the cultivation of restrained, properly conducted, and self-governing citizens.

Objectives:

1. Understand the role of distinct therapeutic spaces in influencing patients’ experiences of care and recovery.
2. Develop an appreciation for the historical role of convalescent treatment as an adjunct to hospital care.
3. Recognize the interrelationship between medical thought and material culture.

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Session: A6 Sex, Morality, and Medicine: The Role of the Physician in Progressive Era Reproductive Politics

**Ansley, Laura**

College of William and Mary, Williamsburg, VA

*"Confidences": Women Physicians and Sex Education in the American Progressive Era*

Abstract: At the turn of the twentieth century, Americans looked for medical knowledge in a new genre of self-help advice literature: sex education for children. Most histories of sex education have focused on school-based education, but the publications analyzed in this paper provided information to children before sex education entered school curricula. They show how sex education became an important facet in the broad discussions of sexual reform in the Progressive era in middle- and upper-class white communities. Women physicians played a vital role in the development of this publishing field, with doctors like Mary Wood-Allen, Edith B. Lowry, and Mary G. Hood writing books and pamphlets that could be put into the hands of children to answer their questions about puberty, sexuality, and venereal diseases.

Sex education in this period encompassed a variety of topics and information dependent on the intended audience’s age (from prepubescent through older adolescent), gender, and whether the book was meant to be read by parents, children, or together. These texts integrated morality with scientific facts and their reception shows that a woman physician was viewed as perfectly situated to educate children: she could combine the latest medical knowledge of puberty and reproduction with a woman’s “natural” understanding of children and how to communicate with them. In particular, women physicians were often seen as the best authorities to educate girls and young women about such topics, reflecting how they were often limited in their medical careers to medical specialties treating women and children. If a parent felt unqualified or unwilling to discuss these topics with their children, the next best thing could be handing a book to them containing the trusted authority of a woman physician. Many Americans worried that providing information about sexuality to children and adolescents would lead to experimentation or perverse curiosity, but sex educators argued that only through this education could they combat high rates of venereal disease and sexual

immorality. These early twentieth-century female authors pioneered ways of balancing science and morality, something sex educators still struggle with today.

Key words: sexuality, education, childhood

Objectives:

1. Understand the relationship between medicine and society through recognizing the influence of medicine on ideas of sexuality in the past.
2. Develop the capacity to think critically about gender in the medical profession
3. Reflect on the development of sex education for American children in the early twentieth century.

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Session: A6 Sex, Morality, and Medicine: The Role of the Physician in Progressive Era Reproductive Politics

**Antonovich, Jacqueline**

University of Michigan, Ann Arbor, MI

*Female Physician or Doctress?: Women Healers and Abortion in Progressive-Era Denver.*

Abstract: In the summer of 1902, Dr. Sarah Hosford found herself on trial for the murder of 10-year-old Martha Chapman. Prosecutors accused the Denver physician of performing a “criminal operation” on Chapman, which resulted in the tragic death of the young girl. Although Denver had become known as the epicenter of abortion on the frontier – a city full of what one newspaper called “criminal operation female physicians” – the trial of Dr. Hosford differed in that the young practitioner was not typical of women often accused of performing abortions during this period. Hosford was neither midwife nor amateur “doctress,” but rather a graduate of the prestigious University of Colorado Medical School and a respected lady physician of the city.

Dr. Hosford’s trial and subsequent acquittal highlight how women physicians, midwives, and female alternative healers experienced gendered tensions over medicine amidst the evolving professional landscape for medical practitioners at the turn of the century. Scholars have previously argued that women physicians made deliberate efforts to distance themselves from midwives and amateur healers by taking a firm stand against abortion in order to gain medical legitimacy within the profession. This paper will examine how the developing urban frontier of Denver, Colorado became a particularly important site for these tensions. The unusually high percentage of women physicians in the city, paired with the region’s reputation as the “wickedest place on the frontier,” created an environment where suspicions of women’s roles in the illegal world of “criminal operations” contrasted starkly with the increasing participation of women physicians in formal politics and public health activism.



This paper will demonstrate how the urban American West played an integral role in the debates surrounding abortion, women's sexuality, and the role of the female physician in the United States, while also considering the ways in which women physicians themselves participated in the "violence" inherent in the settling of the West through the persecution of women healers, as well as the control and surveillance of women's bodies and their reproductive choices.

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.  
2. Identify successes and failures in the history of medical professionalism.  
3. Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations).

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Session: C6 Evolving as Necessity Dictates: Home and Public Health in 19th and 20th Centuries

**Apple, Rima**

University of Wisconsin, Madison, WI

*"Persuasive and educational powers": Health visitors in 19th-century Manchester*

Abstract: Most historical accounts of modern public-health services begin in Manchester, analyzing the male leadership of governmental agencies and of civic organizations such as the Manchester and Salford Sanitary Association (MSSA), a focus that obscures the critical, innovative work of women, particularly the women of the Ladies Sanitary Association (LSA) and of the Jewish Ladies Sanitary Association (JLSA). To improve the urban blight of industrial Manchester, the MSSA offered lectures and delivered tracts designed to teach the poor how to improve their lives. Middle- and upper-class women, consciously reflecting the gender roles of Victorian society, recognized the limitations of this approach. More pragmatically, they decided to teach by example by employing working-class women as Health Visitors (HV). HVs lived in the poorer districts of the city. They regularly visited residents: demonstrating white-washing; distributing carbolic soap and explaining its importance; bringing contemporary concepts of health into the homes. Over the decades, they added nutrition and cooking lessons and information on infant feeding and child care. Women's groups in other regions of England introduced health visiting into their communities and governmental agencies began to pay the salaries of HVs, incorporating them into formal public health institutions.

Though the health visitor today is different, still the central tenet of health visiting envisioned by the creative women of the LSA and the JLSA remains--public health work within the domestic setting. Yet their innovative role in 19th-century public health is rarely recognized or acknowledged. Their absence from the historical record has resulted from a combination of social, cultural, and professional factors. Using the annual reports of the organizations, contemporary news articles, and Parliamentary Papers, analyzed in light of secondary literature on the history of public health, of gender roles in Victorian society, and of industrialization in

Manchester, this paper describes the activities of the women behind the first health visiting scheme. It reflects on how contemporary opinions about gender shaped their ideas about public health and influenced the reception of their unique program. It elucidates the obstacles they faced and also offers reasons that their 19th-century accomplishments have been so ignored.

Objectives: 1. Understand the dynamic history of medical practices, through identifying the factors that contributed to the success of the health visitor program.  
2. Describe the manner in which gendered roles shaped public health innovations in the 19th century.  
3. Explicate how changing administrative, social, and political structures influenced the direction of public health efforts.

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Session: A3 Cancer and its Origins

**Arnold-Forster, Agnes**

King's College London, London, England, UK

*"The Tyranny Which Germ Theory May Exercise": Contagion and the Causes of Cancer in the Nineteenth Century*

Abstract: The turn of the twentieth century witnessed wide-scale anxiety over a perceived increase in the incidence of cancer. In 1907 'The New York Time' wrote, "The cancer problem is assuming more and more menacing proportions...we are doing nothing to hold cancer in check as a cause of mortality." Responses to this new "cancer problem" were diverse and travelled across the Atlantic, preoccupying the minds of medical men in both Britain and the United States. Theorists suggested various reasons for the increase, and many settled on idea that cancer might be transmissible from person to person – that it might be an epidemic disease. In 2007 Michael Worboys and Flurin Condrau waded briefly into a debate over whether cancer was considered contagious in the nineteenth century. They cite a single reference in Worboy's 'Spreading Germs', which "makes it clear that the notion had very few supporters and was anyway short-lived." This paper offers a rebuttal, suggesting that the question of whether cancer was contagious was subject to extensive debate in various medical circles, and as Graham Mooney claimed "a worry amongst the general public."

Using a close analysis of primary source material – medical tracts, treatises and periodicals, private correspondence, domestic medicine manuals, and household encyclopedias – a variety of conclusions can be drawn from this controversy. There is ample evidence to suggest that the debate about cancer and contagion filtered through many layers of late-nineteenth- and early-twentieth-century society: informing lay understandings of the disease, complicating professional conceptions, and pointing to a newly-visible relation between the two. Not only do the narratives around cancer suggest that there were multiple "germ theories" operating simultaneously, they also attest to how malleable conceptions of contagion and infection were.

Finally, the paper will demonstrate that to understand cancer discourse in this period historians will require an alternative understanding of what contagion meant to nineteenth-century actors, as well as a reassessment of the hold germ theory exerted over both professional and lay imaginations.

Objectives: 1. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Promote tolerance for the ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.

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Session: D2 Uncovering Biomedical Objects, Designs, and Diseases

**Asen, Daniel**

Rutgers University - Newark, Newark, NJ

*Are Fingerprint Patterns Genetically Inherited? The History of a Transnational Research Problem*

Abstract: Since its late 19th-century inception, fingerprint identification has seen use throughout the globe. The 20th century also witnessed the growth and decline of interest among scientific researchers in using the fingerprint patterns of individuals and groups to study mechanisms of human heredity, investigate "racial" populations and their historical origins, and diagnose Down syndrome and other congenital disorders. "Dermatoglyphics," a term coined by American anatomists Harold Cummins and Charles Midlo in 1926, is the name of the discipline which addresses these concerns. This paper examines the history of post-WWII research into one of the most elusive problems in dermatoglyphics: how fingerprint patterns and their component parts are genetically inherited. It focuses on the development of two roughly contemporary approaches: a theory of fingerprint-pattern (arch, loop, whorl) inheritance developed by Japanese medico-legal researcher Matsukura Toyoji during the 1950s, and an approach focusing on the quantitative count of fingerprint ridges as the object of inheritance, elaborated by geneticist Sarah B. Holt.

Through a study of research articles and monographs, this paper investigates the process through which these approaches were developed, their subsequent impact, and the broader context of research in dermatoglyphics, a discipline about which surprisingly little historical scholarship has been written. The research programs of Matsukura and Holt reflected a broader ambition among researchers to establish fingerprints as a source of genetic evidence for use in clinical and medico-legal applications such as twin diagnosis and paternity testing. In subsequent iterations of dermatoglyphics research, however, the search for genetic mechanisms would prove to be a research problem of questionable validity and ambivalent value, a point which reveals a deeper tension in the history of this discipline. While researchers since Francis Galton have appealed to the partially inherited nature of fingerprint patterns to justify the pursuit of scientific investigations, the most successful anthropological and medical

applications of dermatoglyphics have relied on empirical procedures of comparison and correlation, not a theoretical understanding of underlying mechanisms of inheritance. This paper thus tells a story about the building of genetic knowledge in a field of the life sciences long defined by high ambitions and epistemic ambiguities.

Objectives: 1. Identify successes and failures in the history of medical professionalism.  
2. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
3. Understand the important role which transnational connections and networks have played in the development of modern medical knowledge and practice.

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Session: I1 The Dangers of Everyday Life: Framing Risk and Safety in the United States

**Bachynski, Kathleen**

Columbia University Mailman School of Public Health, New York, NY

*“The Duty of Their Elders” – Doctors, Coaches, and the Framing of Youth Football’s Health Risks, 1945-1965*

Abstract: “He is somewhere between 8 and 14, and he wants to play football. In fact, he is playing football. Is it good for him?” opened a 1955 article in the “Chicago Daily Tribune.” With the end of World War II, youth football surged in the context of increasing prosperity, high school attendance, and suburbanization. Both doctors and football coaches were in particularly important positions to influence public perceptions of the risks of youth football. In fact, there was significant overlap between these two groups. Many doctors who conducted early research into football injuries were also involved in supervising the sport, either as coaches, team physicians, or parents. As the fields of injury prevention and sports medicine developed as sub-specialties, the issue of athletic injuries became increasingly visible. The tension between promoting football and studying its risks influenced the ways many doctors conceived of the sport’s dangers and constrained the solutions they proposed.

Using the methods of social and cultural history, and drawing on medical and educational literature, athletic journals, and newspaper accounts, this presentation will examine how doctors and coaches each sought to establish their authority on matters of youth football safety. The presentation will further examine the strategies doctors and coaches also proposed for making the game safer. Protective equipment featured prominently as a key safety strategy, while medical advice to prevent football injuries frequently focused on adult supervision. Such advice included recommending medical supervision in the form of physical exams and the availability of athletic trainers or physicians to youth teams, as well as the involvement of football coaches and parents to supervise youth. This emphasis on adult supervision necessarily contained an element of self-interest: doctors and coaches argued for expanding the role of doctors and coaches. Yet by the mid-1960s, debates among physicians and coaches over the health risks of youth football would increasingly highlight the inadequacy of existing data and of

protective equipment. These concerns, in turn, would influence the broader development of sports medicine and efforts to "save football" in the face of health risks.

Objectives: 1. Deepen understanding of the history of injury epidemiology and sports medicine.  
2. Recognize the dynamic interrelationship between sports medicine and society through history.  
3. Develop the capacity for critical thinking about the nature, ends and limits of sports medicine.

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Session: C3 Medical Ethics in the Courtroom

**Baker, Robert**

Union College, Schenectady

*Confidentiality and Privilege in American Codes of Medical Ethics*

*Key Words: Confidentiality, Privilege, Breach*

Abstract: The federal government formalized American expectations for confidentiality in health care contexts in the 1996 Health Insurance Portability and Accountability Act (HIPPA). These expectations contrast strikingly with the ambivalent attitude towards confidentiality and privilege that American medical culture inherited from its British motherland. This break was formalized in 1823 when both the Medical Society of the State of New York (MSSNY) and a semi-secret medical-scientific society of Philadelphians, the Kappa Lambda Society of Hippocrates (KL), published the first American codes of medical ethics. These codes both affirm a physician's duty of confidentiality, but the New Yorkers went further than the Philadelphians, asserting that, just like confessions to a Catholic priest, "...the business of a physician and surgeon should always be considered of a confidential nature. Even secrecy in certain circumstances...is the privilege, and inviolable even in a court of justice."

Drawing on medical society records and related materials in the libraries of the College of Physicians of Philadelphia and the New York Academy of Medicine this presentation explores the factors that led these two quite different medical societies to reassert a medical duty of confidentiality and, in the case of the MSSNY, to assert a claim of privilege. In 1855 the American Medical Association's (AMA's) Code of Medical Ethics (enacted in 1847) supplanted the KL and MSSNY codes. Like its precursors, the AMA code asserted both a duty of medical confidentiality and a claim of privilege. Since some historians of medicine contend that such medical society codes are primarily public relations vehicles, I will discuss the use of the code to censure an eminent physician, J. Marion Sims, for breaching patient confidentiality. This study of confidentiality and privilege terminates with the AMA's 1912 version of its code of ethics, in which, reacting to the case Mary Mallon (aka "Typhoid Mary") and to a request from the American Public Health Association, the AMA revised its section on confidentiality and privilege to include a discussion of conditions for breaching confidentiality. Following this precedent,

thereafter American medical societies characteristically incorporated discussions of the conditions justifying breaching confidentiality in their codes of medical ethics.

- Objectives:
1. Understand the dynamic history of the concept of confidentiality and its implications for patients and health care providers.
  2. Understand the dynamic history of privilege, and its implications for patients and health care providers.
  3. Understand better the historical events that lead health care providers to recognize that in certain contexts it is morally permissible and possibly mandatory to breach patient confidentiality.

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Session: D4 Surgical Practice and Experience

**Barr, Justin**

Duke University, Durham, NC

*Once You Pop, You Can't Stop (Bleeding): Aortic Aneurysms and their Management from the 18th to the 21st Century*

Abstract: Aortic aneurysms – or balloon-like dilations of the largest blood vessel in the body – represent an acute threat to the life of a patient, a threat that physicians have recognized and struggled to treat for centuries. With aneurysms an identifiable pathology whose rupture is both unpredictable and fatal, they commanded disproportionate attention in the medical literature. This paper explores the development of interventions physicians and surgeons have deployed to treat this disease. Rather than a linear progression – indeed, current management owes little to its predecessors – the story instead represents a series of mostly unsuccessful yet highly innovative therapeutic efforts. Viewed over time, aortic aneurysms become a sampling device for revealing how shifting therapeutic strategies sought to harness broader transformations in physiological knowledge, technological innovation, and surgical technique to manage one specific problem.

Treatment of aortic aneurysms began in the 18th century. Applying recent research on circulation and blood coagulation to the problem, leading physicians like René Laennec and Antonio Valsalva devised whole-body fasting and bleeding regimens to prevent rupture. Surgeons, following John Hunter's success in ligating arteries for peripheral aneurysms, attempted analogous operations on the aorta, but even leading surgeons like Astley Cooper and William Halsted met with disastrous results. Others tried various methods of creating intra-luminal clots, including applying new technologies like electricity and plastic. Vessel repair techniques, developed by Alexis Carrel and others, eventually provided a reliably effective treatment. In the last couple of decades, the field has adopted to the minimally invasive approaches that increasingly define surgery and developed endovascular operations through small groin incisions. The successful 2005 Congressional campaign to fund screening for aortic

aneurysms brought the disease national attention – and highlights current confidence in curing the condition.

Ignored in the historical literature, this topic receives only superficial coverage in surgical journals. Drawing on a wide variety of published and unpublished sources, my paper not only elucidates the development of specific treatments for aortic aneurysms but also more broadly addresses how medicine and surgery apply the knowledge and technology available in particular eras to treat a specific, identifiable, and lethal disease.

Objectives: 1) By the end of this activity, the learner will develop the capacity for critical thinking about the nature, ends, and limits of medicine. 2) By the end of this activity, the learner will identify successes and failures in the history of medical/surgical management. 3) By the end of this activity, the learner will understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.

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Session: B4 Managing the Health of Nations

**Bertens, Roland**

Utrecht University/University Medical Center, Utrecht, The Netherlands

*“Health Care is not a Marketplace!” Or is It? The Dutch Case of Health Care Reform 1960-2006”*

Abstract: The story of governing health care after the Second World War is in large part the story of governing costs in health care. This goes for most of the Western world, and the Netherlands is no exception to this rule. Here, attempts of the state to deal with an aging population, new medical technologies and medicalization have, in only half a century, led it past policies pushing for the profession’s self-regulation, state intervention, and ultimately, the introduction of the market. Novel research has pointed out that these policies, instead of anticipating them, more often played catch-up to important changes in the field. On this view the introduction of the market in 2006 should be seen more as a measure of last resort than as a thought-through attempt to put health care on a new footing.

This paper focuses on the developments pushing the unlikely move to market. What financial, political and ideological obstacles were encountered on the rocky road to health care reform? Key factors causing this merry-go-round of reconfigurations were the inability of government to break through the typically Dutch ‘corporatist’ structure of health insurers, care providers and governing bodies, as well as the near-universal health insurance scheme introduced in the 1960s. In the face of rising costs, government would soon come to learn that rights, once granted, are not easily taken away.

This paper addresses these changes, in the process highlighting some of the themes of my PhD project on the rise of health care legislation and government regulation in the Dutch post-war era. In doing so, it opens up discussion on the extent to which health care reform is uniquely

bound to time and place or if, instead, it has more of a mix-and-match character. The Dutch case makes for an interesting focal point, going from a Bismarckian system in the 1940s to a system resembling the NHS in the 1960s and finally to an (American-inspired) market system. So what cultural, political and social elements - historically unique to different welfare states - allow or inhibit the crossing over of ideas on how to organize health care?

Objectives: 1. Understand the dynamic history of medical ideas and practices through gaining insight into the 'Dutch case' of dealing with the burgeoning post-war health care system.  
2. Use this insight to reflect on the meaning of concepts such as 'governance', 'market', and 'self-regulation' in contemporary medicine.  
3. Gain a historical understanding of the contemporary problems of solidarity versus cost control in health care.

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Session: A3 Cancer and its Origins

**Blibo, Frank**

Harvard University, Cambridge, MA

*The Tumored Nerves of Africa: The Yearning for Neuro-Oncological Modernity in (In)dependent African States, Using Nigeria as a Case Study, 1962-1993*

Abstract: From the second-half of the twentieth-century onwards, Africa's neurological landscape remained in obscurity. In the minds of some Euro-American scientists, the continent is too primitive to have such chronic diseases as neurological diseases. Although, Africa has many neurological diseases, Micheal Gelfand, a western researcher claimed that the African brain was immune to intracranial neoplasms. His judgment, like those of others namely Michael Simpkins, Anne Lowe, Malcolm MacGregor, Colin Froman and Robert Lipschitz were not only mistaken but also based on alleged biological difference between Africans and Europeans/Americans. This misguided assumption would lead the then World Bank President Lewis T. Preston in 1993 to say African governments should not invest in high technology intensive care treatment.

Local actors, however, had their own views. Between the 1960s and 1990s, neurologists and neurosurgeons in Africa took matters into their own hands and transformed neurological diseases from invisibility to visibility. They organized community epidemiological studies; carried out autopsy studies; and convened neurological conferences, first in 1966, second in 1970, and third in 1972 to make the case for the existence of neurological diseases in Africa. Their efforts showed that various tumors of the nervous system including meningiomas and gliomas have long existed in Africa.

Based on an analysis of African medical journals, medical reports, and memoirs, this paper documents the emergence of neuro-oncology in one African country, Nigeria during the period 1962 and 1993. Neuro-oncological practice involving neurosurgery and radiotherapy began in



this West African State in 1962, when the Rockefeller Foundation sponsored an academic facility for E. Latunde Odeku at the University College Hospital (UCH) Ibadan. Similar programs emerged in 1968 at the Lagos University Teaching Hospital and in 1974 at the University of Nigerian Teaching Hospital Enugu in 1974. Taking modernity as both a process and a yearning, the paper suggests that the building of a new neuro-oncological specialty in the newly independent African States came to be seen as a quintessentially building block for a new modern, developed, and mature democratic nation.

Objectives: 1. Deepen understanding of illness and suffering through appreciating that chronic diseases such as neurological diseases and cancer know no color line, with no biological difference in disease between groups.  
2. Recognize the dynamic interrelationship between medicine and society through history through examining the degree to which the history of global health has been dominated by western officials who decide what is an appropriate health care for developing countries.  
3. Understand that irrespective of what western health officials thought of Africa, the continent has experienced its own epidemiological trajectory that differed from the usual Euro-American narrative of epidemiological transition.

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Session: A2 Global Connections in the History of Pre-Modern Pharmacology

**Boeck, Barbara**

Institute for Languages and Cultures of the Mediterranean and Near East (CSIC), Madrid, Spain  
*On the Use of Stones in Ancient Babylonian Healing*

Abstract: In Ancient Mesopotamia stones or minerals were attributed with both medicinal properties and magical virtues. Possibly because of their durability and the fact that they are not native to the alluvial plain of Mesopotamia, stones were believed to be imbued with hidden qualities. As can be observed, no systematic nomenclature for stones and minerals existed and many had several different names or changed names throughout the various periods of Ancient Mesopotamian history. Thus, modern geological terminology is far from being accurate when referring to ancient names.

We can distinguish between four sources for our knowledge of stones: a lapidary written in the Akkadian language dating to the 7th century BCE that provides information about the colour of stones; a myth transmitted in the Sumerian and Akkadian language from the beginning of the 2nd millennium to the 7th century BCE; Akkadian cuneiform instructions for the elaboration of stone-amulets, and last the corpus of Akkadian cuneiform healing recipes. Both the instructions for amulets and the healing recommendations are best preserved in copies dating to the 7th century BCE.

The present paper focuses on two of these sources and discusses the notion and concept they provide about the nature of stones: the myth which is about the battle between the hero-god

Ninurta and a demon with its army of stones, and medical prescriptions. While the complex narrative contains precious information about the ideational origin of the different qualities of stones, healing texts show the range of ailments that were believed to be cured with stones and, as such, give an insight into the properties Ancient Babylonian practitioners attributed to them.

As shall be argued and shown for Ancient Babylonian treatments of stone ailments, cuneiform imaginative literature can be illuminating for understanding functional texts because they convey religious perceptions that might explain the choice of ingredients in healing. The Ancient Mesopotamian evidence marks the beginning of a long tradition of lapidaries attesting to the use of stones in healing practices which would flourish much later in the Middle Ages.

Objectives: 1.) Understand the dynamic history of medical ideas and practices in Antiquity.  
2.) Recognize the interrelationship between literary accounts and functional texts on healing.  
3.) Question the motivation for choosing medicinal ingredients in Antiquity.

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Session: D3 Plague and Empire from the Renaissance to the 20th Century

**Bolanos, Isacar**

The Ohio State University, Columbus, OH

*Bubonic Plague in India and the Ottoman Response: The View from Basra and the Gulf, 1896-1899*

Abstract: Between the years 1896 and 1914, Bombay experienced an outbreak of plague (*Y. pestis*) that was part of a broader global phenomenon known to historians as the Third Plague Pandemic. Historians have examined the effects of the Third Plague Pandemic on colonial Indian society through themes such as labor relations, gender, and religion. Furthermore, by contextualizing this plague epidemic within the context of British imperial history, historians have revealed some of the important underlying tensions in Britain's colonial relationship with India that would otherwise go unnoticed in more conventional approaches to the study of history. Fewer works, however, have attempted to escape the confines of British imperial history and contextualize Bombay's plague epidemic within the broader framework of world history to consider the geopolitics of plague prevention. Moreover, those works that have made such an attempt have overlooked the role of an important and powerful actor in the global effort to combat and contain plague emanating from Bombay: the Ottoman Empire. As a growing body of scholarship is increasingly making clear, the Ottoman Empire sought at various instances to exert its influence in the Persian Gulf and Indian Ocean regions through a variety of ways. This was true even as the Ottomans entered the "age of empire" with a considerable number of disadvantages, such as territorial losses and crippling debt. Thus, by examining the Ottoman Empire's response to the plague epidemic that struck Bombay, this paper argues that one such way that the Ottoman Empire exerted its influence in the Gulf and

Indian Ocean regions was through the introduction of quarantine measures in Basra and the Gulf meant to prevent the spread of plague into Ottoman territory through the Gulf. In doing so, this paper draws on Ottoman and British archival sources in an attempt to place the Bombay plague epidemic more squarely into the framework of world history by highlighting the Ottoman government's own concerns with and response to the outbreak of plague in Bombay and the conflicts that they created among global powers during the initial years of the epidemic.

Keywords: Third Plague Pandemic, bubonic plague, Ottoman Empire

Objectives: By the end of this activity, the learner will 1) identify successes and failures in the history of medical professionalism; 2) recognize the dynamic interrelationship between medicine and society through history; and 3) understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.

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Session: D2 Uncovering Biomedical Objects, Designs, and Diseases

**Bonneau, Nicholas E.**

University of Notre Dame, Notre Dame, IN

*Unspeakable Loss: Uncovering New England's Invisible Throat Distemper Epidemics, 1735-1765*

Abstract: In 1735, a new disease seized the northeastern mainland of British North America. While the mysterious throat distempers never achieved the notoriety of other diseases in the colonial era, no single epidemic of the period proved more deadly to European settlers. By 1739 alone, the death toll in New England exceeded 5,000 from a population of 200,000; 98% were children. In spite of the distempers' extreme and skewed mortality rate, no in-depth study has ever investigated this event. If we assume that events of high lethality should leave discernible impacts on the afflicted cultures and societies, then it is remarkable we find so little trace of it in the extensive secondary literature concerning this period and locale.

Using the New England Throat Distemper Epidemic as a case study, this paper argues that high mortality in combination with survivors' withdrawals from social networks together reduced direct reference to the epidemic in the historical record. This becomes clear through a combination of traditional research methodologies and digital humanities technology, linking thousands of parish records, and reconstructing the actions of survivors affected by this epidemic with a great deal of precision. From this vantage point, a range of consequences become visible, from parents relocating to communities where their surviving families could make a new beginning, to those for whom this isolation—consciously initiated or not—may have contributed to an early demise. Such silences have apparently led some historians to assume epidemics like the throat distempers were not as impactful as those for which greater documentary evidence exists. This paper corrects that assumption and provides a method for

examining epidemics similar to post-colonial techniques of recovering “lost voices.” However, in contrast to subaltern studies, the only oppressor is the epidemic and the silence is voluntary – a silence in the face of unspeakable loss.

Objectives: 1. Broaden our understanding of both how grief might be expressed (or not expressed) following the loss of children and of the effect expressive silences may have in challenging the assumed dramaturgy of past epidemics.

2. Deepen understanding of how expressions of illness and suffering.

3. Promote tolerance for ambiguities in the nature of evidence, research, and education.

4. Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations).

Session: B2 Bodily Fluids in Pre-Modern Medicine

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**Bonnell-Freidin, Anna**

Princeton University, Princeton, NJ

*Sowing and Sailing: Bodily Metaphors in Greco-Roman Medicine*

Abstract: In Greco-Roman antiquity, a woman’s fertility was often a measure of her worth. This made the interior of the female body a locus of intense speculation. What were the physiological explanations for reproductive failure or success? Much attention was focused on the body’s ability to provide pure nourishment and an unpolluted environment for the fetus. Both of these aspects were understood in terms of the female body’s fluid economy. The paper examines two types of metaphorical language used to understand this economy: the language of agriculture and sea-faring (themselves integrated into a different type of economy). I explore these metaphors in Greco-Roman medical texts, primarily from the Roman empire, showing how they helped authors understand reproductive failure and success. In particular, I argue that the vocabularies of sea-faring and agriculture were two important ways Greeks and Romans understood reproductive risk and uncertainty.

Both of these activities exemplify the human struggle to contend with unpredictable and sometimes overwhelming natural forces. Likewise, both served an important function in describing fluid dynamics in the female body. In the first/second century CE, the physician Soranus described the female body as farmland (Gynecology 1.12.3-7 Brugière et al.), and nutriment for a growing fetus as spring water (1.17.142-43 Brugière et al). As in agriculture, excessive dryness or wetness imperiled embryonic life. Others imagined the interior of the uterus as a body of water. For instance, Galen, a generation after Soranus, addressed the popular notion that the fetus “swims” in utero (Usefulness of Parts 15.5.234 = 2.354.10-14 Helmreich), while elsewhere, the uterus became a ship buffeted by storms: Aretaeus described its membranes distending and contracting “like the sails of a ship” (Therapeutics of Acute Diseases 2.10).

Water provided a familiar vocabulary for growth, life, and flourishing, but it also evoked the possibility of harm. Too much water could drown a crop. The sea was many sailors' graveyard. These metaphors integrated human reproduction into the very fabric of the environment. They provided a means for visualizing the fluid economy inside a woman's body and a set of tools for explaining reproductive outcomes.

Keywords: reproduction, uncertainty, fluids

- Objectives: 1. Deepen understanding of illness and suffering.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Develop the capacity for critical thinking about the nature, ends and limits of medicine.

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Session: L1 Beyond the Nazi Doctors: A Practical Guide to Doing Bioethics as an Historian

**Braswell, Harold**

Saint Louis University, Saint Louis, Missouri

*Getting a Job in Bioethics (as a Historian of Medicine)*

Abstract: This presentation will provide practical advice for historians of medicine on how to obtain a job in the field of bioethics. It is intended both for potential job seekers and their mentors. Topics covered will include: the analytical and political differences between bioethics and the history of medicine; networking in bioethics; available positions in bioethics; and building a good CV in bioethics.

- Objectives: 1) Articulate the "uses" of medical history to audiences of health professionals and academics in other disciplines  
2) Develop strategies for bridging teaching and scholarship in bioethics and the history of medicine  
3) Provide practical advice for historians on working in bioethics

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Session: C6 Evolving as Necessity Dictates: Home and Public Health in 19th and 20th Centuries

**Breathnach, Ciara**

University of Limerick, Limerick, Ireland

*The impact of district nursing schemes in Ireland, 1890-1935.*

Abstract: The extraordinary contribution that professional nurses have made to the social process of medicalization in the Anglophone world has been widely acknowledged. Nurses were central to better healthcare provision in clinical settings but their contribution as foot soldiers of the public health movement has not received full consideration from historians. When Queen Victoria's Jubilee Institute for Nurses established an office in Dublin in the 1890s,

to oversee the operations of its district nursing schemes, it was quickly overwhelmed with letters from community representatives seeking nurses, and beleaguered clergy pleading for funds to retain them. This was unsurprising given that the 1851 Medical Charities Act placed the public health system under the auspices of the Poor Law, which for complicated socio-political reasons, people were loath to engage with. Quite apart from the dire social circumstances and appalling standards of public health that nurses faced, gender, class and sectarian matters posed significant challenges when they were initially introduced to communities. But by 1900 one thing was clear from the correspondence: the provision of healthcare in the home was a resounding success and outcomes for birthing in the domiciliary context had improved dramatically in areas that had trained midwives. This paper uses the records of the Queen's Nurses Institute of Ireland to map when and where nurses were deployed. It cross-references these data with registered mortality and other official reports to parliament to contend that domiciliary nursing was perhaps the most important public health intervention of the early twentieth century. In many respects this paper traces how public health nurses acted as conduits to modern medicine and played a significant part in raising levels of medico-legal literacy, particularly in rural areas. With a focus on mortality data I contend that professional domiciliary nursing had an immediate impact on maternal and infant mortality rates in Ireland and the enduring affect of setting best practice in hygiene and domestic economy.

Objectives: By the end of this activity, the learner will:

1. Develop the capacity for critical thinking about the nature ends and limits of medicine in Ireland.
2. Identify successes and failures in the history of medical professionalism in a colonial context.
3. Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations).

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Session: I3 Recommitted: New Histories of the Asylum

**Brian, Kathleen**

Western Washington University, Bellingham, WA

*"A burden which they alone know who bear it": Suicide and the Lifesaving Technologies of the Asylum*

Abstract: A strange and distressing "epidemic" swept through the New York State Lunatic Asylum at Utica during the summer of 1850: from the middle of July to the first of August, more than two dozen residents were relentlessly resolved on suicide. They tore open their own throats, swallowed lethal quantities of opium, and fashioned nooses from clothing and bedding found on the ward. Attendants slept little that month. They spent their nights alongside suicidal patients, made liberal use of mechanical restraints, and forced smiles despite "heavy heart[s]." The looming potentiality of suicide was a prevailing anxiety that touched not only an asylum's superintendent, medical officers, and ward attendants, but also its cooks, carriage drivers, and machinists. It was, quite simply, "a burden which they alone know who bear it."

Taking superintendent Amariah Brigham and his staff at Utica as its case study, this paper argues that the omnipresence of this burden demands that we consider the asylum as something much more than an institution for treating the insane: it was also a technology for the preservation of life. While historians of medicine have spent more than a half-century interpreting the asylum, the place of suicide prevention remains remarkably underdeveloped. Reconsidering the asylum in this way, however, allows us to account for the complex coexistence of those “two great paradigms of power”: discipline and law. For as ward notes, correspondence, and the superintendent’s annual reports reveal, suicide mattered. This was particularly true for the staff at state institutions, who found themselves legally compelled to admit the suicidal. It influenced therapeutics and determined architectural style. It informed every moment of every day and every night. At the same time that it structured an institution’s social and physical environments, it also disciplined all individuals who, at one time or another, inhabited them. Assuming legal guardianship over legally irresponsible—but nevertheless agentive—suicidal patients thus created networks of accountability that profoundly impacted daily life.

- Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.
2. Understand the dynamic history of medical ideas and practices, their implications for patients and healthcare providers, and the need for lifelong learning.
  3. Critically appraise clinical management from a historical perspective.

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Session: H1 The World Health Organization between Empire and the New World Order

**Brown, Theodore**

University of Rochester, Rochester, NY

*Halfdan Mahler and the Alma-Ata Declaration of 1978*

Abstract: In the Alma-Ata Declaration of 1978, WHO, UNICEF, 65 other international organizations, and 134 nations declared their allegiance to three key principles: appropriate technology, opposition to medical elitism, and health as a tool for socioeconomic development. The first principle implicitly criticized biotechnology that was too advanced to meet the needs of the poor, the second questioned the overspecialization of health personnel and top-down health campaigns, and the third insisted on an intersectoral approach in which broad-scale health promotion was an instrument of political and economic development.

According to the recent scholarship of Litsios, Cueto, Chorev, and others, the sources of Alma-Ata are to be found in struggles over priorities within WHO between narrow vertical interventionists and advocates of broad health system restructuring, WHO’s growing collaboration with the Christian Medical Commission and other proponents of grassroots health work in developing countries, and geopolitical maneuvering in response to the emergence of

China and the growing assertiveness of the Global South. In this paper, I will argue that while these developments were important, it was the spiritually-based passion of Halfdan Mahler, WHO's Director General from 1973 to 1988, that was the major driving force. He was able to advance the principles of 1978 by channeling the exogenous political and moral currents in the 1970s, most notably the emergence of decolonized nations demanding a "New International Economic Order" based on fair terms of trade and global social justice. Alma-Ata promised "health for all by 2000" and proclaimed a new world order in health.

Relying on WHO documents, contemporary publications, and biographical sources about Mahler's life and career, I will argue that throughout his term as Director General he charismatically promoted and defended the principles of Alma-Ata but was only partially able to overcome the forces of opposition both within WHO and external to the organization. Yet in the years since leaving WHO he has remained faithful to his ideals and has served as an icon and rallying point for health activists and civil society organizations around the world which still cherish the principles proclaimed in 1978.

Objectives: 1. Understand the dynamic history of medical ideas through understanding the Alma-Ata principles of 1978.

2. Develop an appreciation of the forces shaping WHO history, especially in the 1970s and 1980s.

3. Appreciate the continuing significance for models of patient care of the Alma-Ata principles and of Halfdan Mahler.

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Session: C6 Evolving as Necessity Dictates: Home and Public Health in 19th and 20th Centuries

**Bryder, Linda**

University of Auckland, Auckland, New Zealand

*"My mothers were my best teachers": Plunket nurses' interactions with mothers in New Zealand during the twentieth century*

Abstract: By the middle of the twentieth century the health of almost all infants in New Zealand was overseen by infant health nurses employed by a voluntary organisation, the Royal New Zealand Plunket Society. This organisation had been set up in 1907 to address high infant death rates and poor infant health in the context of concerns about 'national efficiency'. By the 1950s, Plunket had become an icon in New Zealand, internationally acclaimed along with New Zealand's rugby team the All Blacks, and Plunket nurses were esteemed and valued members of local communities throughout the country. Using first-hand accounts from oral history and memoirs, along with press reports, government archives and the Society's own records, this paper will examine the work of the organisation at grassroots level and will argue that it achieved such success primarily because of the relationships the nurses built up with their clients in their own homes and subsequently in the clinics provided by local communities. It will argue that the relationships were far more interactive than has sometimes been assumed, that



Plunket nurses were welcomed into homes across classes and races and that the clinics were popular with mothers. Changes in the country's public health administration under neoliberal reforms of the 1980s and 1990s, however, led to a curtailment of that former very personal relationship, at home and in the clinic. It will be argued that the work of Plunket nurses from the early to mid-twentieth century was important in sustaining New Zealand's reputation as a healthy place to live, in both a physical and psychological sense. While it is not possible to assess their impact on mortality statistics during this period, it is clear they had a marked psychological benefit for new mothers and that in some areas of health promotion, such as breastfeeding and immunisation, they did affect health standards positively. The role and activities of these nurses as front-line community health workers in New Zealand's public health history has important implications for the modern practices of public health.

- Objectives: 1. Acquire a historically nuanced understanding of the organisation of healthcare systems in other Western countries.
2. Contribute to understanding how health policies influence interactions between health professionals and the public.
3. Understand the importance of personal relationships in achieving public health objectives.

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Session: F6 From Clinic to Clink: Prison Medicine in England and Ireland, 1850-2000

**Byrne, Fiachra**

University College Dublin, Dublin, Ireland

*Unstable, immature and neurotic: psychiatry and the management of the young female offender in England, 1945-1970*

Abstract: While much has been written on the history of juvenile delinquency in England, this has predominantly dealt with male offenders. Where female juvenile offenders have been the subject of inquiry, coverage of the second-half of the twentieth century has been slight. This paper, exploiting medical journals, official publications, and institutional records will explore the process whereby female juvenile delinquents within the English secure estate of borstals, remand homes, and classifying and approved schools, came to be understood increasingly in terms of individual and constitutional pathology after World War II. Female offenders comprised a relatively small proportion of juveniles in detention. In the borstal system, for instance, in 1948 there was an average daily population of just 226 girls compared to 3,000 'lads'. However, female juvenile offenders were often considered a particularly problematic population - more disturbed, recidivist and sexually delinquent than their male peers. Following the pioneering work of Cyril Burt on delinquent girls in the 1920s, which linked female delinquency largely to the 'onset of puberty and periodicity', a range of studies on young female offenders emerged in the post-war era. This research drive was facilitated by the expansion of the psychiatric capacity from the late 1940s. As this paper will explore, a key reported finding of this research was the high prevalence of general emotional instability in this cohort. This instability, it was argued, prompted an aggressive drive which could be outwardly

directed towards smashing up furniture or windows or directed inwards in violence to the self. Such girls, it was felt, exercised a group effect on their fellow detainees promoting epidemics of aggressive behaviour, absconding and self-harming and in secure settings. As will be argued here, this allowed for the explanation of disruption and violence by offenders in confinement in psychiatric terms. Further pathological and adverse features of this population, including an apparently high incidence of subnormality, neurosis and hysteria, sexually transmitted disease, experience of prostitution and pregnancy, dysfunctional family background, illegitimacy, poor school record, prompted forensic researchers to advocate for a less disciplinarian and more therapeutic, permissive approach to their treatment. The psychiatrization of young female offenders, together with their adult counterparts, would result in the remaking of Holloway Prison, including its borstal recall wing, as a form of secure psychiatric hospital from the early 1970s.

Objectives: To outline the psychiatrization of young female offenders in the English secure estate of the post-war period

To examine the key role that therapy was assigned in the elimination of deviancy from the female offender population

To investigate the impact of this therapeutic model on the provision of psychiatric services for young female offenders

Key words: borstal, female juvenile offenders, forensic psychiatry,

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Session: F2 Women and Medical Authority from the Early Republic to 2nd-Wave Feminism

**Cahn, Susan**

University at Buffalo (SUNY), Buffalo, NY

*Girls Invade, Shrinks in Trauma: Feminism and the Politics of Psychiatric Diagnosis, 1970-1990*

Abstract: When feminists protested at the 1970 American Psychiatric Association convention, the New York Post led with the headline “Girls Invade, Shrinks in Trauma.” The event was just one episode in a much longer public struggle between feminists and the psychiatric establishment. This paper asks how tensions between feminism and psychiatry were negotiated in less public venues. It begins with a brief review of well-known feminist critiques of male-dominated psychiatry, including landmark books such as *The Feminist Mystique* (1963) and *Women and Madness* (1972), and major battles in the 1980s and 1990s over DSM diagnoses like Premenstrual Dysphoria Disorder. It then argues that this struggle also marked the many less public contexts where American psychiatry was practiced and transformed during these years. Archival records of the APA’s Task Force for revising the Diagnostic and Statistical Manual (DSM) in the 1970s and 1980s, for example, reveal that professional leaders felt under siege by “the feminists” and responded defensively. A second such context is professional writings about countertransference between male therapists and female patients deemed “overly” sexual, demanding or angry. Psychiatrists regularly viewed their own sexual, angry, or otherwise disturbing responses to female patients as evidence of their patients’ pathology. In

the case of Borderline Personality Disorder, where “excessive” anger, unstable relationships and “promiscuous” sexuality were diagnostic criteria, authors attacked their patients in ways that mirrored the APA’s defensive, angry responses to feminism.

This paper brings together the social history of feminism with the institutional and intellectual history of psychiatry. It argues that just when Second Wave feminists asserted the legitimacy of women’s sexual desire, anger, and demands for equality, psychiatrists increasingly focused on these same attributes as symptoms of illness in “borderline” women. Whether consciously or not, psychiatrists threatened by feminism (‘Girls Invade’) converted their own professional insecurities and difficulties (‘Shrinks in Trauma’) into a pattern of blaming women clients for personal symptoms that mirrored the public debates of their time.

- Objectives: 1) Understand the dynamic history of psychiatric ideas and practices.  
2) Understand the relation between social movements, like feminism, and the history of professions.  
3) Develop the capacity for critical thinking about the nature and limits of psychiatric diagnoses.

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Session: D4 Surgical Practice and Experience

**Calabrò, Cosimo**

McGill University, Montreal, Quebec, Canada

*Charles Nicholas Jenty and a forgotten 18th century surgical treatise on amputation at the hip-joint*

Abstract: The French surgeon and anatomist Charles Nicholas Jenty, [?-at least 1780], has obtained historical fame mainly due to his anatomical and gynecological atlases originally produced in collaboration with the artist Jan Van Rymsdyk in London during the 1750s. However, despite two long periods of residency in England and in Spain, Jenty remains a subject to be fully historicized. Indeed, the full extent of his published and unpublished writings and his multiple surgical practices require further discernment. In particular, his Spanish professional activities remain practically unexplored. The result is a partial and disjointed understanding of Jenty’s relevance within the transnational and intertwined learned contexts he occupied, actively participating in the appropriation and dissemination of anatomical and surgical knowledge and traditions.

In drawing on extensive archival investigation pursued both in England and in Spain I will present Jenty’s 1766 surgical pamphlet published in Madrid and entitled "Methodo de hacer la amputacion del muslo por su articulacion con el hueso innominado. Operacion tenida comunemente por impracticable". ["Method for amputation at the hip point. An operation commonly considered impossible to carry out"]. The treatise is comprised of sixty-four pages and six illustrations. Despite an occasional mention, to the best of my knowledge the Methodo

has neither been translated nor been discussed in any historical narrative dealing with surgical amputation at the hip point.

The relevance of the *Methodo* is at least threefold: first, it provides crucial biographical and professional information about Jenty's own practice in Madrid, Paris and London; second it problematizes the role of the mid-18th c. surgeon when confronted with a capital and contested operation such as amputation at the hip point; thirdly, it provides a further example of the tension existing between surgical and medical domains. Finally, the *Methodo* raises very important questions about patronage and expert self-fashioning within a rapidly changing and competitive landscape of surgical occupation.

Objectives: 1] Identify successes and failures in the history of medical professionalism.  
2] Recognize the dynamic interrelationship between medicine and society through history.  
3] Become acquainted with the crucial importance of narrative structures in describing, affirming and/or disputing surgical procedures.

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Session: D4 Surgical Practice and Experience

**Carpenter, Mary**

Queen's University, Professor of English Emerita, Kingston, Ontario, Canada

*"With one exception, All deserves my highest approbation": A Nineteenth-century Hospital Patient's Evolving View From Below*

Abstract: In February, 1877, a twenty-eight-year-old Shetland woman, Margaret Mathewson, was admitted to the Royal Infirmary of Edinburgh by Joseph Lister, who subsequently performed the operation known as "excision of the shoulder joint" on her tuberculous shoulder. During her eight months of recovery in the Infirmary, Mathewson wrote many letters to her family, detailing her perception of the hospital, the medical and nursing staff, and the other patients. About a year after she returned home, she wrote "from memory" a narrative she entitled "A Sketch of Eight Months a Patient in the Royal Infirmary of Edinburgh, A.D. 1877." Although Martin Goldman published excerpts from the "Sketch" in 1987, and Guenter B. Risse described the work in his 1999 history of hospitals based on case histories, the "Sketch" has never been printed in its entirety and its value as a detailed view "from below" of a nineteenth-century hospital is still little-known. What now makes it even more valuable as a document in patient history is the recent discovery of two earlier versions of the "Sketch." The three versions make it possible to see how a hospital patient's memory of her experience evolved, providing an in-depth view not only of the hospital but of how writing and re-writing that experience changed the patient's view of staff members, and of how she came to feel that all deserved her "highest approbation"--save one. I propose to explore how Mathewson's "Sketch" could be used as a teaching text in medical education as well as a unique resource for patient and hospital history.

Although Roy Porter's call for "the patient's view" is now classic, most attempts to access pre-twentieth-century hospital patients' views have been stymied for lack of known resources. For this paper, I focus on previously uncataloged letters held in the Shetland Archives and the three versions of the "Sketch." Together, these provide unprecedented material demonstrating that "medicine," as David S. Jones et al put it, "is fundamentally social, an encounter between (at least) two humans, each embedded in social, economic, and political contexts" ("Making the Case for History in Medical Education,"11).

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.  
2. Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations).  
3. Explore the uses of a patient's written memory of hospital experience in the education of medical, para-medical, nursing and medical humanities students.

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Session: F4 Institutions: Between Isolation and Integration

**Charleroy, Margaret**

University of Warwick, Coventry, Warwickshire, UK

*Disciplining Health: Physician Management of Health and Discipline at Liverpool Borough Gaol*

Abstract: Medical practice in nineteenth-century British prisons was torn between competing missions to punish and rehabilitate. This created challenge for prison physicians, which manifested in their management of inmates' physical health, in the punishments they imposed or approved, and in their efforts to perform both simultaneously. This paper considers this tension through the perspective of the prison physician at the Liverpool Borough Gaol in the nineteenth century, chronicling his management of inmate health, oversight of labor conditions, and determination of disciplinary actions. Using physician notebooks, annual reports, correspondence of local Liverpool physicians, and institutional records, I argue that the tension in the physician's role was the definitive factor shaping how prison medical practitioners developed strategies to care for a vulnerable population.

Although the prison was ostensibly dedicated to the care and rehabilitation of inmates, in practice it was an institution of discipline and harm for those who occupied it. Inmates were vulnerable, and were punished through hard, often unproductive labor. The physician was responsible for determining the maximum physical stress each inmate could safely endure in labor placement. In this capacity, his duty to care for his charges competed with his responsibility to the prison administration in the very same act, making this aspect of his responsibilities a useful lens through which to understand how he managed his conflicting objectives.

The physician responded to the tension in his role by understanding his inmate population as vulnerable and acting on their behalf. To care for this vulnerable population from the punishment that would result from his assessments, he made suggestions to administrative boards to protect inmates during their forced hard labor, including augmented diet and attire. These measures allowed him to justify his punitive role within the context of his custodianship of prisoner wellbeing.

Keywords: prison health; medical practice; medical institutions

Objectives: 1) Deepen understanding of medical practice outside traditional medical institutions.  
2) Recognize competing challenges of medical practice when caring for vulnerable populations.  
3) Develop an historically informed sensitivity to the diversity of patients, especially vulnerable patient populations.

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Session: F3 War, Empire, and Medicine: Managing the Health of Soldiers and Subjects

**Choi, Eun Kyung**

Seoul National University, Seoul, Republic of Korea

*Mobilization of Medical Professionals and Establishment of Physical Standards for Conscription in 1950s-1960s South Korea*

Abstract: After the Korean War, establishing a conscription system became a priority in South Korea, especially following the reduction of U.S. troops in Korean soil. Imposing universal military service and finding qualified people were two key elements in setting up the conscription system. Under the influence of U.S. military medical units, the Korean Army aimed to employ medical professionals to achieve these goals. However, they were in great shortage. Mobilizing civil professionals and employing their knowledge was key to successfully introducing a conscription system. This piece of research aims to explore the installation of the military medical service through the compulsory mobilization of medical professionals in the 1950s-1960s and the change of physical standards for conscription during the period. First, the Korean army reorganized the military medical service unit and transformed it into a key unit for the enlistment of men by re-mobilizing medical professionals after the Korean War. Second, the standards for enlistment changed from being disease-centered to physical-grade-centered, which made the military medical unit treat recruits' diseases once they were enlisted in the army. This research explains that medical professional knowledge served as a justification against the enlistment of men with weak bodies and with diseases, rather than as a way of determining who were qualified for military service. By analyzing the records and articles of the military medical unit, this research implies the case of the employment of medical professional knowledge under a military nation.

- Objectives: 1. Recognize the dynamic relationship between medicine and society through history via appreciating the role of medical professional knowledge in the context of nationalism.
2. Understand the relationship between medical professionals and a mobilization system under a particular political regime.
3. Understand the diffusion of medical knowledge in a military system.

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Session: L1 Beyond the Nazi Doctors: A Practical Guide to Doing Bioethics as an Historian

**Clark, Claire**

University of Kentucky, Lexington, KY

*Educational Technology and Medical Ethics: Historians Needed*

Abstract: This presentation will provide practical advice on how to use new instructional initiatives linked to technology (e.g. the "flipped classroom," hybrid course redesign) as an opportunity to introduce historical content and reflection into clinical and research ethics courses. Topics covered include: negotiating "edtech" resistance and boosterism; best practices for digital pedagogy; and aligning historical assignments with medical ethics learning objectives.

- Objectives: 1) Articulate the "uses" of medical history to audiences of health professionals and academics in other disciplines
- 2) Develop strategies for bridging teaching and scholarship in bioethics and the history of medicine

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Session: G4 Biomedicine in Post-Colonial Africa

**Cook Runcie, Sarah**

Columbia University, New York, NY

*International Health after Empire: The Creation of Regional Health Organizations in Independent Francophone Africa*

Abstract: In the early 1960s the newly independent states of the former French empire in Africa came together to form two new regional health organizations, one for West Africa and one for Central Africa. These organizations both sought to coordinate public health efforts such as vaccination and epidemiological analysis across national borders, and to provide a forum for collaboration between public health officials in the member countries. French military doctors with long careers in the colonies filled leadership roles for each organization, illustrating the strong ties of France to former African colonies after independence. At the same time, African public health officials played key roles in shaping the dynamics of these new players in international health.

While historians have closely studied the public health work of European colonial administrations in Africa, much less attention has been given to how these systems evolved with the creation of independent African countries. Studies that do exist often focus on national narratives rather than attending to the important ways in which African doctors and public health officials, in concert with European officials, worked across national borders to envision a form of regional health work. Attention to the inherently transnational nature of public health work after independence, not just between new nations and former colonial powers but also between African states, offers a window into the networks of people and institutions that constituted public health work in the 1960s in Africa. Based on archival work in Cameroon, France and Switzerland, this paper studies how both African and French doctors and public health officials created institutions focused on cross-border health coordination and how they positioned these institutions as players in the field of international health. With a focus on the Central African organization, the Organization for the Coordination of the Fight against Endemic Diseases in Central Africa (OCEAC), I argue that, by creating these institutions in the early years of independence, African public officials asserted the primacy of bordering francophone countries as constituting a health region in the context of global health initiatives and programs in the 1960s.

- Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.  
2. Develop an understanding of the history of international health organizations.  
3. Identify successes and failures in the history of medical professionalism.

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Session: D3 Plague and Empire from the Renaissance to the 20th Century

**Cornejo, Edward**

Broward College, Fort Lauderdale, FL

*"Out of Pest Holes, a Pearl: Twentieth-Century Ecuador and the Eradication of Plague"*

Abstract: Until plague's reappearance in China in the latter nineteenth century, the disease had often been thought of as belonging to a distant continent and an even more distant time in medieval history. Turn-of-the-century maritime and technological advances, however, exponentially increased the fear, the panic, and the power that plague possessed over people throughout the globe. Recently independent, financially restricted, and struggling to enter the global collection of "civilized nations," the Republic of Ecuador fell victim to this scourge in 1903 and had to find means with which to confront a disease with which it had minimal, if any, experience.

Ecuador's anti-plague efforts, led by an international cadre of medical and epidemiological experts, were important steps in the eradication of a disease in a country that was in the throes of both post-revolutionary nation-building and modernization. This was not a process without setbacks and obstacles, but it did see some positive effects. On the one hand, local and foreign



experts, often armed with the belief that teaching highland Indians new western methods of disinfection would be a difficult task, were instrumental to the eradication campaign. On the other hand, the general Ecuadorian population seemed willing enough to comply with professional recommendations, proving perhaps that even traditionally-centered peoples (i.e., highland Andean Amerindians) could and would adopt ideas of modernization to suit and protect themselves from epidemiological crises.

In the end, Ecuador's anti-plague campaign was married to the nation's modernizing drive of the 19th century. In other words, modernization led to the eradication of plague in Ecuador and the disease's eradication was, in turn, a way by which to modernize the peripheral and marginalized sectors of society. The evidence reviewed questions the thinking that modernization and modernity has had always negative impacts on autochthonous communities. The case of Ecuador's highland areas illustrates that despite some unintended consequences there exist exceptions critical of modernization and that peripheral communities did indeed benefit from and, more importantly, did take advantage of the scientific hygiene that was the product of turn-of-the-century epidemiological and microbiological knowledge.

Key Words: Plague, Modernization, Scientific Hygiene, Ecuador, Andes

Objectives: Participants will recognize the dynamic relationship between medicine and society through the historical analysis of a lesser studied region and time in Latin America; (2) critically appraise epidemiological management and eradication from a cultural and historical perspective, and (3) acquire a historically nuanced understanding of nationally organized crisis management in a turn-of-the-century post-revolutionary modernizing Andean nation.

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Session: B1 Describing, Classifying, and Transforming Natural Substances in Ancient Science

**Coughlin, Sean**

Humboldt-Universität zu Berlin, Berlin, Germany

*Athenaeus of Attalia, the Stoics, and Materia Medica*

Abstract: BIG PICTURE

This paper focuses on the classification of natural substances in the fragmentary writings of Athenaeus of Attalia (1st C. BCE). A student of the Stoic Posidonius and founder of the Pneumatist school of medicine, Athenaeus not only discussed how the physician should classify natural substances, but he was also the first physician to consider their study to be a distinct part of medicine as such, what came to be called *materia medica*. The aim of this paper is to understand why and to look at how it influenced medicine in the Roman Empire.

HISTORICAL / HISTORIOGRAPHICAL CONTEXT

In some respects, Athenaeus' classification of natural substances seems similar to those found in earlier Hippocratic writers. Perhaps this is why the standard study of Athenaeus (Wellmann,

1895) makes only passing reference to it. These similarities, however, are often superficial, and there is strong evidence from Galen that Athenaeus employed different classificatory criteria and a different ontology from his predecessors. The central claim I defend in this paper is that the evidence suggests Athenaeus is engaged in a revisionist programme, one which adapts Hippocratic medicine to Stoic ontology, producing a unique classification of natural things for use in regimen and therapeutics.

#### SOURCES / ANALYSIS / PERSPECTIVE EMPLOYED

Using a new collection of the fragments of Athenaeus currently in preparation, the paper addresses three questions. First, what does the conceptual arsenal used by Athenaeus tell us about his approach to the study of natural substances? Second, how does Athenaeus place himself into the context of Hippocratic medicine and Stoics physics, and how does this shape his classificatory choices? Finally, what criteria does he use to differentiate between natural substances proper to medicine and those that are not, and what are their implications for his medical practice?

#### SUMMARY AND IMPLICATIONS

Answers to these questions will help us better understand the context from which Graeco-Roman pharmacology emerges as a discipline. Of equal importance, this story illustrates the mutual influence among philosophy, science and medicine in the development of theories of medicine in antiquity.

#### KEY WORDS

Athenaeus of Attalia, materia medica, theory of medicine

Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.

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Session: I4 20th -Century Cell Biology and Cancer Research

**Crowe, Nathan**

University of North Carolina Wilmington, Wilmington, NC

*In Defense of Cloning, 1958-1978: Biomedical Research in an Age of Promise and Peril*

Abstract: In 1978, Robert McKinnell found himself defending his research on nuclear transplantation in front of a United States Congressional subcommittee. However, unlike the Tuskegee hearings that had occurred earlier in the decade, in which doctors defended the ethics of what they had done, McKinnell was asked to come before the subcommittee to discuss an experiment that he and his colleagues were both incapable of doing and had no

intention of carrying out - namely, human cloning. This questioning was precipitated by a book published earlier that year by David Rorvik, a noted science writer who (supposedly) documented the cloning of a wealthy businessman using biomedical techniques much like those that McKinnell and his colleagues used in their research. The Congressional representatives that day wanted to know several specific things: 1) whether humans could be cloned using these techniques, 2) whether scientists had any intention of doing so, and 3) whether it was appropriate for the public to fund this suspicious work.

This congressional hearing, often forgotten in the history of bioethics and biomedical research, is an important window into the fears and excitement surrounding the new tools of the biosciences in the 1960s and 1970s. Through an examination of archival materials, government documents, and published sources, this paper situates McKinnell's participation in the 1978 Congressional hearing within the broader context of the post-World War II world, in which scientific researchers validated their publicly funded research with promises of significant breakthroughs while at the same time competing with voices that challenged the assumption that all scientific advances were worth making. The new contested space in the 1970s of the direction and speed of biomedical research ultimately illustrates how a book that showed far more signs of being science fiction rather than science could gain attention from the highest levels of government

Objectives: 1) Develop knowledge and understanding of professional behaviors and values.  
2) Contribute to the improvement of patient care through an analysis of the historical intersection of science and ethics.  
3) Recognize the dynamic interrelationship between medicine and society through history.

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Session: A3 Cancer and its Origins

**Cummiskey, Julia**

Johns Hopkins University, Baltimore, Maryland

*African research on an African cancer: Burkitt's lymphoma and international medical research collaborations in post-colonial Uganda*

Abstract: Between 1962 and 1979, the East African Virus Research Institute (EAVRI), a laboratory founded in Entebbe in 1936, conducted a series of investigations into the etiology of Burkitt's lymphoma (BL), a childhood cancer occurring almost exclusively in tropical Africa. This research took place in a period of intense change at the Institute and in Uganda in general, coinciding with the advent of national independence, the first administration of a Ugandan president, and the rise and fall of Idi Amin. At the Institute this was a period of Africanization with the gradual withdrawal of permanent expatriate staff and the negotiation of new partnerships with local and foreign collaborators. While historical narratives have largely dismissed these BL investigations as unsuccessful in terms of their scientific objectives, they

established a foundation for later international research collaborations in Uganda, particularly around HIV/AIDS.

Excellent recent scholarship has focused on the dynamics of international medical research, particularly in Africa. Anthropologists and historians including Johanna Crane, Wenzel Geissler, and Adriana Petryna have demonstrated the significance of the unequal power relationships between researchers in the global north, African collaborators, and local research subjects, and how various parties have asserted their priorities in these projects. But these collaborations have a longer history than has been recognized. The story of BL research at the EAVRI elucidates the ways in which international medical research was configured in the earliest days of the independent Ugandan state and evolved out of colonial-era collaborations on yellow fever research.

Drawing on oral historical, archival, and published material, the paper examines the material practices of the EAVRI's research on BL. This story sheds light on the negotiation of the roles of EAVRI's African and expatriate researchers, international visiting scientists, the study populations in West Nile, Uganda, and a wide array of intermediaries. These parties had to resolve issues around resource procurement, appropriate locations for various kinds of scientific work (sample collection, animal studies, molecular studies, etc.), relationships with African study communities, and publication strategies. Understanding these processes helps us to interpret the configuration of research projects in Uganda in the 1980s and '90s especially around HIV/AIDS.

Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medical research.

2. Identify successes and failures in the history of medical research.

3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: I1 The Dangers of Everyday Life: Framing Risk and Safety in the United States

**Daniel, Vicki**

University of Wisconsin-Madison, Madison, WI

*Disaster Morgues as Public Health Response to the Johnstown Flood of 1889*

Abstract: When the South Fork Dam failed on May 31, 1889, a torrent of water flooded Pennsylvania's Conemaugh Valley, killing 2,200 people around Johnstown. Shortly after the flood, the Pennsylvania Board of Health declared the decomposing corpses in the valley to be a significant health threat. At the same time, the flood survivors saw these bodies as family and friends that needed to be recovered, identified, and buried. In an effort to address these material and social crises of the flood, the Johnstown relief committee established nine temporary morgues in which volunteer undertakers mitigated the threat of infection with embalming fluids and disinfectants and prepared the dead for identification. The undertakers'

work supplemented the Board's campaign to disinfect and bury remains but also helped mediate between the state's material approach to the dead and the social needs of the community.

This paper expands the history of public health into the realm of disaster to consider the disaster morgue as an under-explored public health space and its undertakers as specialized public health workers. Using official public health records, medical journals, published narratives, and newspaper reports from the period, this paper articulates how both the Pennsylvania Board of Health and undertakers conceptualized the dead body as a health threat before examining the work of each group, revealing their different approaches to the problem of the dead. While the former treated the dead with material efficiency, the undertakers complied with public health standards of disinfection while more directly attending to the needs of the grieving community. The undertakers at Johnstown were situated at a critical juncture between the state, the dead body, and the survivors and, in response, their work walked the line between public health and traditional funerary practice. While the undertakers at Johnstown drew in part from their professional experience of death care, disaster demanded they also address the material realities of mass fatality. Disaster marked morgues as significant control points in the public health approach to the dead and undertakers as central players in disaster management.

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history through examining the role of the morgue and undertakers within public health responses to disaster.  
2. Analyze the ways in which public health response to disasters must negotiate between the material and the social meanings of the body.  
3. Demonstrate the ways in which a community affected by disaster shapes public health responses.

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Session: A2 Global Connections in the History of Pre-Modern Pharmacology

**de Figueiredo, John M.**

Yale University School of Medicine, New Haven, CT

*The Goa Cordial Stones: Glimpses of an Indo-Portuguese Pharmaceutical Industry*

Abstract: In 1510 a transformative event occurred in the history of Asia. At the request of local Hindus, the Portuguese, who had discovered the sea route to India, liberated Goa from the Muslims and established their rule in India. In the next several years, Goa became the capital of their Empire, a beautiful city with elements of Hindu, Muslim, and Portuguese cultures. Thirty years later, Catholic religious orders came from Europe and converted part of the population to Catholicism. They established not only monasteries, convents, churches, chapels, and colleges but also hospitals and pharmacies. Among them, the Jesuits were at the forefront in the study

of local languages and medicines. Their house had an apothecary shop where medicines were produced, among them a famous stone, called the “Goa cordial stone” (“pedra cordial”). Little research has been done on this stone. This study examined published and unpublished sources from archives and libraries in Goa, Portugal, and Rome, to reconstruct the composition, production, marketing, selling, and trademarking of the Goa stone and the role played by this industry in increasing revenue in a decaying Empire.

The apothecary shop of the Jesuits was active in the 16th century but it was in the next century that its revenue increased. Invented by Gaspar Antonio, a lay Brother who lived in the 17th century, the Goa stone was exported all over the world, bringing significant revenue to the Jesuits who kept its composition secret and insisted in having it trademarked by the Portuguese Government to dispel unwanted copycats. Scientific medicine had emerged through the studies of Garcia d’Orta, a famous physician who published the first systematic study of Indian medicinal plants and healing methods at the printing press introduced in Goa by the Jesuits. Ayurvedic medicine was also practiced in Goa by Hindu physicians whose knowledge of local illnesses and treatments was kept secret. Through the work of Gaspar Antonio and his famous gemstones, the Jesuits made a big dent in the market, shifting the demand to their apothecary shop and superseding both Western scientific medicine and Ayurvedic medicine in the pharmaceutical industry for many years.

Objectives: 1. Understand the dynamic history of medical ideas and practices through an appreciation of how the European concepts and practice of lapidary medicine were introduced in India by the Jesuits under the aegis of the Portuguese Government.  
2. Understand how the invention and marketing of the Goa cordial stones shifted the market forces away from scientific medicine and Ayurvedic medicine for many years.  
3. Understand the relationship between medicine and society through examining how the revenue of this pharmaceutical industry allowed the Jesuits to continue their missionary work during a challenging time for the Portuguese Empire.

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Session: H4 Slavery and Medical Practice and Investigation

**DeMarco, Liana**

Yale University, New Haven, CT

*Slavery and Watering Places in Early Nineteenth Century Cuba*

Abstract: In the middle of the nineteenth century, colonial Havana was a global center of medical knowledge production. With one of the world’s densest populations of doctors moving between universities, scientific institutions, and ingenios (sugar plantations), the island of Cuba provided an ideal training ground for medical practitioners who sought to gain experience working in tropical environs. The Havana medical sphere was also intimately connected with the political economy of slavery in the Western Caribbean and with the global sugar market. This paper argues that the close relationship between slavery and medicine was the defining

feature of Cuban medicine in this period, and one that drew practitioners from the Cuban countryside, former Spanish America, Europe, and the United States.

Building on the work of historians of Cuban medicine such as Adrián López Denis and Steven Palmer, I situate slavery as an important political and economic driver in the production of Cuban medicine, while also demonstrating how it was woven into the fabric of Havana's transnational intellectual society. Slavery formally came to an end throughout most of the Caribbean and former Spanish America by the early nineteenth century, but it continued in colonial Cuba (and Puerto Rico) until the 1880s. The booming sugar economy in Cuba around mid-century made slave bodies valuable assets and medical practice an advantageous pursuit. Though foreign practitioners, university doctors, and members of the Royal Academy of Sciences of Havana such as Nicolás Gutiérrez and Joaquín García Lebreo often critiqued the idea of practicing medicine with the exclusive aim of accumulating wealth, they nevertheless functioned as part of sugar industrial complex and contributed to the global profitability of slavery.

Using medical journals, travelogues, and the annals of the Royal Academy, as well as published biographies and medical histories, this paper highlights the place of slavery in the medical sphere of colonial Havana and explores the transnational connections which spread Cuban plantation medical knowledge throughout the Caribbean and the rest of the world.

Objectives: 1. Understand the dynamic history of medical ideas and practices, through better understanding of the place of slavery in nineteenth century Cuban medicine and health care. 2. Understand Cuban medicine's role in the global profitability of slavery. 3. Understand the transnational dynamics of medical knowledge production in Cuba.

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Session: E3 Visual Representations in Medicine: Cultures and Contexts

**Deshauer, Dorian**

York University, Toronto, Ontario, Canada

*Seeing responders to maintenance drug therapy in psychiatry's graphical language*

Abstract: The psychiatrist and historian David Healy has argued that long-term maintenance drug therapy for the chronically mentally ill gained professional acceptance in the late 1960's because of convincing evidence from randomized experiments known as 'responder trials'. While this is undoubtedly true, it does not explain how the de-contextualized object of those clinical trials, the 'drug responder', came into being when it did. Randomized controlled trials must take for granted their objects of study. I will argue that before responder trials were possible, psychiatrists first had to model what a responder looked like. Close interrogation of psychiatric publications between 1950 and 1973 with an eye on the profession's graphical tradition shows how an international thought collective in the 1950's and 60's communicated visually before it settled on statistical definitions of response. This visual rhetoric appeared in

medical journals and textbooks, helping stabilize a particular view of mental health as a product of biotechnology.

In the 1950's and 60's, dozens of graphical images, often reminiscent of Meyerian life charts, depicted mental health for responders as something that is won and lost over extended periods of time. Over two decades, responders were shown with fewer markers of social context, life events or physical differences. By the end of the 1960's, only descriptions of symptoms remained, often conveyed by subtle changes in line thickness and shading. Coinciding with reports of randomized trials, a new, fully de-contextualized version of the responder emerged in the form of the survival curve. Imported from fields as diverse as oncology and mechanical engineering, survival curves spoke directly to the trained medical eye, a visual gesture reassuring doctors of its object's durability.

By 1973, the responder was taken for granted as an idealized entity, a pristine state of mental health, represented without a past history of distress. Graphical representations of responders no longer communicated life context but focused the medical gaze on relapse risk. The medication responder became an ideal for biological psychiatry, a kind of person who achieved and maintained mental health through biotechnology.

Objectives: 1) Appreciate how new forms of subjectivity can arise from biotechnology.  
2) Become more aware of visual communication as a tool for shaping medical ideas and practice.  
3) Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.

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Session: F3 War, Empire, and Medicine: Managing the Health of Soldiers and Subjects

**Dimas, Carlos**

Wesleyan University, Middletown, Connecticut

*"We Fought a Two Front War; Against Cholera and the Enemy": Argentine Doctors and Soldiers in the Paraguayan War, 1865-1870*

Abstract: In 1865, Argentina, alongside Brazil and Uruguay, entered into a war against Paraguay. The war carried on for five years killing countless lives, including almost one-third of Paraguay's male population. Yet most combatants died from disease—cholera in particular—and starvation, rather than armed conflict. The scant literature on South America's most bloody war has routinely focused on the political intrigue and nationalist fervor predominant during the period. Others have centered on the memoirs of illustrious figures who recanted their personal feats.

This paper examines the conflict from the perspective of the Army's Medical Corp that was comprised of recent graduates from the University of Buenos Aires' School of Medicine. This



paper makes use of various sources— medical reports and letters from the frontlines, petitions from citizens to abstain from military service, and medical journals—to provide a clear picture of the lived experiences of soldiers, their daily battles against diseases, popular healing practices among soldiers, and perceptions of Paraguay, a land believed to insalubrious and dangerous.

Though the lens of doctors and soldiers the war takes on a darker tone that complicates assertions of widespread support for the war. Indeed, medical reports are replete with desertion, ‘mental fatigue’, and indifference among the soldiers. Doctors were not only tasked with treating disease and bullet wounds, but also mental and emotional healthcare. Indeed, doctors often had to extend their responsibilities beyond medical ones. For instance, doctors were tasked with acquiring basic supplies: clothes, medication, soap, fresh food, and water, in order to keep soldiers morale high as part of the war effort. Yet for all their work, most Argentine medical practitioners criticized their military colleagues. Until the war’s conclusion in 1870, various physicians wrote pieces in local medical journals labeling military doctors as charlatans and a gross misrepresentation of the national medical field. In sum, this paper shows that the war represented a transitional moment in the Argentine medical field between the “old guard” who utilized the medicine as a position of social capital and prominence, and the new core of physicians with direct interest in the art of healing.

- Objectives:
1. Understand the dynamic history of medical ideas and practices, through focusing on a period that has generally gone understudied in the Latin American medical field, the pre-Bacteriological Revolution.
  2. Identify successes and failures in the history of medical professionalization through focusing on the nuanced nature of the Argentine medical field and the various hierarchies that formed around medical practice
  3. Understand the profession of medicine in its cultural, social, and political contexts.

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Session: B3 The Normal and the Pathological: Shifting Boundaries of Health and Disease

**Doria, Corinne**

Université Paris 1-Panthéon-Sorbonne, Paris, France

*Defining normal vision. Eye charts in 19th Century Europe*

Abstract: In the middle of the 19th century, the question of objective measurement of visual acuity was raised by several physicians in Europe. Many charts were developed for measuring both nearsightedness (Eduard Jaeger in 1854, Henri Parinaud in 1888) and farsightedness (Hermann Snellen in 1862, whose chart is quickly adopted as a world standard, Ferdinand Monoyer in 1875, Edmund Landolt in 1888). The notion of emmetropia (vision of a normal eye) was defined at the time by the Dutch ophthalmologist Franciscus Donders, who in his treatise *On the Accommodation and Refraction of the Eye* (1864) was the first to clearly explain the

laws of refraction and accommodation and how correct refractive errors by using corrective lenses.

If this was due on one side to the advances in eye exploration techniques (the ophthalmoscope was invented in 1850, keratoscope in 1873, skiascope in 1886) and better anatomical and physiological knowledge of the visual apparatus, it also seems linked to new relation to the vision that was beginngin to take hold in society. Widespread use of print media (newspapers, magazines), massive education, changes in the labor market, and artificial lighting in the streets as well as in private houses all meant that good vision was felt to be increasingly important to the quality of life.

By analyzing medical and scientific sources (books, articles, proceedings of scientific meetings), his paper proposes, to reconstruct the process that led to the adoption of the first visual acuity standards in the second 19th century. It will place this process within the scientific and socio-economic context of the time in order to understand the factors that contributed to this adoption of vision standards. It also questions the social, economic and cultural consequences of the introduction of a standard of "good vision."

The paper draws on the social and cultural history of medicine (Jacques Léonard, Olivier Faure) and studies of normalization processes (Carl R. May, Tracy Finch).

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.

2. Acquire a historically nuanced understanding of medicalization of society.

3. Understand the dynamic history of medical practices and their implications for patients and health care providers, and the need for lifelong learning.

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Session: F3 War, Empire, and Medicine: Managing the Health of Soldiers and Subjects

**Downs, Jim**

Connecticut College, New London, CT

*The Epistemology of Epidemiology: Colonialism, Military Occupation, and Science in the Atlantic World*

Abstract: One of the oversights in the history of medicine, imperialism, and military occupation is the ways in which there is an implicit, unintended argument about biological determinism. Scholars personify disease as a companion, a fellow agent, working with imperialists and military officers to achieve their objectives. Some historians imply that medicine always benefitted colonial enterprises; that science worked in tandem with colonialism's agendas, and that disease's only victims were the colonized.

My paper examines how science often failed colonial and military doctors, how many physicians remained uncertain about treatments and care, and how they, in some instances, even became infected with the very biomedical disorders that they attempted to cure. By placing more of an emphasis on science, my paper reveals the epistemological uncertainties and doubts that many physicians had about working in colonial and occupied settings. I introduce two case studies to illustrate this point. The first is the outbreak of cholera in the Caribbean in the mid nineteenth-century. British physicians brought ideas of disease causation to Jamaica and Trinidad but remained uncertain if their methods would prove effective. The second is the outbreak of infectious diseases and vaccination campaigns in the American South during the Civil War. In both instances, science failed these doctors but colonialism and military status empowered them with the authority to assert their theories and to administer their practices. Scholars have emphasized the latter without paying enough attention to the former. In both the American South and the Caribbean, doctors were reacting to cholera epidemics and smallpox outbreaks, and as a result, scientific ideas developed in response to a crisis rather than attempting to assert power or gain control.

Consequently, my paper attempts to offer a more nuanced portrait of the intersection of medicine, colonialism and military occupation in the mid-nineteenth century. The second aim of my paper is to explore how this intersection actually produced new ideas of scientific thinking. Theories of disease causation unexpectedly grew out of colonial and imperial enterprises and were not part of well thought out plans to obtain control of a particular region.

- Objectives: 1. Examine the history of disease causation.  
2. Investigate how science often becomes a metaphor to disguise power relations.  
3. Rethink the intersection of medicine, military occupation, and science.

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Session: D5 Explorations in Canadian Medicine and Public Health

**Duffin, Jacalyn**

Queen's University, Kingston, Ontario, Canada

*The Canadian Medical Expedition to Easter Island (METEI)*

Abstract: In 1964, an international scientific team, led by McGill gastroenterologist Stanley Skoryna, convinced Prime Minister Lester Pearson to donate a navy vessel to a plan to document the biosphere of the world's most remote community: Easter Island. Emerging in a climate of international cooperation, METEI became one of Canada's contributions to the International Biological Program. It was predicated on the imminent prospect of an airport to link this sheltered island with humans, animals, plants, and microbes everywhere else. With World Health Organization support, the scientists would characterize all life forms in terms of genus and species, but also in terms of genetics, physiology, metabolism, and immunology. It would be complete only when repeated decades later--an exercise that never took place.

Few historians have examined this adventure. With special focus on its medical aspects, this paper focuses on its scientific justifications and products through the publications and personal papers of researchers and the ship's captain, held in archives in Ottawa, Vancouver and Montreal. This evidence is amplified by interviews with surviving scientist-travellers from Canada, US, Sweden, and South Africa.

The team journeyed from Halifax via Panama, transporting scientific apparatus and supplies, including portable buildings for a laboratory compound. Over three months, they documented the size, lung capacity, blood groups, and immune status of the 1000 human inhabitants. They also tried to characterize all the plants, animals, and microbes. They were captivated by the romance of the island's past--the mysterious moai statues and the disappearance of its dense forest—features popularized by the famous Kon Tiki expedition of Norwegian Thor Heyerdahl in 1947. Aware that their presence might transmit infection, they volunteered medical services. The team returned in February 1965 to analyze mountains of data, leaving behind one doctor and the buildings to serve as a clinic.

Skoryna boasted 100 percent success, but his opinion was quietly contested; relationships were strained, publications few, and several surprise findings limited the impact. Furthermore, in light of postmodern sensitivities, uncomfortable racist overtones underlie the plan. Nevertheless two unexpected and previously unrecognized benefits, concerning polio and cancer chemotherapy, continue to exert influence even now.

Objectives: 1. To develop the capacity for critical thinking about the nature, ends, and limits of medicine, through understanding the scope and purpose of the International Biological Program, 1964-74.

2. To recognize the justification and methods for attempting to document a biosphere in the mid-1960s.

3. To analyze pitfalls in epidemiological research, in terms of personal, political, cultural, and physical problems.

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Session: F6 From Clinic to Clink: Prison Medicine in England and Ireland, 1850-2000

**Duvall, Nicholas**

University College Dublin, Dublin, Ireland

*'Disorder, Disillusion, and Disrepute': Medicine and the Prison Medical Service, 1970-1990*

Abstract: During the 1970s and 1980s, the Prison Medical Service, the body responsible for coordinating the healthcare of inmates in prisons in England and Wales, was the subject of considerable, critical attention, from both the public and other sections of the medical profession. This was partly due to the service's involvement in practices widely perceived to be harmful, including the forcible feeding of hunger strikers; the alleged overprescribing of psychotropic medication; and doctors' participation in the disciplinary regime of the prison.

Additionally, they practised within an environment widely held to be deleterious to the health of inmates, particularly those who were mentally ill. These factors, and the fact that the Prison Medical Service was not part of the National Health Service, combined to make prison medicine appear isolated and disreputable. This paper will examine how prison doctors, responding to this hostility, fashioned their identity within the medical profession, and how this shaped their relations with other doctors. It will add nuance to the limited existing historiography on prison medicine, which has hitherto largely focused on power relations between inmates and medical staff. By drawing on contemporary medical journals and official inquiries, which offer a range of medical and lay views, I will show that prison medicine's identity was complex. While its representatives were defensive when their own competence and ethics were challenged on the pages of the medical press, they were also, at times, critical of unhealthy aspects of prison life, such as rudimentary sanitation and the difficulty of finding beds for mentally ill inmates in psychiatric hospitals. This latter problem was a source of resentment in the relationship between prison doctors and their counterparts outside, whose intransigence in the face of potentially difficult patients was readily blamed for problems transferring these prisoners to more suitable accommodation. Understanding the quality of this relationship is important, since doctors outside the prison walls had an important role to play in the healthcare of prisoners, from the provision of specialist treatment beyond what prison medical officers could provide, to ensuring continuity of care after a prisoner's release.

Keywords: prison; professional identity; intra-professional conflict

Objectives: 1. Provide an introduction to the practice of medicine in prisons in England in the 1970s and 1980s.  
2. Explore the formation of the professional identity of doctors working in stigmatized environments.  
3. Examine the conflicts arising between prison doctors and external psychiatrists over the difficulty of finding places for mentally ill prisoners in psychiatric hospitals.

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Session: G1 Race, Civil Rights, and Health Care in the 20th-Century United States

**Eboh, Ijeoma**

Columbia University, New York, NY

*Unable to Breathe: Race, Asthma, and the Environment in Civil Rights Era New Orleans and New York*

Abstract: At the height of the civil rights movement, the medical profession began exploring the connection among asthma, race, and urban environments. As African Americans lamented their living conditions and called for equality in all areas of life, particularly health, doctors and health researchers identified social and environmental differences in African American neighborhoods that they suspected might explain outstanding levels of disease. My paper will

examine how asthma research in the 1950s and 1960s, with its focus on the toxicity of urban environments, bolstered broader African American struggles for equity.

I combine a presentation of historical statistics demonstrating high asthma hospitalization rates at the mid-century with firsthand accounts of the living conditions for African Americans. I ground this material in two locales, New Orleans and New York, where asthma was particularly pronounced. New Orleans' Charity Hospital treated an excess number of patients for asthma; in one weekend, the hospital received over two hundred asthma patients. A study carried out by Robert Lewis to understand the rise of asthma, particularly in the fall months, concluded that the city's landfills, situated in the African American neighborhoods where the majority of asthma patients hailed from, contained asthma-inducing pollutants. More than a thousand miles north, average daily asthma visits at New York's Harlem and Metropolitan Hospitals rose to more than 40 cases, accounting for about more than 20% of emergency room visits. Researchers also hypothesized that the environment was the reason behind the high asthma hospitalization rates in Harlem.

A study of asthma researchers' historical efforts to advocate for equal living spaces for African Americans carries implications for the present. The relationship among asthma, race, and the environment was largely "invisible" in medical research until the mid twentieth century. At a time when environmental equity remains an important policy agenda in black and brown communities, it is important to understand previous attempts to articulate the environmental basis of the rising racial disparity of asthma and place it on medical and policy agenda.

Objectives: 1. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations).

Session: L3 Medicine at the Ground Level from the Medical Heritage Library: State Medical Societies, State Medical Journals, and the Development of American Medicine and Society

**Eder, Sandra**

University of California, Berkeley, Berkeley, CA

*Relating the Past: New Alliances with Medical Institutions in the Usage of Patient Records.*

Abstract: In 2014, Richard Horton diagnosed the current history of medicine in the "Lancet" as "moribund" and he bemoaned that "most medical historians ... have nothing to say about important issues of the past as they might relate to the present." Medical historians' engagement with patient records and the new alliances that are created in this process very much disprove such statements. In my presentation, I will discuss such a successful collaboration with medical doctors at the University Children's Hospital in Zurich, Switzerland. Reacting to the demands of former patients and activists to address the practice of controversial invasive surgery, the hospital decided to engage in a historical evaluation of its treatment and management of intersex children (DSD). In 2014, I pursued pilot study drawing

on the Hospital's vast archive of patient records from 1913-1968 to assess the scope and usefulness of the existing historical patient data. Made public in 2015, the study presented a sample analysis of 22 patient files from 1933 to 1969 and discussed shifts in the medical and surgical interventions at the Hospital. Building on my previous historical research on treatment of intersex children at Johns Hopkins in the 1950s, I argued that silent legacies of historically contingent concepts of care continue to exist within current treatment protocols. The success of this pilot study has led to a renewed commitment on part of the University Children's Hospital in Zurich to evaluate its past practices through historical analysis with the long-term goal to support the development of evidence-based best practices models for future encounters with DSD patients.

Objectives: Learning objectives included in general abstract for symposium

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Session: I1 The Dangers of Everyday Life: Framing Risk and Safety in the United States

**Elder, Rachel**

University of California, Los Angeles, Los Angeles

*Deliberating Danger: Epileptic Drivers and the Medical Construction of "Safe Risks" on the American Road, 1939-1956*

Abstract: On the eve of World War II, state and medical concern first arose regarding the risk that "epileptic drivers" posed on American roadways. Eclipsing anxieties about drunk driving and reckless speed, the occasional losses of consciousness and control associated with seizures became a foremost threat to public safety, and a way of life increasingly defined by car ownership and use. Yet, only a decade after several states placed bans on epileptic drivers, and thousands of licenses were revoked nationwide, a group of Wisconsin physicians successfully reclassified certain seizure-prone persons as "safe driving risks." Once antithetical to public health and safety, the epileptic driver was swiftly recast as a candidate for the driver's seat, and a safe citizen by extension.

In this paper, I explore how growing discomfort with the seemingly unpredictable bodies of ambiguously marked persons collided with the symbol and the substance of the mid-twentieth century automobile. Specifically, I examine how and why seizure-prone individuals became eligible to drive after 1949, and how their suitability was assessed under newly formed medical review boards. Whereas the pharmaceutical "control" of seizures after World War II has typically explained the extension of such privileges in the postwar era, I argue that the licensing of epileptic drivers chiefly articulated new types of risk. Placing subjective measures such as the "reliability" of applicants above conventional metrics of seizure control, postwar physicians' boards demonstrated that the real danger of the epileptic driver was less some intrinsic quality of the seizure-prone body or its potential for accident, but rather its institutional invisibility to doctor and state.

To better understand how physicians, lawmakers, and individuals with epilepsy navigated the question of driver safety and control, I draw upon medical journals, media sources, and the records of Wisconsin's first epileptic review board. I place this history in the context of expanding highway systems, rising medical involvement in matters of road safety, as well as the increased, albeit imperfect, pharmaceutical control of seizures in postwar America.

Objectives: 1. Understand the dynamic history of medical ideas and practices through exploring an unexamined element of epilepsy's social history in the second half of the twentieth century.  
2. Consider the role of physicians as experts and arbiters of public safety.  
3. Place disability and impairment in the broader cultural context of safety.

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Session: C5 Disabled Bodies: Visual Culture, Medical Education, & Claiming Professional Authority

**Engel, Trevor**

University of Texas at Arlington, Arlington, Texas

*War Trophies on the Shelf: Anatomical Museums, Eugenics, and the Display of the Dead*

Abstract: A place where skulls of every nationality, "triple foetuses," Siamese twins, hydrocephalic babies, and giants stand in unison to serve a common purpose: the medical museum. A place in which it has long been considered safe for one to study and stare at the dead, with or without their consent. When the Army Medical Museum and other institutions have repatriated many remains of indigenous peoples they once collected, why has it remained acceptable—even desirable—for museums to retain the bodies and body parts of those with disabilities? In fact, leading medical museum scholar Samuel Alberti has declared his intention to keep the Irish Giant at London's Huntington Museum despite public pressure to return the man's body to a proper grave, per his wishes.

The explanation lies in the medical profession's roots. This paper uses the emergence and development of medical museums such as the Mütter Museum to investigate how the medical model of disability — the idea that "disabilities" constitute individual pathologies or biological deviance that need to be cured — became standard in medical discourse and education between 1830s and 1900s. Anatomical museums also provided citizens with a safe place to stare at deceased disabled bodies; therefore, this paper also explores how the medical objectification of bodies transferred to the public objectification of people with disabilities. Disability studies scholars have examined how asylums and freak shows claimed live bodies with disabilities but have ignored the simultaneous emergence of anatomy, professional medicine, and the practice of displaying "freaks" or their body parts. Historians of medicine and science have investigated medical museums in depth but have largely sidestepped disability and the consent issues involved in the collection of disabled people's bodies, seeing that as a scientific and social good. The bodies and body parts of disabled people, however, were



especially valuable to anatomists because they helped to define normality, bodily deviance, and pathology.

This paper draws on donation records, teratological specimens, medical photographs, minutes, and correspondence from the Mütter Museum; medical textbooks; memoirs from Northeast-based physicians; Transactions of the College of Physicians of Philadelphia; medical museum catalogs; and phrenological and eugenic publications.

Objectives: 1. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations).

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Session: B5 From Vitalism to Vitality

**Fallon, Cara Kiernan**

Harvard University, Cambridge, MA

*More Preventable than Disease: Falls in the Home, 1914-2014*

Abstract: In 2013, the Centers for Disease Control and Prevention (CDC) announced that falls—a seemingly simple trip or a slip—had cost \$34 billion in direct medical expenses and caused 2.5 million older-adult falls, nearly 1 million hospitalizations, and 24,000 deaths. The “silent epidemic” of hip fractures was mounting, osteoporosis was rising, and nursing home costs were growing astronomically, all signaling a growing burden of medical expenses from injured, immobile seniors. But fortunately, the CDC assured, falls were a public health problem that was largely preventable.

One hundred years before, statisticians, insurers, and public health officials uttered nearly the same words. “A large part of these deaths are preventable,” wrote the “Weekly Underwriter” in April 1916 on the home accident toll.

This paper traces the emergence of falls as a leading home accident and public health problem, and its reconstitution into an expensive, highly technical event that continues to plague medicine and public health. Despite recent public attention to falls in the elderly, very little scholarship has been devoted to its history. This paper brings together the histories of epidemiology, nursing, home safety, and social attitudes toward aging in a broader examination of medical and public health responses to old age.

Drawing on health safety pamphlets, insurance documents, medical publications, and nursing papers, I examine the formation of falls within the home safety movement and rise to iconic status among the health threats to the elderly. I explore the gap between expensive,

biomedical treatments and their apparent antidote in practical, inexpensive public health measures. Finally, I trace how the commonplace nature of falls undermined more systematic study of falls in the elderly and obscured attention to the relationships between age, gender, and socioeconomic status. My research aims to show how attention to the seemingly mundane event of falling can reveal broader patterns in the development of epidemiological research, the role of age and gender in the visibility of health problems, and the growing cultural intolerance to both the risk of accidents and the costs of their prevention.

Key words: falls, aging, public health

Objectives: 1. Discuss and problematize the role of commonplace health problems in the history of medicine and public health.  
2. Provide historical context for falls as a home accident and a major health problem for older adults.  
3. Develop a deeper understanding of the role of aging in medical and public health responses to injury and disease.

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Session: B5 From Vitalism to Vitality

**Fernández-Medina, Nicolás**

Pennsylvania State University, University Park

*Ignacio María Ruiz de Luzuriaga and the Phenomenon of Life in the Spanish Enlightenment*

Abstract: With the rapid advancement of scientific understanding in the seventeenth and eighteenth centuries with the so-called Scientific Revolution, men of learning across Europe investigated the nebulous processes that imbued the body with life in order to challenge everything from the oftentimes lethal practice of phlebotomy favored by Galenic medicine to that most sacrosanct of subjects, the soul's existence. This presentation examines how the evolving question of vital force influenced the experimental research of Ignacio María Ruiz de Luzuriaga (1763-1822), a key figure in the anatomical and medical sciences in Enlightenment Spain who played a decisive role in theorizing vital force during the Spanish medical revolution. In figures like Luzuriaga it becomes apparent that Spanish science was more innovative and complex during this period than has often been contended, and it was deeply engaged in exploring the nature of the body's vital force and its innermost mechanisms of growth and homeostatic regulation.

Although Luzuriaga is little remembered today, he was instrumental in extending Spanish science beyond the boundaries of mechanistic reasoning into a broader sphere of vitalist inquiry and experimentation during the Enlightenment. As a key member of the Royal Academy of Medicine who had served in several of the institution's administrative posts, his work on respiration and vital force was influential in Spain and he was one of a handful of Spanish physicians in the eighteenth century who established cross-cultural dialogues in the fields of

anatomy and physiology. Without a doubt, his work on vital force provided Spanish researchers with unprecedented experimental evidence on the microstructures and processes of the body that could be instrumentalized to revise the very definition of life, which invariably raised for discussion once again the difficult question of the authority of the soul in bodily existence.

- Objectives:
1. Understand the dynamic history of medical ideas through understanding the relevance of theories of vital force in the history of medicine.
  2. Appreciate how respiration and the properties of the blood were theorized during the Enlightenment.
  3. Recognize the importance of Ignacio María Ruiz de Luzuriaga's work.

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Session: F1 The Circulation of Cures: Remedies and the Marketplace

**Flood, Margaret**

University of Minnesota, Minneapolis, MN

*Mission Medicine: Christianity and Circulations among the Great Lakes Ojibwe, c. 1830*

Abstract: In the western Great Lakes during the 1830s, Ojibwe and settler groups circulated medical practices and practitioners while contesting the political structures and religious cosmologies within which these practices and epistemologies were situated. This paper argues that while frameworks of colonial imposition and Native resistance remain vital to making sense of these medical circulations during the period, medical practice both reified and transcended these boundaries. During this period of political and cultural upheaval, Ojibwe and settler patients and practitioners sought each other's aid in healing while also using medicine to advance their own social, economic, and political goals.

This paper draws from unpublished letters and diaries written by Presbyterian mission workers during the 1830s and 1840s. I focus primarily on mission teacher Edmund Ely as well as members of the Ojibwe community among whom he lived. An evangelist from New York, Ely sought to civilize the Ojibwe by replacing Ojibwe cosmologies and lifeways with his own. Ely was also an ad hoc physician and wrote extensively about diseases and healing in his journals. Both Ely and the Fond du Lac band sought and accepted medicines and medical techniques from the other with an important limit: each eschewed practices perceived as an assertion of the other's cosmologies. Even as circulations of medicines were vital to each party's survival, medicines and associated practices were also central to expressions of and resistances to conflicting worldviews and political goals.

Histories of medicine and American colonialism have often focused outside of the boundaries of the United States. Similarly, much work remains pertaining to medical circulations between American Indian and Euro-American social groups. This paper argues that such circulations are vital and complex sites to document processes of settler colonialism, transformations in

medical therapeutics, and the importance of religious viewpoint to medical practice in the early 19th-century western Great Lakes.

Objectives: 1) Develop knowledge and understanding of professional behaviors and values by recognizing the dynamic interrelationship between medicine and society through history.  
2) Contribute to the improvement of patient care by developing a historically informed sensitivity to the diversity of patients.  
3) Provide a historical context for a better understanding of the contributions of American Indian medicine.

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Session: C4 Socialism and Health: A Global Exchange of Ideas and Practices

**Folland, Johanna**

University of Michigan, Ann Arbor, MI

*Socialist Public Health and the AIDS Crisis: The Case of East Germany in Transition, 1985-1995*

Abstract: Like nearly every aspect of the East German state apparatus, AIDS prevention programs in the GDR underwent drastic changes in the early 1990s in order to be brought into line with (West) German norms and standards. A 1999 working paper by the Public Health Working Group (Forschungsgruppe Public Health) in Berlin recalled this process: the East German AIDS prevention paradigm was seriously deficient, the report asserted, because policymakers were completely unwilling to target specific, high-risk groups - that is, gay men - for education and outreach. Instead, the GDR relied primarily on monogamy-centered universal public information campaigns and mass testing, indications (the report implies) of the obtuseness of state-socialist approaches to complex epidemiological problems.

East German researchers and policymakers had obviously seen things differently: for them, AIDS research and prevention was an arena in which the GDR could distinguish itself as an equal participant on the industrialized world stage, by conducting serious scientific research and comprehensive testing and by forging trans-Bloc connections with counterparts in Western countries and international bodies like the WHO. This paper, part of my ongoing dissertation research, will explore conceptions of a distinctly “socialist” approach to public health as they emerged and mutated in the context of these encounters, and in the reconstitution of East German public health that followed reunification. Based especially on primary documents from the GDR Section of the German Federal Archives and public discourse and scientific writing from the early-1990s Federal Republic, the paper will ask whether and to what extent discrepancies in AIDS prevention policy can be attributed to divergent understandings of public health in East and West Germany. Moreover: in the 1990s-era former GDR, remaking health care in the West’s image meant hiving “public” health away from health care writ large, and from clinical medicine. Could collaborative, transnational public health projects in the 1980s have laid the groundwork for these transformations?

- Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.
2. Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.
3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: D5 Explorations in Canadian Medicine and Public Health

**Fraser, Jennifer**

University of Toronto, Toronto, Ontario, Canada

*Seeing (Infra)Red: Race and Cancer Risk in Ray Lawson's Breast Thermography*

Abstract: The notion that cancer has a differential impact on Indigenous populations is everywhere in Canadian health-science literature. In fact, it is hard to find an Aboriginal health article that does not point out the striking differences in the distribution and course of cancer within Native-Canadian communities. This is because most health officials posit that Aboriginal peoples are at an increased risk of developing head, neck and cervical neoplasms, while enjoying “relative freedom” from breast cancer. It is strange that Aboriginality has played such a large role in Canadian cancer risk-assessment, especially since Canadian data on the number of cancer cases among Aboriginal people has been piecemeal at best, relying exclusively upon regional data which is often highly variable. This raises a number of important questions: How did certain cancer types become linked to Aboriginal ancestry and why do these indices of Aboriginal health continue to be cited in the face of shaky statistical evidence? In order to provide a detailed examination of the historical antecedents underpinning current knowledge claims about Aboriginal cancer, this paper will explore the epidemiologic investigations of Dr. Ray Newton Lawson, a surgeon and medical physicist at Montreal's Royal Victoria Hospital. Using his newly developed technique of thermography, from 1944-1957 Lawson traveled to Canada's northernmost regions to screen Inuit women for breast cancer. Finding no cases of breast malignancy on any of his thirty six trips to the Canadian arctic, Lawson concluded that Native-Canadian breast cancer incidence was “abnormally low.” By pointing his “heat camera” at Inuit peoples, Lawson lent support to the pervasive idea that Indigenous peoples were biologically distinct, and as such could not be subsumed under the cancer-risk assessments applied to the general population. By uncovering how Canadian medical officials like Lawson came to define certain cancer types as distinctively Aboriginal (or non-Aboriginal), my presentation will explore how certain cancers came to be linked with Aboriginal ancestry, and will discuss how these “high risk” and “low risk” medical labels have become embedded within medical discourse over time.

- Objectives: 1) Develop the capacity for critical thinking about the nature, ends and limits of epidemiology.
- 2) Understand the dynamic history of public health ideas and practices, and their implications for patients, health care providers, and policy makers.

3) Acquire a more nuanced understanding of concepts and practices of “race” and biological “difference.”

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Session: C3 Medical Ethics in the Courtroom

**Frohman, Larry**

SUNY, Stony Brook, NY

*Medical Confidentiality in the Information Age:*

*Cancer Registration, Computerization, and the Protection of Personal Information in West Germany, 1970-90*

Abstract: The obligation of physicians to hold in confidence the personal information entrusted to them has long been regarded as the most elemental condition for the productive collaboration between doctor and patient. However, the social context of this obligation is constantly changing. In my paper I will argue that the intensified medical surveillance of the West German population in the 1970s, together with the expanded use of computers to collect and analyze this information, made it necessary to renegotiate the parameters for the use of personal medical information and that this process led to the codification of rigorous standards of medical confidentiality that mirrored the broader development of privacy protection law in that country.

In the first part of my paper (which is based on research in German archives and the in-depth analysis of contemporary publications), I will argue that the debate over cancer registration pitted the defenders of medical confidentiality against those epidemiologists who argued that the benefits of mandatory reporting outweighed the loss of personal privacy. However, these arguments failed to persuade the German Medical Association, privacy advocates, or legislators, and privacy concerns blocked the passage of mandatory cancer registration until the 1990s.

In the second part, I will examine the use of the new information technologies to process the massive amounts of personal information flowing through the sickness insurance funds. Administration officials hoped that the systematic linkage of diagnostic and treatment information to individual insurees—which had not been feasible as long as such information was stored and processed in paper form—would bring greater transparency to the system and transform a payment processing system into a comprehensive medical information system for cost control and social planning. However, the widely-shared fear that this individualized patient data could be used to discipline insurees and physicians alike forced the government to substantially scale back its original plans.

While several works have examined medical privacy in the prewar period in Germany and elsewhere (Maehle, *Doctors, Honor and the Law*; Fairchild et al., *Searching Eyes*), virtually nothing has been written on the topic with regard to postwar West Germany.

- Objectives: 1. Understand the historical context of medical privacy.  
2. Understand the politics of cancer registration.  
3. Analyze the informationalization of the West German health care system.

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Session: G1 Race, Civil Rights, and Health Care in the 20th-Century United States

**Gamble**, Vanessa Northington

George Washington University, Washington, DC

*“ ‘We Ought to Go in Texas, and I Don’t Mean to a Segregated Medical School’: Civil Rights Activists and the 1949 Desegregation of the University of Texas Medical Branch”*

**Abstract:** In September 1949, Herman Barnett became the first African-American student at the University of Texas Medical Branch (UTMB) in Galveston. His admission was rooted in the National Association for the Advancement of Colored People’s (NAACP) legal campaign to eradicate racial inequalities in state-financed graduate and professional schools. Initially, the civil rights organization did not directly attack the separate-but-equal doctrine of Plessy v. Ferguson (1896), but sought to have states provide black citizens with equal higher education opportunities. After World War II it targeted segregated education, and black medical organizations called for the desegregation of medical schools. In 1946, the NAACP filed suit against the University of Texas (UT) after its law school rejected a qualified black student, resulting in the pivotal US Supreme Court decision Sweatt v Painter (1950). In April 1949, Herman Barnett joined a group of black students who marched to support the suit and protest the university’s discriminatory practices. He indicated that he too would sue if UT rejected his medical school application.

The desegregation of medical education should be viewed as an interplay of national and local factors. A year prior to Barnett’s UTMB admission, the University of Arkansas became the first southern medical school to desegregate – an event that occurred without protests or lawsuits partly because the cash-strapped state could not afford the costs of opening a black medical school. Wealthier Texas tried to forestall the desegregation of UTMB by appropriating funds for the establishment of a medical school at the Texas State University for Negroes (TSUN). Barnett’s initial enrollment at UTMB was conditional – plans called for him to eventually transfer to TSUN. But the state was not able to secure adequate funding and the Sweatt decision halted the construction of the school.

Using archival materials, newspaper accounts, and legal cases, this paper will show that several factors led to the full desegregation of UTMB, including the NAACP’s strategy shift, grassroots activism, local political considerations, the rising costs associated with medical education, and a changing judicial landscape. It will contribute to an under-researched area at the intersection of the medical history and civil rights history.

- Objectives: 1. Acquire a historically nuanced understanding of the role of race in the organization and development of American medical education.
2. Recognize the dynamic interrelationship between medicine and society through history.
3. Provide historical background for contemporary efforts to increase underrepresented minorities in medicine.

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Session: C2 From Microbes to Matrons: Hospital Infection Control, 1870-1990

**Gardiner, Susan**

University of Glasgow, Glasgow, UK

*'From the bench to the bedside: Scottish clinical bacteriology before antibiotics, c.1927-1936'*

Abstract: The control of hospital infection in twentieth-century Britain is a contentious, yet understudied, aspect of the history of medicine. Recent histories have emphasised the development of antibiotic policies and the formation of interprofessional infection control teams comprising doctors, nurses and bacteriologists (Ayliffe and English, 2003), whilst others have highlighted the disjointed approach taken to counter drug-resistant infections in hospitals across the National Health Service (Condrau, 2009). Whilst the current historiography reveals much about hospital infection control in Britain, the experience of Scottish hospitals is sorely lacking in contemporary discussions.

Existing works have also downplayed the role of the hospital bacteriologist in the implementation of effective methods of control prior to the 'antibiotic era' and the introduction of penicillin during the Second World War. Flurin Condrau (2009) and Kathryn Hillier (2006) have highlighted the rising status of the bacteriologist during and after the emergence of a virulent, drug-resistant bacterial strain in the mid-1950s. Then, they argue, bacteriologists were propelled to the forefront of debates surrounding the control of antibiotic-resistant infections; not only were they conducting investigations at the laboratory bench, but they were actively seeking solutions which would affect patient care at the bedside. My paper seeks to address the twentieth-century response to hospital infection, within the context of Scottish institutions and prior to the introduction of penicillin in 1942. Building on the existing historiography, I argue that clinical bacteriologists were playing an important role in matters of infection control long before the emergence of widespread antibiotic resistance. In doing so, I will examine the impact of two clinical bacteriologists based at two of the nation's largest voluntary hospitals: the Royal Infirmary of Edinburgh and the Glasgow Royal Infirmary. I will show that even by the 1920s the bacteriologists there exerted their influence on measures for hospital infection control both in Scotland and beyond. I will draw on a variety of sources, including hospital minute books, patient case notes, published reports and medical textbooks.

- Objectives: 1. Develop a deeper understanding of the significance of clinical bacteriology, within the context of infection control, from an historical perspective.
2. Recognise the importance of case studies in historical research.



3. Gain an understanding of the close historical relationship between surgery and bacteriology.  
Session: C2 From Microbes to Matrons: Hospital Infection Control, 1870-1990

**Gardiner, Susan**

University of Glasgow, Glasgow, UK

Abstract: The control of hospital infection in twentieth-century Britain is a contentious, yet understudied, aspect of the history of medicine. Recent histories have emphasised the development of antibiotic policies and the formation of interprofessional infection control teams comprising doctors, nurses and bacteriologists (Ayliffe and English, 2003), whilst others have highlighted the disjointed approach taken to counter drug-resistant infections in hospitals across the National Health Service (Condrau, 2009). Whilst the current historiography reveals much about hospital infection control in Britain, the experience of Scottish hospitals is sorely lacking in contemporary discussions. My paper seeks to address the twentieth-century response to hospital infection, within the context of Scottish institutions and prior to the introduction of penicillin in 1942. Building on the existing historiography, I argue that at least some clinical bacteriologists were playing an important role in matters of infection control long before the emergence of widespread antibiotic resistance. In doing so, I will examine the impact of one such bacteriologist based at one of the nation's largest voluntary hospitals: the Royal Infirmary of Edinburgh. I will show that even by the 1920s the bacteriologist there was exerting a strong influence on measures for hospital infection control both at the Infirmary itself and further afield. I will draw on a variety of sources, including hospital minute books, patient case notes, published reports and medical textbooks.

Objectives: By the end of this activity, the learner will: 1. Develop a deeper understanding of the significance of clinical bacteriology, within the context of infection control, from an historical perspective.

2. Recognise the importance of case studies in historical research.

3. Gain an understanding of the close relationship between surgery and bacteriology.

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Session: H4 Slavery and Medical Practice and Investigation

**Gherini, Claire**

The Johns Hopkins University, Baltimore, MD

*"From Whatever Motive It Proceeds": Competing Etiologies of Dirt-Eating in the Eighteenth-Century Plantation Caribbean, (1760-1801).*

Abstract: In 1786 antislavery lobbyists presented British Parliament with a ghastly picture of plantation slavery in the British Caribbean: slaves resorted to dirt-eating to alleviate dietary deficiencies. The disorder of dirt-eating, as antislavery writers framed it, impeded the natural increase of slave populations in the Caribbean. The Jamaican West Indian lobbyist Edward Long,

in response, scrambled to recast the etiology of dirt-eating, and by implication, the Caribbean plantation complex, in a softer light. Papering the MPs with materials gathered from Jamaican practitioners and overseers, Long transmogrified dirt-eating from a dietary deficiency disease into a destructive ethnic tradition: unwieldy cultural baggage that recently imported African slaves persisted in at their own peril. This paper uses rival etiologies of dirt-eating that appeared in the British Caribbean in the eighteenth century as a point of entry into the politics, methods, and informants that undergird the formalization of plantation diseases during this period.

Indeed, an ocean away, contradictory etiologies of dirt-eating emerged between urban medical experts in the Leeward Islands and Jamaica. These urban practitioners, I show, relied heavily on plantation managerial staff as their chief informants for descriptions of the circumstances surrounding dirt-eating's onset. Their dependence upon overseers and managers reveals the centrality of plantation managerial and disciplinary practices to the project among urban physicians of theorizing plantation diseases. Intellectual ties between the two occupational groups do not, however, explain why regionally different etiologies of dirt-eating appeared in Britain's sugar plantation colonies. This paper adapts the insights of scholarship on comparative slavery, which has argued that the ratio of enslaved African to creole slaves in plantation populations forcefully determined relations between enslaved blacks and middling whites in the different slave societies of the Americas, into its analysis. Taking under consideration the stark differences in relations between enslaved plantation populations and white managerial staff in the Leeward Islands and Jamaica explains the discrepancy in etiologies of dirt-eating emerging from the British Caribbean and reiterates the importance of regionally distinctive plantation managerial experiences and strategies to the formalization of plantation diseases in the eighteenth-century Caribbean.

Objectives: 1. Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations).  
2. Identify successes and failures in the history of medical professionalism.  
3. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.

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Session: L5 Teaching and Researching the History of Medicine in the Era of (Big) Data

**Gibbs, Frederick**

University of New Mexico, Albuquerque

*Data, Humanities, and the History of Medicine: New pedagogical approaches*

Abstract: The reductive but persistent dichotomy between the rich analog annals of medical history and the data-driven analysis that guides contemporary medical policy continues to dissolve as historians create historical data, and as data figures increasingly centrally to the archives of contemporary medicine. This paper argues that the history of medicine and the

future of medicine are increasingly linked by analytical facility with data—although hardly unproblematically—and that history of medicine pedagogy must begin to incorporate new strategies for marrying traditional medical history approaches with methods of data analytics emerging in the digital humanities.

If we consider the historical archive as data, the archive/data divide does not appear to be a new phenomenon. But the sheer quantity, diversity, and speed with which it is created—the original hallmarks of so-called “big data”—are in fact creating a new archive that requires different tools and skills to analyze. But of course the typical methods of data analysis are insufficient. Thus, the history of medicine has a crucial role to play in constructing the cultural, social, and intellectual contexts for the data, which unfortunately much of contemporary data analysis neglects. Medical history courses provide unique opportunities for bridging the archive and data divide.

If historians of medicine think their work matters outside the historical profession, engagement with the data of medical history—in all its various forms—is nothing short of essential. By this I don’t mean that typical medical history will cease to exist but that it will increasingly be seen as irrelevant or trifling artifact of a bygone era. The increasingly centrality of data in medical care and policy means that the history of medicine is more important than ever, but only if historians of medicine have the proper tools and methods at their disposal for bridging the divide between analog and digital history. More broadly, of course, the deliberate effort to integrate quantitative analysis in history courses reinforces the values and skills of the humanities research, allowing students to be better equipped to apply critical analysis skills no matter what form of data at their disposal.

Objectives: Develop the capacity for critical thinking about the nature, ends and limits of medicine

Recognize the dynamic interrelationship between medicine and society through history

Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning

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Session: L5 Teaching and Researching the History of Medicine in the Era of (Big) Data

**Gibbs, Frederick**

Virginia Tech, Blacksburg VA

*Will It Come Here? Using Digital Humanities Tools to Explore Medical Understanding during the Russian Flu Epidemic, 1889-1890*

Abstract: On December 18, 1889, the "Detroit Free Press" asked an intriguing question in the headline: "Will It Come Here?" "It" was the "Russian Flu," first noticed on a global scale in St. Petersburg, Russia, just weeks earlier. As the flu spread across Europe, American medical authorities as well as the popular press expressed increasing concern about the approach of

this disease. To answer this question, many newspaper reporters turned to local doctors to learn more about the flu. The diversity of opinions revealed in numerous published interviews are revealing of medical expertise and popular opinion--and the nexus of exchange between these two categories of knowledge and perception--in the midst of a disease outbreak. In the article cited above, Dr. T. A. McGraw challenged the theory that influenza microbes were blown from place to place, and declared instead: "People bring it in their clothes." Regardless of transmission modes, McGraw affirmed, Detroiters should not "fear any epidemic of this sort," but should "treat it carefully," as even though it was "seldom fatal," it was dangerous to "aged and sickly people" and can give "a strong man a pretty severe attack." Dr. D. P. Brodie also conceded that the disease "might" break out in Detroit, but he too reassured the public: "influenza is, at the worst, but a very troublesome and disagreeable disease."

This paper explores the question, "will it come here?," in terms of the way that American doctors thought about influenza, anticipated its potential arrival, and adjusted their perceptions in response to changing circumstances. This research pursues collaborative methods designed by undergraduate researchers and a faculty mentor that analyzes evidence from a digitized textual database of more than thirty newspapers that contain interviews with local doctors. This paper thus engages with the most significant questions facing medical historians such as Nancy Tomes, Michael Bresalier, and Nancy Bristow regarding infectious diseases with regard to diagnosis, etiology, transmission, morbidity, and mortality. By contributing to scholarly understanding using a big data approach, this paper demonstrates how the digital humanities can engage students in projects that are both technologically innovative and scholarly rigorous.

Objectives: Understand the dynamic history of medical personnel, ideas, and practices  
Deepen understanding of how illness is perceived and treated by doctors  
Recognize the dynamic interrelationship between medicine and society during disease outbreaks

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Session: I2 Contested Drugs

**Giffort, Danielle**

St. Louis College of Pharmacy, St. Louis, MO

*"Deficiency in knowledge": The 1966 Senate Hearings on LSD Research and the Shifting Knowledge Investments of the State*

Abstract: In May 1966, the U.S. Senate held a three-day hearing that brought together psychedelic researchers and federal representatives to reassess the role of the government in the organization and coordination of LSD research. Several federal agencies had been involved with LSD research, both covertly through the CIA and openly through the NIMH and FDA, since the 1950s. However, the government's interest in LSD shifted in the mid-1960s. The Senate hearing took place in the midst of growing public concern over the nonmedical use of LSD. In

this paper, I argue that this hearing played a critical role in shaping the direction of medical research with psychedelic drugs. Based on an analysis of archival data, including the transcribed proceedings, I examine how two stakeholders—psychedelic scientists and federal representatives—constructed legitimate LSD research, including which type of research should receive federal approval and funding. While psychedelic researchers called for continued medical research on LSD, federal representatives called attention to a glaring knowledge gap: research on LSD abuse. Despite nearly two decades of research, there were no answers to what federal representatives saw as the most pressing questions about LSD: who uses it recreationally, and how can misuse be prevented? Consequently, representatives for the FDA and the NIMH proposed steering LSD research agendas toward studies of drug abuse and away from investigations of medical and therapeutic uses. I argue that this hearing reveals the shifting knowledge investments of the State—a shift that ended up constraining what research received federal approval and funding. Therefore, this hearing represents an important moment in the decline of psychedelic science. The case of psychedelic science and the shifting knowledge investments of the State reveals the ways in which political and institutional factors shape the direction of research agendas, sometimes creating pockets of nonknowledge. Therefore, this paper contributes to the literature in science studies about the problem of nonknowledge, or the absence of knowledge—that is, why do certain areas of medical research flourish while others are left ignored, forgotten, and unfunded?

Objectives: Understand the history of psychedelic drugs in medical research.

(2) Identify how political and institutional factors shape why some areas of medical research flourish while others are ignored or forgotten.

(3) Recognize the dynamic interrelationship between medicine and society through history.

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Session: C2 From Microbes to Matrons: Hospital Infection Control, 1870-1990

**Gradmann, Christoph**

University of Oslo, Oslo, Norway

*Infectious Risks: Hospital Hygiene, Risk Factor Epidemiology and Infectious Disease 1960-1990*

Abstract: Antibiotic therapy, upon entering clinical medicine in the 1940s, did so with the claim to fulfill a transformation of hospitals that had originated in the 19th century laboratory revolution. From former death sinks, hospitals had been promoted to being harbingers of therapeutic progress. The arrival of rational therapies based on the application of sulphas and antibiotics from the mid 1930s seemed to complete a process of the conquest of infectious disease that had originated in the late 19th century.

Yet, the story took a different turn quickly. The arrival of new pathologies caused by resistant bacteria or nosocomial infections whose spreading was helped by antibiotic therapies seemed to be intimately related modern anti-infective therapy. Worse, it soon became clear that the place where such problems culminated and a swift evolution of infectious diseases took place

was the modern hospital itself! As a result, the 1960s to 1980s became decades of a search for an up-to-date hospital hygiene that should re-establish this institution's status as a healthy and health promoting environment. Early attempts, around 1960, favored a 'moral' approach which emphasized the (re)enforcement of hygienic practices or a restraint in the use of modern medicines both of which were claimed to be traditional solutions. From the 1970s on, however, hospital hygiene, while attempting to mature as a profession, took to the identification of risk factors in hospitals and their inmates, thereby relying on the tools of the nascent evidence-based medicine: systematic screening, clinical epidemiology, and a focus on cost efficiency. My presentation will focus on work from about 1960 to 1990, the tools employed and the observations made. How did the methods of hospital hygiene develop in a situation where what had been intended as a hygienic space arguably had become one of the most dangerous places to be for a patient?

- Objectives:
1. Understand the dynamic history of medical ideas and practices through understanding the essential challenges and developments in hospital hygiene of recent decades.
  2. Reflect on current medical practices in infectious disease control by understanding the historical challenges they were intended to amend.
  3. Understand in which novel ways the natural history of microbes and the human history of their hosts became entangled in the antibiotic age.

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Session: L4 Medicine at Ground Level from the Medical Heritage Library: State Medical Societies, State Medical Journals, and the Development of American Medicine and Society

**Grafe, Melissa**

Yale University, New Haven, CT

*Medicine at Ground Level from the Medical Heritage Library: State Medical Societies, State Medical Journals, and the Development of American Medicine and Society*

Abstract: The Medical Heritage Library (<http://www.medicalheritage.org>), a digital curation collaborative among some of the world's leading medical libraries, promotes free and open access to quality historical resources in the health sciences. With generous funding grants from the Alfred P. Sloan Foundation and the National Endowment for the Humanities (NEH) and contributions of digital files from more than a dozen other institutions, the MHL collection in Internet Archive (<http://archive.org/details/medicalheritagelibrary>) has over 100,000 books, videos, and audio files with materials ranging in date from the 13th to the 21st centuries, featuring everything from medieval manuscripts to Virginia Slims cigarette commercials from the 1960s. In 2015, with funding from the NEH and Arcadia Fund, the MHL began digitizing American state medical society journals from 1900-2000. This collection will eventually contain 117 titles from 46 states, comprising over 2.5 million pages. In this lunch

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Session, the panelists will explore “medicine at ground level” through these journals, discussing the process of the grant and findings from grant partners, the vast potential for an array of scholarship in the history of medicine and other fields from this collection, and an open conversation with the audience.

State medical society journals document the transformation of American medicine in the twentieth century at both the local and national level. The journals have served as sites not only for scientific articles, but for medical talks (and, often, accounts of discussions following the talks), local news regarding sites of medical care and the medical profession, advertisements, and unexpurgated musings on medicine and society throughout the 20th century. This digitized collection can support a limitless array of historical queries, including those framed geographically and/or temporally, offering new ways to examine and depict the evolution of medicine and the relationship between medicine and society.

Objectives: 1. Learn how to gain free access to major state medical journals from 1900-2000, which will enhance the physician's understanding of the history of medicine at the state and local levels.

2. Conduct searches on professional branches of medicine through journal literature to chart the development of professionalism across 100 years of medicine.

3. Develop the capacity for critical thinking about the use of digitized historical records, and examine ways to frame historical research.

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Session: C6 Evolving as Necessity Dictates: Home and Public Health in 19th and 20th Centuries

**Greenlees, Janet**

Glasgow Caledonian University, Glasgow, UK

*'I have a big plastic bag with biscuit tins...': Queen's Nurses and Public Health Intervention in Scotland, c. 1950-2000*

Abstract: Recent historical emphasis on the political and structural changes of healthcare provision has obscured the work of healthcare providers, particularly those employed in the community. District nurses were front-line community healthcare providers in Britain, with the Queen's District Nurses being particularly reputed for their care. From their inception in England in 1889, Queen's Nurses cared for the sick poor in their own homes, but their role soon expanded. In 1909, the Queen's Nursing Institute of Scotland (QNIS) began educating district nurses for all eventualities within home care provision and continued this role after the Queen's Nurses were integrated into the National Health Service. This paper traces how through the organizational changes, the home consistently shaped the care the nurses delivered in Scotland. The Queen's Nurses non-judgmental care within individual patient's homes that fostered relationships of trust and mutual respect. Not only did this result in close and overwhelmingly positive patient-practitioner relations, it enabled the nurses to provide informal public health education. Such public health intervention in areas of significant

deprivation was feasible due to the mutual respect between the nurses and their patients. Indeed, the patients sometimes educated the nurse's with local remedies that worked. The Queen's Nurses' emphasis on 'prevention, anticipating needs and supporting people to manage their own conditions' equates with the Scottish Government's 2020 Vision for community nursing. Yet the QNIS no longer trains nurses and the last Queen's Nurse has retired. While the evolution and challenges of district nursing has received historical attention, this paper uses first-hand accounts from oral histories of Scottish Queen's Nurses who worked in poor Scottish communities, training manuals, nursing journals and contemporary news articles to describe the changing duties and public health interventions of the Queen's Nurses. It highlights how home nursing secured innovative healthcare solutions and enabled relationship building which, in turn, allowed health education. Analyzing these findings within the public health literature, the NHS and nursing history, this paper reflects on the importance of the healthcare context in shaping care provision. The role and practices of the Queen's District Nurses have important implications for modern community health provision.

Objectives: By the end of this activity, the learner will be able to:

1. Understand the dynamic history of medical practice, through identifying the contributors to the success of the Queen's Nurses healthcare provision.
2. Describe the continuities in district nursing care within the changing administrative and political health care structures
3. Understand the importance of personal relations in achieving public health objectives

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Session: E1 Anatomy of a Medical Discipline: What Cadavers and their Study Tell Us

**Hall, Dominic**

Harvard Medical School, Boston, MA

*John Collins Warren, Thomas Dwight and the development of a legal and regular anatomical supply chain in 19th-century Massachusetts*

Abstract: In his 1897 article "Anatomy Laws versus Body-Snatching" Harvard anatomist Thomas Dwight affirmed that "for many years, not a single body has been received by the anatomical department for which I am not ready to give an account." More than just a defense of Harvard's anatomical holdings, this statement was a reference to the institutional relationships that Dwight designed to supply legal, unclaimed remains to approved Massachusetts' medical schools and the legislation that he influenced in the 1890s to provide the legal framework for such transactions. It embodies an approximate 80-year campaign to legalize and normalize medical body sourcing, begun in particular by Dwight's maternal grandfather John Collins Warren and his promotion of the 1831 anatomy act, an effort that Dwight called "one of the greatest services which Harvard has rendered civilization." For the medical history community, Dwight's statement implies a legitimate and predictable cadaver supply chain in the 19th century, establishing a counter-narrative to the perception of its anatomists as dealing principally only in the disinterred and executed.



Using Massachusetts and Warren and Dwight's legislative work as a case study, my paper establishes an example of an anatomical cadaver group that was legal and potentially identifiable by focusing on the at least seven separate state anatomy acts and revisions from 1782 to 1900 and the published promotional material from those campaigns. To augment and explain the dialogue around the principal 1831 and 1890s efforts, I draw on correspondence between their chief architects, John Collins Warren and Thomas Dwight and their respective Harvard president counterparts, John T. Kirkland and Charles William Elliot.

While it is almost impossible to know whether every cadaver that Dwight speaks of in 1897 was a known individual from a legal source, it is undeniable that a normalized and predictable supply chain existed in 19th-century Massachusetts, one in which the state's anatomists could defend rationally, legally and ethically. This paper serves to mark this example, highlight its legislative evolution, and establish the rationale of the men so focused on its genesis.

Objectives: 1. Deepen the understanding of the historical continuum of anatomical body sourcing for medical education and its progression into the modern anatomical classroom.  
2. Identify successes and failures in the history of medical professionalism, in particular the medical community's ethical and legal relationship to anatomical subjects.  
3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: E1 Anatomy of a Medical Discipline: What Cadavers and their Study Tell Us

**Hammerschlag, Keren**

Georgetown University, Washington, D.C.

*Drawing Racial Comparisons in Nineteenth-Century Surgical Anatomies*

Abstract: There are few descriptions of dissections from the second half of the nineteenth century in Britain; there are even fewer pictures of them. One exception is the largely overlooked but immensely important genre of mid-nineteenth-century surgical anatomies, a key example of which is Joseph Maclise's 'Surgical Anatomy', published in London in 1851. Joseph Maclise was an Irish surgeon who illustrated Richard Quain's influential 'Anatomy of the Arteries', 1844. He was also brother to the successful Royal Academy artist, Daniel Maclise, offering a neat example of the interconnectedness of art and medicine in nineteenth-century Britain.

For 'Surgical Anatomy' Maclise both authored the text and produced its upwards of 50 coloured plates, thereby asserting his status as both anatomical authority and skilled artist. His illustrations are striking in their sanitisation, generalisation, even classicisation of dissected cadavers, revealing the artist-surgeon's desire to present, as was characteristic of nineteenth-century anatomical illustrations, ideal physical specimens. But what distinguishes his illustrations from earlier examples are their emphasis on comparison, and the degree to which he organises the bodies according to the rules of geometry. Hence, Maclise's 'Surgical Anatomy'

and other works like it reveal the impact of developments in comparative anatomy and theories of evolution on how nineteenth-century artists and surgeons conceived of the relationship between the interior and exterior of the human and animal body.

Of particular interest is that Maclise included in his surgical atlas an illustration of the anatomy of a white man as compared with that of a black man, both corpses having been dissected to reveal their tracheal regions. What alerts us to the fact that this was not unproblematic is that the black man in the 1851 British edition is conspicuously absent from the 1850 American edition of the same atlas. In fact, in the 1850 American version, the black man's anatomy is shown as white man's anatomy. This visual puzzle opens up the opportunity to explore the complex and contested relationship between anatomy and race in the developing discourses of evolution in mid-nineteenth-century Britain and America.

Objectives: 1. Develop the capacity for critical thinking about the nature and significance of the visual in illustrating, perpetuating and challenging ideas in the history of medicine.  
2. Deepen understanding of racial discourse in the history of medicine.  
3. Recognize the dynamic interrelationship between medicine and society on both sides of the Atlantic through history through an engagement with art objects.

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Session: I3 Recommitted: New Histories of the Asylum

**Handley-Cousins, Sarah**

University at Buffalo, Buffalo New York

*"Is There Any Hope?": Veterans, Families and War Trauma in the Post Civil War North*

Abstract: In 1879, Lizzie Wilson McReynolds quizzed W. W. Godding, superintendent of St. Elizabeths Hospital, the Washington, DC asylum that served mentally ill soldiers and veterans, about her brother John's condition. "Does he suffer mentally, and do you think he will ever recover his mind[?] Is there any hope [?] it is so hard to think he will never be sane again." In her letter, McReynolds pondered the meaning of her brother's mental illness. How was it possible that her brother was so incapacitated by insanity when he had been strong in mind and body when he enlisted in the Union Army? Lizzie's concern and confusion about her brother's condition reflects the struggle that families of many institutionalized veterans lived with in the decades after the Civil War's conclusion. Their soldier was still alive – in many cases, uninjured – and yet they were still, somehow, disabled by the war. What had happened, and why? Would they never be healed? While the history of the asylum has been long studied, the experience of mentally ill Civil War veterans and their families is not yet well understood. This is in part due to the fact that the prevalence of war trauma among Union soldiers and veterans is still very much under debate. It has been argued that the Civil War as a whole had a less significant psychological impact than later wars, yet the stories found in the records and letters of institutionalized veterans make this conclusion difficult to accept. Recent work by Civil War historians has begun to examine the experiences of mentally ill soldiers, but few have considered the ways that war trauma and institutionalization affected the families of soldiers

and veterans. Using patient case files from three asylums, pension records, and newspaper articles, this paper explores the impact war trauma had beyond the veteran, and indeed, beyond the walls of the asylum. Not only do these stories help to explicate the psychological fall out from the Civil War, they provide a better understanding of the wider impact that war trauma had on postwar society.

Objectives: 1. Deepen the learner's understanding of the wide the scope of suffering.  
2. Recognize the dynamic interrelationship between medicine and society.  
3. Critically appraise clinical management from a historical perspective.

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Session: H2 Depicting Medicine

**Hansen, Bert**

Baruch College of CUNY, New York, NY

*Vesalius Dissecting Alone and in Public: Two 19th-Century Paintings by Edouard Hamman*

Abstract: This paper takes a fresh look at two 19th-century images of the 16th-century anatomist Andreas Vesalius painted by Belgian artist and illustrator Edouard Hamman (1819-88). Both have been duplicated in books, articles, and prints many times. While the paintings and their reproductions cannot document the 16th-century man, they can reveal much about the changing portrayal of doctors in art and about ways that physicians have cherished these portraits of a founding father. These "history paintings" will be seen to have greatly influenced the new "at work" portraits of doctors that came to prominence in the 1880s.

The 1848 canvas (Cornell University, Ithaca, 79 x 99 cm) is familiar to many historians of medicine. Vesalius stands alone in a small room at a table bearing a male cadaver. His right hand touches the subject's right wrist, and his left hand reaches for instruments on a table. A large book is standing open. Vesalius faces us, but his eyes are directed over his left shoulder toward a crucifix on the wall. In the widely distributed lithograph of Hamman's painting by Mouilleron, we find a mirror image of the painted scene. Even oil copies sometimes replicated the reversed print, not the painting.

In his 1858 canvas (Museum of Fine Arts, Marseilles, 97 x 139 cm), Hamman showed Vesalius at a grand public dissection in Padua in 1546 within a crowd of observers. The anatomist stands on a platform above the crowd, a full-length figure at the head of a pale corpse lying on white cloth, which hangs down below the table, creating a visual focus and drawing our eyes to the body and to Vesalius's outstretched hands. Onlookers fill the sides and back of the room. Although the paintings' histories have been examined by Spielmann (1925), Low (1942), and Kottek (1982), new research gives a more complete narrative of provenance and contextualizes these works both within Hamman's oeuvre and within patterns in historical portraiture of physicians. This slide presentation will also discuss key examples of the replicas and the copies, including those in Cleveland, Syracuse, New York City, and Jerusalem.

- Objectives: 1. Learn how medical history sources must be interpreted in terms of the era that produced them.
2. Recognize the dynamic interrelationship between medicine and society through understanding ways that new research can revise the ways we view familiar depictions of physicians in the past.
3. To appreciate historical shifts of the manner in which the fine arts have portrayed physicians.

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Session: A2 Global Connections in the History of Pre-Modern Pharmacology

**Harris, Nichola**

State University of New York (SUNY) Ulster, Stone Ridge, NY

*Early Modern Medical Consumerism and the 'Secret' Lapidary of Nicholas Culpeper*

Abstract: The implementation of print technology dramatically transformed the medical landscape of early modern Europe. New methods of constructing and circulation of knowledge emerged which offered consumers an inexpensive solution to their medical woes: a printed manual of popular healing. Available at their local bookstall, these easy-to-read advice manuals appeared in various forms, from dispensatories to handbooks on midwifery, and offered their audiences direct access to practical medical knowledge. One such text, Culpeper's *School of Physick* (1659), consists of several separate medical treatises on various topics attributed to the popularly esteemed English herbalist, physician and astrologer Nicholas Culpeper. By conducting a close textual analysis of the form and contents of a lapidary treatise contained within *School of Physick*, this paper investigates an intellectual and cultural shift in the medical marketplace of seventeenth-century London that displaced established ancient and medieval medical authorities in favor of famous contemporary practitioners.

Lapidaries evidence the theory and practice of one branch of pre-modern pharmacology by cataloguing the natural healing virtues of 'stones.' More than any other type of medieval literature, lapidaries were directly based on classical sources, such as Dioscorides and Pliny the Elder. Therefore, their contents remained relatively unaltered from late antiquity to the end of the sixteenth century. Breaking with this tradition, Culpeper appeals to the tastes of the mass market by legitimizing his content through the work of contemporary medical authorities, such as Jacques Houllier and Gerolamo Cardano, and framing it within the forbidden literature of 'secrets.' Using methodologies connected to the history of the book and the history of ideas, this paper draws upon classical, medieval and early modern sources to evidence the forces which shaped and sold popular manuals of medical advice. An analysis of ailments and cures also reveals the most common physical and psychological problems occupying Culpeper's audience.

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history through recognizing the role of printed manuals of popular healing in the medical culture of seventeenth-century London.

2. Explain differences in the form, content, and authorship of classical and medieval lapidaries and those produced for the early modern print market.

3. Identify the most common physical and psychological conditions early modern consumers sought to cure with lapidary medicine.

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Session: H3 The Wayward West: Medical Structure, Practice, and Cold War Environments

**Hay, Amy**

University of Texas Rio Grande Valley, Edinburg, Texas

*Migrant Workers, Medical Migrants: Healthy Environments in the Rio Grande Valley*

Abstract: Many early 20th-century boosters called Texas' southernmost region the "Magic Valley" in an attempt to attract settlers and investments. By the 1960s, many migrant agricultural workers called it home. These workers returned to the Rio Grande Valley during the winter months for the citrus harvest, especially the Ruby Red grapefruit. Living out of their cars in the groves they harvested, workers found themselves evicted from the groves for a different group of itinerants, elderly Americans and Canadians who spent the winter months in the mild winter climate of the Valley. Landowners saw an opportunity to earn additional monies by renting out space for these "winter Texans" to spend their sojourn in RVs parked in the midst of health-promoting Texas citrus fruit. In this scenario, migrant workers vacated an often pesticide contaminated work and living environments so medical migrants could occupy the space for the betterment of their health.

This paper examines the practice of individuals seeking salubrious environments and extends such behavior into the postwar era. It contrasts the health of two very different groups as they intersected within south Texas' citrus groves, one seriously disadvantaged and the other significantly privileged in their resources and access to traditional healthcare. Included in this story of healthy climates are local farmers and landowners who promoted the region to northerners seeking a warmer and healthier climate in which to spend their winter months. This research builds upon the scholarship of Emily Abel, Gregg Mittman, and Linda Nash, and uses oral histories, business accounts, municipal and state records, to tell the story of migrants in south Texas. These stories reveal continuities in understandings of healthy environments, who has access to them, and the disparities that happen within the natural as well as the medical environment.

Objectives: 1) Develop an awareness of health-seeking behavior, especially as such activities extend beyond traditional health practitioners and centers.

2) Identify conditions underlying health disparities, including ideologies and rhetoric justifying unequal treatment, the ways economic considerations affect health care provision, and the role race/ethnicity plays in health privilege.

3) Examine transnational health care provision through an examination of medical migrants and borders and migrant workers and traditional medical practices.

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Session: E2 Reproductive Health: Prohibiting and Normalizing Practices

**Healey, Jenna**

Yale University, CT

*We Are All Responsible:*

*Teen Pregnancy, Sex Education, and the Making of Corporate Public Health*

Abstract: “We are all responsible.” Thus began a somber full-page advertisement by pharmaceutical firm Syntex Inc., which appeared in a magazine for physicians in 1980.

Lamenting the “epidemic” of teenage pregnancy gripping America, Syntex emphasized the shared responsibility of parents, educators, physicians, and corporations for reversing the trend. For its part, Syntex offered Brevicon, a low-dose oral contraceptive that was “a sound choice for many younger patients.” If young girls needed birth control, Syntex was more than happy to supply it – all in the name of corporate responsibility.

For birth control manufacturers, the teenage pregnancy epidemic of the 1970s and 1980s was at once a public health crisis and a business opportunity. After a decade of negative publicity about the dangers of the Pill, pharmaceutical firms feared that the next generation had been scared off oral contraceptives for good. Unable to advertise directly to adolescents, companies instead recast their products as the solution to the crisis of teenage pregnancy. In 1986, Ortho Pharmaceuticals embraced this strategy when it introduced its sex education curriculum “Straight Talk” into high schools nationwide. While “Straight Talk” covered the basics, such as reproductive anatomy and the mechanics of pregnancy, it also touted the advantages of the low-dose multiphasic birth control pill - a formulation exclusively sold by Ortho Pharmaceuticals.

Drawing on archival records, historical newspapers, and educational materials, this paper uses “Straight Talk” as a case study to reconsider the role of the corporation in American public health. Moving beyond oppositional narratives that situate the corporation as an enemy of public health, I argue that Ortho Pharmaceutical’s role in the fight against teenage pregnancy had ambiguous consequences for the health of American adolescents. On one hand, “Straight Talk” filled a real educational void created by a conservative political environment that prevented many public school boards from implementing comprehensive sex education. On the other hand, “Straight Talk’s” emphasis on the Pill to the exclusion of other contraceptive methods, including the condom, had serious implications for a country in the grips of HIV/AIDS.

Objectives: 1. Consider the role of private corporations in medical practice and public health.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Analyze how political and cultural factors influence the content and distribution of public health education.

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Session: C5 Disabled Bodies: Visual Culture, Medical Education, & Claiming Professional Authority

**Healey, Katherrine**

Yale, New Haven, CT

*Turning Deaf Ears: World War I, Audiological Rehabilitation, and Cultural Deafness*

Abstract: Study of the First World War highlights two competing views of deafness: the medical/pathological model, which diagnoses deafness as an affliction to be remedied, and the cultural/linguistic model, which celebrates deafness as a minority identity to be cultivated and preserved.

Accounts in Deaf periodicals reveal that Deaf people in Europe and the United States sought to enlist with their militaries but were barred on account of their perceived disability. The return of war-deafened soldiers further complicates this view of deafness as a handicap. Individuals deafened later in life generally were not members of cultural Deaf communities, for these individuals pursued rehabilitation to re-integrate with hearing society. In contrast, the culturally Deaf sought the preservation of their unique identities and sign languages. But with little knowledge of this distinction, mainstream hearing society could not distinguish between the two varieties of deafness. Thus, the culturally Deaf assumed the stereotypes associated with the late-deafened. To demonstrate, a study by the U.S. Veterans' Bureau reported that deafened soldiers elicited less sympathy than other disabled veterans. Because their deafness was not physically evident, these men were often considered "dull and unsocial." Culturally Deaf individuals, then, who did not identify with late-deafened persons or their goals of rehabilitation, were susceptible to these prejudices as well. Therefore, while the culturally Deaf sought to utilize the First World War to demonstrate that their deafness posed no obstacle to the successful completion of their civic responsibilities, the war simultaneously widened the gap between the cultural "Deaf" and the disabled "deaf."

Further complicating this distinction, the same culturally Deaf persons barred from military service in the United States and Europe were recruited by their respective militaries to train returning deafened soldiers in the practice of lip-reading. Drawing on wartime American Deaf periodicals and medical sources, this paper examines the interactions between deafened World War I veterans and the culturally Deaf whose lip-reading instruction and rehabilitation training blurred the lines between "deaf" and "hearing." This phenomenon provokes dynamic questions about community identity, congenital versus acquired conditions, and social distinctions between worthy and worrisome disabilities.

- Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.
2. Identify successes and failures in the history of medical professionalism.
  3. Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.
  4. Recognize the dynamic interrelationship between medicine and society through history.

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Session: G2 Nurses on the Front Lines

**Helmstadter, Carol**

Government Relations Officer, Ontario Nurse Association, Adjunct Assistant Professor,  
University of Toronto, Toronto, ON, Canada

*Russian Military Nursing in the Crimean War: Philanthropy, Religion and Professional Knowledge*

Abstract: The Crimean War 1853-56 is often called the last of the gentlemanly wars but it also prefigured twentieth century total warfare with fighting on three continents, the impact of public opinion on government policy, trench warfare, massive bombardments of civilian homes and civilian participation in the building and constant maintenance of Sevastopol's formidable defences. Industrial might and new technologies – the allies' telegraph lines connecting different parts of the battlefield, the allies' far superior rifles, their modern steam and iron-clad ships and the railway which the British built – tipped the scale in favor of the industrialized nations.

Equally important as these political and technological changes were innovations in military medicine of which the new nursing is a prime example: the Crimean War was the first war in which governments officially employed women as military nurses. Florence Nightingale would judge Russian military nursing the only perfectly organized system of female nursing in the war. The Sisters of the Elevation of the Cross, organized by the Grand Duchess Helena Pavlovna and directed by the great Russian surgeon Nicholai Pirogov, delivered a highly professional nursing service with a scope of practice beyond that of modern nurse practitioners. I explore the Sisters' work within the context of pre-industrial, autocratic Russia, mid-nineteenth century medical practice and Russian conceptions of gender.

Apart from John Shelton Curtis, little has been written in English about the Russian Sisters. The main primary sources used are the writings of two Russian surgeons who worked in Sevastopol, Pirogov and Christian Hübbernet, and French and English doctors who visited Russian military hospitals plus extensive research on the nursing in the other combatants' armies. The Sisters continued working in a civilian hospital after the war and were later instrumental in founding the Russian Red Cross but a hostile political and social environment prevented them from becoming a permanent part of the army.



- Objectives: 1. To develop an understanding of the relationship between the profession of medicine, nursing, the army and the state
2. To develop a critical understanding of the origins of modern nursing.
  3. To demonstrate the value of a historical approach to the feminization of nursing.

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Session: E5 Challenging Orthodox Medicine

**Hernandez Berrones, Jethro**

Southwestern University, Georgetown, Texas

*A Revolution in Medical Training: The Making, Remaking, and Enduring of the National School of Homeopathic Medicine in Mexico, 1895-1936*

Abstract: During the first half of the 20th century, the new sciences of bacteriology and physiology transformed the way medicine was taught and practiced around the world. Medical schools built laboratories and purchased lab instruments to train medical students in the complexities of the microbial world and human functions. Those schools that were not able to keep up with this modernization risked their status and certification, as many US homeopathic schools experienced. While Mexican medical schools followed the modernizing trend, Mexican homeopathic schools thrived. I argue that the latter's success was a consequence of homeopaths' ability to accommodate to the shifting role that science and people's right to medical services and education had in state policies. During the Porfiriato (1884-1911), homeopaths claimed that their medical system was scientific and obtained state support to open the National School of Homeopathic Medicine; in spite of complaints from the director of and graduates from the National School of Medicine. After the revolution (1910-1917), two political groups that contested the control of the National University and therefore of professional medical training, first granted the homeopathic school tools to modernize medical training, second, second merged it with the National School of Medicine, and finally nullified its right to grant homeopathic medical degrees. However, President Lázaro Cárdenas's (1934-1940) policies to secularize and socialize education led his government to create the National Polytechnic Institute in 1936, a set of professional schools --including the homeopathic one-- aimed to provide scientific training to the working class.

Using sources from the archives of the Department of Public Health, the National University, and the Ministry of Education in Mexico City, this paper analyzes the role that science, the provision of medical services and training to the population, and the Mexican revolution had in the regulation of the medical training in Mexico from 1895 to 1936. I use the National School of Homeopathic Medicine as a case study to understand how top-down approaches to modernize medical training were adopted, resisted, and subverted by both doctors and state officers in Mexico City, resulting in a diverse array of medical schools.

Objectives: 1. By the end of this presentation, the learner will identify the successes and failures in the history of medical professionalism.

2. Recognize the dynamic interrelationship between medicine and society through history.
3. Understand the difficulties of top-down approaches to regulate medical training and practice.

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Session: F2 Women and Medical Authority from the Early Republic to 2nd-Wave Feminism

**Herzberg, David**

University at Buffalo (SUNY), Buffalo, NY

*Gender and the disease model of addiction, 1958-1980*

Abstract: Many histories of American drug wars focus, for good reason, on its racial dynamics. The historiography on gender is far thinner, even though gender has functioned along with race as a defining element of drug war discourse and practice. Nancy Campbell, one of the few historians to focus on gender, argues that 20th century drug warriors and addiction experts characterized women's addiction in two ways: it was caused by women's natural (biological) vulnerabilities, and it produced spectacularly deviant behavior such as the abandonment of familial responsibilities and "maternal instinct." As a social problem it thus justified campaigns to rebuild, reinforce, and police "traditional" gender roles that supposedly protected vulnerable women.

Campbell's scholarship asks how gender structured the punitive drug war. My paper builds on her work by asking how gender structured a historical moment when those punitive policies were challenged and even transformed. In the late 1950s, many drug authorities began to call for treating addiction as an illness rather than a crime. I argue that this shift was powered, in part, by new stories about gender and addiction made possible by the increased visibility of addiction to pharmaceutical sedatives and stimulants. Like Alcoholics Anonymous had done for male drinkers, expert acknowledgement of women's prescription drug abuse helped recast at least some addicts as sympathetic victims, enabling a remarkable policy shift from punishing addicts to policing physicians and the pharmaceutical industry. The gendered focus on addicts' helplessness, however, ensured a continued focus on controlling addicts for their own good. As historians have begun to argue, disciplinary governance of addiction as an illness shared many important similarities with punitive policing of addiction as a crime.

Drawing on archival and published papers of President Kennedy's Advisory Commission on Narcotics and Drug Abuse and subsequent Congressional hearings, as well as popular and medical media, my paper argues that gender figured centrally in a key moment of the drug war, helping to explain the complexities of the "return of drug toleration" in the 1960s and 1970s.

Objectives: 1. Understand the historical context of American drug and pharmaceutical policy.  
2. Understand the role of gender in structuring medical understanding of drug addiction.  
3. Develop the capacity for critical thinking about the nature and limits of the disease model of addiction.

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Session: B3 The Normal and the Pathological: Shifting Boundaries of Health and Disease

**Hogan, Andrew**

Creighton University, Omaha, NE

*Medical Genetics in the Clinic: Dysmorphology and its Anthropometric Roots*

Abstract: Many historians of science and medicine have highlighted the role of human genomic analysis, at both the chromosomal and molecular level, in the rise of genetic medicine since the 1960s. More often overlooked by scholars has been the reshaping of clinical practice to fit the medical genetics model. A new clinical subspecialty called dysmorphology, developed during the 1960s and 1970s, made significant contributions to the growth of genetic medicine during this period. Pediatrician David W. Smith coined the term dysmorphology in 1966, and sought to distinguish the area's aims from that of teratology, the "study of monsters". Rather than focus primarily on major physical abnormalities, dysmorphologists set out to describe and highlight the importance of more subtle variations in the human head, face, hands, and feet. Smith believed that this focus would help to improve the delineation of discrete genetic disorders using clinical examination.

Smith did not begin from scratch in developing dysmorphology, but rather drew upon existing methods of anthropometry, which had been developed and used by anthropologists and others to identify physical and racial distinctions among various populations for over a century. From its beginnings, anthropometry was imbued with racialized understandings of human development and difference. In this paper, I draw on archival sources, the published scientific and medical literature, and interviews to examine how anthropometric approaches, as adopted by mid-to-late 20th century medical geneticists, continued to reflect older, "deep history" conceptions of human biological and evolutionary development. While postwar medical geneticists sought to isolate themselves from older racialized eugenic conceptions about human disease and difference, many historians of science and medicine have pointed to the continued role of eugenic thinking in medical genetics. In this paper, I argue that these eugenic vestiges made their way into medical genetics in more than just a hereditarian form, but also through methods of clinical analysis.

Key Words: medical genetics, dysmorphology, anthropometry

Objectives: 1. Develop the capacity to think critically about the nature, ends, and means of medical practice and its historical roots.  
2. Understand the dynamic history of medical ideas and practices, and their implications.  
3. Recognize the dynamic continuity between medicine and society through history.

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## Session: H4 Slavery and Medical Practice and Investigation

**Hogarth, Rana**

University of Illinois, Urbana-Champaign, Urbana, IL

*“For the acquisition of anatomical knowledge...:” Genealogies of Medical Exploitation in the South*

**Abstract:** In the summer of 1784, James Clitherall, a lowcountry physician, attempted to rebuild his medical practice in the aftermath of the American Revolution. Clitherall placed an advertisement in the South Carolina Gazette and General Advertiser, promising to supply the region’s slave owners with “medicines to plantations, complete with “directions for the Disorders incident to the Climate, [and] also boxes of medicines for ships.” He also planned to open “a Hospital for the reception of Negroes, either in Clinical or Surgical Cases...” In Clitherall’s bid to regain the success of his old practice, he cast a wide net to attract patients from the region’s enslaved black population. Clitherall, however, was not the only practitioner (or the first) in Charleston to open a slave hospital. At least five men calling themselves physicians advertised their private slave hospitals in Charleston’s newspapers between 1784 and 1808.

A number of studies have examined how slave hospitals attached to southern medical schools exploited black bodies under the guise of providing southern medical students with access to clinical teaching material. Missing from this scholarship, however, is a genealogy of these medical facilities and an analysis of the professional stakes behind their creation within the broader context of the reforms that took place in medical education in the middle of the nineteenth century. This paper traces the genealogy of private lowcountry slave hospitals, exposing their evolution from sites of care run by profit minded physician-proprietors to sites run by medical college faculty, where the deliberate exploitation of black populations went hand in hand with enhanced clinical training.

Using eighteenth-century newspaper advertisements for these hospitals and public announcements from the Medical College of South Carolina, this paper shows how these facilities not only became useful spaces for white physicians to profit from reifying blackness, but also spaces that normalized the idea that black bodies required specialized, segregated care. Finally, this paper demonstrates the very routine ways these hospitals allowed white physicians to secure their professional reputations and planters’ future wealth through the commodification of black health.

**Objectives:** 1) Recognize the dynamic interrelationship between medicine and society through demonstrating how the commodification of black health became one of the hallmarks of reform in antebellum southern medical education.  
2) Understand how slave hospitals contributed to professional advancement among physicians in Charleston—a city built (and mostly inhabited) by enslaved blacks—the very group who stood to benefit the least from these facilities.

3) Appreciate the dynamic and mutually constitutive relationship between the slave system and the growth of southern medical institutions in the eighteenth and nineteenth centuries.

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Session: G6 Public Health and Public Bodies

**Houck, Judith**

University of Wisconsin, Wisconsin

*Creating Lesbian Health: The History of A Category*

Abstract: In 2010, the U. S. Department of Health and Human Services articulated its national health goals for the next ten years in its Healthy People 2020 program. One of its new initiatives was the goal of improving the “health, safety, well-being of lesbian, gay, bisexual, and transgender (LGBT) individuals.” The inclusion of LGBT health needs in Healthy People 2020 is the culmination of 40 years of activism to better identity and meet the changing health needs of the gay, lesbian, and transgendered people. It’s inclusion, however, presumes an intellectual coherence to the category of LGBT health that may not exist. It also obscures the history of the distinct paths the members of the LGBT communities forged as they struggled to gain attention for their particular health needs.

This paper traces the construction of “lesbian health” from its beginning in both the feminist health movement and the gay and lesbian movement. By focusing on the varied incarnations of lesbian health—as an area of unmet need, a research subject, a body of knowledge, and an institutional specialty—this paper argues that lesbian health has always been a category with fuzzy boundaries, shifting content, and complex politics. Based on feminist movement and gay and lesbian movement documents, activist interviews, medical literature, and government reports, this history also highlights several concerns still at play under the rubric of lesbian health. Who is the target for lesbian health interventions? Is lesbian health best understood as a subset of women’s health or a subset of LGBT health? How have lesbian health needs changed with the increased acceptance of LGBT people? The roots of many of these questions emerged with the concept in the late 1960s and remain unresolved in the twenty-first century. This paper brings the issues surrounding lesbian health into our understanding of the women’s health movement. It also brings the history of lesbian and gay activism into our understanding of medical history beyond the focus on AIDS.

Objectives: 1) Develop a historically informed understanding of the past and current health needs of lesbian-identified patients.

2) Acquire a historically nuanced understanding of the interplay between medical knowledge and social movements.

3) Recognize the changing nature of medical categories.

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Session: G5 Women Doctors and their Networks

**Hough, Mazie**

University of Maine, Orono, Maine

*"Deborah Could Not Have Been Pregnant Without My Having Observed It": Physicians and the Role of the Expert of the Female Body in Nineteenth-Century America*

Abstract: In 1854 and 1855, in two separate court cases in Maine, male doctors charged each other with having performed an abortion—and (in one case) performed two autopsies on one body in order to prove it. At the trial of one, Nancy Chapman testified, “Deborah could not have been pregnant as...without my having observed it--I being a married woman with a large family. I have twelve children.”

A half a century later, doctors were united as, often in pairs, they provided crucial evidence in seven abortion cases. Historians Judith Walzer Leavitt (*Brought to Bed: Childbearing in America, 1750 to 1950*), Catherine M. Scholten (*Childbearing in American Society, 1650-1850*) and others have made clear how male doctors edged out midwives in caring for pregnant women. In a similar fashion, this paper will argue, they successfully excluded women from providing expert testimony in court based on their experience of the female body. Under common law, if a midwife testified that a woman had named a man as the father of her out-of-wedlock child, the man was considered as charged. In the early 1800s midwife Martha Ballard, as described by Laurel Thatcher Ulrich (*A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary 1785-1812*), was called to court a number of times to testify in cases of rape and assault.

By 1908, however, women, as experts, disappeared from the court record. As one Professor of Medical Jurisprudence noted, “Facts, causes, and processes, hidden from the eyes and ears of the physical sense, must be inquired into, and this, by far more frequently in cases concerning the body...Hence it is that medical expert testimony is do-day so important.” This shift from relying on women’s experiential knowledge to that of men’s received wisdom did not come “naturally but, as evidence from court documents and Maine Medical Association records will show, was the result of an prolonged effort by the medical profession to undermine women’s authority by stereotyping and bringing charges against female medical practitioners and demeaning women’s knowledge of their own bodies.

Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.

2. Understand the dynamic history of medical ideas and practices.

3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: B4 Managing the Health of Nations

**Huisman, Frank**

University Medical Center, Utrecht, The Netherlands

*Discussing the Principles of Health Care: Dutch Parliamentary Debates of the 1860s*

Abstract: From the 1990s onwards, The Netherlands have seen heated public and political debates about the organisation and financing of health care. One of the key questions included the extent to which the state can be held responsible for the health of citizens and the practice of medicine. Critics of the welfare state argued that it had led to passive and dependent individuals relying on care from the cradle to the grave and to over-expenditure. Neoliberals were convinced that the state should withdraw from the social domain. Collective arrangements were being critically reconsidered, reformed or transferred to 'the market'. The prefix 'neo' suggests that contemporary neoliberal reformers are harking back to the principles of classical liberalism, which emerged as a product of the Enlightenment ideal of natural human rights. It was all about individual freedom and equality of opportunity. In classical liberalism, the state was not a goal in itself, but rather an instrument that should safeguard the individual's autonomy and self-development in private life and civil society. How did it set out to accomplish this? Where did it go wrong? Does it still serve as an inspiration to modern reformers?

This paper is looking at the historical roots of neoliberalism in Dutch health care by analysing the arguments which were exchanged during the parliamentary debates in the 1860s on four bills with regard to national health care. They had been proposed by the liberal Minister J.R. Thorbecke, a towering lawyer-philosopher-politician who had first drafted the Dutch Constitution (1848) and who then went on to outline the principles of Dutch health care (1865). The parliamentary debates show an interesting clash of political convictions and professional interests. While Thorbecke regarded medical state control a prerequisite for national health, his adversaries argued that the freedom of medical practice and of citizens was in danger. With my paper, I hope to incite debate on the following questions: to what extent is the state allowed – or indeed obliged - to interfere with the private lives of citizens? Can health be considered a civil right? How far does individual responsibility of citizens go?

Objectives: By the end of this activity, the learner will:

1. Appreciate that 'health care' and 'liberalism' are not fixed concepts, but that their meaning is highly dependent on historical context.
2. Understand that the realisation of health as a civil right requires resources, political consensus and a long-term perspective.
3. Be challenged to (re)think his / her notions about the rights and duties of the state, the profession and citizen-patients.

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Session: Presidential Address

**Humphreys, Margaret**

Duke University, Durham, NC

*What's War Got to Do with It? Integrating Civil War Experiences into the American Medical Story*

Abstract: The Civil War was an experience of medical socialism on an unprecedented scale. The governments fed, clothed, housed, and doctored their massive armies, as well as taking responsibility for disease prevention and research. Government and para-government agencies oversaw the education of physicians, and intervened in the raging debates over therapeutics by certifying only allopaths as military doctors and dictating what drugs were available for use in the camps. In addition, the ecology of war time population changes created new opportunities for diseases such as meningitis, typhoid, malaria and smallpox to erupt and spread, while limiting the diffusion of others such as yellow fever. Contemporary doctors took note, and learned from these novel disruptions. In all these ways and more events during the war intervened in the many historiographic narrative threads of 19th and 20th century medicine, and generated a deep archive for the excavating historian. For too long this topic has been relegated to the military historians, and deserves instead a central place in our field.

Objectives: By the end of this activity, the learner will develop knowledge and understanding of the historic role of government agencies in medical education, provision of health care, and support of medical research.

By the end of this activity, the learner will understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning. By the end of this activity, the learner will recognize the dynamic interrelationship between medicine and society through history.

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Session: F4 Institutions: Between Isolation and Integration

**Imada, Adria**

University of California, Irvine, Irvine, CA

*Living Lessons:*

*History of Medicine, Medical Education, and Restorative Health at a Leprosy Settlement*

Abstract: The forced medical exile of thousands of leprosy (Hansen's disease) patients to Kalaupapa (Kalawao), Hawai'i began in 1866 and officially ended in 1969. Thirteen of these patients are living today. Despite Kalaupapa's original purpose as a medical prison, these remaining patients regard it today as a sanctuary. Because of patient activism, they are guaranteed lifelong medical care and services in Kalaupapa for the rest of their natural lives.

This paper discusses how the colonial history of leprosy and medical segregation is shaping medical training at the site of this former leprosy colony. Based on ethnographic fieldwork at the Kalaupapa settlement, this paper focuses on huaka'i (learning excursions) for pre-medical and pharmacy students led by the settlement's Native Hawaiian physician. I ask, how is the



history of medicine and Hansen's disease as it is modeled at Kalaupapa shifting the pedagogy and practice of clinical medicine?

Though robust, the historiography of leprosy in colonial sites like Hawai'i, South Africa, and Korea (Bashford 2004; Edmond 2006; Moran 2007) has not engaged contemporary medical education and decolonizing health practices. Recent literature in medical anthropology (Livingston 2012; Stevenson 2014) has turned to how indigenous medical practitioners and patients alike are re-envisioning health and illness in their communities. Influenced by these fine-grained approaches to the social experience of illness, my research merges the historical "archive" and contemporary "field" of biomedicine by examining indigenous historical interpretations of medicine and Hansen's disease in relation to current medical pedagogy.

Without subjecting patients to the hyper-visibility of the Western medical gaze over the past century, this training approaches patients as pathways to social wellness, not as pathogens. At Kalaupapa, these future clinicians' relationships with the living, the dead, and the natural world – forged through sports, musical performance, place-based immersion, and Hawaiian cultural protocols – suggest how broken relationships can be mended and health restored. To paraphrase Native Hawaiian cultural authority Malcolm Nāea Chun (2011), these medical excursions have broader implications for historians and clinicians by modeling *ola* (health) as a way of living, rather than a state of being healthy.

Objectives: 1) Deepen understanding of history of illness and medical segregation and its impact on a contemporary indigenous community.  
2) Recognize dynamic interrelationships between history of medicine, clinical medicine, and medical education.  
3) Develop analysis of indigenous concepts of health and healing and their transformation of Western clinical medicine.

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Session: C2 From Microbes to Matrons: Hospital Infection Control, 1870-1990

**Jones, Claire**

King's College London, London, UK

*Septic Subjects: Infection Control and Occupational Risk in British Hospitals, c. 1870-1970*

Abstract: Historians have long equated the introduction of hygienic practices and systems of infection control into the nineteenth and twentieth century British hospital with the need to tackle high rates of infection among patient populations (Pennington 1995; Perry 2005). Yet, little is known of the effect of these practices and systems on the health of the hospital staff. Cross infection and iatrogenic sources of infection have been studied extensively with respect to patients but the degree of exposure to risk for different types of health workers has been relatively neglected. Despite this neglect, hospital registers, government reports, medical journals and other related sources demonstrate that many doctors, nurses and other hospital

workers regularly became ill throughout their careers, some fatally so, as a direct result of working on wards with infected patients. William Ogle, Superintendent of Statistics in the General Register Office between 1880 and 1893, for example, reported that mortality rates from erysipelas during the 1880s among medical men was “very largely in excess of the average”, while nurses during the same period were frequently taken off ward work after developing “septic finger,” the well-known nursing malady.

Drawing on a range of sources, this paper examines the effects of hospital-acquired infection (and practices surrounding its prevention and control) on hospital staff during the nineteenth and twentieth centuries. It focuses on four British hospitals associated with the infection control practices of Joseph Lister and Florence Nightingale - King’s College and St Thomas’ in London and the Royal Infirmarys of Edinburgh and of Glasgow in Scotland – and pays particular attention to the experiences of medical students and nurses, who were generally the most frequently exposed to infection incidences. By framing the analysis in terms of occupational risk, this paper argues that the introduction and implementation of hospital infection control procedures were not solely for the benefit of the patient but also for the staff who treated them. Monitoring the health of the workforce, and differential exposure to risk, was not only used to measure hospital efficiency, but also formed an important but neglected part of hospital-wide policy to tackle infection.

Objectives: 1. Develop a greater understanding of how hospital-acquired infections and the policies and procedures aimed at tackling them impacted the health and welfare of hospital staff.  
2. Develop further knowledge of the occupational health of neglected historical actors within the hospital, particularly medical students and nurses and the degree to which they were treated similarly or separately from physicians.  
3. Obtain a deeper understanding of infection control policies and practices in four case study British hospitals during the nineteenth and twentieth centuries.

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Session: C4 Socialism and Health: A Global Exchange of Ideas and Practices

**Jones, Esyllt**

University of Manitoba, Winnipeg, Manitoba, Canada

*Soviet Health Care, Medical Travelers, and the Movement for Socialized Medicine in Canada, 1935-1945.*

Abstract: In 1935, Canadian physicians Frederick Banting and Norman Bethune traveled to the Soviet Union to witness firsthand the accomplishments of the Soviet health care system, and to attend the 15th International Physiologists’ Congress. Each was at the peak of his professional career – Banting a Nobel Prize winner for his work on insulin; Bethune the Chief Thoracic Surgeon at Hopital du Sacre-Coeur in Montreal and a member of the executive council of the American Association for Thoracic Surgery. Like many others from across the political spectrum,

they were compelled by the Soviet Union's vision for health care; both became avowed supporters of Soviet medicine and 'socialized health' more generally. Bethune's conversion to communism is the better known of their responses to their Soviet encounter. Bethune joined the Canadian Communist Party, worked as a field physician in Republican Spain, and was eulogized by Mao Tse-tung for his commitment to the Chinese Communist Eighth Route Army during World War II. Banting's support for Soviet health care -- and his arguments in favour of socialized medicine upon his return to Canada -- are highly suggestive of the wide-ranging capacity for Soviet medicine to generate deep fascination among observers during this period, and to serve as political catalyst beyond the Soviet Union's borders.

Through a re-reading of archival documents (travel diaries, letters), publications and media reports, this paper examines Soviet medical travelers in the context of ongoing debates about socialized care in Canada during the interwar and war years. It follows the influence of the Soviet model to the province of Saskatchewan, the 'home' of socialized health provision in Canada. Referencing texts such as Henry Sigerist's *Socialized Medicine in the Soviet Union* (1937), Sigerist's *Saskatchewan Health Services Survey Commission Report* (1944), and grassroots activist publications written locally, the paper will contextualize Saskatchewan's first universal health programs within broader debates about health and social equality then taking place in the North Atlantic world. It critically evaluates the importance of Soviet health care to the evolution of socialized medicine in Canada, while emphasizing the usefulness of transnational modes of analysis to the history of healthcare.

- Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.
2. Develop an understanding of historical relationships between political and social movements and the medical profession.
3. Acquire a historically nuanced understanding of the organization of national health care systems.

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Session: G2 Nurses on the Front Lines

**Jones, Marian Moser**

University of Maryland College Park, College Park, MD

*Duty-Bound for France: The Distinctive Experiences of U.S. Army Nurses on the Western Front, 1917-1919*

Abstract: U.S. Army nurse Florence Williams, stationed in a base hospital in France, described in her diary the hospital's reception of 460 wounded men in one day during the July 1918 American offensive at Chateau-Thierry. "Many shrapnel cases were operated at once. Many mustard gas cases, suffering so much ... [W]e had had 6 operations that day and so were very busy." The entry's staccato cadence conveys how much pressure the closing battles of World War I placed upon medical teams receiving the wounded. But it also suggests that treatment

had become highly systematized by this point, with nurses playing a critical role. In this paper, I draw upon diaries, letters, and memoirs as well as base hospital records to examine the work of U.S. Army nurses in hospitals and casualty clearing stations near the Western Front. These American nurses, who have been largely overlooked in recent Anglocentric efforts to “write the nurses into” Great War history, constituted the first cohort of female American military personnel to serve in a war zone. I argue here that they also occupy a distinct place in the medical history of the war. While British nurses included some trained professionals and a large cadre of little-trained volunteers, and most other Allied nurses had little formal training, American nurses were all professionals and soldiers: the Army Nurse Corps required a diploma from a reputable hospital-based nurse training school. Additionally, because each base hospital recruited personnel from a single U.S. hospital, many nurses had worked with other doctors or nurses in their base hospital unit before the war. Furthermore, nurses’ transatlantic journeys on troop ships packed with American soldiers, along with their European travel on leave gave many of their war experiences the quality of an adventure. Overall, American nurses’ diaries, letters, and memoirs suggest that they were less demoralized and more professionally fulfilled by their war service than were their British and European counterparts. As we commemorate the centennial of the Great War, this fresh, first-hand perspective can inform our understandings of the way this war changed women’s roles in medicine and society.

Objectives: 1. Acquire a historically nuanced understanding of the organization of the U.S. healthcare system, and of other national health care systems, especially in the area of military medicine.  
2. Recognize the dynamic interrelationship between medicine and society through history, particularly with regard to the role of women and gender in shaping the practice of medicine.  
3. Identify successes and failures in the history of medical professionalism.

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Session: C1 Entangled, Global, and Comparative Disease Histories: New Perspectives

**Jones, Susan**

University of Minnesota, Minneapolis, MN

*The Homeland of the Plague: Iron Curtain Biogeography and the Phylogenetic Turn*

Abstract: After World War II, plague receded from urban human populations; however, it remained a threat to rural people due to its endemic state in wild rodents around the world. This paper is a comparative sketch of how evolutionary and ecological ideas about endemic plague changed in conjunction with political changes (1950s through 1989) across the Iron Curtain. Using E.N. Pavlovsky’s publications, the paper introduces the Soviet biogeographic “natural nidity” hypothesis. This is compared with Australian Nobel Laureate Macfarlane Burnet’s characterization of plague as a disease of bodies and human “civilization.” I argue that, contrary to the historiography, biogeographic explanations of disease were not inconsequential during the twentieth century: these ideas were very much alive on the eastern side of the Iron Curtain and influenced Westerners (especially during détente/разрядка and after 1989). I

conclude by indicating the importance of biogeography to today's phylogenetic models of plague persistence and suggest that Russian biogeography influenced the recent turn to phylogenetic epidemiology.

Objectives: 1. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
2. Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.  
3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: G3 Evolving Practice at the FDA

**Junod, Suzanne**

U.S. Food and Drug Administration, Rockville, MD

*"Medicine is No Longer Practiced by Prescription Pad Alone": FDA, Medical Instrumentation and the Future of Medicine*

Abstract: "Medicine is no longer practiced by prescription-pad alone. It hasn't been practiced that way for a long time."

Dr. James Goddard, July 1966

Encouraged in part by protests against the Affordable Care Act's 2.3% excise tax on medical devices, Congress began in 2014 to look into concerns about the United States' ability to compete in the field of global medicine. The House Energy and Commerce Committee's passed a proposed law in July, 2015 stemming from its "21st Century Cures" initiative. The proposed legislation would change FDA's regulatory framework for medical devices and technology in order to assist in the discovery, development, and delivery of 21st century cures.

These changes directly challenge aspects of the interpretation, implementation, and enforcement of the 1976 Medical Devices Amendment. Until 1976, medical devices, when regulated at all, were regulated under the drug provisions of the 1938 Food, Drug, and Cosmetic Act. Most histories, both academic and institutional, tell a straightforward story of the enactment of the device law by focusing on the fallout from the harm caused by the Dalkon Shield, an IUD with a fatal design flaw which killed over a hundred women, bankrupted its manufacturer, and generated over 100,000 claims for damages beginning in 1970. Less well understood is the institutional groundwork laid prior to 1970 making it possible for regulators to assert jurisdiction over medical instrumentation as a unique field. Unlike the situation with the 1962 New Drugs Amendment, enacted post-thalidomide, there was widespread opposition to the enactment of medical device regulation in light of lingering concerns about the potentially stifling effects of governmental regulation. Dissent persisted even after the law was enacted, as did concern for the protection of device innovation, but it ultimately led to a novel regulatory classification system that remains in use.

Drawing on previously unknown internal FDA records, oral history interviews, and widely scattered personal documents, this paper will explore the challenges of conceptualizing and organizing a system for regulating a vast field of medical devices ranging in sophistication from a simple bandage to a heart valve and the operating room equipment used to install it.

Objectives: 1. Gain detailed knowledge of the medical device approval system as it evolved in the U.S. from 1938 to 2015.  
2. Gain an understanding of the debates and dialogue between device manufacturers , Congress, and FDA -- spanning the last fifty years -- regarding where to draw the line between ensuring safety and efficacy for new devices while continuing to encourage innovation in biomedical engineering.  
3. Gain insight into how the new device approval process was initiated following enactment of the 1976 Medical Device Amendments.

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Session: L2 London's Pulse: The History of Public Health in the Digital Age

**Kaplish, Lalita**

Wellcome Library, London, UK

*London's Pulse*

Abstract: Drawing from the digitised MOH reports in London's Pulse, Diagnosis London is a new crowd sourcing project that will provide research data about the health of Londoners over the past 150 years. Produced in collaboration with Zooniverse -home to the internet's most popular citizen science projects - the aim of Diagnosis London is to engage people from around the world in identifying useful information about health, food, work and living conditions in London from the digitised reports in London's Pulse.

Keywords:

History of Public Health

Public Engagement

Digital Humanities

Objectives: 1) learn about the health of London in the 19th and 20th centuries.  
2) learn a new digital project called Diagnosis London.  
3) learn about the social, cultural, and environmental conditions of London's history in the last 150 years.

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Session: L2 London's Pulse: The History of Public Health in the Digital Age

**Kassell, Lauren**

University of Cambridge, Cambridge, UK

*CASE12702: Early Modern Medical Records and the Challenges of Digital Humanities*

Abstract: The Casebooks Project is preparing a digital edition of one of the largest surviving sets of private medical records in history: [www.magicandmedicine.hps.cam.ac.uk](http://www.magicandmedicine.hps.cam.ac.uk). These are the astrological casebooks of Simon Forman, a notorious Elizabethan Londoner, and his protégé, Richard Napier, a Buckinghamshire clergyman. This talk introduces the project, reflects on the challenges of an archive of this scope and scale, situates these records within the history of the production and preservation of medical records, and sketches the opportunities that this project presents for historians of medicine.

Objectives: See objectives for

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Session as a whole.

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Session: L1 Beyond the Nazi Doctors: A Practical Guide to Doing Bioethics as an Historian

**Keirns, Carla**

University of Kansas Medical Center, Kansas City, KS

*Medical School Accreditation: Seizing Opportunities for Historians*

Abstract: Drawing from experiences in several different medical school settings, and with national leaders in medical education, this presentation will provide practical examples of how to make medical history both legible and indispensable to accrediting bodies. Topics covered include: framing historical and bioethical work in terms of "competencies" and "milestones"; the logistics of large-scale curricular reform; and the economics of offering historical and bioethical educational opportunities in a medical school setting.

Objectives: 1) Articulate the "uses" of medical history to audiences of health professionals and academics in other disciplines  
2) Develop strategies for bridging teaching and scholarship in bioethics and the history of medicine  
3) identify "competencies" in current medical accreditation frameworks that medical historians can teach

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Session: L5 Teaching and Researching the History of Medicine in the Era of (Big) Data

**Kennedy, S. Wright**

Rice University, Houston, TX

*New Methods in the History of Medicine: Using Spatial Analysis and Historical GIS to Uncover Nineteenth-Century Disease Terrains and Assess the Impact on Community Development*

Abstract: This paper discusses new approaches to history, in particular historical geographic information systems (HGIS), which enable researchers to examine how health, environment, and socioeconomics impacted urban and community development. Recent studies suggest that the mortality transition at the end of the nineteenth century would be more appropriately considered mortality transitions. Death rates did not decline uniformly across the U.S. or even in individual cities. Gretchen Condran and Harold Lentzner compared the temporal patterns of infant mortality in New Orleans, New York, and Philadelphia and found the city-wide decline was delayed more significantly in New Orleans. Susan Leonard, Jeffrey Beemer, and Douglas Anderton used individual-level mortality data to examine the connections between family wealth and immigration in the mortality transition of two New England towns. They found a complex set of relationships between these factors in the early years of the mortality transition and concluded that the mortality transition was less uniformed than previously thought. These studies have demonstrated that traditional historical methods have been insufficient in examining the evolution of these processes across different temporal and spatial scales. This paper builds on the methodological innovations of these groundbreaking studies. Furthermore, it explains the interdisciplinary methods used to construct and analyze an HGIS based on an individual-level mortality dataset. The HGIS will be used to uncover the spatiality of the mortality transitions and the socioeconomic effects of uneven transitions in New Orleans (1877-1910).

Spatial analysis and HGIS provide researchers with new ways to study the connections between health and place. This study uses georeferenced historical maps and city directories to reconstruct the built environment of New Orleans. The individual death records, census records, and tax records then were geolocated through historical address locators to create the HGIS. Spatial analytical methods from epidemiology were employed to reveal the spatial health processes at work in the city. These methods are generalizable and important to other studies in the history of medicine. Further digitization and standardization of historical health records will significantly increase the possibilities for large-scale comparative and cooperative studies, along with deepening the understanding of the past and present.

Objectives: Deepen understanding of illness and suffering  
Recognize the dynamic interrelationship between medicine and society through history  
Expand methodological approaches for understanding the past

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Session: D1 Prenatal Politics: Pregnancy, Development and Risk in the 20th Century

**Kluchin, Rebecca**  
CSU Sacramento, Sacramento, CA



*Who Decides for the Fetus?: Angela Carder, Forced Cesareans, and Maternal-Fetal Conflict in post-Roe America*

Abstract: In 1987, Angela Carder was twenty-seven years old, newly married, pregnant for the first time, and in remission from cancer. Twenty-five weeks into her pregnancy, her cancer returned and metastasized. Her prognosis was terminal and her condition deteriorated rapidly. When George Washington University Hospital administrators learned that Carder was just days from death and without a plan to save her fetus, they went to court to determine their responsibility to her pregnancy. Citing the state's interest in protecting potential life outlined in *Roe v. Wade* (1973), the court appointed a guardian for the fetus and ordered it delivered immediately via cesarean section. Born at twenty-six and a half weeks, the baby lived just two hours. Carder died two days later.

Carder's story exemplifies a small, but significant trend in obstetrical practice in the 1980s, when hospitals and doctors used the courts to force pregnant women to undergo cesarean sections in order to preserve the life and/or health of their fetuses. In 1987, the *New England Journal of Medicine* identified twenty-one such cases in eleven states. Using archival records, court documents, and medical journals, this paper tracks this phenomenon and argues that the legalization of abortion and personification of the fetus that followed caused a decline in pregnant women's reproductive rights. While courts had long upheld patients' rights to make medical decisions without government interference, pregnant women in the 1980s were compelled to undergo major surgery when physicians and judges disagreed with their reproductive choices and intervened to "rescue" the fetus from its mother. But this is not simply another instance of the longstanding power struggle between women and physicians. Doctors were divided over forced cesareans. In fact, in Carder's case, the hospital struggled to find a surgeon willing to fulfill the court order because her physicians refused to operate. Finally, although Carder was white, the vast majority of women subjected to forced cesareans were women of color; thus, this research contributes to a much longer history of medical abuses against black and brown female bodies in twentieth century America.

- Objectives:
1. Develop the capacity for critical thinking about the nature, ends and limits of medicine through studying the history of patients' rights and the relationship between medicine and the law
  2. Better understand the history of the doctor-patient relationship.
  3. Develop a deeper knowledge of the history of maternity care in the United States.

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Session: A4 Negotiating Medical Knowledge: Midwives' Tales

**Kosmin, Jennifer**

Bucknell University, Lewisburg, PA

*Negotiated Knowledge: Authority and Accommodation in an Eighteenth-Century Italian Midwifery School*

Abstract: In the second half of the eighteenth century, public health officials in cities throughout central and northern Italy established the first Italian midwifery schools. Although these urban institutions recruited rural women with promises of increased pay and official license, they were met with resistance on the part of pregnant women, practicing midwives, and even parish priests. Women who did attend such schools often faced opposition from long-practicing midwives and potential clients once they returned home. This paper uses the 1777 reports of the Paduan midwifery professor Luigi Calza to explore the negotiation of authority with regards to reading the female body which played out in eighteenth-century midwifery schools. Through instructional methods which included anatomical demonstrations, obstetrical models, and the observation of malformed fetal specimens, male instructors like Calza were imparting a particular vision of childbirth that was essential to the emergence of obstetrics as a scientific field of inquiry and knowledge production. This vision was predicated on a theoretical understanding of childbirth, in which a well-defined set of principles underpinned all practice. While scholars have focused on the increasing dominance of this scientific approach to childbirth, evidence from the midwifery school in Padua suggests that the development of obstetrics in the late eighteenth century entailed a complex process of accommodation and negotiation. Calza, for instance, was compelled to learn and employ the various colloquial anatomical terms of his students. Similarly, when faced with students unaccustomed to book learning, Calza devised tactile lessons that could be practiced on obstetrical models. Nonetheless, Calza often wrote that the experienced midwives who enrolled in the course to obtain a license refused to obey. Precisely because male surgeons and physicians remained only peripherally involved in childbirth in Italy at this time, a close examination of the Italian case refocuses a discussion that has often concentrated on France, Britain, and North America. I suggest that an examination of midwifery instruction in Padua illuminates the moments of resistance, negotiation, and accommodation that framed novel attempts by states and medical authorities to intervene in and regulate the management of childbirth in the late eighteenth century.

Objectives: 1. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.

2. Recognize the dynamic interrelationship between medicine and society through history.

3. Identify successes and failures in the history of medical professionalism.

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Session: E6 Radiation and Its Discontents: Medicine in the Atomic Age

**Kutcher, Gerald**

Binghamton University, Binghamton, NY

*Bombing Cancer: The Contested Development of Radium Teletherapy in the UK*

Abstract: The British Medical Journal presciently opened a 1930 editorial about cancer therapy with radium and its consequences with Chaucer's paraphrase of "old Hippocras:" "The lyfe so short, the craft so long to lerne, Th'assay so hard, so sharpe the conquering."

The editorial was expressing apprehension regarding a report by the British Radium Commission, which was providing radium and overseeing its use at a number of hospitals, including a radium bomb at the Westminster, Hospital London. The bomb effort was so troubling that the commission soon called a halt to mass radium therapy. A controversy arose led by a Westminster surgeon and a member of parliament challenging this decision. A committee of experts was soon established, and after observing some promising efforts in New York, Paris and Stockholm called for an expanded program staffed by experts and equipped with a large radium bomb, soon located at Hammersmith Hospital. The new program developed radium teletherapy to a competitive level until its demise after the Second World War with the availability of the more concentrated radioactive element Cobalt-60.

Using archival materials, published papers, reports and newspaper accounts, this paper follows the development of bomb therapy through the interwar period. It also interrogates the role of tacit knowledge in the development of medical technologies. For example, the surgeons who dominated the Westminster team understood that their surgical expertise could only be acquired by using the knife under the tutelage of more experienced practitioners. Yet, they had no appreciation that the new radium bomb technology also required tacit knowledge acquired through face-to-face transfer of knowledge. In contrast, the more successful outcome at Hammersmith was due in part to the tacit knowledge of teletherapy design and practice one of its physicists had acquired in Sweden and transferred back home.

Key Words: radium bomb, cancer, radiotherapy

Objectives: 1. Illustrate the importance of tacit knowledge in the development of medical technologies.

2. Deepen an appreciation of the role of public controversy in the support of medical enterprises.

3. Identify the relevance of key moments in the emergence of radiotherapy.

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Session: A4 Negotiating Medical Knowledge: Midwives' Tales

**Lagerlöf Nilsson, Ulrika**

School of Humanities, Education and Social Sciences, Örebro, Sweden

*The Midwives' medical training and the professional challenges in the field of obstetrics. A comparison of Swedish midwifery training in Chicago and Gothenburg during the late 1800s'*

Abstract: The Swedish born physician Sven Windrow (1853–1937), has eluded any kind of historical recognition, despite being probably the founder of the first midwifery school in the USA. Dr. Windrow established his school in Chicago in 1889 and the intention was to duplicate the midwifery training program found in Gothenburg, Sweden. In late-1800s, thousands of

Swedes emigrated to the United States and settled down in the Chicago area. This resulted in a high demand for Swedish speaking midwives that Dr. Windrow aimed to resolve when he established the midwifery school.

This paper compares the curriculum and expectations with respect to the specific skills and medical knowledge students were expected to acquire during the midwifery training programs in the United States and Sweden. It discusses the similarities and differences between the courses in light of distinct historical context and geography. The paper particularly emphasizes the power struggle that developed between U.S. doctors and Swedish midwives regarding the boundaries of both professions' skills and scope of practice. Could even the answer to Dr. Windrow's non-existent representation in the history of American history be found there? Was there, for instance, efforts by Dr. Windrow to pass on the Swedish "model" regarding midwives rights to handle instruments, something that American midwives of today still are not allowed? The paper also examines how cultural norms impacted midwifery in the United States and Sweden, and it describes why immigrant communities preferred the style and procedures of Swedish-trained midwives.

This analysis of the Swedish Chicago midwifery school brings new perspectives and insights about midwifery's position in the emergent U.S. health care system. As professional boundaries were still being established, the need for authorized medical training became more necessary. In this process, the Swedes played an important role that has largely been neglected in subsequent historical narratives. My study reveals how this history brings new perspectives regarding the role that immigrant communities played in the establishment of Progressive-era health care systems and services.

Keywords: midwifery, transnational transfer of knowledge, medical training

Objectives: 1. Acquire a historically nuanced understanding of the organization of the U.S. healthcare system, and of other national health care systems.  
2. Respond to changes in medical practice guided by a historically informed concept of professional responsibility and patient advocacy.  
3. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.

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Session: The Fielding H. Garrison Lecture

**Lederer, Susan**

*Bombshells and Bioethics: Henry K. Beecher's "Ethics and Clinical Research" at 50*

Abstract: June 2016 will mark the 50th anniversary of perhaps the most cited paper in the bioethics literature and certainly the most cited paper in research ethics literature. In June, 1966, Harvard anesthesia researcher Henry K. Beecher published his essay "Ethics and Clinical Research" in the *New England Journal of Medicine*. Much has been said about Henry Beecher

and in his own words, his “considerable bombshell of a paper,” and much more will, of course, be said as the anniversary approaches. This lecture focuses on an aspect of Beecher’s article that has received very little attention, namely how did ordinary Americans—those who were not researchers or physicians, policymakers, lawyers, legislators—respond to his public claims that “ethical breaches in American medicine were nearly universal, even if American medical research was fundamentally sound.” Based on a close reading of the letters Beecher received in the aftermath of his public discussions about unwitting human subjects “crippled for life” by ambitious investigators, this paper provides new depth and insight into the clinical research ethics controversies in the 1960s and 1970s.

Objectives: By the end of this activity, the learner will:

Develop the capacity for critical thinking about the nature, ends and limits of medicine and medical research

Will understand features of the complex nature of ethical change in medicine and medical research in 20th-century America

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Session: F1 The Circulation of Cures: Remedies and the Marketplace

**Lee, Elizabeth**

Dickinson College, Carlisle, PA

*Chasing a Cure: Augustus Saint-Gaudens and Cancer, Circa 1900*

Abstract: Augustus Saint-Gaudens, who was widely regarded as America’s greatest sculptor at the turn of the twentieth century, was diagnosed with rectal cancer in 1900; he died in 1907. In the intervening seven years, the sculptor experimented with a dizzying array of medical cures and therapies. Believing exercise was crucial, Saint-Gaudens transformed his summer home in rural New Hampshire into a year-round recreational haven that featured tennis, skiing, swimming and golf. “Health is the thing!” he proclaimed. The sculptor ate Kellogg’s Corn Flakes and followed the advice of health enthusiasts, including the immunologist Elie Metchnikoff and Horace Fletcher, who was known to Victorian audiences as “The Great Masticator.” At the same time, doctors operated on his tumor and administered the experimental Trypsin cure promoted by the embryologist Dr. John Beard. In the final years of his life, the sculptor received electrotherapy treatments from Dr. Margaret Cleaves, first in her New York City clinic and then at his home when he was too ill to travel.

Saint-Gaudens’s example offers a fascinating glimpse into the therapeutic crossroads that defined American medicine at the turn of the twentieth century. By then, surgery had earned its status as a respected profession, though it had little to offer cancer patients facing an incurable disease. A lively marketplace of patent medicines, health foods and therapeutic regimens aimed to fill the gap yet were also limited in their ability to provide anything more than what we now call palliative care. This paper uses Saint-Gaudens’s letters and personal writing, turn-of-the-century medical literature on cancer, popular literature from the period on

health as well as recent scholarship on the history of medicine and cancer to tease apart the strands of a case study which throws the intersection of medical history and American culture into relief.

Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Acquire a historically nuanced understanding of the organization of the U.S. healthcare system, and of other national health care systems.

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Session: B1 Describing, Classifying, and Transforming Natural Substances in Ancient Science

**Lehmhaus, Lennart**

Freie Universität Berlin, Project A03,CRC/ SFB 980 "Episteme in Motion", Berlin, Germany  
*Rabbinic Recipes – Therapeutical Application of Natural Substances in Talmudic Traditions*

Abstract: This paper focuses on the medical knowledge that can be found in rabbinic texts of Late Antiquity. The Talmudic literature comprises four main traditions – the basic authoritative text, the Mishnah (early 3rd c.), and its contemporary tradition of the Toseftah (“Supplement”) were discussed, elaborated and commented upon in the two Talmudim: the Palestinian Talmud (or Yerushalmi/ ca. 5th -6th c.) and the Babylonian Talmud (or Bavli/ 6th- 7th c.).

In striking contrast to Greco-Roman culture, the Jewish medical discourse in Late Antiquity was always embedded in other discursive contexts. So, both Talmudim provide in passing many singular, and at times complex and detailed, medical passages (about physiology, anatomy, therapies, remedies, diet and regimen etc.), generally scattered throughout the whole Talmudic corpus. Still, sometimes we find even more coherent frameworks, clusters and lists (even pharmacopoeia) that point to elaborated medical discussions, well integrated in their thematic contexts.

This talk will address the theoretical and practical knowledge of natural substances or crude drugs (plants, animal parts, minerals and metals) for healing purposes as attested in Talmudic literature. The paper will analyze these therapeutical advices with regard to their terminology, their conceptual structure and their discursive and literary embeddedness in varying religious-normative contexts. Moreover, we will compare the knowledge on remedies in the two Talmudic traditions against the backdrop of the medicinal traditions in their surroundings. This will help to identify possible interactions with and transfers of ‘pharmacological’ knowledge between ancient cultures and allow for a better understanding of the specific nature of rabbinic pharmacognosy.

Objectives: 1. Understand the dynamic history of medical ideas and practices through an increased awareness of the historical existence and development of medicine in Non-Western cultures.

2. Develop a deeper understanding of the processes of transfer, adoption and appropriation of medical ideas through an examination of those between neighboring medical traditions in Late Antiquity.

3. Recognize the dynamics of intercultural exchange and compare the complex interrelatedness of medicine and other discourses (ritual, religion, law, gender) in Jewish and other cultures.

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Session: B2 Bodily Fluids in Pre-Modern Medicine

**Leja, Meg**

Binghamton University, Binghamton, NY

*The Fluidity of Life: Blood and the Soul in the Early Middle Ages*

Abstract: This paper examines the complex relationship between blood and the soul in the early Middle Ages, a period that is rarely touched upon in history of medicine scholarship. Rather than extended philosophical or physiological inquires into the nature of the soul, what we find in the early Middle Ages are explanations by association. The soul is “like” a chick; it is “in” the blood, but is not necessarily the blood itself. Blood was understood to be an essential component of the body, and Biblical passages even associated the blood directly with the soul. Yet, many early medieval intellectuals were adamant that the soul was incorporeal.

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he equivocal link between the soul and the blood originated from the difficulty of conceptualizing the soul itself. As something unseen, how could the soul be visualized? As an aspect of the interior life but not part of the body, how could it be contained within the self? The outpouring of blood was a visible sign of impending death and yet was tricky to directly link with the departure of the soul from the body if the soul was not itself blood. How could a causal relationship be maintained and yet explained in a theologically appropriate way?

As I investigate how early medieval intellectuals grappled with these questions, I focus on medical treatises that survive from the ninth-century Carolingian Empire. I explore traditions about the embodied soul that circulated in “suspect” texts, that is to say texts that had their origins in pagan scientific discourse but had been partially incorporated into a Christian tradition. This was a period during which classical and Christian traditions were brought together in new ways, and thus it was an historical moment in which conceptions of the soul were particularly malleable. The blood-soul link is an area, I want to suggest, where we can fruitfully probe this malleability. My aim is to show a pattern of interpretation in which the blood and the soul existed in a complex interrelationship that shaped early medieval intellectuals’ conceptions of the boundaries between the body and the spiritual world.

Words: Blood, Soul, Medieval Medicine

- Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.
2. Promote tolerance for ambiguity of theories, the nature of evidence, and cultural beliefs.
  3. Develop the capacity for critical thinking about the nature, ends and limits of medicine.

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Session: B3 The Normal and the Pathological: Shifting Boundaries of Health and Disease

**LeJacq, Seth**

The Johns Hopkins University, Baltimore, MD

*Bugged and Bugging Bodies: The Forensic Investigation of Sodomy in Georgian Britain*

Abstract: This paper explored the medico-legal investigation of sodomy in Britain during the long eighteenth century. Considered by many to be the “worst of crimes,” sodomy was mainly understood in terms of male homoerotic contact and was prosecuted with increasing frequency in the eighteenth and nineteenth centuries. Convictions for felony sodomy (anal sex) brought a mandatory capital sentence. Sodomy law required detailed evidence dealing with allegedly offending and violated bodies. Yet while continental Europe had a significant corpus of forensic medical knowledge and practice bearing on “crimes against nature,” British practitioners by contrast had little by way of formal training, academic specialization, or any general organization within this area of legal medicine. Scholars working on related topics have long assumed that medical evidence was essential to these trials based on isolated examples that featured “expert” medical witnessing, but we in fact know little about the bodily evidence that featured in them, and who created legally important bodily knowledge. Drawing on a broad survey of British trial records from the late seventeenth century to the early nineteenth-- including manuscript records from a range of courts and a variety of published trial accounts-- this paper shows that the state of forensic medicine and strong cultural and professional pressures against engaging with sodomy in any way inhibited forensic practice in this area among officially-sanctioned practitioners. Laypeople instead provided the vast bulk of bodily evidence, and investigations and trials therefore provide us a rare window into complex lay understandings of sodomy and men who engaged sexually with others of the same gender. I show that communities and households routinely engaged in highly invasive monitoring of bodies, sexual activity, and the consequences of proscribed sex, and were able to generate knowledge that conformed to the strict and idiosyncratic requirements of sodomy law and related legal practice. There were sophisticated, widely-shared beliefs and practices surrounding sodomy, sodomites, and how both were known by examination of human bodies.

This history complicates and enriches narratives of the nineteenth-century medicalization of homosexuality and provides an important point of comparison to developments in continental forensic medical thought and practice in the same period.



Objectives: 1. Understand the dynamic history of medical ideas and practices through understanding the general state of forensic medical thought and practice in Britain in this period, and in particular to understand forensic medical thought and practice regarding sexual offenses.

2. Understand the importance, scope, and nature of lay bodily evidence about proscribed male homoerotic behavior.

3. Understand how these findings complicate previous historical accounts about forensic medicine in Europe in this period, and about the medicalization of homosexuality in the modern era.

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Session: L1 Beyond the Nazi Doctors

**Lerner, Barron**

New York University, New York, NY

*Problematic Predecessors: Revisiting Willowbrook with New York University Medical Students*

Abstract: Past ethical scandals, such as Tuskegee, have become a standard part of the curriculum in medical schools. Students learn that earlier doctors enrolled subjects, most often from disadvantaged populations, in dangerous experiments without obtaining informed consent. Yet it is unclear whether students actually engage with this material or merely see it as a relic from the past.

As part of their bioethics instruction, second-year students at the New York University School of Medicine will participate in a special module on the Willowbrook scandal, in which investigators injected or fed active hepatitis virus to mentally disabled children at an institution on Staten Island between 1956 and 1970. The investigators, led by pediatrician Saul Krugman, were on the New York University faculty.

In preparation for the

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Session, students will read articles critical of what happened at Willowbrook as well as a defense written by Krugman. They will hear a lecture on the topic, which includes a short, fictionalized film that depicts the Willowbrook experiments. Then they will discuss the Willowbrook case in small groups, using a series of questions prepared for the

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Session.

Among the questions the students will discuss are: 1) Was what happened at Willowbrook unethical or a reasonable “experiment in nature” that provided important scientific knowledge? 2) Were New York University and other medical students in the 1960s who actively protested Krugman’s work, even analogizing it to Nazi medical experiments, justified in their

outrage? 3) Is there any role for an apology to Willowbrook subjects and their families, which has occurred in the case of Tuskegee and the human radiation experiments?

This paper will report on the results of the Willowbrook module, which will take place for the first time in November 2015, by tabulating and analyzing the students' responses to the three questions. In addition to providing important data, this exercise has additional significance as an innovative educational initiative that might be replicated at other health professional schools--including those that were also involved in ethically dubious research.

Key words: Willowbrook, medical education, history of bioethics

Objectives: Analyze the infamous Willowbrook scandal and how it affected New York University  
Explore the notion of revisiting an ethical scandal at the medical school at which it occurred  
Debate the need for New York University to apologize for its role at Willowbrook

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Session: F5 Before Fitbits and iHealth: Histories of Biometrics and Healthcare Citizenry

**Levine, Deborah**

Providence College, Providence, RI

*Measure. Record. Share: Weight Loss, biometrics, and citizenship: 1890-1930*

Abstract: "Tell loudly and frequently to all your friends that you realize that it is unpatriotic to be fat." Lulu Hunt Peters, "Diet and Health with Key to Calories," 1918, p. 78.

Weight loss literature around the turn of the twentieth century touted a variety of tactics that are familiar to the modern eye. Regular weighing, the keeping of food diaries to record amount and eventually caloric contents of food ingested, and the sharing of those metrics with friends, family, and colleagues, were all viewed as key to successful weight loss. Those seeking to reduce were encouraged to obtain ever-more exacting tracking methods, whose accuracy was credited with the success or failure of the dieter's effort.

Beyond losing unwanted pounds, however, the ability to maintain and share these kinds of records also signaled the subject as a responsible citizen of the United States. In one telling example, Lulu Hunt Peters, physician author of the popular manual, *Diet and Health with Key to Calories*, explicitly linked the tracking of calories with the rights and responsibilities of citizenship. Good Americans count their calories, and thereby lose weight and gain resources for the country. In the 1918 edition, with WWI in its background, Peters called on all Americans, especially "my fat friends," to record every calorie consumed, which would result in, "Not only an immense saving of food to be sent to our soldiers and allies and the starving civilians, and of money which could be used for Liberty Bonds, the Red Cross, and other war relief work, but a great saving and a great increase in power."

This paper uses writings from more than fifty diet manuals published in the US from 1890-1930. The works, primarily authored by physicians but also by journalists, home economists, and

nurses, demonstrate an emerging relationship between measurement, weight loss, and citizenship. For these authors, maintaining and sharing records of exact measurements was not only the most effective way to lose weight, but also a way for the overweight, an increasingly suspect group, to prove themselves to be members of the moral and responsible American citizenry.

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.  
2. Develop the capacity for critical thinking about biometrics and health tracking systems.  
3. Critically appraise current clinical management from a historical perspective.

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Session: B4 Managing the Health of Nations

**Lie, Anne Kveim**

University of Oslo, Oslo, Norway

*Medical politics and politics of medicines – comparing and contrasting drug use, 1965-1980*

Abstract: This paper will follow the coming-into-being of what is still being called “drug utilization research”. Initially defined by the WHO as nothing less than “the marketing, distribution, prescription and use of drugs in society and its medical, social and economic consequences”, drug utilization researchers tried to establish standards for comparison across local, regional and national borders regarding drug utilization in order to be able to study variability in drug use. The development of drug utilization research was initiated by European researchers in the 1960s. After the publication of a study showing remarkable differences in antibiotic consumption among different countries in the late 1960s, a WHO meeting on the subject was held in Oslo in 1969, leading to the constitution of the WHO European Drug Utilization Research Group (DURG). The group primarily focused on the methodology for comparison of the use of drugs, and my presentation will center on the development and implementation of The Anatomical Therapeutic Chemical (ATC) classification system and the Defined Daily Dose (DDD), which have since become global standards in drug utilization research. Both of them were developed in Norway by researchers funded by the national monopoly on the wholesale of drugs (NMD), in a public health context where the “rational” use of drugs was high on the agenda. In the paper, I want to analyze the dilemmas confronting the researchers from the WHO group as their technical standards gradually developed: standards vs messy realities, therapeutic reform vs conflicting interests. The paper will be based on the reading of legal documents and their coming-into-being (drug regulations, preparatory documents, parliament discussions regarding these), research projects and documents linked to the development of the ACT and DDD at the Norwegian Medicinal Depot and WHO archival material related to DURG.

Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of pharmaceuticals.

2. Recognize the dynamic interrelationship between medicine and society.
3. Acquire a historically nuanced understanding of the organization of the drug regulatory system, cultural differences in drug use, and the importance of its regulation.
4. Acquire a historically nuanced understanding of the organization of national health care systems.

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Session: F5 Before Fitbits and iHealth: Histories of Biometrics and Healthcare Citizenry

**Linker, Beth**

University of Pennsylvania, Philadelphia

*The American Slouch:*

*Clelia D. Mosher, Posture Sciences, and the Schematograph*

Abstract: By all estimates, America was living through a posture epidemic at the turn-of-the-twentieth century, with as many as 80 percent of its citizens suffering from crooked and otherwise “deformed” spines. One of Dr. Clelia Duel Mosher’s professional life goals was to fix the American slouch, making all the “uneven shoulders and hips, the drooping heads, the winged scapulae, and the flat chests” symmetrical and upright. Though best known for her 1892 work, *The Sexual Attitudes of 45 Victorian Women*, Mosher was also a leading figure in the emerging field of posture science. Along with other medical scientists, anthropologists, and physical culturists of the late 19th and early 20th centuries, Mosher saw posture as a window onto both health and civility and sought to capture its ephemeral topographies with the use of graphic recording technologies.

To that end, in 1915 Mosher invented a device known as the “schematograph.” Eschewing photography in favor of a technology of her own devising, Mosher created a reflecting camera that allowed an examiner to outline on tracing paper a mostly disrobed person’s figure from behind a screen. In her laboratory work as professor and director of women’s physical education at Stanford University, Mosher relied upon the schematograph to measure the effects of her physical training programs by superimposing before and after images. Mosher used these images for instructional purposes, as well, providing her students with visual cues on how best to assume an upright posture.

Mosher’s device enjoyed widespread adoption—it was taken up by physical educators, physicians, and military officials across the country up until the Second World War. Although Mosher herself saw the schematograph as an essential tool to women’s liberation and the equality of the sexes, those who adopted her technology had different ends in mind. As this paper will demonstrate, schematography became a way for institutions of higher education and the military to classify and define bio-normality, targeting “at risk” bodies for medical management, and excluding deviant bodies from gaining entry into these institutions all together.

- Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.
2. Develop the capacity for critical thinking about biometrics and health tracking systems.
  3. Critically appraise current clinical management from a historical perspective.....

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Session: E4 (Lost) Narratives of Eugenics

**Lombardo, Paul**

Georgia State University, Atlanta, GA.

*Eugenics at the Movies: Abortion and Birth Control in Where Are My Children? (1916)*

Abstract: In 1916 Lois Weber, the most successful female director of the silent movie era, released a wildly popular and equally controversial “photo play” entitled *Where Are My Children?* In it Tyrone Power, Sr. played a fiery District Attorney who prosecutes two doctors. The first medical man has been distributing birth control information— “obscene” material under the law. The second practitioner is an abortionist whose dead patient alerts the police to a string of illegal operations.

Despite an impassioned plea on the witness stand for birth control to encourage prudent parenthood among the responsible in the name of eugenics, the first doctor’s educational pamphlets lead to conviction. The second case provides a dramatic plot twist when the DA’s investigation turns up evidence that his own wife and her socialite friends have been regular patrons of the abortionist. The film ends with a melodramatic confrontation where the DA challenges his wife in the words of the movie’s title: *Where Are My Children?*

The film prompted litigation. Its release was temporarily blocked in several states, and it was eventually banned in Pennsylvania as indecent. Despite the controversy, *Where Are My Children?* played to packed “adults only” crowds from coast to coast and in Europe. It generated over \$3 million in ticket sales, surpassing most blockbusters of the silent film era.

This presentation explores how Weber used *Where Are My Children?* as a vehicle that supported the availability of birth control with the rhetoric of eugenics, while simultaneously condemning the dangers of back alley abortions, and the health risks both to the women who pursued them and to their future fertility.

Current debates over the governmental subsidies for birth control and the medical risks of abortion, and questions about the accuracy of labeling any such practices as “eugenic” regularly echo the same arguments that surfaced in the dramatic context of 1916’s *Where Are My Children?* The centennial of the film offers a timely opportunity to explore the historical origins of these themes.

Key words: Eugenics, Birth Control, Abortion

- Objectives: 1. Recognize the dynamic interplay between medicine and society through understanding the popularity of eugenic themes in early silent movies.
2. Promote tolerance for the ambiguity of theories, through understanding the controversy that accompanied birth control among supporters of eugenics.
3. Appreciate the general rejection of abortion by early eugenic activists.

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Session: L2 London's Pulse: The History of Public Health in the Digital Age

**MacFarlane, Ross**

Wellcome Library, London, UK

*London's Pulse*

Abstract: This presentation will focus on the promotion of London's Pulse from its launch at November 2013. Capitalising on a launch which captured the attention of a number of major media outlets, promotional and engagement events for the online resource were organised in partnership with local public libraries and history groups across London. These activities have resulted in creative outputs - both physical and online - from a number of non-academic public historians including walking guides, sound recordists and historians of public housing. These will be discussed in the

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Session, as examples of how the resource has been utilised by researchers outside of the academy.

Keywords:

Digital humanities

Public Engagement

Public Health History

- Objectives: 1) learn how new methods in the digital humanities have been used outside of the formal academy, particularly through public engagement.
- 2) learn about non-academic publishing in public health history.
- 3) learn how to better navigate the history of 19th and 20th century British public health.

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Session: A6 Sex, Morality, and Medicine: The Role of the Physician in Progressive Era Reproductive Politics

**Maclvor Thompson, Lauren**

Georgia State University, Atlanta, GA

*“An uncomfortable episode:” The New York Academy of Medicine, Mary Ware Dennett, and Birth Control Laws, 1920-1921*

Abstract: This paper seeks to expose the complex ways that doctors were involved in the arguments for and against the legalization of birth control in the early twentieth century. It will examine how birth control reformer Mary Ware Dennett, head of the Voluntary Parenthood League (the first national birth control organization in the United States), courted the physician members of the New York Academy of Medicine for support of a repeal of the Comstock Act between 1920 and 1921. Though the history of contraceptive devices and the radical activism associated with the early birth control movement have been well documented, the extent and nature of physicians’ specific involvement in the legal history of birth control is a less explored topic. Using the institutional records of the Voluntary Parenthood League, the paper reveals that Dennett disliked the idea of a medical monopoly on contraceptive information, but that physicians were reluctant to cede their power for a variety of reasons. Chief among these were concerns that the dissemination of contraceptives would lead to immorality and an increase in the birth of “unfit” children. I argue that Dennett’s failed effort to convince the Academy to support birth control legalization in New York is a representative episode in the larger clash between social activism and medical authority in the early twentieth century. The paper also highlights the conflicting ideologies of Dennett and the birth control movement’s most well-known leader, Margaret Sanger. While Sanger was able to garner support for the birth control cause by emphasizing doctors’ expertise, Dennett focused on the need for more widespread, democratized patient access to birth control information and devices. This difference in approach showcases the important influence of medicine on the goals of the feminist movement. Finally, by illustrating a little-known episode in the history of the birth control movement, the paper adds to our growing understanding of the broadly diverse influences inherent in the early struggle for reproductive rights, including what role physicians played.

Key Words: contraception, birth control laws, physicians

Objectives: 1. Identify successes and failures in the history of medical professionalism.  
2. Recognize the dynamic interrelationship of medicine and society.  
3. Understand the complex history of reproductive medicine and rights.

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Session: F3 War, Empire, and Medicine: Managing the Health of Soldiers and Subjects

**Maddock, Pamela**

University of Sydney, Sydney, Australia

*“A Young Man of the Nations” and “Abstinence Ladies”: The Army Canteen and Venereal Disease in the Philippines, 1900-1912*

Abstract: In the first decade of the twentieth century, as the US army took up posts in the Philippines, military leaders in the newly acquired “pos

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Session,” had to address the urgent problem of venereal disease, as did their counterparts in armies and navies all over the world. American medical officers agreed that nothing else decreased efficiency more than venereal disease, and they read numbers that showed no other army in the western world reported higher rates of venereal disease than they did. For many in the rapidly growing white middle class, the young men who constituted the rapidly expanding army represented a site of opportunity. As debates raged about the sale of alcohol at the army canteen, middle class Protestants wrestled with military leaders over what conduct could appropriately define American masculinity. Protestant churches, Christian temperance workers, and Sunday school associations from across the US, with their flood of letters and petitions to Washington expressing deep concern about the conduct of American men elsewhere, constituted a powerful opponent to medical officers who alleged the serving of beer to enlisted men on bases in the Philippines decreased rates of venereal infection.

Historians have explored the anti-vice reformers, and historians of disease control have studied the US army medical department and colonial medicine. This paper examines the dialogue, the influence, the transference, and the mutual imaginings of medical officers and civilian reformers on the related questions of venereal disease and drunkenness among army men. I argue that the army served as a laboratory for experimenting with social reforms that could be implemented in cities and towns across the US. Further, I show that the question behind “effectiveness” for disease control lie the question of how the army could serve as a site for manhood-improvement. Using the papers sent to Congress about the Anti-Canteen bill, as well as army medical department records, the paper will investigate the perceived crisis that the conduct of army men presented to American women and men.

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.  
2. Deepen an understanding of the relationship between wartime medicine and public health.  
3. Foster a historically informed sensitivity to the ways in which public sentiment and medical research interact.

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Session: E3 Visual Representations in Medicine: Cultures and Contexts

**Mainwaring, Laura**

University of Leicester, Leicester, UK

*‘An almost anonymous art’; advertising in the 19th Century medical marketplace*

Abstract: Patent drug remedies were among the first consumer items to be marketed, with the likes of Dr. James’ Fever Powder and Dr John Harper’s Female Pills in the mid-18th Century. The subject of drug advertising with respects to patent and quack advertising has been widely discussed by scholars both sides of the Atlantic, including Roy Porter and William Helfand, but there has been limited academic study addressing the significance of regulation in the



'legitimate' pharmaceutical industry with regards to advertising, selling, and branding of medicinal items. Examining the marketing activities of two large drug companies- the Society of Apothecaries and Burroughs Wellcome & Co (BW & Co) – will highlight distinct marketing approaches to selling health in the 19th century. This paper will give a brief synopsis of the history of branded goods and their containers using examples from drug production companies in the UK and go on to explore the role of marketing against a wider theme of regulation in the medical marketplace by using medical directories, trade journals, periodicals, and archival sources of the Society of Apothecaries. As a comparative analysis that contrasts the direct marketing strategy of BW & Co with the quasi-commercial efforts of the Society I will argue that despite the growth of visual advertising in the wider commercial field not all firms were willing to engage in this manner of marketing and it was even seen as detrimental to business. This analysis will also highlight a previously unexplored ambit of the Society of Apothecaries, whose traditional self-narrative focused on their role as a regulatory body and livery company. This paper will suggest that the failure to engage in novel marketing strategies was a contributing factor to the Society ceasing its trading activities in 1922 where as BW & Co responded to and even pre-empted market pressures and continued its trade ambit throughout the 20th century. "Key words" - marketing, packaging, advertising

Objectives: 1. Understand the dynamic history of medical ideas and practices through appreciating the economic context of the drugs trade and its impact on medical care.  
2. Recognize the relationship between traditional practices and marketing in the medical marketplace.  
3. Explore the implications of consumerism and technological innovation on the medical marketplace.

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Session: E4 (Lost) Narratives of Eugenics

**Marcattilio-McCracken, Ry**

Oklahoma State University, Stillwater, OK

*Letters from Beloit, Kansas: Lost Voices in the History of American Eugenics*

Abstract: Kathryn McCarthy was Kansas' first elected female congressperson during the heyday of eugenic sterilization in the United States from 1933-1935. In 1937 she initiated a firestorm by accusing the Beloit Industrial Girls' School of the cruel and "wholesale" use of sterilization against its inmates by the institution as a punitive measure. Sixty-two of the 148 girls had been sterilized over eighteen months, with almost two dozen additional girls scheduled for "treatment." McCarthy's call for a full investigation was not just a challenge to the coercive conditions in that and other state correctional and educational institutions, however. In her own words, the data unearthed in the investigation—including the fact that Kansas ranked third in the United States in the number of sterilizations that had been performed—should be used "as a basis for an amendment of the present sterilization law in Kansas." A native Kansan, lawyer, and former legislator herself, McCarthy's challenge to the state complicates the

traditional narrative of eugenic legislation and debate in the United States, not least significantly because it came from a woman (whom scholarly treatments have curiously neglected) and a former member of that very political system she deemed badly broken. It also complicates our understanding of how such laws were employed in the institutions themselves. Finally, it sheds important light on the experiences of the sterilized, whose voices are so often absent from the historical record. Using letters from the girls at Beloit, McCarthy's manuscripts, and newspaper coverage of the scandal, this paper traces a brief but bright spark in the sphere of the biopolitical, with the particular circumstances in Kansas lending significant new texture to understandings of how notions of bodily liberty, state control, and the nascent mental health field operated within the larger narratives of race degeneration that marked American eugenics. In challenging Kansas' sterilization law, McCarthy gave voice to a subset of the population previously rendered voiceless by the mechanisms of the state. She was not alone in doing so, but it was small club during a time when the popular opinions of the nation went the other way.

Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.  
2. Identify successes and failures in the history of medical professionalism.  
3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: D5 Explorations in Canadian Medicine and Public Health

**Marchildon, Greg**

University of Toronto, Toronto, Ontario, Canada

*Policy Agenda Setting in Public Health Dentistry: Implementing a Population-Based Preventive Dental Care and Treatment Program in North America*

Abstract: When introduced in 1974, the Saskatchewan Children's Dental Plan (SCDP) became the first school-based program offered by a provincial government in Canada or a state government in the United States. Two features set it apart from other North American programs targeting school children such as those described in Alyssa Picard's "Making the American Mouth" earlier in the century: 1) the SCDP applied to all children living within a province or state; and 2) the SCDP rejected a model of delivery based on a male-dominated profession in favour of an emerging femal profession of dental nurses/therapists.

The program was terminated in 1987 due to the ideological opposition of a new government and the effective lobbying of organized dentistry. However, the SCDP and its achievements provided an alternative approach to dental health that continues to be examined by policy makers and social action groups in North America as they try to increase access to basic treatment and improve oral health among disadvantaged and remotely placed populations. This paper focuses on the historic dominance of the dental profession and its ability, in the recent past, to block policy changes it perceives as a threat to its status and income as well as its hierarchical and gender position relative to other dental provider groups.

While the existing literature has focused on the clinical dimensions of children's dental health programs, there has been almost no historical examination of the SCDP in the larger context of the evolution of oral health. Using John Kingdon's theory of policy agenda setting, this author traces the origins of the model in New Zealand, its general rejection in Canada and the United States and its eventual acceptance and implementation in the province of Saskatchewan in the 1970s. This research is based mainly on the extensive archives of the Saskatchewan government and the Division of Dental Health within the Department of Public Health and the Saskatchewan Dental Nurses/Therapists Association, revealing the birth of a new health profession with a policy mandate and its relations with organized dentistry and the state. Key words: history of dentistry; oral health; dental therapists; dental professionalization

Objectives: 1. Understand the historical organization of dentistry including the evolution of scopes of practice among dental health professions  
2. Understand how oral health problems and policies have been interpreted, framed and implemented in order to change the status quo  
3. Appreciate the gender dimension among health professions and how this has shaped the way health policy has been formulated by governments

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Session: E1 Anatomy of a Medical Discipline: What Cadavers and their Study Tell Us

**Mari, Giulia**

King's College London, London, UK

*'The male body in the Renaissance: Legs on the anatomist's table'*

Abstract: In 1990, Thomas Laqueur wrote that 'it is probably not possible to write a history of man's body and its pleasures because the historical record was created in a cultural tradition where no such history was necessary'. The aim of my research is to overcome this challenge and write a new history of early modern masculinity in which the body is used as a key element to understand and interpret the role, development, and value of virility both at a personal and at a higher socio-cultural level. The result will therefore redefine the meaning of masculinity, manhood, and effeminacy in the sixteenth and seventeenth century, and paint a more complete picture of society and gender relations in pre-modern England, thus contributing to the debunking of traditional ideas of patriarchy that has been occurring in early modern literary and historical studies in the past decade.

To do so, I focus on representations of the male body in drama, literature, fashion, portraiture, conduct books, pamphlets, anatomical tables, and on the barber surgeon's table. Within this broad field, I chose to work specifically on legs, an important site of gender differentiation in the early modern period, and one that allows for a very novel approach to the study of the early modern body and society.

In this paper, I explore early modern knowledge of anatomy, medicine, and surgery, looking at the many texts and manuals left by physicians and barber surgeons. Encompassing themes as diverse as the first anatomical drawings and the beginning of dissection, monstrous births, notions and representations of disability in medical treatises as well as in art and literature, amputations and prosthesis, and the first conjectures of phantom limb syndrome, this paper will discuss the correlations between the body as the subject of enquiry of physicians and barber surgeons and constructions of gender in the pre-Enlightenment world. As well as discussing the social and medical implications of the one-sex model, this paper will look for the rare representations of disability available in pre-eighteenth century sources, drawing comparisons between the able and the disable body and their treatment in society.

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history through exploring the interconnection between the male body and constructs of masculinity in early modern England.  
2. Promote tolerance for the ambiguity of theories through extending the ongoing discourse about pre-modern disability to the sixteenth and seventeenth century.  
3. Discuss the social and medical implications of the one-sex model with regards to the construction of gender roles.

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Session: F6 From Clinic to Clink: Prison Medicine in England and Ireland, 1850-2000

**Marland, Hilary**

University of Warwick, West Midlands, UK

*“Detained till they are cured”: Prisons, Mental Illness and “Criminal Types” in Late Nineteenth-Century English Prisons*

Abstract: Since the inception of the “modern” prison system in the mid-nineteenth century, the relationship between mental breakdown and the prison has been hotly debated, in terms of why so many prisons came to contain large numbers of mentally ill people as well as their potency as institutions to produce or exacerbate mental disease. In the second half of the nineteenth century, penologists, prison governors and prison inspectors defended the prison system against accusations that their regimes of separate confinement and heavy labour were driving prisoners insane. While remaining ever alert to cases of malingering, prison doctors, chaplains and other prison officers struggled, however, to manage high incidences of delusion, depression, anxiety, mania, and attempted suicide amongst their prison populations, and prison doctors declared many prisoners ‘unfit for discipline’ on mental grounds. The period is associated with intense interest in criminal anthropology and definitions of the criminal type and criminal mind, influenced by the publications of Cesare Lombroso and his colleagues. Historians and criminologists have asserted that this shift had little impact in England, despite inspiring the research of a few prison doctors seeking to identify the criminal type (Garland, 1985; Wiener, 1990). Our paper pushes the discussion further, by drawing on the administrative records of individual English prisons from the late 1860s onwards, setting these

against the backdrop of the publications of penologists, psychiatrists and prison medical officers. It thus explores the tensions and collusions between theories of criminal anthropology and institutional practices in English prisons. In particular, we will explore the case of Liverpool Borough Gaol, notable for its vast prison population and large numbers of female and Irish Catholic prisoners, many of whom were diagnosed with mental disorders. We explore how far concerns of management dovetailed with or deviated from explanations of criminality associated with groups of criminals prone through environment and heredity – both explanations were invoked – to crime, drunkenness and mental instability. While anthropological approaches to criminality were not explicitly referenced, in practice prison administrators, governors and medical officers appear to have been developing similar conclusions.

Key words: Prisons, mental illness, criminal mind

Objectives: 1. Recognize the dynamic relationship between medicine and society through understanding the relationship between mental illness and prisons in late nineteenth-century England.  
2. Understand the relationship between theoretical constructs of the criminal mind and practice-based work in a prison case study.  
3. Developed a historically informed critical capacity to understand the development of medical practice through assessing the accuracy of the conclusion that criminal anthropology played a limited role in the context of the English prison system.

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Session: B1 Describing, Classifying, and Transforming Natural Substances in Ancient Science

**Martelli, Matteo**

Humboldt University, Berlin, Germany

*Colouring and Transforming Natural Substances between Alchemy and Medicine (1st-4th c. AD)*

Abstract: While several studies exist on the relationship between medicine and medieval or early-modern alchemy, the connection between these sciences has not yet been systematically researched with regard to the Greek texts of Antiquity and their successors. If we focus our attention on the so-called Greek alchemical Corpus, it is clear that medicine played an important role in the origins of alchemy, which took its first steps in the Graeco-Roman Egypt from the 1st to the 4th cent. AD. In fact, it is especially the most ancient authors who show a particular interest in the properties of natural substances, which are often evocated to describe and explain different alchemical processes. The same natural substances were described both in medical and alchemical treatises, which adopted similar criteria to collect and classify the different ingredients.

My paper shall investigate the earliest sources of ancient alchemy preserved both in Greek and in Syriac translation, namely the 'Four Books' on dyeing ascribed to the philosopher Democritus

(1st c. AD), the fragments attributed to Maria the Jewess (1st-2nd c. AD), and Zosimus of Panopolis' treatises (3rd-4th c. AD). These authors share significant similarities, since they lay the same emphasis on dyeing procedures and make specific references to medicine, which is often evocated in order to clarify and explain the methods followed in performing the (al)chemical techniques. In particular I shall focus my attention on selected passages that clarify the notion of 'pharmakon' (both 'drug' and 'dyeing substance'), discuss its composition, and explain its interaction with the substances (the so-called metallic bodies), which were to be dyed and transformed.

Key-words: ancient alchemy; Graeco-Roman Egypt; dyeing and healing substances

Objectives: 1) Recognize the dynamic interrelationship between medicine and society through history.  
2) Understand the dynamic interaction of medical ideas and practices with contiguous fields.  
3) Develop the capacity for critical thinking about the nature, ends and limits of medicine.

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Session: A5 Religion and Medicine from the 18th to the 20th Centuries

**Martucci, Jessica**

University of Pennsylvania, Philadelphia, PA

*"We must take more care of the soul, than of the body" : Catholic Physicians' Guilds, medical ethics and the problem of morality in women's healthcare in early 20th-century America*

Abstract: In 1910, a group of Boston physicians founded the first Catholic physicians' guild in America. Within a few years similar guilds formed in Philadelphia, New York and New Orleans. Inspired by the formation of the Guild of St. Luke, St. Cosmas and St. Damian in the UK, these American guilds acted as professional organizations as well as brotherhoods built on a set of shared religious convictions. From their inception, these guilds brought moral perspectives from Catholic doctrine into conversation with their medical work. Local guilds operated independently, but by 1932, enough enthusiasm existed to form a National Federation of Catholic Physicians' Guilds (NFCPG). The creation of the NFCPG marked a clear effort to insert Catholic thought into American healthcare policy. In the second issue of *The Linacre Quarterly*, the editor put it this way: "We believe that part of our responsibilities and activities as medical men should be devoted to combating all legislative movements that tyrannize over the inalienable right of every individual to every function of the human body, to oppose immoral laws such as have to do with sterilization, birth prevention, etc."

The reach of these guilds into healthcare issues was both widespread and effective. Yet despite the longevity and success of these professional organizations, the relationships between these guilds, their members, and women's medical care and health policies have been largely ignored by the existing historiography. Focusing on the Philadelphia and Boston guilds, and with the use of archival collections at the Boston and Philadelphia Archdiocesan Historical Research Centers,

the Catholic University of America, and others, this paper examines the ideas and political actions of Catholic physicians' guilds from 1910 through the formation of the NFCPG in the 1930s. I ask the following questions: Why did Catholic physicians form these guilds, and what purposes did they serve? How did the purpose, function and interests of the guilds change over time, particularly after the National Federation came together? Ultimately, I seek to understand how Catholic physicians utilized their guilds to shape the development of a medical ethics discourse that continues to impact women's healthcare policies and choices today.

Objectives: 1. Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education, through attention to the historical relationship between medicine and religion..

2. Recognize the dynamic interrelationship between medicine and society through history.

3. Acquire a historically nuanced understanding of the organization of the U.S. healthcare system, and of other national health care systems.

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Session: C1 Entangled, Global, and Comparative Disease Histories: New Perspectives

**Mason Dentinger**, Rachel

King's College London, London, UK

*The 'Host-Parasite Method': Infection as a phylogenetic character in early 20th-century parasitology*

Abstract: In the 1920s, American biologist Maynard Metcalf drew upon the work of parasitologists from the preceding decades to articulate the 'host-parasite method,' by which a parasite's infectivity to particular hosts could be used to infer the evolutionary relationships of both parasites and hosts. The interests of parasitologists had spanned a great taxonomic range since the inception of the field in the late 19th century. In particular, tropical postings provided opportunities for many doctors to study the parasites of birds, monkeys, or gastropods alongside those of their human patients. The large range of nonhuman hosts that parasitologists studied represented their attempts to model human disease in experimental hosts, as well an effort to achieve a broader understanding of host-parasite interactions. As parasitologists made comparisons between infections in different species, they began to perceive phylogenetic patterns, and by 1929, Metcalf would claim, "The concomitant study of parasites and their hosts is proving of importance in the revealing light it is throwing upon questions of genetic relationships among organisms." In this paper, I reconstruct the history of the host-parasite method, as both a medical practice and a phylogenetic practice, asking how this duality shaped parasitologists' aims and the knowledge they produced. The method involved serial passages of parasitic organisms between the different host species, careful studies of disease symptoms and outcomes, and analyses of the evolutionary ancestry of multiple organisms. As a result, this history of the host-parasite method will help elucidate how

interactions between parasitic organisms, human hosts, and nonhuman hosts, have shaped concepts of disease and concepts of evolutionary ancestry at the same time.

Key words: parasites, evolution, animals

Objectives: 1. Develop the capacity for critical thinking about how medical understandings of disease symptoms relate to the scientific study of those symptoms.  
2. Acquire a historically nuanced understanding of the role that evolutionary theory has played in the development of ideas about disease.  
3. Develop appreciation for the importance of disease in nonhuman animals in expanding our understanding of disease in humans.

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Session: I2 Contested Knowledge: Debate and Discord in Twentieth Century American Medical Research

**Mawdsley, Stephen**

University of Saskatchewan, Saskatoon, Canada

*Heroin and the Hospice: Pain, Principles, and Proper Palliative Care Treatment in the 1980s*

Abstract: In the early 1980s, heroin emerged as a humane solution for terminally ill cancer patients in the United States suffering tremendous amounts of pain. As late as 1924, heroin was employed by physicians to alleviate such pain, yet the 1970 Comprehensive Drug Abuse Prevention and Control Act, among other regulations, relegated it to the sidelines of mainstream medical practice. However, with the publication of several American studies that found heroin superior to morphine and the British health system's implementation of heroin treatment, the cultural, medical and political dispute began to intensify throughout the 1980s. This was exacerbated by the growing hospice movement in the United States and the ongoing discussion of how to address pain in American politics. This paper, using congressional documents, drug industry publications, newspapers, and interviews, explores the clash over heroin as a legitimate tool to combat cancer pain between 1981 and 1985. In tracking the scientific and medical literature crossing the Atlantic and emerging in the U.S., from the late-1970 to the mid-1980s, it becomes clear that heroin as a treatment was bound to be a point of contestation within the American medical establishment, U.S. Congress, and health care activist circles.

Objectives: 1. Understand the history of medical ideas and the implications for patient care.  
2. Gain a deeper understanding of how politics shapes perceptions of medicine.  
3. Critically appraise clinical management from a historical perspective.

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Session: H3 The Wayward West: Medical Structure, Practice, and Cold War Environments



**Mckiernan-Gonzalez, John**

Texas State University, San Marcos, Texas

*"Because I was born poor,": Mexicans Americans, Medicare, and the Transformation of Doctoring in Texas, 1950-1975*

Abstract: In 1980, struck by his public commitment to health care services to the underserved, the Brownsville Herald asked Dr. Ramiro Casso why he continued to advocate for increased access to health care services for recent migrants to Cameron County. His response – “because I was born poor” – meant to explain his advocacy and administration of health care services built around the South Texas poor. However, his response sidestepped a question regarding federal authority: how did a generation of Mexican American doctors, coming of age in Jim Crow Texas, become embedded in the delivery of publicly financed health care services in Great Society Texas?

This paper brings the Mexican American Experience with Jim Crow Texas into conversation with work on inequality and 1960s medical mobilization. Like Alondra Nelson and John Dittmer pointed out for African American civil rights movements, this paper argues that the swing-status of Mexican American voters in Jim Crow Texas brought participants in civil rights organizations like the American G.I. Forum and LULAC into close working contact with Senate majority leaders Ralph Yarbrough and Lyndon Baines Johnson. The relatively high profile presence of Mexican American physicians in Texas civil rights efforts through the 1960s translated into the construction of hospitals and medical schools in poor urban areas that aimed to replicate the meritocratic and democratic ideals of this post-war generation. Challenges to this form of institution building appeared from below through the Chicano movement and the farmworkers’ movement and beyond, through the linking of Mexican American families to population growth and runaway spending. Building on work that explores the volatility of public entitlement by scholars like Beatrix Hoffman, Ana Raquel Minian and Felipe Hinojosa, this paper explores the ways Medicare and Medicaid enabled public policy doctoring for physicians trained under Jim Crow conditions, and how this formation constrained the kinds of medical services provided in Mexican American Texas.

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through expanding one's understanding of the political roots of Medicaid and Medicare.  
2. Deepen understanding of the role of working-class mobilization in the availability of health care services.  
3. Examine tensions between democratic aims and medical practice as combined in Texas.

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Session: E5 Challenging Orthodox Medicine

**McNeill, Leila**

Univeristy of Oklahoma, Norman, OK

*Converging Histories: Anna Fischer-Dückelmann as Naturopath and Physician for Women in Imperial Germany*

Abstract: Prior to the year 1900 when medical licensing and matriculation into university medical programs were still denied by law to German women, only about thirty women could claim the title of physician in all of Imperial Germany. These pioneering women who dedicated their lives to medicine were forced to turn to alternative means to practice outside the traditional routes of professionalized medicine. One such pioneering physician was Dr. Anna Fischer-Dückelmann, one of the first female medical graduates from the University of Zürich, who turned to writing popular medical texts, operating a clinic for women and children, and practicing natural healing. Though not much remains of the biographical pieces of Fischer-Dückelmann's life, I argue that what can be recovered provides a valuable perspective into the social history of medicine in Germany.

In this paper, I show that Fischer-Dückelmann's work reflected three contemporary movements for social reform: reform of women's higher education, the maternal feminist movement, and the Lebensreform (the life reform movement), which have previously been treated as separate historiographical areas. Given that women physicians were such a rarity during this time period, Fischer-Dückelmann was unique in the way and extent to which she wrote about medicine from a female perspective. By examining the ways in which she influenced and engaged with these contemporary social developments in her work, we gain an otherwise inaccessible perspective on how these three areas of historical study are intricately related.

The common thread that runs through these three social reforms and their respective historiographical areas is the medical representation of the female body and woman's nature. Since male physicians published more on the female body and reproductive cycle than women during this time, their works have had a lasting influence over public perceptions of women and their health. However, if we look at sources like Fischer-Dückelmann's popularizations, instead of only those published in journals or conducted in state universities from which women were excluded, we can see that alternative perspectives from dissenting voices also shaped the medical discourse that was consumed by a vast readership.

Objectives: 1. Develop a historically informed understanding of how relationships of gender and power pervade medical discourse.  
2. Recognize the interrelationship between medicine and society through history.  
3. Understand the importance of non-traditional scientific and medical sources in the shaping of medicine's social contexts.

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Session: L4 The Future of the Patient Record in History

**Medeiros, Aimee**

University of California, San Francisco, San Francisco, CA

*“Have you gone to Google?” - Making a Case for the Digitization of Historical Patient Data*

Abstract: While downloaded music, shared photos on Instagram, and retweeted tweets have been interpreted as important data points in the tracking of health, data recorded on paper-based patient records are seen as expendable and unworthy of preservation by most of the medical community. The data that are often preserved are often done so in the context of larger non-patient-focused collections and are labeled restricted by archivists responsible for ensuring their security; a move that further limits access. I became aware of the profound impact the lack of accessibility of patient-encounter data in 2013 when I began to pursue a research project investigating patient records documenting pediatric care received at UCSF during the twentieth century. Before conducting my research, I had to champion their preservation, which came to be a tremendous task constantly in jeopardy of being discontinued due to lack of funds and an overall devaluing of historical data by bioinformatics scientists. Why is it so difficult to convince medical researchers of the value of historical patient-encounter data in this era of “Big Data”? And what, if anything, should we do about it?

Objectives: 1. To identify potential research use of patient related materials  
2. Critically appraise clinical management from a historical perspective  
3. Identify innovative strategies for the preservation of historical patient records

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Session: G4 Biomedicine in Post-Colonial Africa

**Messac, Luke**

University of Pennsylvania, Philadelphia, PA

*Counter-revolutionary therapeutics: biomedicine as a political symbol and palliative in colonial Nyasaland and postcolonial Malawi, 1953-1980*

Abstract: During the 1950s and 1960s the number of Africans attending government health facilities in Malawi increased rapidly, from 1.3 million in 1954 to 10.2 million in 1967. Most of this change is left unexplained by either population growth or new facility construction. The most significant trend that accompanied the increase in attendance was a marked rise in recurrent government health spending, from £273,000 pounds in 1953 to £1.48 million pounds in 1969. But what explains this rise in spending? After all, to many prominent development experts of the era government spending on curative medicine was fiscally imprudent, inapposite to the goal of GDP growth. Using archival records from the UK, Malawi and the United States, this paper argues these increased public outlays were linked to the prominence of medicine in late colonial and early postcolonial propaganda and protest, especially as new chemotherapeutics helped draw more Africans to health facilities.

The historiography of medicine in Africa either tends to emphasize the presence of biomedicine over its absence (for the more celebratory narratives), or biopower and mass experimentation over scarcity and neglect (in critical histories). By focusing on stock-outs of drugs as well as

mass treatment campaigns, and on the UK Treasury's insistence on budget cuts as well as the plans of medical administrators, this paper reveals a few counterintuitive truths. The perceived need to demonstrate imperial solicitude for sick subjects in moments of political ferment impelled infamously stingy treasuries to spend on healthcare. Second, a focus on the longer arc of government medicine leads us to shift our understanding of doctors and nurses working for the colonial regime; their correspondence reveals scathing critiques of the low quality and poor reach of health services for Africans. These healthcare providers' main enemies were not microbes, but misers. Finally, the rise in attendance at medical facilities was driven not by the construction of new hospitals but by the entrance of new chemotherapeutic agents. Biomedicine had to prove its efficacy to draw in patients; but once it did so, the influx of patients was too much for the underfunded health sector to bear.

Objectives: 1. Understand the dynamic history of medical practices through an appreciation of the causes of the rise in attendance at government medical facilities in Nyasaland/Malawi during the 1950s and 1960s.  
2. Understand the politics of health spending in Nyasaland/Malawi during the late colonial and early postcolonial period.  
3. Understand popular and professional responses to the entrance of new chemotherapeutic agents in government medical facilities in Nyasaland in the late colonial/early postcolonial period.

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Session: C1 Entangled, Global, and Comparative Disease Histories: New Perspectives

**Methot, Pierre-Olivier**

Laval University, Quebec, Canada

*A Global History of Disease: Mirko Grmek and the Concept of Pathocenosis*

Abstract: Croatian-born historian of medicine Mirko Grmek (1924-2000) is best known for writing the first history of AIDS and for his extensive knowledge of disease in the ancient Greek world and nineteenth-century physiology. However, in addition to the historian's task of describing the past, Grmek also introduced the concept of "pathocenosis" to explain changes in disease patterns on a global scale. Implicit here is the idea that diseases are in a state of homeostatic equilibrium in a given society that includes them and form a dynamic, interconnected system in space and time. Linking the biological, social, and technological determinants of disease to broader changes in the dynamics of the pathocenosis of the modern world, Grmek also attempted to provide a theoretical framework for medical historians. Though largely eclipsed by other works when it was coined in the mid-1960s, the concept of pathocenosis now appears relevant in order to make sense of changes in disease patterns, and even to rethink the prospects of retrospective diagnosis. Recent developments in paleopathology and molecular phylogenetics, for instance, have contributed to unravelling the intertwined evolutionary histories of ancient diseases such as plague or malaria – and their vectors –, and have given historians the possibility to showcase the value of medical history for

contemporary science. Reflecting on the history of the concept of pathocenosis itself, the paper explores how it originated in Grmek's writings at a time where the possibility for "new" diseases to emerge was often downplayed by medical and public health authorities. Drawing on published articles, letters, and other archival material, and looking beyond the paradigm of *Longue durée*, I locate the origins of Grmek's theoretical contribution to the history of medicine within the traditions of medical geography and medical ecology which were both present in the first half of the twentieth century.

Objectives: 1. Deepen understanding of the relationship between evolution, ecology, and disease in history.  
2. Develop appreciation for ecological ideas in expanding our knowledge about diseases.  
3. Understand the dynamic history of medical ideas through examining the work of an important figure in twentieth-century medical history.

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Session: F1 The Circulation of Cures: Remedies and the Marketplace

**Miller, Emmie**

University of Minnesota, Minneapolis, Minnesota

*New World Medicine: An Eighteenth-Century Baconian Apothecary in the Carolina Colonies*

Abstract: The current historiography on circulations of medical knowledge has empowered scholars to think with useful theoretical frameworks about hybrid epistemologies, vernacular science, and local knowledge. These theories have been helpful in making visible intellectual and cultural exchange, but run the danger of foisting ahistorical understandings of "knowledge" onto the past. Through the case study of John Lawson, the Carolina Colony's Surveyor-General from 1699 to 1711, I aim to historicize Lawson's particular "knowledge" to promote our understanding of the processes by which medical knowledge was rationally exchanged, incorporated, and rejected.

Lawson's role in the colonies was trifold: colonial promoter, natural historian, and apothecary. Through publication of the travel narrative "History of Carolina," Lawson promoted the New World to potential immigrants, assuaged his sponsors' doubts as to the safety of living among American Indians, collected and categorized plants and animals, and prospected for potentially useful American Indian drugs. For Lawson, there were two ways that "wholly strange" American Indian knowledge could be rationalized. The first was through the rigors of British experimental philosophy's criteria for what could become a truth-claim via witnessing, trials, and empirical natural historical collection.

Lawson also incorporated American Indian knowledge into his Baconian epistemology through his role as an apothecary. In writing about his encounters with American Indian peoples like the Sewee, Hatteras, and Tuscarora, Lawson expressed his interest in many of the drug products used by native practitioners. Here I put forth a claim inspired by John Riddle's work on

Dioscorides that medicinal products untethered from a particular theory like humoralism can more readily be incorporated into other epistemologies. The new drugs Lawson encountered would have been unbounded by any theory for medicine that Lawson was aware of or familiar with and therefore did not conflict with any theory of his own.

Does this make Lawson's medicinal knowledge hybrid? I argue that hybridity suggests a duality that ignores the complexly contextual rationale for exchange, as for Lawson his understanding of knowledge and his incorporation of medical products from American Indian knowledge systems possessed its own logic and internal consistency.

Key words: materia medica, Baconianism, colonial medicine

Objectives: 1. Understand the dynamic and idiosyncratic history of medical ideas and practices.  
2. Promote tolerance for ambiguity of theories and the nature of evidence.  
3. Recognize the dynamic interrelationship between medicine and society, and the nuances of the influence of societies and cultures on medicine and vice versa.

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Session: G2 Nurses on the Front Lines

**Milne, Andrea**

University of California, Irvine, Irvine, California

*"Community Care, Reagan-Era Altruism, and the United States' First AIDS Ward."*

Abstract: As the AIDS crisis unfolded in the early 1980's, San Francisco General Hospital—which housed 5B, the country's first AIDS Ward—became a de facto extension of the city's gay community. While the influx of gay patients and visitors made some SFGH staff members uncomfortable, 5B founder, Nurse Cliff Morrison, recognized that developing this relationship would only improve the quality of his patients' experience on the unit. Accordingly, Morrison sought out the support of individuals and organizations operating outside the purview of the San Francisco Department of Public Health, and, in many cases, outside the medical establishment completely. The integration of "non-experts" and community-based groups onto the ward destabilized the structures of knowledge and authority on which the nursing profession was (and is) built, but it also significantly improved the quality of patient care, and saved 5B a tremendous amount in operating costs.

Using the ward's official records, oral histories, and local and national media coverage, I highlight three different ways the nursing staff integrated "the outside world" onto the ward: the 5B volunteer program, The Shanti Project, and Rita Rocket's Brunch Bunch. I demonstrate that the nurses' use of (largely) unpaid labor was one of three major internal contradictions that characterized the unit. Second, because they were politically motivated, these volunteer efforts were dependent on the demographic composition of the ward. Most volunteers worked on 5B as a show of support for the queer community—and disappeared over time, as the patient population became less white, less gay, and less male. Finally, I demonstrate that, while intended as a repudiation of an uncaring federal government, the radical volunteerism that

structured ward 5B unintentionally lent support to a community care model being advanced by its political opponents: at this same time, the Reagan administration was calling for altruism to take the place of government services. The tensions and inconsistencies between politics and praxis demonstrate that the shared ideology of the nurses who built the country's first AIDS ward, if crucial to building the ward into a vibrant community space, also made it a space of curious exclusions.

Objectives: 1. Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Acquire a historically nuanced understanding of the organization of the U.S. healthcare system, and of other national health care systems.

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Session: C5 Disabled Bodies: Visual Culture, Medical Education, and Claiming Professional Authority

**Mobley, Izzetta Autumn**

University of Maryland, College Park, MD

*Troublesome Properties: Millie & Christine McKoy, Disability, Photography, and the Enslaved Body*

Abstract: *Troublesome Properties: Millie & Christine McKoy, Disability, Photography, and the Enslaved Body* interrogates the intersections of race, (dis)ability, slavery, and visual culture in nineteenth century photography and medicine. The daguerreotypes, early photographs, medical records, biographies, and research conducted by Dr. William Pancoast of conjoined Millie and Christine McKoy serve as evidence of the troubled definitions of consent, care, property, and exploitation inherent in enslavement and display. Born in Columbus County, North Carolina in 1851, conjoined twins Mille and Christine McKoy were not given a choice about whether or not they would be bought and sold, displayed, examined, and experimented upon. In this paper, I am concerned with how certain raced bodies, specifically Black female bodies, serve as a model upon which larger regimes of power (biopolitics), labor, capital, sovereignty, and the body, have been and are continuing to, develop.

Slavery haunts the discursive, aesthetic impulses, and visual formations that construct both (dis)ability and race. I examine the ways in which slavery and (dis)ability have historically constituted one another - particularly through medicine. I examine how disability, race, and medicine have at times worked to establish a network of power relations that frame how the United States understands citizenship, sovereignty of the body, capital, labor, and bodily integrity. Through the visual analysis of photography I discuss the intersection of bodies marked by both race and (dis)ability – explicitly illustrating how slavery haunts how we see and tie Blackness to (dis)ability.

- Objectives: 1. Recognize the dynamic interrelationship between medicine and society through understanding the historical context and evidence wherein slavery, race, medicine, and disability impacted lives.
2. Understand the importance of visual culture in establishing what it means to be a normative body.
3. Consider the historic ways in which race and disability have constituted one another.

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Session: H1 The World Health Organization between Empire and the New World Order

**Mohamed, Deika**

University of Toronto, Toronto, Canada

*“No Other Help Wins More Friends”:*

*The Cold War, Decolonization, and the WHO Global Yaws Control Programme, 1944-52”*

Abstract: In 1946, the Interim Commission of the newly formed World Health Organization tasked the Committee on Priorities with creating a list of global endemic diseases and important international health concerns. While a number of urgencies were reported by the Committee, the Commission proposed to the First World Health Assembly three top disease priorities: malaria, tuberculosis, and venereal disease. The WHO did not launch a global disease control or eradication campaign for another four years, but when the time came, the disease of choice was not any of the top three priorities, nor did it exist in any preliminary discussions on other disease priorities. Indeed, when the First World Health Assembly convened in July 1948, there was no mention of the disease that would constitute the WHO's first global campaign. My paper examines the origins of the historically underexplored 1952-64 WHO Global Yaws Control Programme through the lens of decolonization and cold war politics. I argue that the United States government played an instrumental role in the establishment of the WHO campaign to eliminate yaws in endemic regions of Latin America, Asia, and Africa. Drawing on a variety of sources, including records of the WHO, newspapers, and medical research journals, I examine how the U.S. Public Health Service, U.S. Army Medical Department, and New York pharmaceutical giant Bristol Meyers collaborated to study the efficacy of patented fast-acting penicillin in treating yaws. The success of these measures were used to campaign members of the WHO to fund a worldwide yaws control programme in the form of resources and technical assistance. Many of the applicants were decolonizing states which formed new relations with the United States, such as Indonesia and Thailand, at a time when the United States placed health at the top of its international aid agenda.

- Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.
2. Recognize the dynamic interrelationship between medicine and society through history.
3. Understand the dynamic history of medical ideas and practices.

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Session: D2 Uncovering Biomedical Objects, Designs, and Diseases

**Moore-Sheeley, Kirsten**

Johns Hopkins University, Baltimore, MD

*Becoming a Biomedical Object: The History of Insecticide Treated Bed Nets*

Abstract: Before the mid-1980s, the international malaria control community understood insecticide treated bed nets (ITNs) as vector control tools that interrupted malaria transmission among particular mosquitoes in particular environments. By the beginning of the twenty-first century, however, this community understood ITNs primarily as clinical technologies which could reduce child malaria mortality in any setting. ITNs, in other words, had become universally applicable, biomedical objects. Drawing from the history of biomedicine, the history of technology, and science and technology studies, this paper examines how and why ITNs emerged as biomedical objects at the turn of the twenty-first century. It tracks ITNs from the first formal clinical trials carried out by the British Medical Research Council in The Gambia through the multi-sited, randomized controlled efficacy trials conducted in four African countries in the mid-90s. It analyzes archival materials, published ITN research, and oral histories to understand how scientists designed and carried out clinical trials with a complex vector control tool in different settings, generalizing the complexities of ITN use in the process. This not only shifted conceptions of ITNs' function and value for primary health care in malaria endemic countries around the world; it also helped foster renewed interest and funding for global malaria control. In turn, malaria re-emerged as a major, world health concern in the twenty-first century. While most scholarship on the history of biomedical technologies has examined the invention, material development, or use of technologies, few scholars have examined how an existing technology comes to be understood as biomedical through specific social and scientific practices. By doing this in the case of ITNs, this paper seeks to elucidate the relationship between biomedical paradigms of knowledge production; technologies; and specific social, political, and economic circumstances. At the same time, it explores the power of biomedical objects to effect political change in the field of global health.

KEY WORDS: biomedicine, technology, global health

Objectives: 1. Understand the dynamic history of medical ideas, practices, and tools, and their implications for populations and public health care providers.

2. Deepen understanding of medical knowledge production and its consequences for addressing problems of disease on a large scale.

3. Critically appraise the relationship between medical technologies and health policy.

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Session: H1 The World Health Organization between Empire and the New World Order

**Mooreville, Anat**

University of Washington, Seattle, WA  
*Considering Trachoma Campaigns in Morocco in the 1950s*

Abstract: In the winter of 1953, the Jewish philanthropic organization the American Jewish Joint Distribution Committee (JDC) conducted the “Mass Trachoma Project” in one square block of Casablanca’s mellah (Jewish quarter). The infectious eye disease trachoma was endemic throughout North Africa, and was doubly marked: first, as a disease of poor hygiene and primitive culture owing to its particular etiology; and second, as a “blinding scourge of the East,” as a result of its prevalence in the Arab world. The “Mass Trachoma Project” was emblematic of the disease control campaigns that characterized international health in the postwar period implemented through new technical interventions, such as antibiotics. Indeed, JDC efforts were concurrent with World Health Organization (WHO) anti-trachoma campaigns in Morocco, and mimicked its practices while adapting them to suit particular needs of the Jewish community. As medical restrictions on immigration to Israel ended, this campaign not only served to cure Jews prior to their anticipated departure, but also to present the JDC as an international organization on a par with the WHO that participated in health development. Using material from the WHO archives, the JDC archives, and medical publications, this paper will evaluate how the simultaneous WHO and JDC anti-trachoma campaigns were in conversation, both in terms of medical practices and in political contest with the French Protectorate Department of Health. A confluence of factors made trachoma in North Africa a Jewish concern, which led to successful formal requests to UNICEF and the WHO to organize anti-trachoma campaigns in Morocco. The JDC and the WHO both understood trachoma to be inseparable from socio-economic conditions, yet neither was in a position of governance to change them. Trachoma is an ideal case in which to examine how the boundaries of what was considered “medical” were negotiated in this period, and the varying ways in which the JDC and the WHO-UNICEF conducted a medical campaign against a professed social disease. I claim that a historical investigation of Jewish anti-trachoma efforts in Morocco foregrounds often overlooked actors of postwar colonial medicine, and demonstrates how international Jewish philanthropic organizations took part in shaping global health priorities.

- Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.
2. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.
3. Identify successes and failures in the history of medical professionalism.

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Session: B6 Sanguinary Cultures: Historical and Global Perspectives on the Materiality of Blood

**Mukharji, Projit**  
University of Pennsylvania, Philadelphia, PA  
*Between Empire and Nation: War, Competitive Philanthropy and the Birth of Blood Banking in British India*

Abstract: Anthropologist Jacob Copeman has recently drawn attention to the rich cultural life of blood donation in India. So deeply has it become culturally embedded that a range of unique devotional, political and even artistic expressions have begun to develop around this routine medical technology. This is hardly surprising given the official claim on Indian government websites that the second blood bank in the world was opened in India in 1939. Yet, ironically there is no historical account of the origins of blood banking in India. Why did a colonized country take such a precocious step in becoming one of the first places to have a blood bank? And why did a country that had famously resisted a number of major colonial public health campaigns come to embrace blood donation so passionately?

In this short presentation I will reconstruct the historical origins of blood banking in India. By drawing upon government reports, newspaper accounts, biographies and Bengali novels I will argue that both the WWII and what I will call 'competitive philanthropy' converged to create both India's blood banking infrastructure as well as the larger culture of blood donation.

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.

2. Critically appraise clinical management from a historical perspective.

3. Identify successes and failures in the history of medical professionalism.

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Session: F4 Institutions: Between Isolation and Integration

**Murphy, William**

Dublin City University, Dublin, Ireland

*'If anything should occur here my existence as a Medical Man . . . would be ended': prison doctors, political prisoners and the Irish revolution, 1917-1921*

In February 1918 radical nationalists distributed a leaflet in Limerick, Ireland. It asked the citizens of that city if they were aware that the authorities were forcibly feeding hunger strikers in the local prison and informed them that 'Two Limerick Doctors were doing their Dirty Work'. They named the doctors and concluded, 'it is up to you to make your power felt – to end for ever this latest form of British Torture of Irishmen.' Such doctors had good reason to be worried. Following the death of Thomas Ashe in September 1917, after forcible feeding at Mountjoy prison, Dublin, the doctors had experienced intimidation, boycott and public humiliation.

Drawing on prison records, medical officers' reports, the accounts of prisoners and the contemporary press, this paper will explore the situation of those prison doctors (in Ireland and Britain) who were responsible for political prisoners at the height of the Irish revolution. Then, nationalists transformed prisons into sites of revolution, using their health and lives as weapons. This paper asks how prison doctors responded, trapped as they were between the

demands of their employers (the various prison boards and beyond these the British state) and their duty to their patients (the prisoners). In addition to this quandary of dual loyalty, those prison doctors based in Ireland were exposed to the pressures consequent of seeking to make a medical living among local communities who became ever more sympathetic to the prisoners. The attitudes of local communities were significant because most of Ireland's prison doctors were part-time employees, relying on private practice or local government posts for a significant proportion of their income.

These doctors faced then medical, ethical, legal, social, political and economic dilemmas, and, potentially, violence as they decided whether to ameliorate the conditions of political prisoners; whether to forcibly feed, surreptitiously feed or release hunger strikers; or, indeed, whether to turn up for work.

Key words: prison doctors, hunger strike, Ireland

Objectives: 1. Examine the complex relationship between doctors and patients through exploring the manner in which political prisoners during the Irish revolution used their health and lives as weapons against the state.  
2. To examine the dilemmas, including the medical and the ethical dilemmas, which caring for political prisoners in general, and hunger strikers in particular, posed for prison doctors during this period.  
3. To assess the factors that shaped the attitudes and actions of those prison doctors.

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Session: F2 Women and Medical Authority from the Early Republic to 2nd-Wave Feminism

**Naramore, Sarah**

University of Notre Dame, Notre Dame, IN

*Matter Over Mind: Sex and Gender Difference in Post-Revolutionary American Medicine*

Abstract: The late eighteenth century marked a turning point in the way Western women and their bodies were viewed socially and culturally. Compounded with the aftermath of the American Revolution, during the 1780s and 1790s European-Americans grappled with questions concerning what kind of society they would live in and the proper place for women. Questions regarding the role of women continued Enlightenment conversations about education, citizenship, culture, and physical limitations of female bodies. Although reproduction and childbirth were important vehicles for medicine's role in this change, a broader look at the female body and its perceived relationship to the mind expand the part medical and scientific thinking played in constructing sex and gender. This paper explores these connections by looking closely at the way in which Philadelphia physician Benjamin Rush's ideas about sexual difference informed theories as diverse as psychiatry, education, therapeutics, and ethnography.

Benjamin Rush is sometimes credited as progressive in his attitudes toward women and especially women's education. Nevertheless, it is a mistake to assume from this that he viewed women as intellectual equals to men or that physical differences he saw between male and female bodies were unrelated to mental characteristics and capacities. Using manuscript and published material written by Rush and the travel literature which rounded out his source base, I examine at how ideas about women and their bodies fit into Rush's "Universal System" of medicine, not as a marginal concern but, much like race proved to be, a fundamental category in medical thought. He used female physiology to explain women's presumed greater sensibility, morality, proclivity to different diseases, and limited capacity for intellectual work. Essentially, he found support for the central tenants of "republican motherhood" inside women's bodies, a move that had social and medical implications. Women's bodies in differing climates also added scope to Rush's Hippocratic arguments about place and health based on processes like menstruation and puberty. Using the language of eighteenth-century medicine Rush helped lay the groundwork for nineteenth and twentieth-century associations between female bodies and "women's" diseases.

Objectives: 1. Acquire a historically nuanced understanding of the organization of the U.S. healthcare system.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Develop an historically informed sensitivity to the diversity of patients.

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Session: I3 Recommitted: New Histories of the Asylum

**Nielsen, Kim**

University of Toledo, Toledo, Ohio

*"Labor, Disability, and the Permeable Walls of the Asylum"*

Abstract: While the walls of what was first known as the Knox County (Ohio) Infirmary when it was built in 1842 were of imposing and long-lasting red brick, the social, legal, and economic walls surrounding the infirmary were permeable and fluid. The County Infirmary, like many in the mid-nineteenth century, operated as poor house, insane asylum, workhouse, hospital to the indigent, orphanage, nursing home, home to unmarried pregnant women and mothers, general custodian of rejected human beings, economic marketplace, and a place of employment. It variably bore the title of infirmary, poor house, lunatic or insane asylum. The wide array of people who entered the Infirmary, even including the significant percentage who died while in residence, rarely entered and stayed. Instead, for social, legal, and economic reasons, those assigned to the Infirmary moved frequently between Infirmary to workplace to boarding home to private home to courthouse and back to the Infirmary. Indeed, their geographic and economic fluidity built on patterns begun earlier, when the county relied upon the auctioning of boarding out contracts to meet social welfare needs.

Much rich scholarship has been done on asylum life, and significant scholarship teaches much about the lives of those who instead lived outside asylum walls. This paper differs in that it explores these two geographies simultaneously while using disability and labor as analyses. These two geographies of care existed in relationship, in interaction, and as a continuum of labor. Where, how, and why individuals moved along the continuum often depended on the changing community, economic, and medical definitions of disability. Where, how, and why individuals moved along the continuum always reflected perceived labor capacities. Sources for this paper include institutional records, county reports and budgets, state reports, census records, and newspaper accounts. Analysis begins in the 1820s when Knox County first began government organized poor relief efforts and continues until approximately 1900.

Objectives: 1) Recognize the dynamic interrelationship between medical institutions and society in nineteenth-century America.  
2) Acquire a historically nuanced understanding of the organization of the U.S. healthcare system.  
3) Consider the influence of community labor needs on medical institutions.

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Session: I2 Contested Drugs

**Oram, Matthew**

University of Calgary, Calgary, Alberta, Canada

*Current Psychedelic Research and Historiography: Finding the Right Lessons in the Past.*

Abstract: Recent years have seen a resurgence in clinical research exploring the therapeutic potential of psychedelic drugs in the United States. This had been a promising and popular area of research in the 1950s and 1960s, which had prematurely come to a close amid the controversy surrounding the drugs' increasing recreational use. Current and future research is therefore inevitably in close conversation with that of the previous era, as researchers attempt to avoid the pitfalls of the past. The lessons provided by the previous era of research, however, depend greatly on the interpretation of its demise. The dominant interpretation amongst researchers and historians alike has been that the government backlash against the recreational use of psychedelics ended legitimate research: psychedelic research was regulated out of existence. From this perspective, the lessons of the past primarily concern avoiding controversy and maintaining a rigorous scientific approach.

I have argued however, that the regulations aimed at curbing recreational use of drugs such as LSD placed little restriction on legitimate research, that government organizations actively supported research for far longer than has been realized, and that indeed research survived longer than has been depicted. Instead, the factors frustrating research were primarily scientific, influenced by changes to the regulation of pharmaceutical research and development in the period. Research faded due to researchers' inability to clearly demonstrate the efficacy of their unique forms of LSD psychotherapy through controlled clinical trial methods—newly

required by the FDA under the Drug Amendments of 1962—which were designed for evaluating drug treatments based on biology rather than psychology.

This paper explores the significant implications this argument has for contemporary psychedelic research. My analysis highlights the significant scientific challenges that modern researchers need to overcome, and the responses to avoid repeating. Furthermore, it highlights the difference between pharmaceutical research on the one hand, and development on the other—the challenges facing independent drug developers, and the importance of strategy as well as scientific rigour in research. Without heeding these lessons, psychedelic research risks again fading away after a series of conflicting and inconclusive studies.

Objectives: 1. Develop an appreciation of the relevance of history to modern clinical research.  
2. Gain insight into how regulation influences clinical research and therapeutics.  
3. Promote tolerance for the ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.

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Session: E3 Visual Representations in Medicine: Cultures and Contexts

**Palfreyman, Harriet**

University of Manchester, Manchester, UK

*Pathology as visual knowledge and practice in nineteenth-century Britain*

Abstract: From the late eighteenth century, understandings of disease and diseased bodies began to undergo a dramatic change. An earlier conception of disease as an invisible and intangible essence that disrupted the body's humours began to give way to an understanding of diseases as specific entities locatable within flesh. Famously articulated by Foucault in "The Birth of the Clinic", this paradigm shift came as a result of new medical practices in Europe, particularly the rise of the hospital as a space devoted to care of the living as well as examination of the dead. Histories of this emergent pathological paradigm have examined it almost exclusively through analyses of text; even whilst Foucault and followers espoused the importance of visual concepts such as 'the clinical gaze' their analysis remained dependent on the written record. However, the shift in thinking about disease coincided with the production of an incredible array of visual representations of diseased bodies in medical culture, from lavishly illustrated atlases of pathology to preserved preparations, models and casts. This presentation argues for a closer examination of the role of such visual representations in the reconceptualisation of disease and the rise of the pathological paradigm.

Images both create and communicate knowledge, yet they have not always possessed the truth-value that we attach to them today. Though anatomical imagery has a long history, systematic depictions of diseased bodies were rare until the nineteenth century. Indeed, the creation of pathological images required a reconceptualisation of what the visual could reliably represent. Where anatomy images had sought to present the human body in its most perfect form or characteristic appearance, the pathological image had to negotiate a way to make the

singular, abnormal and atypical appearance representative of more general pathological truths. Thus, this presentation uses a discussion of the changing uses and meanings of visual representations to explore changing thinking about disease, arguing that this new pathological understanding was one predicated on a set of visualising ideas and practices.

Objectives: 1. Develop the capacity for critical thinking about the way medical knowledge is presented through visual representations.  
2. Understand the dynamic history of medical imagery and its use in learning and communicating medical knowledge to practitioners and publics.  
3. Deepen appreciation of the history of pathology and the different ways of thinking about disease since the nineteenth century.

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Session: F4 Institutions: Between Isolation and Integration

**Pamonag, Febe**

Western Illinois University, Macomb, IL

*Patients' Activism in the Culion Leper Colony, Philippines, 1905-1930s*

Abstract: Public health was vital to the success of the American pacification campaign and the “civilizing process” in the Philippines during the early twentieth century. In 1905, American colonial authorities established a leper colony in Culion, an isolated island in Palawan. Victor Heiser, Director of Health in the Philippines from 1905 to 1915, declared that to ensure public health, it was necessary to isolate lepers; this meant, in many instances, forcibly removing them from their homes and relocating them to Culion. In May 1906, the first group of 358 adults and some adolescents arrived in Culion. By the end of 1910, more than 5000 men, women, and children were brought to Culion and it became one of the largest leprosaria in the world by the 1930s. Citing limited resources and difficulty of pregnancy for women with leprosy, American health officials segregated the patients by gender and banned cohabitation and marriage in 1907. But how did the Filipinos who were suspected of having leprosy respond to Heiser and other government officials during their “leper collecting trips” throughout the Philippines? What was life like for those who were brought to Culion and how did they engage with government authorities, especially over such issues as the segregation of patients by gender and the ban on cohabitation and marriage?

This paper seeks to advance our understanding of Filipino leprosy patients' engagement with American colonial authorities, an understudied theme in the literature on empire and public health policy, and U.S. occupation of the Philippines. Most scholarship on Culion highlights its role as a laboratory for civic experimentation and how it was embroiled in major political issues of the day. Very few studies of Culion hint at or provide a brief discussion of the patients' oppositional views and practices. Drawing on a variety of sources, including letters from patients and their families, government reports, and personal papers of American health authorities, I consider the views and practices of leprosy patients to show how they challenged



– through legal means or, at times, in violent ways – a colonial government policy that was intended to protect public health.

Objectives: 1. Deepen understanding of leprosy patients' engagement with American colonial authorities in early twentieth-century Philippines.  
2. Recognize how government policies and practices dehumanized leprosy patients and criminalized the disease.  
3. Recognize the link between empire and public health policy, and the degree to which individual rights may be compromised in the name of public health.

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Session: G6 Public Health and Public Bodies

**Park, Hyung Wook**

Nanyang Technological University, Singapore, Singapore

*A Vision of Cellular Biopolitics: Peter Brian Medawar's Study of Immunological Tolerance*

Abstract: The British medical scientist Peter Brian Medawar's experimental demonstration of "immunological tolerance" in 1953 marked a watershed in the history of transplantation. While it was well known that a homograft--a tissue graft from unrelated individuals--could not permanently survive, Medawar discovered that a mouse that had received cells from a genetically distinct individual not only tolerated them but also accepted additional tissues from the original donor. This remarkable discovery contributed to the postwar rise of organ transplantation and plastic surgery. However, most historical accounts describe it as a straightforward scientific success based on the theory of the Australian virologist Frank Macfarlane Burnet, who had theoretically predicted the phenomenon in 1949 and thus shared the 1960 Nobel Prize in Medicine with Medawar. I approach this important experiment from a different perspective, that is, the "biopolitics" of cellular and human populations. In fact, Michel Foucault's notion of "biopolitics" has inspired many scholars, including Margaret Lock, Melinda Cooper, and Nikolas Rose, who have studied how biomedicine "fosters life" by managing bodies and their parts. Utilizing their scholarship, I argue that Medawar's research on tolerance resulted from his longstanding study of cellular populations, which corresponded to his and others' concerns and debates on British populations after World War II, especially with regard to sexuality, heredity, and aging. Based on his correspondence, public lecture notes, and research papers--found in the Wellcome Library--I analyze the politico-cultural problems driving his tissue transplantation research, including the aging population, "normal" sexuality, eugenics, and inborn defects. In particular, the fetus and pregnancy were two key subjects, since their management was a starting point for maintaining the quality and size of the national population in Britain. These were also the core research problems of Medawar's, who investigated the "aging" of embryonic cells, some pregnant women's immunity against their fetus, and the fetal development of intersex individuals, including freemartins. While investigating these problems, he found a way to "foster life" of transplanted cellular

populations, as the British biopolitics tried to foster the life of citizens in the age of welfare state. This effort, I claim, led him to discover immunological tolerance.

Objectives: 1. Develop an understanding of the conceptual and social basis of medical innovation.  
2. Understand the complexity and contingency in the process of making medical knowledge.  
3. Recognize the social significance of biomedical management of the body in historical contexts.

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Session: G4 Biomedicine in Post-Colonial Africa

**Pearson-Patel, Jessica**

University of Oklahoma, Norman, OK

*Regionalizing Global Health?: The WHO in Morocco, Algeria, and Tunisia in the Era of Decolonization*

Abstract: As European states and their overseas empires emerged from the physical and ideological rubble of the Second World War, two phenomena quickly became intimately connected: a rapidly accelerating process of decolonization and an explosion of new postwar international organizations that aimed to improve the lives of people living in those areas of the world most in need of access to health and social services. Many doctors, politicians, and international bureaucrats had high hopes that the World Health Organization (WHO)—founded in 1946 as a subsidiary organization of the United Nations (UN)—would solve the crisis of health across the globe. But while this organization’s professed apolitical aim was to help the world’s citizens achieve “the highest attainable standard of health,” the WHO quickly found itself entangled in the imperial and international politics of a decolonizing world. If one of the things that the WHO was trying to achieve was a globalization of a universal model of health, one of its most important tasks was in fact to break that globalized world into smaller, more approachable regional units. This process of regionalization quickly collided with the mental and physical maps that been drawn by colonial bureaucrats and doctors.

This paper draws on documents produced by the World Health Organization and the French colonial administration in North Africa to explore the ways in which the process of regionalizing global health brought the French empire into direct conflict with the new geographic imaginaries of a decolonizing world. I argue that French delegations at the WHO prioritized demonstrating the existence of an unbreakable link between the metropole and France’s colonies overseas. Anti-colonial delegations like Egypt, India, and Pakistan, for their part, attempted to demonstrate the way this connection had been artificially constructed through decades—and in some cases, centuries—of colonial domination. These delegates tried to show that colonial territories were more closely connected to their neighbors, not by links of violence and exploitation, but by bonds of language and culture, and by shared health conditions.

- Objectives: 1.) Recognize the dynamic interrelationship between medicine and society through history.
- 2.) Understand the dynamic history of medical ideas and practices.
- 3.) Develop the capacity for critical thinking about the nature, ends and limits of medicine.

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Session: 6 Sanguinary Cultures: Historical and Global Perspectives on the Materiality of Blood

**Pemberton, Stephen**

New Jersey Institute of Technology, Newark, New Jersey

*'Blood brothers' in disparity: What hemophilia and sickle cell anemia might reveal about the therapeutic efficacy of blood economies*

Abstract: Hemophilia and sickle cell anemia are hereditary maladies, single gene disorders, and abnormalities of the blood. They emerged as chronic, manageable diseases in the twentieth century, helping shape genetic medicine as well as hematology. These diseases have become important indicators of the vitality of our blood services and speak to the relative effectiveness of technological medicine to manage chronic disease among diverse populations. Most critically, their therapeutic histories well illustrate persistent disparities in the quality of medical care that people in need of hematological services have experienced in recent decades. This talk briefly compares the histories of sickle cell anemia and hemophilia treatment by focusing on how the materiality and management of blood have affected the prospects of people living with these diseases. The talk identifies a few significant moments in efforts to treat these conditions using blood or its parts. It suggests that the successes and failures involving cultured blood treatments must contend with the paradoxical mixture of voluntarism and commodification that undergirds modern blood services. Moreover, hemophilia (a “pan-ethnic” malady most prevalent among males) and sickle cell anemia (a “racial” malady most frequently seen among people of African descent) have been historically constituted as having distinctive, but overlapping blood cultures. These cultures embody modern attitudes about race/ethnicity, class, gender and sexuality in complex, vexed, and consequential ways. Historians thus have substantial opportunities here to advance critical thinking about the persistence of health disparities and the actions that might best be taken (or avoided) to ameliorate them.

- Objectives: 1. Recognize how the histories of two blood diseases illustrate disparities in healthcare.
2. Identify how the therapeutic effectiveness of blood services is inextricably tied, for better and worse, to cultural as well as social and economic forces.
3. Develop critical thinking about how the management of blood might remedy rather than exacerbate inequities along lines of class, gender, and race/ethnicity.

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Session: G5 Women Doctors and their Networks

**Podd, Rachel**

Fordham University, New York, New York

*“Interrogating the Guaridoras: Women, Medicine and Magic in Catalonia before the Plague”*

Abstract: Although disease was an ever-present specter in the lives of medieval men and women, the services of a university-educated doctor were often geographically and financially out of reach. In rural Catalonia, many individuals instead sought out guaridoras, female healers, for help. Using the records of episcopal visitations of the bishops of Barcelona and Girona between 1304 and 1347, I seek to elucidate through close reading and contextualization not only the role of female healers on the Iberian Peninsula, but also their relationship with the religious hierarchy and urban, educated doctors.

The fulfill his pastoral duties, a bishop periodically toured village parishes to monitor the spiritual lives of his flock. The visitation records produced during these journeys record many facets of village life, including reports of individuals suspected of practicing magic or paganism. Guaridoras were frequently denounced for just such activities, as they tended to rely on a mix of herbalism, physical gestures, and suspect invocations, which often included elements outside of Christian orthodoxy, to treat a multiplicity of physical ailments. If she were found guilty, the visitation records also include the guaridora’s sentence, usually a form of public penance coupled with payment to the church.

Over the course of forty years, the sentences imposed by the bishops became more severe, due in large part to increased competition between the official medical establishment and the unlicensed healers. The healers employed a number of rhetorical strategies to protect themselves, however, including minimizing their skill and transferring blame. This paper is framed by the case of a guaridora named Geralda Codines that spans twenty years in the visitation records, but also draws on visitation records for other female healers in order to more fully contextualize the role that these women played in their communities and the medical marketplace.

Objectives: 1. To deepen understanding of women’s role as medical practitioners in pre-modern Europe .

2. To explore the interplay between religious authority and the professionalization of medicine.

3. To identify and evaluate the role of women within the medical marketplace of medieval Spain.

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Session: A5 Religion and Medicine from the 18th to the 20th Centuries

**Polianski, Igor**

University of Ulm, Ulm, Germany, Germany

*"Pathologia religiosa": Medicine and the Anti-Religious Movement in the Early Soviet Union*

Abstract: "God does not exist! ... He never existed – this is a medically proven fact." This unambiguous declaration by the hero of the Golden Calf, the well-known 1931 picaresque novel by Ilya Ilf and Yevgeny Petrov, perfectly illustrates the extent to which medicine held ideological interpretive authority in the secularist project of communism. According to the Marxist dogma, the religious consciousness was tantamount to the "sigh of the oppressed creature." Thus the believer appears as the suffering one, as someone plagued by chronic "religious feelings". Small wonder then that a fixed association between religiosity and morbidity could arise. Under these premises soviet physicians seemed predestined to do direct battle with every form of ecclesiastically determined phenomena as a health risk factor, infectious vector, morbid symptom, etiological agent, or manifestation of disease.

By using various sources of specialist medical and atheist discourse this contribution seeks to conceptually understand this confluence of health and atheist propaganda, secularization, and healing in terms of a "medicalization of religious faith," as well as to reconstruct the history of this process in the early days of the Soviet Union. My starting point will be the public exhumations of Russian Orthodox saints at the threshold of the 1920s. Next I will turn my attention to the media and institutions of anti-religious propaganda in relation to medicine and the medical profession. Further steps will address the various fields of discourse within the Soviet pathologia religiosa, that is, constructions of religion and religiosity as pathological phenomena, wherein the greatest focus will be on psychiatry and insanity. Finally, I will turn my attention to the competitive relationship between religion and Communism's scientific utopia in the debate about the "resuscitation of the dead."

Key Words:

Soviet Union, Medicalization, Religion

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through recognizing the impact of medical discourses on ideology, propaganda and utopian thinking.  
2. Understand how communism shaped ideas about relationships between medicine and religion.  
3. Develop a deeper understanding of the mechanisms of "medicalization."

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Session: E2 Reproductive Health: Prohibiting and Normalizing Practices

**Potter, Angela**

Purdue University, West Lafayette, IN

*From Hygiene and Health: AMA and Sex Education in the age of Antibiotics, 1938-1952*

Abstract: This paper explores the work of the Bureau of Health and Public Instruction, under the leadership of Indiana University's Thurman Rice, and the discursive shift from hygiene to health in sex education. Rice's career represents an important transitional moment from a discourse of hygiene associated with the prevention of disease, to one of health based on a positive, more comprehensive approach. Rice's work takes an additional step to medicalize not only disease, but also health. The choice to turn both the eugenics and sex education movements away from pathology and towards health was not inevitable, and at times highly contested, because to the victor went not only professional status, but in the case of sex education, the next generation. From an organization that had been "notoriously sex shy," the AMA changed its position to support of eugenic sterilization and sex education necessitating the persuasion of medical professionals that authority over the family was critical to the profession's future. The institution used by the AMA to gain authority over the family was its Bureau of Health and Public Instruction, which collaborated with leading eugenicist and health educator Rice to educate more than eight million youth about sex, beginning in 1933 until his death in 1952. In this new "modern" era, the AMA Bureau worked to provide medical information through the power of the new mass media. From the perspective, the AMA campaigns demonstrates the competition of various educational models during the transitional period. Rice took a different approach, focusing on school-based initiatives and stressing the role of physicians and mothers as experts. His vision of sex education reflected the changing understanding of the nature of the venereal disease problem and the expertise of the physician. In contrast to the conclusions of leading historians, Rice shows how the content and authority were both contested within the "sex education movement" while also demonstrated a high degree of continuity.

- Objectives: 1. Develop knowledge and understanding of professional behaviors and values.  
2. Develop the capacity for critical thinking about different understandings of health.  
3. Identify successes and failures in the history of medical professional organizations.  
4. Recognize the dynamic interrelationship between medicine and society through history.

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Session: D3 Plague and Empire from the Renaissance to the 20th Century

**Promitzer, Christian**

University of Graz / Institute for History / Southeast European History and anthropology, Graz, Austria

*Orientalism, geoepidemiology and medical screening of risk groups in Europe's long 19th century*

Abstract: During the long 19th century Europe's defenses of epidemics, both with respect to maritime and terrestrial quarantines, changed drastically. This paper will examine the course of this process with respect to the relationship of the Habsburg Empire towards the Ottoman Empire.

Up to the mid-19th century Habsburg's "plague front" vis-à-vis the Ottoman Empire had the task of defending the continent from the threat of the "Oriental Plague." Thereby preventive measures, which were guided by the principles of contagionism, went hand in hand with Orientalist prejudices. But beginning with the introduction of quarantines in the Ottoman Empire itself, the extinguishment of endemic foci in the Balkans, the increase of world trade, the dissemination of miasma theory in capitalist Europe and the emergence of geoepidemiological reasoning the duration of quarantines at the "plague front" was reduced. This system was altogether abolished, when after the Crimean War the Danube became the most important waterway of Southeastern Europe. But in the mid-1860s when the cholera was brought to Europe along the itineraries of Mecca pilgrims, selective measures of isolation were increasingly to be applied towards risk groups (hajjis, immigrants, seasonal workers, Roma). This new system lasted throughout the peacetime before the Great War and went hand in hand with the establishment of germ theory/bacteriology and simultaneously led to a resurgence of Orientalist prejudices.

The development and changes of epidemic defense will be discussed with respect to the notes of the Viennese doctor Carl Ludwig Sigmund on his travels to the Balkan and the Ottoman quarantines in the 1840s, archival sources from the Austrian State Archives on the establishment of a consular network of epidemic alert in the Balkans after the Crimean War and on the medical control of Mecca pilgrims from the former Ottoman province of Bosnia-Herzegovina (which in 1878 came under Habsburg rule).

This paper intends to fill up essential gaps of Peter Baldwin's otherwise seminal study on Contagion and the State in Europe which hardly addresses the geoepidemiological implications in regard of the Balkans.

Key words: Epidemics, Ottoman Empire, Habsburg Empire

- Objectives: 1. Deepen understanding of illness and suffering.  
2. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: B1 Describing, Classifying, and Transforming Natural Substances in Ancient Sciences

**Raggetti, Lucia**

Free University, Berlin, Germany

*THE KITĀB AL-ḤAWĀṢṢ OF MUḤAMMAD IBN ZAKARIYA AL-RĀZĪ*

Abstract: The medical and magical properties of natural substances (minerals, plants, and animals) and their manipulation has played a major role since Antique and Late Antique times. In the early centuries of the Arabo-Islamic culture (9th-11th cent.) a massive acquisition and an original elaboration of these materials took place. This cultural process brought about a full-fledged 'Science of Properties', that also became integral part of the scientific curriculum.

This presentation will focus on the unpublished treatise on the occult and medical properties ('Kitāb al-Ḥawāṣṣ') attributed to the great physician al-Rāzī, preserved in a unique manuscript copy in Cairo (Dār al-Kutub, Ṭibb Taymur 264). This consists of an alphabetical list of natural elements, with a selection of their properties. A precise source is mentioned for almost all the procedures described in the text. Antique, late antique, and contemporary authors can be counted among these sources. The ratio behind these properties follows its own pattern, with very little in common with the paramount humoral physiology inherited from Ancient medicine. This text opens a new perspective on the work of one of the major scientist of the early Arabo-Islamic period, on his selection and use of the sources, some of which are lost to us. Moreover, these materials can be contrasted with the contents of the large section on simple drugs included in al-Rāzī's great medical compendium known in Western Mediaeval Europe as 'Liber Continens' ('Kitāb al-Ḥāwī fī al-ṭibb'), so as to stress the coexistence of different theoretical approaches in the work of one of the most influential scholars of the Middle Ages.

Objectives: 1. Understand the dynamic history of medical ideas and practices through the examination of a new unpublished text from the early Arabo-Islamic medical tradition.  
2. Develop an appreciation of the relationship between medical theory and medical education through examining the place of the 'Science of Properties' in the Arabo-Islamic medical curriculum.  
3. Promote tolerance for the ambiguity of medical theories through an appreciation of a new aspect of the complex scientific profile of al-Rāzī.

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Session: A5 Religion and Medicine from the 18th to the 20th Centuries

**Ramos, Christina**

University of California, Merced, Merced, CA

*The Inquisitor's Quandary: The Challenge of Madness in the Inquisitorial Courts in Eighteenth-Century New Spain*

Abstract: This presentation is part of a larger study on the Hospital de San Hipólito in Mexico City, the first "mental hospital" of the Americas, and it intervenes in a vast and robust historiography on madness and its institutions that has overlooked developments in the Spanish Atlantic world. Founded in 1567 for the charitable succor of pobres dementes (mad paupers), by the late eighteenth century, San Hipólito had become the primary receptacle for allegedly insane criminals who had fallen afoul of the Inquisition. These unique prisoner-patients had either committed a religious offense while in grips of madness or, equally common, they had lost their wits during their imprisonment while awaiting trial or sentencing. This presentation draws on Inquisition cases to examine the growing alignment between the hospital and the Holy Office, and the problem of madness, or locura, within the inquisitorial context more broadly. In particular, I show that madness was a destabilizing force that undermined the main objective of the inquisitor, which was to assess inward states of reasoning and conscience. At issue, moreover, was not the difference between madness and



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Session, but rather the distinction between feigned madness and real, with the hospital often serving as a critical site of observation for which to scrutinize the authenticity and progression of symptoms.

Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.  
2. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: H3 The Wayward West: Medical Structure, Practice, and Cold War Environments

**Ramos, Nic John**

University of Southern California, Los Angeles, CA

*Health as Urban Renewal: Postwar California Hospitals, Anti-poverty Policy, and "Ghetto" Health Districts*

Abstract: Under the belief that market forces and democratic governance would modernize and equalize space, state and private hospital leaders in Postwar California conspired to develop policy to aid profit speculation around hospital certification. By examining policy reports, propaganda, public debate, and state documents, this presentation exposes how state and private hospital leaders were thrown into a crisis around their broadly shared racially liberal vision for free market universal healthcare by a petition brought forth to them by a black physician organization, the Drew Medical Society, in February 1965. Postwar policy makers developed discrete assumptions about the relation of space to healthcare, basing hospital certification on whether they sat in either "metropolitan" or "rural" neighborhoods. As poor but densely populated, the proposed Watts location proved an ill fit to either scale and was rejected for certification. The Watts Riots of August 1965, however, revealed not only the ramifications of such dismissal but created urgency around the possibility of future riots in other "ghettos."

To suture this policy crisis, state and private hospital leadership created a new certification assessment for "ghetto" health districts by leaning on new anti-poverty legislation as well as Medicare and Medicaid to produce "local" and "capable" hospital entrepreneurs. By paying attention to "citizen participation" policies that mandated the recruitment of the poor into the design and planning of anti-poverty programs, I argue that the melding of hospital with anti-poverty policy not only inadequately addressed the role of racism in creating health service misdistribution but ultimately exacerbated the absence of services in inner city poor neighborhoods by making the poor responsible not only for their own poverty uplift but also

responsible for the provision of their own healthcare services. Given that California was looked upon as a model healthcare system for other states and localities, the findings of this historical episode contribute to the changing role of law and the welfare state in the 1980s to support individualism and colorblind discourse.

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.  
2. Develop an historically informed sensitivity to the diversity of patients.  
3. Acquire a historically nuanced understanding of the organization of the US healthcare system.

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Session: D1 Prenatal Politics: Pregnancy, Development, and Risk in the Early 20th Century

**Rich, Miriam**

Harvard University, Cambridge

*Defects of Development: The Prenatal Period in Eugenic Race Theory*

Abstract: While the science of eugenics is usually discussed in terms of genetics or biometrics, this talk explores the significance of concepts and sciences of development. For many American eugenicists and their contemporaries, the gestational period was a temporal window fraught with political and ideological import. By examining scientific, medical, and popular eugenic literature of the time period, this talk will examine how concepts of prenatal development were tied to eugenic notions of race and nation in the early twentieth century.

Retaining a popular idea from nineteenth-century biology, leading American eugenicists (such as Charles Davenport) represented prenatal development as a recapitulation of human racial evolution. In this imagining, the prenatal period offered a privileged glimpse into the formation, and potential degeneration, of racial characteristics and boundaries. Racial difference could be understood as developmental; reciprocally, developmental defect acquired a specifically racial meaning. Considering this developmental perspective can thus shed light on the conceptual entwining of defective reproduction and racial inferiority in the eugenic program.

Within this developmental framework, the prenatal period was both a liability and a potential intervention point in the eugenic project of race improvement. Even hereditary determinists -- those who believed traits were fixed by the genes from the moment of conception -- conceded that prenatal development represented a window of particular vulnerability to environmental influence. It was in this stage that human life might be most irrevocably harmed by "racial poisons" such as syphilis and alcohol. Conversely, positive self-care during pregnancy was enjoined as a form of national betterment, explicitly casting prenatal hygiene as a form of racial hygiene.

By focusing on concepts of prenatal development and its pathologies, this examination aims to illuminate connections between race and reproduction during a critical chapter of U.S. history.

It offers historically-specific insight into the multiple ways in which the prenatal period has been constructed and vested with social and political significance.

Objectives: 1. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Develop the capacity for critical thinking about the nature, ends and limits of medicine.

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Session: D1 Prenatal Politics: Pregnancy, Development, and Risk in the Early 20th Century

**Richardson, Sarah**

Harvard University, Cambridge, MA

*Against Superstition: The Science of Prenatal Influences in the Eugenic Era*

Abstract: At the turn of the twentieth century, scientists demonstrated that male and female parents contribute equal amounts of hereditary material to their offspring. This finding, which followed from the discovery of the physical basis of heredity in the nuclear chromosomes, is among the most significant aspects of the revolution in human thought that occurred at the dawn of the genetic age.

In various forms, for centuries authoritative sources in the reproductive and allied sciences had asserted that the male and female parent contribute distinctive and often asymmetrical elements to their offspring. Some maintained that the mother held sway, while others presumed heredity was largely endowed by the father. Such theories fueled intricate philosophies of what it was to be a male or a female, what social roles men and women should have, and even the relative superiority of one sex or the other.

In the early twentieth century, embryologists, geneticists, and experts in reproductive science and medicine were concerned to establish the claim that males and females contribute equal hereditary material to the next generation broadly in science and medical practice, and to dispel previous conceptions. Alongside skirmishes with the Neo-Lamarckians and adherents of the theory of cytological inheritance, they scorned received folk and medical theories claiming the mother's power to impress traits on her offspring. Through examination of the core scientific literature of the reproductive and genetic sciences, eugenics, and medical advice to prospective parents during the period 1900-1935, this paper documents and analyzes this intensive moment in boundary drawing between science and superstition, and its implications for the new science of prenatal influences in the eugenic era.

Reflecting on this period with an eye to its gender and reproductive politics offers historical insights for conceptual and philosophical discussions surrounding the rise of the sciences of fetal origins of disease, epigenetic inheritance, and maternal effects in the early twenty-first century.

- Objectives: 1. Understand the dynamic history of medical ideas and practices and the need for lifelong learning.
2. Promote tolerance for ambiguity of theories and the nature of evidence.
  3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: F1 The Circulation of Cures: Remedies and the Marketplace

**Rivest, Justin**

Johns Hopkins University, Baltimore

*Harvested in Brazil, compounded in Paris, and administered in Siam:*

*The travels and transformations of Adrien Hévétius' proprietary drug against dysentery (1689-1724)*

Abstract: Over the past twenty years, historians of early modern science and medicine have radically improved our understanding of colonial bioprospecting and the cross-cultural exchange of medical knowledge. While these accounts have charted the importation of medically active plants into Europe, few have extended this line of inquiry to explore how these plants were then processed and compounded in Europe, or how some of the resultant drugs were then re-exported for consumption outside of Europe.

I propose a case-study following a specific substance—Brazilian ipecacuanha root—exploring how it was materially transformed in Europe by the proprietary medicine vendor Adrien Hévétius into his patented *poudre spécifique* against dysentery. Medicinal plants arriving in Europe were not simply consumed; they had to be treated, processed, and compounded: as such, while ipecacuanha was crucial to Hévétius' drug, it was not in itself reducible to it. The first half of my paper will discuss the chemical processes by which these transformations were effected; the second half will move to consider how the drug was then packaged and consumed, sometimes at great distances from where they were compounded, in radically different climates and contexts. While the vast majority of the drug remained in Europe (being sold in bulk quantities to the French government for use in military hospitals and rural poor relief efforts), from the 1690s onward Hévétius regularly exported the *poudre spécifique* and other proprietary remedies to Southeast Asia (Siam, Tonkin, and Cochinchina) for use in the missions of the *Société des missions étrangères des Paris* (MEP). In addition to account books detailing the MEP's purchases of the drug, a number of letters from their missionaries have survived detailing their experiences using the drug, ranging from complaints about packaging and spoilage en-route, comparisons to indigenous therapies, requests for new shipments, and in one case, detailed suggestions on how to better adapt the drugs to local conditions.

Objectives: 1. Develop a historical appreciation for the complex ways in which economic, medical, and patient interests are intertwined in pharmaceutical production and sale.

2. Acquire a historically nuanced understanding of the locally embedded nature of medical and scientific expertise and the difficulties inherent in exporting medical knowledge and substances to new cultures and contexts.
3. Gain an awareness of the materiality and material practices that produced premodern drugs.

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Session: C5 Beyond the Nazi Doctors: A Practical Guide to Doing Bioethics as an Historian

**Rodriguez, Sarah**

Northwestern, Chicago, IL

*Writing Across and Within the Disciplines of History and Bioethics*

Abstract: This presentation will provide practical advice about publishing in and across history and bioethics. Topics covered will include: experiences with history, bioethics, and science journal publishing; working with editors; and the importance of collaboration when publishing across disciplines.

Objectives: 1) Articulate the "uses" of medical history to audiences of health professionals and academics in other disciplines

2) Develop strategies for bridging teaching and scholarship in bioethics and the history of medicine

3) Discuss the importance of, and ways to go about, publishing in and across history and bioethics

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Session: 4951 Disabled Bodies: Visual Culture, Medical Education, and Claiming Professional Authority

**Rose, Sarah**

University of Texas at Arlington, Arlington, TX

*"He Removed the Guard and Lost an Eye': Industrial Accidents, Disability Depictions, and the Emergence of Industrial Surgery"*

Abstract: The poster told an all-too-common story in the 1910s and 1920s: a man had removed a safety guard that prevented small metal scraps from flying out and injuring workers. As the poster graphically depicted, his eye had been punctured. The headline screamed: "Man Ignores Safety Rules, Loses Eye!" In other words, the man bore responsibility for blinding himself in one eye. At a time when employers perceived people with even minor impairments—a missing eye or amputated finger—as likely to result in exponentially higher workmen's compensation costs and sought to exclude them, this man had almost certainly cost himself a job and quite possibly his ability to support himself.

The sad tale depicted on this and hundreds of other gory posters and newspaper articles produced by safety promoters and industrial surgery departments illustrates the complex relationship that emerged between injured workers, the subfield of industrial surgery, and safety advocates in the 1910s and 1920s—a relationship with lasting consequences for the job prospects disabled workers and popular notions of disability. In effect, the safety movement and industrial surgery developed just as disabled workers found themselves excluded from mainstream workplaces by medical examinations conducted by those same physicians, as well as by employers' increasing demand for workers with seemingly interchangeable bodies. In essence, disability (or the prospect of it) became highly visible and connected to notions of personal responsibility just as actual people with disabilities were becoming invisible in mainstream workplaces. Labor historians and disability historians have thus far paid little attention to these dynamics or the lives of disabled workers, while occupational health historians have focused primarily on industrial accidents and diseases.

Drawing on safety movement periodicals; safety and medical department records from Ford Motor Company; occupational health manuals; and popular media on industrial safety, this paper uses leading industrial surgeons Dr. James Mead (Ford Motor Company) and Dr. Harry Mock to investigate these historical intersections. While Mead worked to employ thousands of “disabled” men and women at full wages by fitting them to appropriate jobs, the more influential Mock cautioned employers against hiring such people, castigating them as irresponsible and costly.

Objectives: 1. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations).

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Session: E5 Challenging Orthodox Medicine

**Rossi, Michael**

University of Chicago, Chicago, IL

*Inventing Neuroscience: Medicine, Mysticism, and the Mind/Brain, 1960 - 1975*

Abstract: In 1962, MIT professor Francis Otto Schmitt founded the Neurosciences Research Group (NRG) — an organization dedicated to melding neurology, neuropathology, biology, chemistry, physics, and behavioral sciences into a single, comprehensive description of the human mind. Schmitt was physiologist, a neurologist, an electron microscopist, an inventor, and a prolific writer. He was also a man of deep, Christian faith, who viewed this new field not simply as a way of understanding the physiology of the brain, but as a means through which, as he put it, to finally reveal "the ultimate source and cause of all entities, material, bionic, and celestial: God." Empowered by this warrant — and significant support from the National Institutes of Health and MIT — Schmitt's group probed the boundaries of science, pondering the

neurology of extra-sensory perception, hallucination, “psychogenic radiation,” and maternal-fetal transfer of engrams, among other phenomena of the mind/brain/body.

This paper takes seriously the mystical roots of these studies at the limits of sense and nonsense, examining the ways in which Schmitt’s faith – as well as his conviction that American medical science was a bulwark against the evils of communism – opened up radical possibilities for considering the mind in medical practice. Based on the little-used archives of Schmitt and his collaborators, I examine the work of the NRG as exemplary of the promises and possibilities of the first glimmers of neuroscience. Ultimately, I argue that rather than advanced technologies such as PET scans, artificial intelligence algorithms, and fMRI, it is this spiritual ideology that sparked – and continues to catalyze – the century of the neuron.

This paper contributes to a number of pressing issues in the contemporary history of medicine. In concentrating on matters of religious faith and medical science, it intersects with a growing body of work on the relationship between religion, spirituality, and medicine. In taking seriously Schmitt’s interest in paranormal phenomena, it engages a current expansion of the historical epistemology of medicine. Finally, in addressing this little-known aspect of the pre-history of neuroscience, this paper contributes to the characterization of the early history of this vital field.

Objectives: 1. Recognize the ways in which spirituality, religion, and seemingly non-rational practice impact medical development.  
2. Develop the capacity for critical thinking about the origin, nature, and ends of medical and scientific experimentation.  
3. Understand the dynamic history of medical ideas through developing an appreciation of the early history of neuroscience.

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Session: L5 Teaching and Researching the History of Medicine in the Era of (Big) Data

**Ruis, Andrew**

University of Wisconsin, Madison, Madison, WI

*“Trois Empreintes d’un Même Cachet”*: Toward a Historical Definition of Nutrition

Abstract: The French chemist Antoine Lavoisier famously remarked that science consists of three things: the series of facts that constitute the science, the ideas that represent those facts, and the words that express those ideas. The word, he argued, should awaken the idea, and the idea portray the fact, like three impressions of the same seal. It is thus, Lavoisier argued, impossible to separate language from fact.

Language and meaning were of particular concern in the emerging field of nutrition, which Lavoisier’s work helped launch. By the mid-19th century, scientists and physicians were extolling the importance of nutrition in nearly all matters of human health, yet they struggled

to articulate just what nutrition was. “There is no subject of more interest to the physiologist, of more practical importance to the physician, or that more urgently demands the grave consideration of the statesman,” wrote one physician in an 1842 issue of the London Medical Gazette, “than the disorders resulting from defective nutriment.” Yet a century later, experts routinely lamented the lack of a clear definition of nutrition. The physician and nutrition expert George Palmer, for example, noted in 1930 that nutrition “is an ambiguous term. It awaits a specific definition.”

In this paper, we explore the ontological foundations of nutrition between the mid-19th and the mid-20th centuries, when the field developed from a branch of physiological chemistry to a central pillar of biomedicine and public health. In this period, scientists and health experts continuously refined and renegotiated the meaning of nutrition, which became ever more important in etiologies of health and disease but simultaneously ever more conceptually amorphous. This ambiguity provides a challenge for historians of nutrition, whose studies often produce substantially different accounts due to imprecision in understanding of the terms. To begin to address this problem, we attempt to map the use and changing definition of the term nutrition from 1850 to 1950. We examine several methods, but we focus in particular on the affordances of a particular technique, epistemic network analysis, for exploring patterns of connections among the ontological elements that constitute complex concepts.

- Objectives: 1. Develop the capacity for critical thinking about research methods in the evaluation of historical data.  
2. Understand the dynamic history of medical concepts.  
3. Promote tolerance for the ambiguity of theories and the nature of evidence.

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Session: G5 Women Doctors and their Networks

**Rusterholz, Caroline**

University of Cambridge, Cambridge, UK

*From birth control to family planning, a transfer of knowledge? Gendering medical bodies from a transnational perspective. France, England (1930-1975).*

Abstract: This paper focuses on the evolution of medical discourses and practices related to birth control for the period 1930-1975 in transnational perspective between France and England. The aim of this paper is to assess the influence of female doctors on the transition of discourses and practices from birth control to family planning, two concepts that historical research contributed to distinguish. Whereas history of the population control movement (Cotts Watkins & Hodgson, 1997) has been extensively investigated by scholars during the last decades (Soloway 1982; MacNicol 1989; Mazumdar 1991; Benn 1992; Kevles, 1995 ; Hall 1997 ; Bard, Mossuz-Lavau 2007 ; De Luca Barrusse 2009, 2010; Baker 2014; Praz, De Luca Barrusse, 2015) - whether from eugenic, neomalthusianic, birth control or family planning inclination - less has been done to understand the continuities and ruptures between these movements



(Hall, 2001 ; Connelly, 2008 ; Garcia, 2011 ; Pavard, 2012 ) especially concerning the reconfiguration of discourses or the role played by female doctors in these transformations. Based on a qualitative thematic analysis of medical sources from female doctors and from medical associations (Eugenic society, International Planned Parenthood Federation, Family planning association, Maternité Heureuse, Mouvement français pour le planning familial, Medical women federations, Association Française des Femmes Médecins), this paper seeks to understand the impact of female doctors on the circulation and production of knowledge on birth control, as displayed in international conferences and debates. It analyses the exchanges of knowledge between France and England putting the emphasis on the similarities and discrepancies of this production in an era of dramatic changes relative to birth control and female emancipation. It shows how the pre-WW2 eugenic discourses about birth control were transformed and reshaped after the war to regain legitimation and how female doctors and their networks contributed to it. A second aim of this paper is to outline the appropriation of these international discourses at a national level. In particular, it examines how female members of medical associations translated and reinterpreted the knowledge they gained as part of international conferences depending on the national context.

Objectives: 1. Understand the dynamic history of medical ideas and practices from a gender perspective.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Identify successes and failures in the history of medical professionalism.

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Session: E4 (Lost) Narratives of Eugenics

**Ruswick, Brent**

West Chester University of Pennsylvania, West Chester, PA

*Rediscovering the Ramapo Mountain Study: A Lost Eugenic Travel Narrative about a "Lost" People*

Abstract: Of the dozens of studies that eugenicists used to buttress their calls for the isolation or sterilization of the "unfit," Henry Goddard's 1912 volume, "The Kallikak Family: A Study in the Heredity of Feeble-mindedness" is the most infamous. Produced by research conducted at the most prominent institutional center for promoting eugenic policies, the New Jersey Home for the Education and Care of Feebleminded Children in Vineland, New Jersey, the multi-generational study purported to show the influence of one "feeble-minded" woman's bad heredity on the physical and mental health of generations to come.

In contrast to the study's historical significance, virtually nothing is known about the unpublished study that Vineland intended to serve as the sequel, "The Jackson-Whites." A remarkable examination of a tri-racial extended family living in the Ramapo Mountains of New Jersey and New York, it sought to demonstrate the dire hereditary consequences of miscegenation. Conducted by a field researcher from Vineland, Elizabeth Kite, the manuscript

never made it to print and disappeared from the historical record, buried in a box in an attic at Vineland. The Executive Director of Research at the health services company that now owns Vineland, Dr. Elliott Simon, recently rediscovered and shared with me Kite's original draft manuscript and close to one-hundred accompanying photographs documenting the Ramapo Mountain families' supposed ailments. It is an extraordinary addition to our knowledge of the history of social work, public health, eugenics and racial attitudes in the 1910s.

Drawing from the manuscript as well as Kite's archival records at Rutgers, I set her research within her extraordinary life's work as a polymath and Vineland's efforts to follow up on the success of the Kallikak study. My paper further demonstrates that the Ramapo Mountain families, far from being the defective "Jackson-Whites" Kite imagined or the source for anthropological tourism that contemporary travel guides like "Weird New Jersey" suggest, are notable for their adaptive resilience. In particular, the economic choices made by the families that Kite took to be signs of the degeneracy are, from another light, deliberate and sensible choices reflecting the period's anxiety over wage-based labor.

Objectives: 1. Understand the dynamic history of medical ideas and practices through understanding why the Vineland institute thought that the Kallikak eugenic study required a follow-up study of the Ramapo Mountain people.  
2. Compare Henry Goddard's and Elizabeth Kite's assessment of supposedly unfit families with current-day assessments that consider the families' specific historical, cultural, and economic contexts.  
3. Understand how Elizabeth Kite's experiences as a world traveler informed her views of the Ramapo Mountain families' economic, physical, and cultural fitness.

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Session: C4 Socialism and Health: A Global Exchange of Ideas and Practices

**Savelli, Mat**

McMaster University, Hamilton, ON, Canada

*Yugoslavia and the Aborted Sovietization of Public Health*

Abstract: Coming out of the Second World War, Yugoslavia faced a health crisis of hitherto unknown proportions. Large segments of the population were ravaged by infectious diseases, most notably typhus, while starvation and malnutrition posed serious threats to the lives of the many orphaned, abandoned, and displaced. The new Communist-led government prioritized a mass re-organization of the country's health services to deal with these threats and to prevent future outbreaks of disease.

Yugoslavia possessed a rich history in terms of public health. In 1927, the pre-war government and the Rockefeller Foundation had helped establish the School of Public Health and Institute of Hygiene in Zagreb. Under the aegis of Andrija Stampar (eventually elected as the first president of the W.H.O's World Health Assembly), the School developed many novel

approaches that helped reshape global ideas about what was possible through public health education. Although many of Stampar's ideas about social hygiene would eventually be revisited, the new Communist-led government initially had other plans.

This paper examines these plans, charting the aborted efforts to convince Yugoslav medical workers – many of whom were trained in Stampar's methods – on the necessity to adopt Soviet approaches to public health. In particular, it explores editorials and articles from post-war medical journals that extolled the virtues of Soviet health care, aiming to bring the country's medical workers in line with broader Sovietization of Yugoslav public services. In doing so, they would attempt sell healthcare professionals not only on the methods of Soviet public health, but on the glory and necessity of socialist revolution more broadly. Although these efforts would eventually be aborted after Yugoslavia's break with the USSR in 1948, this episode sheds important light on the intersections between Marxist-Leninist ideology and public health in the early post-WWII years. What would eventually emerge in Yugoslavia would be an approach that was undisputedly ideological but distinctly Yugoslav, providing an alternative model of "socialist public health."

Objectives: 1. Understand the role that ideology plays in shaping discourse surrounding healthcare.  
2. Explore an alternative model of public health services.  
3. Explore public health discussions that informed the founding of the W.H.O.

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Session: B5 From Vitalism to Vitality

**Schalick, Walton**

University of Wisconsin, Madison

*"Aranea tactu: Medicalized Touch, Pain and Nerves in the Middle Ages"*

Abstract: The 12th-century collection, the 'Prose Salernitan Questions,' describes the case of a little girl with cranio-nuchal swelling and subsequent blindness. Its author answers an etiologic question by alluding to a spider's bite. The spider's touch was also a subject of species' rivalry in Thomas de Cantimpré's 13th-century couplet suggesting that human touch surpasses that of the spider. Its disabling bite and delicate touch came together in the nexus of changing meanings of touch and pain in the 13th and 14th centuries. 'Castigos (e documentos) del rey don Sancho' tells a tale of maternal infanticide, in which the suicidal mother swallows a spider; enduring profound pain, she prays to Mary for forgiveness; the Virgin 'touches' her supplicant, cleansing the poison and relieving her pain. Today inextricably linked, pain and touch in the early Middle Ages were separate and, at the beginning of the thirteenth century, caused confusion for philosophers and physicians.

Vigorously debated over the last two decades, modern histories of pain have continued to drill down into their medieval precursors. Whether theological, legal or medical, medieval pain

provoked shifting responses to its sufferers and its witnesses. One seminal change involved the 'imitatio Christi' around 1300, but this was paralleled by a significant development in pathophysiological explanations, under the impact of neuralism.

Medieval neuralism emphasized nerves as explanatory media for epilepsy, paralysis, spasticity and other disabilities. Similarly, it became important for descriptions of pain, and of touch. With the rise of medieval neuralism in thirteenth-century Paris and beyond, pain and touch increasingly intermingled, becoming enmeshed both visually and textually.

Using a skein of sources in Latin and medieval vernacular languages from manuscripts, printings and editions, as well as medieval imagery, this paper presents a sequential analysis of the coincident rise of medieval neuralism and its application to medicalized pain and tactility. What emerges is a 'sense' of the transformative power of nerves to alter the scholarly physician's interpretation of touch, pain and their interface. In this 'tela araneae,' nerves, touch and pain, in disease and health, form a web to support a new understanding of medieval medicalizing culture.

Objectives: 1. At the end of this talk, the learner will have an enhanced understanding of medieval neurologic explanations of disease.

2. At the end of this talk, the learner will have an enhanced understanding of medieval explanations of pain.

3. At the end of this talk the learner will have an enhanced understanding of medieval explanations of touch.

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Session: I4 20th-Century Cell Biology and Cancer Research

**Scheffler, Robin**

MIT, Cambridge

*From Germs to Genomes: The Lucké Tumor and the Effort to Find a Cancer Virus*

Abstract: At the beginning of the War on Cancer, the question of the relationship between viruses and cancer was both central to the expansion of cancer research. The idea that a human cancer virus might be identified and a vaccine against cancer produced proved to be as alluring as it was controversial. While interest and debate often focused on mice and chickens, in the eyes of many the most promising place to conclusively demonstrate the link between viruses and cancer was a kidney found in frogs, the Lucké tumor. This same tumor also served as the focus of Robert G. McKinnel's studies of nuclear transplantation and cancer growth.

Genetic and viral studies of the Lucké tumor in the 1960s and 1970s illuminate the transition from external to genetic factors as the principal focus of experimental cancer researchers.

During these decades, candidate tumor viruses held special status as carriers of genetic information that could induce cancerous transformation. In an era when the manipulation of cellular genomes seemed a task of daunting complexity, the viral causation of cancers such as the Lucké tumor promised to provide a means of understanding the nature of both cancer and the mechanisms of growth and cellular development more broadly. Viruses such as the Lucké

Herpesvirus, a close relative of viruses associated with human cancers, illustrate how medical debates and concerns for cancer vaccination contributed to the growth of the molecular biology of the cell.

This paper presents a long history of studies of the relationship between viruses and cancer through the history of the Lucké tumor. The first part discusses the doubtful scientific status of cancer virus studies in the 1930s, when the first suggestion of a viral cause for the Lucké tumor emerged. The second part discusses the revival of viral theories of cancer after the Second World War, with an emphasis on the role of the images produced by electron microscopy of the Lucké tumors and virus-like particles. The final part examines experimental work on the Lucké Herpesviruses and its links to other efforts to experimentally link herpesviruses with cancer at a genomic level.

- Objectives: 1) Develop the capacity for critical thinking about the nature, ends and limits of medicine.  
2) Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
3) Recognize the dynamic interrelationship between medicine and society through history.

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Session: B3 The Normal and the Pathological: Shifting Boundaries of Health and Disease

**Schmidt, Marion**

Johns Hopkins University, Baltimore, MD

*Risk, minority medicine and health activism: The development of genetic services for deaf people, 1960-1990*

Abstract: Is deafness a defect to be prevented by genetic technology or merely a non-pathological variation that has given rise to a sociocultural minority? Is it ethical to prevent the birth of a child with deafness? Are deaf parents acting immoral if consciously choosing a deaf child? This talk follows the work of a group of geneticists and psychologists as they grappled with these questions during the 1960s, '70s and '80s. As they interacted with an increasingly politically active and self-confident deaf community, these professionals came to define deaf people as a socio-cultural minority, and genetic deafness as an acceptable human variation. This minority, they argued was underserved by health services just like hispanic, African American or immigrant populations. To reach them, it was necessary to devise a form of genetic counseling based on the values of the culturally Deaf community and that was conducted in American Sign Language (ASL). This meant, for example, redefining the "risk" for a deaf child as a "chance," and talking about "hearing" and "deaf" instead of "normal" and "defective" individuals.

This new ethnosocial definition of deafness provides insight on professional, social and political changes in American society that influenced the application of biomedicine. Within genetics,

the rise of non-directive, patient-centered genetic counseling opened a path for more subjective and less absolute definitions of defect and disability. Simultaneously, patient, health and disability activism challenged traditional medical authority, but also offered new chances for negotiating professional identities and the role of medicine in society. Placing themselves in a network and ideology that defined health rights as civil rights, geneticists could portray themselves as supporters and promoters of disability and deaf activism, as ambassadors between professional and patient communities.

Turning genetic knowledge into an essential part of self-awareness, the development of culturally-sensitive genetic services for deaf people was part of a larger process of biomedicalization in the last third of the 20th century. Defining deafness as disability or difference, geneticists took place in debates over bioethics, citizenship, of curing and overcoming difference, and over who is a good (bio)citizen or a – medical or economic – burden to society.

Objectives: 1. Understand the dynamic history of medical practice through gaining insight into strategies medical professionals have used in interacting with minority groups and patient movements.

2. Recognize different models of disability in the context of clinical care and services.

3. Develop improved communication skills by paying attention to linguistic and cultural preferences in diverse patient groups.

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Session: B6 Sanguinary Cultures: Historical and Global Perspectives on the Materiality of Blood

**Schneider, William**

Indiana University, Indianapolis, IN

*Vampires and Blood Trafficking: the International Red Cross campaign against Third-world plasma collection in the 1970s*

Abstract: Douglas Starr's 1998 book, *Blood: An Epic History of Medicine and Commerce*, has a defining chapter entitled "Wildcat Days." Alluding to the oil boom, it describes the worldwide search in the 1970s for blood to be used by pharmaceutical companies eager to exploit the new market for hemoglobin, Factor VII, and other products of plasma fractionation. Much like the plasma collection storefronts in poor neighborhoods in the U.S., these Third World countries were targeted because their inhabitants were thought to be particularly responsive to the prices offered for their blood. Starr's chapter is long on the evil deeds of the companies and their collaborating local politicians, but quite brief (one paragraph) on the International Red Cross and WHO campaign that was crucial to ending the practice. This paper will examine the role of Zarco Hantchef, head of the Blood Program of the International Red Cross, and his colleagues who headed national blood programs around the world, to mobilize opinion and pass international policies in the mid-1970s aimed at stopping the practice.

- Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.
2. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.
3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: G3 Evolving Practice at the FDA

**Schwartz, Jason**

Yale University, New Haven, CT

*"A Pioneering Experiment": The NAS-NRC Drug Efficacy Study and a New Model for Expert Advice to Government*

Abstract: The activities of scientific expert advisory committees are among the most visible aspects of the U.S. federal government's regulation, evaluation, and promotion of pharmaceuticals, vaccines, and other medical technologies. Advisory committee recommendations so frequently mirror subsequent government decisions that those rare cases in which public health agencies do not follow the guidance of their advisors often result in public scrutiny, concern, and allegations of "politics interfering in science."

While advisory groups have proliferated throughout the federal government, the forerunner of the contemporary use of outside experts in drug review and other areas of biomedical regulation was the National Academy of Sciences-National Research Council (NAS-NRC) Drug Efficacy Study. A partnership initiated by the Food and Drug Administration (FDA) in 1966, the project had been conceived as an innovative solution to a unique, one-time administrative challenge facing the agency in the 1960s.

Even at its inception, however, proponents of the Drug Efficacy Study believed that contributions from outside scientific experts could be assets throughout the day-to-day activities of the FDA and other federal health agencies. This enthusiasm was shared by successive agency leaders who expanded and institutionalized mechanisms for outside advice in the review of drugs and other products, explicitly reacting to the perceived strengths and weaknesses of the design, operation, and implementation of the Drug Efficacy Study. Government officials had consulted scientific experts since the earliest days of the nation, but this project revealed to its participants and sponsors that systematic, ongoing consultation with outside advisors could help address persistent deficits in FDA staff and internal technical expertise, while also improving relationships among the agency, physicians, pharmaceutical manufacturers, and the public.

Through their creation, design, and use, expert advisory committees have been profoundly significant venues through which federal health officials have negotiated and strengthened their relationships with professional and lay communities. Using NAS archival materials, Congressional records, FDA papers, and other sources, this paper examines how the

experiences and lessons—both positive and negative—of the NAS-NRC Drug Efficacy Study shaped the role of expert advisors in federal biomedical regulation from the late 1960s to the present.

Objectives: 1) Develop a historically nuanced understanding of the role that expert advisory committees have played in government regulation of pharmaceuticals and other medical technologies.

2) Critically assess how advisory committees have influenced relationships among physicians, patients, pharmaceutical manufacturers, and government health agencies such as the Food and Drug Administration.

3) Deepen understanding of how government advisory committee deliberations and recommendations shape the preventive and therapeutic options available to physicians and patients.

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Session: B2 Bodily Fluids in Pre-Modern Medicine

**Scott, Calloway**

NYU, New York, NY

*Fluid Proof: Dropsy as Argumentation in the Hippocratic Corpus*

Abstract: This paper examines the little studied disorder known as “dropsy” within the texts of the Hippocratic corpus (450-350 BCE), arguing that dropsy posed phenomenological and ontological challenges to Hippocratic theorists. Because it appeared to blur physical categories, dropsy offered these authors a rich locus of argumentation about somatic constitutions and the causes of disease.

Writers within the Hippocratic tradition took for granted the existence and lethality of an illness known variously as hydrops, hyderos, or askites (dropsy). At first inspection, dropsy seems to fit snugly within Hippocratic humoral theory which understood disease as a disturbance in the balance of bodily fluids. Indeed, many authors describe dropsy simply as an accumulation of fluid within the body. A closer look at a wide collection of passages, however, shows that this was not universally the case. Not only did authors offer differing accounts of dropsy’s proper etiology, but there was little agreement concerning its range of presenting symptoms. While some texts employ blanket terms in identifying dropsy, others describe subclasses, like “bloody dropsy,” “pus-filled dropsy,” “dry” or “tympanic” dropsy (which Galen argued is not dropsy at all). As the proliferation of these classifications suggests, dropsy implied something of a humoral hybridity. Such a fluid mixing posed an empirical challenge to the Hippocratic physician’s proclaimed ability to observe and identify correctly the distinct humoral imbalance underlying disease. Dropsy, it seems, could be (or be caused by) any or all of the fluids understood to constitute the body. Indeed, “On Interior Diseases” shows the onset of dropsy triggering a process of transubstantiation, as one fluid (phlegm) becomes another (water). The text “On Breaths” employs dropsy as a clear sign that all diseases originate in the respiratory



system. So too, dropsy was subject to a gendered split: women's dropsical symptoms were lumped with other "women's diseases," reinforced by the "fact" that women's bodies were moister than men's and that this was the physiological source of all female ailments. This paper, then, explores in greater depth how this conspicuous, fluid condition furnished various authors an opportunity to "prove" the validity of their physiological schemes.

- Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.
2. Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.
  3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: D6 The Politics of Nutrition

**Semler, Elizabeth**

University of Minnesota, Minneapolis, MN

*The Roots of the Diet-Heart Disease Controversy: Public Health, the American Egg Industry, and the Malleability of Medical Science*

Abstract: The dramatic rise of coronary heart disease in most industrialized countries in the post-World War II period drove the need for research into the causes of and treatments for the disease. Early evidence from epidemiological and laboratory studies in the 1960s indicated diet's role in coronary risk and prompted the American Heart Association [AHA] to recommend reducing cholesterol and saturated fat intakes in the average diet. American food and agricultural industries dependent upon products high in cholesterol and fat strongly opposed the AHA's recommendations, and in 1971 the egg industry put together a commission to address this issue. Beginning in 1973, the National Commission on Egg Nutrition [NCEN] released a series of advertisements that sought to undermine the dietary cholesterol-heart disease link through apparent distortions of scientific evidence and knowledge. Although the ads were barred by the U.S. Federal Trade Commission in 1976, at first glance this episode readily fits into the larger historiography, in which powerful industries, such as tobacco and lead, manipulated science and advertising in order to create public doubt about medical concerns surrounding their products.

In this case, although the NCEN's advertisements were certainly problematic, their content was not a complete fabrication. Medical, public health, and nutrition research journals in the 1960s and early 1970s reveal a dialogue of doubt about dietary cholesterol's role in the etiology of heart disease, despite the AHA's endorsement of a low-cholesterol diet and well before the egg industry's active efforts to dispel the dietary cholesterol-heart disease link. If not the egg industry, then what fostered this divide through the 1960s and into the 1970s? The early history of the diet-heart disease controversy shows that professional training, as well as the broader social, political, and economic contexts in which physicians, public health workers, and

industry researchers were situated contributed to their divergent interpretations of and responses to the science of dietary cholesterol. The roots of this ongoing controversy are not the result of an industry bent on manipulating science and medical consensus, but rather stem from the malleable and contingent nature of medical science itself.

Objectives: 1. Understand the dynamic history of medical ideas through better understanding the historical foundations of the ongoing diet-heart disease controversy.  
2. Deepen an understanding of advertising and media's role in the communication of health information to broad public (lay) audiences.  
3. Better understand the contingency of medical science and scientific facts, or how understandings of science and medicine are grounded in specific social, political, and economic settings that do not necessarily readily translate across professional or geographic boundaries.

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Session: I4 20th Century Cell Biology and Cancer Research

**Shackelford, Jole**

University of Minnesota, Minneapolis, MN

*The historical confluence of cell clocks, carcinogenesis, and cancer therapy*

Abstract: The current model for relationships between the biological rhythms of mammalian cells, carcinogenesis, and strategies for cancer therapy assume 1) that pathological alterations in the cell development cycle (CDC) can be carcinogenic, 2) that cancer cells manifest altered chronobiological and proliferative activity as compared to healthy cells, and 3) that chronobiological differences between healthy and cancerous cells can be exploited to enhance the efficiency of anti-cancer therapies, reduce toxic damage to healthy tissues, and improve post-treatment quality of life through restoration of healthy rhythmicity.

It is argued here that this medical model emerged from a juncture of three historically-independent lines of chronobiological inquiry: 1) the determination that individual cells are characterized by autonomous biological rhythms, 2) theoretical developments within biological rhythms research that led to the concept that individual "peripheral" cells in complex organisms operate as "slave" oscillators, which are coordinated and synchronized by "master" oscillators – at the base of the hypothalamus in mammals – and, 3) that desynchronization of normal rhythms in biological systems, whether through alteration of lifestyle or exposure to chemical chronotoxins, can lead to carcinogenesis.

The basic historical development of these three lines of chronobiological inquiry will be sketched out and an argument made that from the confluence of cell studies, the pathology of shift-work, and the elaboration of models for biological clocks, there emerged a scientific consensus for a relationship between altered cell chronobiology and carcinogenesis in the decade prior to the first discoveries of molecular mechanisms that constitute the genetically-determined "clockworks" of cells, beginning in 1971.

- Objectives: 1. Develop the capacity for critical thinking about the nature of biological systems and the use of this knowledge for framing medical diagnostics and therapeutics.
2. Understand the dynamic history of medical ideas and practices and their implications for patients and health care providers.
3. Recognize the dynamic interrelationship between basic philosophical precepts and the development of biomedical concepts.

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Session: B6 Sanguinary Cultures: Historical and Global Perspectives on the Materiality of Blood

**Sharafi, Mitra**

University of Wisconsin-Madison, Madison, WI

*Precipitin Blood Testing and the Imperial Serologist in British India*

Abstract: Scholars like Jinee Lokaneeta have explored “truth serum” in India today, referring to the use of narcoanalysis as a form of pharmaceutical lie detection and an alternative to the polygraph. In colonial India during the early twentieth century, blood serum itself was a literal “truth serum.” Serum was an instrument for the measurement of veracity through precipitin testing, a form of forensic serology that determined the species (or species group) of origin of a blood sample. I explore the use of blood serum and anti-serum as they were collected from maternity and veterinary hospitals, processed, preserved and applied in the quest to detect “native dissimulation,” particularly the planting of animal blood in order to frame an adversary for murder in the context of a feud. In South Asia, precipitin testing received unusual endorsement through the creation of a Calcutta-based official unique to British India known as the Imperial Serologist. My comments will explore the work of this figure and his department from their creation during World War I until Indian independence in 1947.

- Objectives: 1. Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.
2. Recognize the dynamic interrelationship between medicine and society through history.
3. Develop the capacity for critical thinking about the nature, ends and limits of medicine.

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Session: B4 Managing the Health of Nations

**Sheard, Sally**

University of Liverpool, Liverpool, UK

*Getting Better, Faster: the origins and implications of shorter lengths of stay in US hospitals*

Abstract: The practice of ‘early ambulation’ following surgery became increasingly common in Europe in the early twentieth century, but it was in the US, especially from the 1940s, that significant reductions in length of hospital stay were pioneered. Drawing on new archive

research, this paper suggests that length of stay provides a valuable lens through which to explore the shifting influence of scientific, medical and economic factors on modern medical practice.

Research on muscle physiology in the 1920s using laboratory animals inferred that tensile strength of new wound tissue should not be seen as a limiting factor in post-surgical recovery. Yet there was no subsequent translation into clinical practice until the 1940s. In the Second World War there was a renewed research focus on post-surgical management. The National Research Council formed a committee on Convalescence and Rehabilitation; the American Physiological Society held a symposium on physiological aspects of convalescence; the AMA held a symposium on the abuse of rest in the treatment of disease. These national debates drew on a number of clinical trials, including the use of intravenous amino-acid supplements, alternative wound closure techniques, and the role of positive psychology in patient management. There is also evidence of increasing dialogue between clinical researchers and physicians working within the health insurance industry.

This paper, through a close focus on the 1940s and 1950s, demonstrates that wider economic pressures on US healthcare, especially concerns over loss of working days through prolonged convalescence, had an earlier impact on hospital management than current (limited) historiography suggests. This is seen through increasing demands to collect and use data on length of stays for common surgical procedures such as herniorrhaphy, hysterectomy, tonsillectomy; and related changes to health insurance funding models. Medical, managerial and cultural expectations aligned so that recovery came to be seen as something to be achieved as fast as possible. This significant transition in US medical practice pre-dates the introduction of Medicare, Medicaid, the use of DRGs [Diagnostic Related Groups] and prospective payment schemes in the 1960s and 1970s which have traditionally been seen as the explanatory factors for shorter lengths of hospital stays.

Objectives: 1. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
2. Promote tolerance for ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.  
3. Acquire a historically nuanced understanding of the organization of the U.S. healthcare system, and of other national health care systems.

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Session: E6 Radiation and Its Discontents: Medicine in the Atomic Age

**Shvarts, Shifra**

Ben Gurion University, Beer Sheva, Israel

*The Bald Girls- A Follow-up Study of Women Treated by Irradiation for Ringworm in the 1950s - Historical, Health and Psycho social Perspectives*

Abstract: “Baldness that robbed me of my childhood; that robbed me of my smile, my happiness; Baldness that prevented me from running in the street and playing like every other child; [She’s] bald! [She’s] bald! The calls of the children still resonates in my tormented head , Baldness that caused my family such numerous expense and despite difficulties making a livelihood, bought me a wig so I could look better; This didn’t prevent the fear and anxiety of ‘what will become of me?’( M. a ringworm victim 1950s)

In 1994, Israel passed a Ringworm Compensation Law as restitution for medical damage caused by irradiation for ringworm in childhood. Some 7,426 women who received irradiation treatment in childhood (1950s) submitted claims under the Law for compensation due to full or partial baldness they incurred since their childhood due to the irradiation. Many emphasized that baldness had more of a destructive impact on their lives than any physical damage to their health as a result of the treatment. Many never married, divorced and/or reported they had faced mental, physical, and social abuse in their childhood or from their marriage partners, inflicting serious psychosocial problems. Yet, beyond one-time compensation, the Law provided no redress for such issues. Despite the relative large number of women who demanded compensation for permanent baldness, this phenomenon has not received any empirical or historical attention.

This paper examine the emotional, health, and social status of the women and discuss the story of the bald girls who suffers of permanent hair loss due to ringworm irradiation in childhood during the 1950s Israel, their psycho social and health profile and describe the historical dialogue vis-à-vis the issue of women who face permanent hair loss as it is presented in the scientific literature, archival documents, and media reports and to advance our understanding of the life circumstances of this women’s population and the unique challenges they have faced.

Objectives: 1. Better understand the perspective of patients through examining the emotional, health, and social status of those women treated for baldness with irradiation;  
2. Understand the historical forces leading to the outcome for such women as it is presented in the scientific literature, archival documents, and media reports.  
3. Appreciate this history as a test case of similar cases of irreparable aesthetic ramification of accepted medical treatment that have not been weighted in the course of treatment.

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Session: L5 Teaching and Researching the History of Medicine in the Era of (Big) Data

**Smith, Sean Moray**

Rice University, Houston, TX

*Digitizing Doctors: Methodologies for Digitizing Historical Directories of Physicians*

Abstract: Medical directories are rich sources of information about the historical state of the medical profession. However, their availability as printed text has limited their usefulness to

historians of medicine who could more readily delve their contents in a digital format. Consisting of a list of physicians, usually along with their addresses and their professional and specialty affiliations, these directories have been used by medical historians to explore the consolidation of the medical profession and the emergence of medical specializations. For historians of physician professionalization, education, and specialization in the United States, the “American Medical Directory” (“AMD”) is particularly important because of its completeness and the regularity of its editions. Purporting to list all the registered physicians in the United States and Canada, the American Medical Association published the first “AMD” in 1906, with new, updated editions following every two to three years. Using the “AMD” and other directories, George Weisz has studied categories of specialization, their changes over time, and their variations in different nations. Additionally, James A. Schafer, Jr., used physicians’ addresses from the “AMD” to map their uneven geographical distribution in Philadelphia in the first half of the twentieth century to explain uneven access to medical care. Though these studies successfully gathered information from medical directories, the printed form of the directories limited the statistical sample set of physician data these studies could practically use.

This paper explores a potential remedy to the restrictions that the historical directories’ print format has imposed on historians of medicine. In short, it describes an effort to mass digitize the 1918 and 1921 editions of the “AMD” into a tabular database format. While arguing that digitizing these directories will allow historians greater access to the data and enable them to use more complete data in their studies, it describes the methodological and conceptual issues raised by digitization. Making “AMDs” and other directories publically available in a digital format would enable historians of medicine to explore processes of professionalization and specialization in greater detail and in novel ways. This paper represents a first step in that process.

Objectives: Identify successes and failures in the history of medical professionalism  
Recognize the dynamic interrelationship between medicine and society through history  
Acquire a historically nuanced understanding of the organization of the U.S. healthcare system, and of other national health care systems

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Session: H2 Depicting Medicine

**Soto Laveaga, Gabriela**

UC Santa Barbara, Santa Barbara, CA, West

*The Walls Speak: Hospital Murals and State Medicine in Mexico, 1943-1958*

Abstract: In 1943 Mexico's social security institute was launched and the building of state hospitals and clinics took on a frenzied pace. By the mid-twentieth century the Mexican government commissioned the leading muralists of the time - Diego Rivera and David Alfaro Siqueiros - to decorate the walls of Mexico City's newest hospitals. In explicit contracts the

Mexican government detailed the messages that it hoped to transmit to patients, visitors, doctors and nurses who would gaze upon the wall. Among the many state aims was how modern science and medicine would be used to transform the country and its citizens. Both artists defied state instructions. In this paper I examine how both Rivera and Siqueiros through their depiction of medicinal plants, healers, and social upheaval chose to redefine modern medicine as a hybrid of traditional and modern healing practices. Crucially, for these muralists medicine in Mexico had to be about social justice and health for all, especially the poor and laboring classes. The muralists would go on to paint the halls of the Institute of Cardiology and the Oncology Institute. By examining murals this paper also addresses how Mexico developed an innovative way of hospital construction that was later exported to other parts of Latin America. This paper adds to the historiography by analyzing: multiple forms of healing, hospital construction in the developing world, and the representation of medicine in art. In sum, the representation of struggle for healthcare depicted by artists in the 1940s and 1950s continues to be an important topic in the twenty-first century as proposed changes to the 1943 social security law threaten to privatize hospitals in 2016.

Key words: hospitals, murals, Mexico,

- Objectives: 1. Examine the evolution of medical education through an analysis of the relationship between art and medical education.
2. Examine the context of medical care through a discussion of hospital construction in the mid-twentieth century.
3. Understand the dynamic history of medical care delivery through an examination of the rise of universal health care in Mexico.

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Session: D5 Explorations in Canadian Medicine and Public Health

**Stanley, Heather**

Memorial University of Newfoundland, Newfoundland, Canada

*“At the Bottom of a Well in the Middle of Nowhere”:* Social Factors and Postpartum Depression in 20th Century Canada

Abstract: Why in today’s society when the social awareness and acceptance of mental illness is so high are cases of postpartum depression (PPD) greeted with such ambivalence? Famous instances of PPD, such as the recent case of Winnipeg-resident Lisa Gibson, who killed her children and herself while allegedly suffering from the disorder, and the death of Miriam Carey, who was being treated for PPD when she was shot by police after ramming the White House gates with her car, are eagerly consumed, via the media, by the public who express a curious mixture of contempt and pity for the mothers who suffer such symptoms. PPD sits on an uneasy axis between society’s high expectations of mothers and its willingness to tolerate mental illness. PPD’s extensive socio-cultural baggage necessarily affects women attempting to deal with their symptoms.

My paper presents preliminary findings about the way that medical communities and societies work together, and against each other, to shape the narrative of PPD throughout the twentieth century. In particular, my paper uses discourse analysis to deconstruct the relationships between “the ideal mother,” her binary counterpart “the bad mother” and medical understandings of PPD. Ironically, given the notoriety postpartum depression no comprehensive history of PPD currently exists in either Canada or the United States. My paper, and the larger project it is drawn from, seeks to address this notable gap in both the historiography of mental illness and also to provide a much needed historical context for treatment plans and strategies being created in the present.

Objectives: 1. More deeply understand the interaction of social ideals and medicine both in the treatment of postpartum depression and mental illness more generally.  
2. Develop a historically informed understanding of illness as intersectional particularly with respect to gender but also class and race.  
3. Interrogate how PPD is treated in Canada, a country which shares many socio-cultural factors with the US but uses a disparate medical system.

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Session: G6 Public Health and Public Bodies

**Summers, William**

Yale University, New Haven, CT

*The first large-scale trial of the Sabin oral polio vaccine: Singapore, 1958*

Abstract: In early October 1958 authorities in Singapore announced that a polio epidemic was underway but that all appropriate measures were being taken and the public should not be alarmed. However, as the number of cases increased, worried government officials and medical researchers at the University of Malaya immediately met to decide what to do. One response to this epidemic was the first large scale test of the new oral polio vaccine (OPV) to counteract an epidemic situation. During the months of October and November, 1958, over 200,000 doses of the Sabin OPV type 2 vaccine were administered in a unique evaluation of this new prevention of polio.

This first large trial was soon overshadowed by the massive trials in the USSR conducted in 1959 on over 7 million subjects. In the standard histories of the OPV, this trial in Singapore has been relegated to obscure footnotes, if it is mentioned at all. However, at the time, this trial, a collaboration between Albert Sabin, the University of Malaya, and the Singapore government, provided crucial data and reassurances on several open questions about the future potential of the OPV.

Coming as it did at the very moment just as Singapore was granted full independence from Great Britain, and in the run-up to the first vote on the future of this new nation state, this episode provides a unique perspective on the interplay of the geopolitics and the international



biomedical community. The correspondence between Sabin and James Hale, professor of bacteriology at the University of Malaya, who led the trials, along with memoirs of local Singaporean medical leaders such as Ernest S. Monteiro, complement the contemporary newspaper accounts of the epidemic and the local responses to it. This study is part of a larger project on the geopolitics of epidemic diseases in the ASEAN group of nations.

Objectives: 1. Develop the capacity for critical thinking about the nature, ends, and limits of medicine through examining how vaccine trials are planned and executed.  
2. Analyze controversies in the implementation of new medical interventions.  
3. Understand the interplay of politics and health in a crisis situation.

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Session: B3 The Normal and the Pathological: Shifting Boundaries of Health and Disease

**Szymanski, Mallory**

University of Florida, Gainesville, FL

*"I can feel it reverberate in my eyes:" Men's Experience of Sexual Neurasthenia in Gilded-Age America*

Abstract: Thought to originate from both mental and physical damage, sexual neurasthenia describe a variety of symptoms that affected the body and the mind. This diagnosis was a subset of neurasthenia, which was deemed "the national disease of America" by "McClure's Magazine" in 1894. Also called Americanitis, neurasthenia comprised common symptoms like headache, indigestion, and nervousness, and was thought to be a result of the exhaustive labor required to keep up with modern times. By the 1880s, leading neurologist George Beard insisted physicians directed their attention to an urgent health crisis regarding men's sexual health. Men poured into Dr. Beard's office complaining of nighttime emissions, erectile failure, and most notably, crippling worry their perceived sexual indiscretions rendered them unfit men. Beard saw physical and mental influences on health to be equally important, and stressed the importance of a safe, trusting environment for patients. Others, notably S. Weir Mitchell and his colleagues, adopted this philosophy as well. Within this medical environment, patients disclosed private information such as their childhood masturbatory habits and sexual encounters with women. This paper will examine published case studies and unpublished medical records to explain how the doctor's office provided a morally neutral space for men to address sexual health questions and fears about their fragile masculinity. They sought help not only for physical ailments, but for reassurance and acceptance. This paper shows how the popular general neurasthenia rhetoric worked to normalize men's sexual health as a reasonable medical concern. Also, it will show how neurology offered a unique framework through which sexuality could be seen as a product of the mind and the body. The diagnosis and treatment of sexual neurasthenia in the late 19th-century set the stage for Freudian psychoanalysis in the early 20th. Furthermore, today's medical consensus regarding pornography and masturbation resonates with the late-19th century perception that sexual dysfunction resulted from a

combination of hereditary and behavioral cues. This paper will demonstrate the value of drawing continuity between early sexual science and contemporary medical theories.

Objectives: 1. Recognize the value of placing contemporary medical knowledge in historical context.  
2. Understand the development of medical thinking as cyclical rather than teleological.  
3. Explore a physician's responsibility for treating mental and emotional issues associated with physical ailments.

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Session: C3 Medical Ethics in the Courtroom

**Thompson, Courtney**

Yale University, New Haven, CT

*The Curious Case of Chastine Cox: Medicine, Law, and Racial Politics in Gilded Age New York*

Abstract: This paper explores the intersection of race, law, and medical authority in Gilded Age New York, through an examination of the trial and execution of Chastine Cox, an African-American laborer, for the murder of a New York socialite in 1879. This case was a media sensation due to two controversies which played out in the courtroom and the court of public opinion. For the public, Cox's race inflected the debate over the crime and execution, as did the influence of anti-capital punishment activists. Within the courtroom, however, controversy centered on the interpretation of medical evidence and the possibility that Chastine Cox was not guilty, due to the autopsy and medical findings.

This case ignited concerns among spectators that the execution of Cox would result in heightened racial tensions in New York and nationwide. A loose coalition of African-American leaders and white, female penal reformers mobilized to protest the sentence, further politicizing the murder case. Rumors abounded that African-American leaders, particularly Frederick Douglass, would be coming to Cox's defense, placing the case firmly on the national stage; more unsavory commentary suggested that other black men would follow in Cox's violent footsteps if clemency were permitted. Meanwhile, within the court, medical experts debated the coroner's findings, focusing on the possibility that Mrs. Hull's death was due to the actions of the medical examiners, not Cox. Medical experts addressed the court and the governor directly, in the furor over the clemency appeal, to debate the time and manner of death, using new knowledge about bodily decay and focusing on the handling of the body. If the court case hinged upon medical knowledge, the interpretation of these facts was also strongly influenced by the media storm and socio-political atmosphere.

This case thus underlines points of uncertainty in medico-legal knowledge and reveals the influence of political, social, and racial concerns in courts in Gilded Age New York. Through this focused case study, I elucidate a complex world of racial and social tensions that inflected legal

proceedings in late-nineteenth-century American court cases, as well as the development and deployment of medico-legal knowledge within this contested matrix.

Objectives: 1. Consider the influence of socio-cultural factors on the expression of medico-legal expertise.  
2. Underline the uncertainties surrounding medical knowledge in late-nineteenth-century courtrooms.  
3. Explore the multiple valences of a court controversy: racial and social controversy in public discourse, and medico-legal controversy within the courtroom.

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Session: L2 London's Pulse: The History of Public Health in the Digital Age

**Toon, Elizabeth**

University of Manchester, Manchester, UK

*Text-mining London's Pulse*

Abstract: My contribution to the luncheon

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Session will briefly outline and discuss the work our team has done using a semantic search text-mining (TM) system with the documents comprising London's Pulse. To what extent does text-mining facilitate new kinds of investigation of a large textual base covering a lengthy period of time, and what are the pitfalls a user is likely to encounter?

Over the past year, a group from Manchester's Centre for the History of Science, Technology and Medicine has collaborated with National Centre for Text Mining on a semantic search system for London's Pulse and the BMJ. Our goal was to trial text-mining with these large collections, in part to see how well text-mining can work with a collection of specialist text over a long historical period, and in part to see if this approach might help us frame new questions with these sources. So far, our search system has focused on highlighting diseases and environmental factors, which could be especially helpful for those interested in the relationship between health and the urban environment. To what extent, we ask, can an approach like TM help us find new ways of using this resource, and what problems or complications have we encountered doing so?

Keywords:

Public health

Historical methods

Digital humanities

Objectives: Attendees at this

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Session will –

- 1) learn how new digital humanities tools can facilitate new and different understandings of historical medical texts
- 2) learn the advantages and pitfalls of using public health reports as a historical register of public health practices
- 3) learn how UK public health authorities expressed and acted on changing ideas regarding the relationship of environment, human activity, and epidemic and communicable diseases.

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Session: B1 Describing, Classifying, and Transforming Natural Substances in Ancient Sciences

**Touwaide, Alain**

Institute for the Preservation of Medical Traditions, Washington, D.C.

*Galen's Pharmacotherapy: Collectionism, Public Health, and Personal Interest*

Abstract: The treatise *De simplicium medicamentorum temperamentis et facultatibus* by Galen is a vast collection of diversified material that has not been approached in a comprehensive way so far. Its length, its multiple components and the technicality of its matter in addition to the uncertain quality of the text in Kühn's edition contribute to make its study a daunting task. In a previous paper, I have argued that Galen moved the center of gravity of pharmacotherapeutical studies from *materia medica* to therapeutic application. In this paper, I will pursue my analysis and will highlight three among Galen's many behaviors in compiling this vast collection of data: collectionism, an acute awareness of the changing conditions of the public health market and, at the same time, differentiated interests. Though sometimes resulting in a contradictory picture, the combination of these three approaches will probably lead to a realistic vision of Galen's work on pharmacotherapeutics and open new avenues for a better understanding of a treatise that has been extremely influential and authoritative for centuries.

- Objectives:
1. Promote tolerance for the ambiguity of theories and the nature of evidence, through examining the development of ancient medicine.
  2. Develop an understanding of the traditional uses of natural resources.
  3. Understand the dynamic history of medical ideas and practices.

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Session: F5 Before Fitbits and iHealth: Histories of Biometrics and Healthcare Citizenry

**Tuchman, Arleen**

Vanderbilt University, Nashville, TN

*Biometrics and Citizenship: Measuring Diabetes in the Interwar Years*

Abstract: In 1936, the journalist Hannah Lees published, "Two Million Tightrope Walkers," in which she drew attention to the significant number of people in the United States estimated to have diabetes. The article appeared in Collier's Magazine, a literary weekly that enjoyed a circulation of roughly two million. Focusing her message on how a person with diabetes should live, she explained why one had to commit to a life of constant measurement. The diabetic, she wrote, must keep track of "the exact food value of any given breakfast, lunch or dinner"; also all "riotous living" had to end because "[h]e can't measure his insulin if he hasn't measured his sleep. He can't eat except measured foods at measured times. He can't drink much . . . [lest he] forget all about measuring his food and sleep."

Scales, needles, vials, insulin, urine tests -- all of these technologies made this level of bodily surveillance possible. However, Lees employed two meanings of the word measured here: as counted or weighed, but also as moderate or temperate. Writing in 1936, she may, moreover, have been thinking as much about the economy as about diabetes. Seven years had passed since the stock market crash, but no one felt certain that such a catastrophic event wouldn't occur again. Lees' call for moderation sounds like a recipe for a regulated economy. Importantly, it was also a call for a "controlled and self-reliant citizenry." Indeed, Lees insisted that diabetics who followed a regime of measurement "make a good deal better citizens than the average."

Drawing on the writings of Lees and other social commentators, some of whom, like Elliott Joslin, were also clinicians, I explore the link between biometrics, citizenship, and diabetes in the interwar years. I am interested in how this disease came to symbolize both the regimes of discipline thought to be necessary in a society moving from production to consumption as its economic motor, and the fears of what could happen if consumption ran amok. Biometrics offered clinicians and patients a potent tool for measuring deviance and, potentially, for restoring a person to the "norm."

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.  
2. Develop the capacity for critical thinking about biometrics and health tracking systems.  
3. Critically appraise current clinical management from a historical perspective.

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Session: C4 Socialism and Health: A Global Exchange of Ideas and Practices

**Urban, Kelly**

University of Pittsburgh, Pittsburgh, PA

*"The Miracle on the Mountain": Revolution and the Historical Memory of Health in Cuba, 1959-2000*

Abstract: In 1959, the revolution that had engulfed Cuba in previous years finally toppled Fulgencio Batista's dictatorship, and the guerrillas transitioned to the task of governing and

rebuilding the island's institutional infrastructure. From the beginning of this process, health officials' efforts to publicly remember health policy in republican Cuba (1902-1959) served to successfully consolidate the political legitimacy of the new regime. While demographic studies have provided evidence that the largest improvements in health indicators in Cuba occurred before 1959, social analyses have emphasized the deficient state of health care for many of the island's poor population in the early- to mid-twentieth century. Furthermore, literature on Cuba has overwhelmingly respected 1959 as a durable historical dividing line, and few scholars have rigorously examined the role of health policies, discourses, and practices in the political transition from republican to revolutionary Cuba.

In the debate about the new socialist regime in Cuba during the early 1960s, the Topes de Collantes National Tuberculosis Sanatorium acted as a politicized symbol. Batista had conceptualized and finally implemented this health facility as a prestige project in the early 1950s, so he and his supporters wielded the image of the sanatorium to argue that Cuba's public health sector had reached the highest state of modernity and scientific quality by 1959. On the other hand, sympathizers of Castro maligned the sanatorium, arguing that it was not "the miracle on the mountain," but "the whim of a dictator," a painful reminder of how republican leaders had exploited the poor and stolen millions of dollars from public works projects.

Using a wide range of sources, including U.S. State Department memos, published histories of the sanatorium, physicians' memoirs, the funereal literature surrounding Batista's death, radio broadcasts from Miami, and Cuban government statistics, my paper reconciles the quantitative data concerning health services in the 1950s and 1960s, and the more subjective narratives that physicians, patients, and health authorities employed to reconstruct the history of the Topes de Collantes Sanatorium. This case study illustrates the pivotal role that historical memories of health play in processes of regime consolidation and in landscapes of changing political affiliations.

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history.  
2. Acquire a historically nuanced understanding of the organization of the U.S. healthcare system, and of other national health care systems.  
3. Promote tolerance for the ambiguity of theories, the nature of evidence, and the evaluation of appropriate patient care, research, and education.

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Session: C1 Entangled, Global, and Comparative Disease Histories: New Perspectives

**van Schaik, Katherine**

Harvard Medical School, Boston, MA

*The radiologist in the crypt: interdisciplinary approaches to determining burden of disease in past populations*

Abstract: Studies in the history of medicine are predicated upon the existence of diseases or pathological conditions that patients and/or physicians classify as such. The variable burdens of disease in different populations existing across time and space directly affect how medical thought and practice develop and change. For example, the prevalence of malaria in Greco-Roman antiquity contributed to the development of theories of cyclical fevers and their role in illness, and the high rate of diabetes in contemporary society has affected how physicians consider their patients' comorbidities.

Evaluation of past disease burden is challenging for many reasons. Text-based sources may describe pathological conditions in such a way that modern scholars have difficulty recognizing them, and text-based retrospective diagnosis is fraught with uncertainty. Paleopathological study – analysis of human remains for evidence of disease – can greatly enhance our understanding of past disease burden but brings its own challenges, including those posed by taphonomic decay and by difficulties in assessing age-at-death.

This paper describes a project carried out using a collection of human remains in the curatorial care of the Museum of London's Centre for Human Bioarchaeology. Using a comprehensive approach to skeletal analysis that includes data obtained from skeletal radiographs, osteological analysis, and text-based sources, this project describes paleopathological methods that can be employed in order to provide a more complete picture of past disease burden (especially chronic disease) and the relationship between age and accumulated pathology. The project is different from previous work in the field of paleopathology for the nature and scale of its sample size: 213 skeletons from the 18th and 19th centuries for which historically verifiable age-at-death data are available were analyzed by gross inspection and by radiographs taken in the crypt where they are retained in St. Bride's Church, London. This combination of osteological, radiographic, and historical data yields new information about the relationship between age and total accumulated pathology and provides a blueprint for the way in which past burden of disease might be more comprehensively estimated through analysis of human remains.

Objectives: 1. Contextualize and characterize shifts in the burden of disease over time.  
2. Identify the relationship between age-at-death and accumulated pathology as observed in the human skeleton.  
3. Demonstrate applications for medical technologies in the fields of history, epidemiology, paleopathology, and archaeology.

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Session: D3 Plague and Empire from the Renaissance to the 20th Century

**Varlik, Nukhet**

Rutgers University, Newark, NJ

*Dead(ly) Uncertainties: Plague and the Ottoman Society in the Age of Renaissance*

Abstract: Plague was an unsettling fact of life in late medieval and early modern Ottoman society as it was elsewhere in the Mediterranean world. It produced political and economic instability, caused anxiety at all levels of society, and generated a myriad of responses to the unpredictability of the times. The seemingly indiscriminate patterns of plague mortality (young and old, women and men, rich and poor) and the swiftness of death that ensued as well as the unsightliness of the symptoms and the difficulty of predictions about its prognosis posed a challenge to existing traditions and institutions everywhere.

How do we study such moments of uncertainty in history? How do we historicize the incertitude fueled by plague and the widespread mortality it induced? These questions are especially perplexing in the context of the Renaissance—an era typically imagined by historians as an optimistic moment in human history. Yet the Renaissance was also an age of anxiety driven by incertitude, as much about the present as about the future. This presentation will address widespread uncertainties at times of plague in early modern Ottoman society, felt at the level of individuals (e.g., about one's future, fortunes, and death), communities (e.g., about administrators, spiritual leaders) and imperial structures (e.g., about the continuity of the dynastic family, the state, and its institutions). It will draw from Ottoman narrative sources, such as chronicles, poetry, and hagiographies, while engaging with disaster studies, history of emotions, and comparative Renaissance studies that bring together eastern and western Mediterranean societies. It is intended to offer glimpses into the emotional landscape of early modern Ottoman society in the age of Renaissance.

Objectives: 1- Deepen understanding of illness and suffering through an appreciation of the role of plague in Ottoman Society during the Renaissance.

2. Promote tolerance for the ambiguity of theories and the nature of evidence.

3. Recognize the dynamic interplay of medicine and society throughout history.

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Session: A1 Doctors Beyond Borders: Immigrant MDs in North America in the 20th Century

**Venit-Shelton, Tamara**

Claremont McKenna College, Claremont, California

*"The Doctor Speaks Good English": Selling Chinese Medicine in Progressive Era America*

Abstract: Chinese doctors began coming to the United States with the first waves of mass immigration from China in the mid-nineteenth century. Studies of these doctors have emphasized their function within an immigrant community while largely ignoring their significance to the history of the professionalization of American medicine. This paper looks closely at how practitioners of Chinese medicine became embroiled in the conflict between regular and irregular doctors in the Progressive Era. Beginning the 1890s and accelerating during the first decades of the twentieth century, the American Medical Association joined forces with state and local governments to standardize medical education and to regulate



health care according to biomedical scientific norms. Practitioners deemed to operate outside of those norms included chiropractors, homeopaths, and Chinese herbalists, among many others. Chinese herbalists became useful subjects for members of the AMA, public officials, and American journalists seeking to differentiate regular from irregular medicine. With its seemingly ancient and exotic practices, Chinese medicine became the perfect foil to AMA-sanctioned scientific medicine. This paper asks how Chinese doctors and their business partners responded to that characterization through an analysis of their advertisements both in English and Chinese-language newspapers. I draw on over two hundred short and long-form advertisements for Chinese medicine that circulated in major American cities in the late nineteenth and early twentieth-centuries, and I show that Chinese doctors and their business partners pursued opposite marketing strategies when selling their services to Chinese versus Euro-American patients. They highlighted the “regularity” of their practice to Chinese patients and its “irregularity” to Euro-American patients. The reasons for this discrepancy reflect the different trajectories of the medical profession in early twentieth-century China and the United States and the different roles that practitioners of Chinese medicine played for these two patient communities. Of particular interest to me is how Chinese doctors helped construct a larger discourse of irregular medicine, its effect on public perceptions of biomedical science in the early twentieth century and its reverberations today.

Objectives: 1. Recognize the long history of Chinese medicine in the United States and its involvement in constructing concepts of regular and irregular medicine that continue to shape public perceptions of health care today.  
2. Understand the different trajectories of the medical profession in China and the United States and how they reflect different attitudes toward science and modernity.  
3. Understand how the racialization of Chinese medicine contributed to its marginalization by biomedical science and its acceptance among science-phobic patients

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Session: D2 Uncovering Biomedical Objects, Designs, and Diseases

**Vignola-Gagné, Etienne**

McGill University, Montreal, Canada

*Experimental design and organizational change in genomic-driven cancer clinical research*

Abstract: After 50 years of relative stability, and 20 years of calls for reform, the US clinical cancer research field is presently undergoing a period of profound transformation. The experimental design of genomic-driven trials, a major component of today’s clinical research practice, is at the core of intensive debates and discussions. Proposals for innovations in the domain of experimental design now abound, are being actively implemented in a new generation of trials, and have given rise to a small subfield of design interpretation. Genomic-driven trials, far from involving a simple transfer of technology between contexts, are often designed to evaluate new organizational practices as much if not more as they are to “test” new drugs or novel technologies. Some of the pivotal clinical experiments of the moment aim

to evaluate whether and how new forms of public-private consortia, expertise boards, or bioinformatics algorithms can reliably produce legitimate findings. These changes often reshuffle clinical workflows, leading to discordances and readjustments between different kinds of practices. We will briefly contextualize these new developments within a broader history of experimental design in clinical cancer research.

The presentation will focus on trial design as a useful proxy to capture major reconfigurations currently taking place in cancer clinical trial system. Historical studies of experimental design have often focused on the construction of epistemological robustness and legitimacy. Instead, this project considers design as a generative practice that is a fully-fledged component of the material and tinkering cultures of the laboratory (writ-large).

Resorting to a version of actor-network theory focused on experimental practices, this paper draws from an extensive body of evidence consisting of over 80 interviews with trialists and their associates, a database of pivotal programmatic papers from cancer journals, field notes, and conference reports.

- Objectives:
1. Unpack cancer clinical research systems as a set of material, epistemic and institutional practices of experimentation.
  2. Appraise the changing role of experimental design in cancer clinical innovation in the last 50 years.
  3. Gain a more nuanced understanding of the co-production of organizational and epistemic change.

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Session: G3 Evolving Practice at the FDA

**Vostral, Sharra**

Purdue University, West Lafayette, IN

*Testing Tampons: Toxic Shock Syndrome, Feminist Advocates, and Absorbency Standards*

Abstract: In 1980, Procter & Gamble voluntarily withdrew Rely tampons from stores, sparing itself from an official FDA recall due to the tampon's deadly association with Toxic Shock Syndrome (TSS). TSS was linked to so-called "super absorbent" tampons and the CDC recommended that women use the lowest absorbency possible, yet product labels were unclear and varied among brands so that following this advice was difficult. This paper examines the aftermath of this recall, the establishment of absorbency standards, and their significance to women's health. It utilizes archival documents to trace arguments amongst FDA regulators, corporate representatives, and women's health activists concerning the nature of lab practices, and why they mattered in relation to these standards. Women needed accurate information in the form of absorbency labeling to compare tampons across categories and amongst different manufacturers, but the stakeholders argued about the methods to do so. Esther Rome, a women's health advocate and founder of the Boston Women's Health Book Collective, promoted feminist science to improve tampon safety. She argued that standards by

which to test these absorbencies should be based upon systematic, practicable, and applicable data. She challenged lab practices in tampon testing, in particular the utilization of blue saline solution to yield data concerning product absorbency. She, along with nursing professor Nancy Reame at the University of Michigan, provided alternative testing models and results by using heparinized blood, which affected the absorbptive capacity of tampons differently than saline and altered the scale by which absorbency was based. Feminist activists sought to build a different data set by which to gauge absorbency, and therefore minimize risk, in an effort to stem new cases of tampon-related TSS. This project contributes to literatures of gender and technology, histories of women's health, and histories of technology and disease. This historical research exemplifies the dynamic relationship between medicine and society, and the benefits of feminist interventions and women's health activism in shaping policies about menstrual management technologies, which in turn reduce incidents of TSS.

- Objectives: 1) Recognize the dynamic interrelationship between medicine and society through history.
- 2) Develop an historically informed sensitivity to the diversity of patients and gender related illnesses.
- 3) Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.

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Session: E6 Radiation and Its Discontents: Medicine in the Atomic Age

**Wake, Naoko**

Michigan State University, East Lansing, MI

*Rethinking Survivors of Hiroshima and Nagasaki: Views from the Ground, Voices from America*

Abstract: Survivors of Hiroshima and Nagasaki have unfailingly provoked historical fascination. In particular, recent scholarship has highlighted, often with little connection to local contexts, how the bomb's survivors were helpless "guinea pigs" at U.S. scientists' disposal or "keloid girls" whose beauty could be retrieved from scarring only by America's advanced medical technologies. Much of the scholarly attention, too, has focused on institutional medicine such as the scientific research conducted at the Atomic Bomb Casualty Commission (ABCC) or the plastic surgeries performed on Japanese women whose faces were disfigured by the bomb. My inquiry into the approximately 1,000 survivors who reside in America today—U.S.-born, U.S. citizens of Japanese ancestry who happened to be in Japan in 1945, in addition to the Japanese who came to America after the war and became citizens at some point—challenges these one-dimensional, institution-based views of survivors, illuminating a history outside established medical and national categories such as "Japanese = victims = patients" and "Americans = victors = doctors." Such exploration helps us discover lost local settings for understanding the bomb's human costs, including long-term radiation illness that continues to affect survivors today. Using oral histories that I and others have collected, my paper first looks at American survivors' resistance to the research conducted by the ABCC, some going so far as to question

the commission's right to collect blood samples without an explicit governmental approval. Then, I examine U.S. survivors' attempt in the 1970s and 1980s to bring medical treatment to all U.S. survivors. In quiet yet adamant resistance to the medical establishment's scientific focus on cancer, mutation, and malformation, Japanese Americans pursued social, communal, and psychological support from both America and Japan. Having access to regular, locally available medical checkups and consultations, and creating community meeting places where they could share their experiences, was among their priorities. These boundary-crossing aspects of U.S. survivors' effort reveal an understanding of their approach to long-term radiation illness underexplored by the scholarship. As their oral histories show, U.S. survivors have been resourceful makers of medical care that suits their needs, not simply helpless patients or subjects of medical science.

Objectives: 1. Deepen understanding of illness and suffering through a focus on survivors of Hiroshima and Nagasaki.  
2. Identify successes and failures in the history of medical professionalism.  
3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: D4 Surgical Practice and Experience

**Wang, Chao**

University of Chicago, Chicago

*Watchful hands: the tacit dimension of surgical needling in late imperial Chinese Ophthalmology*

Abstract: This paper explores the historical transmission of a Chinese eye surgery named "Jinhen bozhang" (Golden-needle surgery 金針撥障), a skill of using a lancet-shaped needle to couch the cataract. As a surgical intervention in the tradition of Chinese medicine, the practice offers a unique perspective in understanding how the assumptions of mastering the embodied knowledge (esp. hand/eye coordination) were informed by texts that characterized the attempt to shape an expertise out of the structured experience of skilled practitioners. In surveying the post-Song medical literature on this method, I argue that doctors gradually related the visual knowledge of the eye to the language of touch. In emphasizing the hand/eye coordination, late imperial (Ming to Qing) physicians constructed a training regime designed to educate the attention of the practitioner based on the tacit knowing of the body.

The tacit dimension of surgical needling is mainly illustrated from three aspects of late imperial writings on ophthalmology. The first shows how physicians related the expression of "yi" (shade 翳) to the training of skilled vision, and argues that late imperial texts on ophthalmology adopted a pragmatic approach to apply visual knowledge to surgical practice. The second aspect deals with the technical description of needling as embodied knowledge, and compares the ways in which two Qing physicians structured the surgical experience. The last takes issue with the materiality of needle as extended body of the surgeon, and argues that the

connoisseurship of surgical instruments reflected individual claims of expertise in comprehending the skill.

Objectives: 1. Understand the dynamic history of medical ideas and practices through reconsidering the role of visual knowledge in traditional Chinese medicine and surgery.  
2. Critically appraise clinical management from a historical perspective through an examination of the history of Chinese ophthalmology.  
3. Develop a deeper understanding of the material culture of Chinese medicine through an examination of surgical practice.

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Session: L4 The Future of the Patient Record in History

**Warner, John Harley**

Yale University, New Haven, CT

*Reading and Writing Bedside Stories Then and Now: The Shifting Historical Use of Patient Records*

Abstract: For this workshop, I will contrast the use of patient records at the end of the 1970s, when I first began to think about using hospital case records in a dissertation on clinical practice in nineteenth-century America, with the possibilities and challenges of using patient records in historical research today. I will briefly sketch how during the past several decades patient records have become a vital source in historians' understandings of the medical past, and how at the same time issues of privacy and access have made negotiating the archive increasingly freighted. I will then take the example of my own work to exemplify historiographic change over time. For my dissertation and first book, I regarded the hospital patient chart principally as a source of information for reconstructing therapeutic practice. I used such reconstructions to get at larger issues like the transformation of professional identity; but patient records were chiefly a source of data I could code and analyze. Much later I returned to the same records, but now interested in the changing form of the patient chart and the clinical practice of writing, the day-by-day inscription of the clinical narrative. Citing a horror story or two, I will briefly recount why I decided not to write a book on the transformation of the patient chart that I had begun pre-HIPPA, while at the same time I will also discuss how in the book I am now writing instead, patient records remain constitutive to my efforts to look afresh at the new version of scientific medicine that emerged from the epistemological, aesthetic, and moral sea change of the final third of the nineteenth century.

Objectives: 1. To identify potential research use of patient related materials  
2. Critically appraise clinical management from a historical perspective  
3. Identify innovative strategies for the preservation of historical patient records

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Session: B2 Bodily Fluids in Pre-Modern Medicine

**Webster, Colin**

UC Davis, Davis, CA

*"Why Don't We Sweat When We Hold Our Breath?" Paradoxes of Perspiration in ancient Greek medicine (5th-3rd c. BCE)*

Abstract: This paper investigates the place of sweat within Hippocratic and Peripatetic humoral systems, exploring the theoretical paradoxes that surrounded this common bodily function. Although we now see perspiration as a cooling mechanism, where evaporating moisture lowers the surface temperature of our skin, ancient authors more commonly conceptualized sweat as a means of excreting residues and water. Yet, many authors do more than provide physiological explanations that differ from our own; they describe experiences that today seem quite strange. For instance, the Hippocratic author of "Airs Waters Places" claims that we do not sweat as much in the sun as we do when we move into the shade ("Airs Waters Places" 8). In "On Sweat," Theophrastus asks why we sweat more when we stop exercising than when we are in the act of exerting ourselves ("On Sweat" 29, 31). The pseudo-Aristotelian author of the "Problemata" even asks why we do not sweat when we hold our breath ("Problemata" 2.1). These somewhat baffling assertions present phenomena that most moderns have likely never experienced, and yet Greek authors consider these observations so unproblematic that they base further physiological arguments on them. This paper thus seeks to understand the assumptions hidden behind the ancient Greek medical understanding of perspiration. To this end, it analyzes how authors dealt with paradoxes produced when a binary theory of opposites (hot/cold, dry/wet, etc.) faced a complex phenomenon at the intersection of a body and its environment. It demonstrates that at these moments of conflict, authors often utilized paired, but opposed ad hoc explanations—what I call “mirror arguments”—which could be alternately employed depending on the proximate needs of the author (e.g., the sun’s heat produces sweat/the sun’s heat eliminates moisture). By using perspiration as a case study, this paper thus establishes a framework to understand the dynamics of fluid logic and the logic of fluid dynamics in ancient Greek medicine. By examining the social and technological contexts of sweat in classical antiquity, it demonstrates how difficult it is to determine what liquids leave the body and when.

Hippocrates, Perspiration, Liquids

- Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.  
2. Recognize the dynamic interrelationship between medicine and society through history.  
3. Understand the dynamic history of medical ideas and practices and their implications for patients and health care providers.

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Session: D6 The Politics of Nutrition

**Weisse, Travis**

University of Wisconsin-Madison, Madison, WI

*When Gurus Die: Atkins, Pritikin, and the Post-Mortem Duel for America's Heart Health*

Abstract: In the rancorous history of diet fads, seldom have two rivals been as vitriolic toward one another as were the cardiologist Dr. Robert Atkins and health advocate Nathan Pritikin. After nearly succumbing to heart disease in the 1960s, both Atkins and Pritikin claimed to have healed themselves nutritionally, but the diets they employed were exactly opposed. Though both men defended their ideas with contemporary medical research, the evidence was insufficient to make a clear judgment. Instead, it was their public attacks on each other's physical appearance, health conditions, and eventually death which persuaded diet hopefuls. As food faddists jockey for increased share of the diet market, gurus' bodies, and in particular their medical outcomes, invite intense public scrutiny. This scrutiny is carried beyond the grave as dieters attempt to make meaning of causes and circumstances of their guru's death. Both Pritikin and Atkins died spectacular, mysterious, and ironic deaths, the records of which ignited impassioned debate over their programs once again. After his tragic in-hospital suicide, Pritikin's autopsy results were published in the *New England Journal of Medicine*, where doctors remarked on his heart's pristine youth. Detractors were unimpressed, since he had recently relapsed with two rare forms of leukemia. When Atkins died after a slip on the ice, his hospital records were illegally leaked to the press. The *Wall Street Journal* claimed they showed a medical history of cardiac events and obesity, but defenders explained that his recorded weight was the result of trauma-induced fluid retention.

Using material from the Pritikin archives as well as leaked medical records, newspapers and public commentary, this project will highlight several key examples where the meaning of controversial, ironic, or premature deaths was publicly negotiated between nutritionists' families, health seekers, and rival diet advisers. The inscription of meaning onto the bodies of American diet advisers, and the subsequent rhetorical battle—continued by their foundations and followers after their deaths—is indicative of broader trends with respect to American diet choice, health-seeking behavior, and body image.

Keywords: Heart disease, popular health, nutrition

Objectives: Develop an historically informed sensitivity to the diversity of patients (including appreciation of class, gender, socio-economic status, ethnicity, cultural, spiritual orientations). Develop the capacity for critical thinking about the nature, ends and limits of medicine. Recognize the dynamic interrelationship between medicine and society through history.

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Session: C3 Medical Ethics in the Courtroom

**Wilkinson, Miles**

University of Oregon, Eugene, OR

## *Codification and the Origins of Physician-Patient Privilege*

**Abstract:** In the United States, the laws governing medical testimony in the courtroom are myriad and contradictory. Physician-patient privilege, the legal guarantee that doctors cannot be compelled to reveal patients' secrets in courts of law, is observed in some courtrooms, but not in others. At present, most state courts observe some form of the privilege, while federal courts do not. These contradictions are a product of the unusual origins and uneven evolution of physician-patient privilege in the nineteenth century—factors largely overlooked by both medical historians and legal scholars.

In 1828, New York became the first state to guarantee medical confidentiality in the courtroom when the state legislature incorporated physician-patient privilege into the state's legal code. Over the next few decades, numerous other jurisdictions followed New York's example. By 1875, nineteen states or territories had enacted similar statutes, many of which featured identical language to the New York law.

This paper will draw on a variety of primary sources—legal records, medical publications, and the published notes of New York legislators—to analyze the historical context that gave rise to New York's influential statute. While scholars have rightly connected physician-patient privilege to the professionalization of medicine, the earliest statutes went unnoticed in the medical journals and medical textbooks of the day – even the textbooks on medical jurisprudence. Instead, the New York law, along with the similar statutes that followed, can be best explained as products of state-by-state codification movements that were designed to simplify American state law in the nineteenth century. Every one of the physician-patient privilege statutes enacted in the first half of the nineteenth century was connected to a codification movement. Accordingly, this paper will argue that physician-patient privilege emerged primarily neither as a guarantee of patients' rights nor as a means of securing prestige for the medical profession, but rather as an almost inadvertent offshoot of lawyerly efforts to streamline evidentiary procedure at the state level. Those overlooked origins might in turn help explain why physician-patient privilege remains such an unevenly applied rule in American courts to the present time.

**Objectives:** 1. Identify the legal and medical factors that led to the adoption of the earliest physician-patient privilege statutes.  
2. Develop knowledge and understanding of the connected histories of medical ethics and medical jurisprudence in the nineteenth century.  
3. Explain the uneven enforcement of physician-patient privilege in American courtrooms.

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Session: D1 Prenatal Politics: Pregnancy, Development, and Risk in the Early 20th Century

**Withycombe, Shannon**

University of New Mexico, Albuquerque, NM

*"Like a Ship Upon a Stormy Sea": Constructing the Prenatal in Prenatal Health Care*



Abstract: In 1937, Fred J. Taussig gave the presidential address before the American Gynecological Society, choosing for his topic the history of prenatal care. While many in his audience would have understood that history to be short and a recent addition to the medical books, Tuassig instead connected modern advances in eclampsia detection to the advice of ancient Chinese works, Talmudic warnings, and writings of Susruta, an ancient Indian surgeon. Taussig thus wove modern prenatal care into a rich tapestry of centuries-old advice to pregnant women, constructing a long history for a "new" field. Yet Taussig glossed over the fact that most of the practitioners, scholars, writers, and healers he connected in his chain of prenatal care did not in fact use the term "prenatal." Prior to the turn of the twentieth century, most of these figures referred to their recommendations as "pregnancy hygiene" or "pregnancy advice."

Far from a mere alteration in vocabulary, the shift from "pregnancy advice" to "prenatal care" proved a major transformation in the medical and popular view of pregnancy and the female body. This paper will trace the emergence of prenatal care in the early twentieth century, exploring how doctors, in journal articles, portrayed the field as modern and simultaneously as centuries old. At a time of heightened interest in infant mortality and its role in national character and strength, doctors also sought to focus on the risks of pregnancy to the developing child, and began to obscure the female body involved in the process. Although historians have yet to examine the origins of prenatal care in much detail, the language and ideas that arose in the context of early twentieth-century pregnancy continue to shape discussions about private and public policing of pregnant bodies, as well as debates about women's rights and abortion.

- Objectives: 1. Identify successes and failures in the history of the medical profession.  
2. Understand the dynamic history of medical ideas and practices, their implications for patients and health care providers, and the need for lifelong learning.  
3. Recognize the dynamic interrelationship between medicine and society through history.

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Session: E2 Reproductive Health: Prohibiting and Normalizing Practices

**Wolf**, Jacqueline

Ohio University, Athens, OH

*Risk or Remedy? Jackie Kennedy and the Normalization of Cesarean Section*

Abstract: In the 19th century, the maternal death rate after a cesarean was so high, physicians termed the operation "sacrificial midwifery." They avoided the surgery at almost all costs. As asepsis made cesareans safer and indications widened in the 20th century, physicians remained cautious, performing the operation so infrequently that when women's magazines mentioned cesarean surgery, authors carefully defined "cesarean" for the many readers unfamiliar with the procedure.

In 1960, birth by cesarean remained rare, representing only 4.5 percent of births in the U.S. overall. Not until John Kennedy became president and the White House announced that a pregnant Jackie Kennedy would give birth by a planned cesarean, did articles about the safety, and occasional necessity, of cesareans become staples of magazines and newspapers. Jackie Kennedy's aura, and the subsequent birth of John Jr., encouraged frequent, positive descriptions of the procedure.

The upbeat portrayal of cesarean birth was short-lived, however. On August 7, 1963, the Kennedys' second son, Patrick, was born six weeks prematurely via emergency cesarean; he lived less than two days. While John Jr.'s birth sparked public and medical acceptance of cesarean surgery, Patrick's birth highlighted its dangers. The contrasting outcomes reflected the traditional, contradictory perceptions of cesareans in U.S. history—potentially life-saving on the one hand, far-too-often death dealing on the other. In exemplifying these contradictory portrayals, the births of John and Patrick Kennedy represent a pivot point: the trepidation common among physicians pre-1960 when faced with performing a cesarean, and the post-1980 normalization of the surgery, as doctors shifted the onus of risk from cesarean to vaginal birth.

This paper, using data culled from women's magazines, obstetric texts, birth reform organization papers, and obstetricians' papers, argues that the Kennedy babies' births placed in the public eye the traditional risk-or-remedy question surrounding cesareans. The discussion of risk and childbirth primed the public to embrace the electronic fetal monitor immediately after its introduction in 1969, despite the lack of a single study demonstrating its efficacy. The wholesale acceptance of fetal monitoring then ensured that remedy, not risk, would become the new paradigm associated with cesarean surgery.

Objectives: 1. Describe the changing public and medical views of cesarean surgery in the 20th century.  
2. Describe events leading to the normalization of cesarean birth.  
3. Explain the role the media played in normalizing cesarean birth.

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Session: C2 From Microbes to Matrons: Hospital Infection Control, 1870-1990

**Wood, Pamela**

Federation University Australia, Churchill, VIC, Australia

*Septic wounds, septic relationships? The interplay between the septic body, surgeons, surgical nurses and professionalism in the 1890-1935 pre-antibiotic period*

Abstract: In the 1890-1935 pre-antibiotic period, surgical success depended not only on the surgeon's operative skill in the face of difficult challenges during surgery but also on the prevention of sepsis. Pre- and post-operative care was mostly directed to preventing or

managing infection and was the professional sphere of the nurse. Training skilled surgical nurses was therefore vital to both the patient's recovery and the surgeon's success. Internationally in this pre-antibiotic period, nursing was being established and consolidated as a distinct (and mostly female) health profession in many countries. This paper examines the interplay between understandings of sepsis and its control, the septic body, responsibilities of surgeon and surgical nurse, and the professional relationship. This is achieved through analysis of historical British, Canadian, Australian and New Zealand nursing journals, and British and Australian surgical nursing textbooks – literature that supported nurse training and practice in this period.

The analysis reveals that the surgical nurse's role was not described specifically in relation to the patient, who was portrayed as passively septic. Nor was she regarded as a professional in her own right but seen only as an adjunct to the work of the surgeon. Skilled nurses were valued as supporters of the surgeon's heroic efforts, guarding patients from microbial attack. If wounds became infected, nurses could be blamed for slipshod practice that undermined the surgeon's skill. Septic wounds meant septic relationships. Nevertheless, interpreting this literature as depicting merely a subservient relationship with the surgeon would ignore the more complex portrayals that are evident. Surgeons looked for support rather than subservience, and a conscientious approach rather than obedience. Examining this literature therefore reveals a more nuanced professional relationship between surgical nurses and surgeons at a time when nursing was defining its professional sphere. It suggests that professional roles, knowledge and practice emerge from a complex interplay with disease processes and management.

Objectives: 1. Develop the capacity for critical thinking about the nature, ends and limits of medicine.  
2. Identify successes and failures in the history of medical professionalism.  
3. Critically appraise clinical management from a historical perspective.

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Session: A1 Doctors Beyond Borders: Immigrant MDs in North America in the 20th Century

**Wright, David**

McGill University, Quebec, Canada

*"The First on the Boats to Leave":*

*The Emigration of South African Doctors to Canada, c. 1961-1981*

Abstract: The transnational migration of medical practitioners constitutes one of the most controversial challenges in global health. South Africa, in particular, has been identified as one of the countries most profoundly affected by this phenomenon. Indeed, the World Health Organization estimated that, by the end of the twentieth century, one half of all South African-trained doctors were practicing outside their native country. Although the 'Brain Drain' of doctors from post-Partition India has now become the focus of research interest, the exodus of

South African doctors has received comparably less attention from medical historians. This article explores the social history of physician migration through a case study of South African doctors who emigrated to, and ultimately settled in, Canada between 1961 and 1981. The paper will present findings from a wide range of methodologies and sources, including quantitative analyses from contemporary Canadian Medical Directories and returns of the federal Department of Manpower and Immigration Canada. These national results, which provide data on specialties and geographical locations of 230 South African-trained physicians were supplemented by qualitative material, including obituaries of South African doctors in Canadian medical journals and life histories from a dozen oral interviews from this same cohort.

As the paper will demonstrate, this generation of South African émigré doctors were overwhelmingly Jewish and liberal. Although most settled in the principal Canadian cities of Montreal and Toronto, they could also be found practicing in many rural and remote areas. A range of medical specialties were represented; however, there were identifiable clusters of these migrant physicians practicing in the specialties of paediatrics, psychiatry, obstetrics, and pathology. The oral histories reveal identifiable 'push' factors, including vivid memories of racial clashes leading up to and during the Soweto riots of 1976. Caught between their duties to their patients and their fears for the future under an Afrikaans regime, these doctors left for England and, ultimately, Canada. In the words of one physician, reflecting on his grandparents fleeing Lithuania for South Africa two generations earlier, "We wanted to be the first on the boats to leave."

Objectives: By the end of this activity, the learner will: Deepen one's understanding of the dynamics of the medical profession through learning about the transnational migration of physicians in the twentieth century; (2) Examine the contours of the migration of South African doctors to Canada; and (3) Explore the historical push and pull factors involved in physician migration.

## POSTERS

Session: Poster

**Ford, Benjamin**

Salem State University, Salem, MA

*THE BURNING QUESTION: THE DEBATE AMONG AMERICA'S FIRST RADIOLOGISTS AS TO THE CAUSE OF X-RAY BURNS AS IT TOOK PLACE WITHIN THE AMERICAN X-RAY JOURNAL, 1897-1904*

Abstract: Early radiologists were frequently injured as a consequence of their exposure to X-rays, and their first injury was always a burn. Early radiologists referred to these burns as X-ray burns. X-ray burns almost always initially appeared on radiologists' hands. In the nascent profession's journals, radiologists debated their cause. Some thought the burns were caused by the photographic chemicals with which radiologists worked. Others thought the burns were caused by electricity. Still others believed the burns were caused by microbes burrowing into the skin to escape the bactericidal effects of X-rays.

X-ray burns were just the beginning of the X-ray-injury trajectory. Further exposure would cause ulcers. Sometimes, such wounds refused to heal, necessitating skin grafts and excisions. Then cancer would develop, necessitating amputations. Amputations often started with a fingertip. Subsequently, fingers, hands, and finally arms would be amputated. Often, these extensive surgical measures were in vain. The X-ray-induced cancer would metastasize and the patient would succumb. Dozens of early radiologists progressed along this X-ray-injury trajectory. Between 1904 and 1936, dozens of them died.

This paper will address the following questions. To what did early radiologists attribute X-ray burns? Why did they attribute the burns to these purported causes? What were the consequences of their beliefs about the causes of X-ray burns?

I will demonstrate that there were four schools of thought regarding the cause of X-ray burns. I will demonstrate that the competing explanations of burns led to different protective measures. I will also identify the historical context that made the incorrect explanations plausible. For instance, early radiologists were forging their profession at a time when one infectious disease after another was being confirmed to be caused by microbes. The microbial explanation of X-ray burns was therefore plausible at the turn of the twentieth century in a way that it would not have been if the field of radiology had emerged decades earlier or decades later.

Objectives: 1.) Recognize that historical context influences how doctors and scientists interpret the world

2.) Recognize that erroneous interpretations of the world can cause harm and even death

3.) Recognize that early radiologists suffered grievous injuries while forging their profession

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Session: Poster

**Freiburger, Dana**

University of Wisconsin, Madison, Wisconsin

*A 'New Aspect' to Charles Coppins, S.J., and his teaching Medical Ethics*

Abstract: Numerous histories extol the 1897 book "Moral Principles and Medical Practice - The Basis of Medical Jurisprudence" by Charles Coppins, S.J., as "the first American work in the morals of medical practice," "the first" special treatise about medical and nursing ethics, and "especially worthy of mention" (Kelly 1979, 110; Jonsen 1998, 36; Baker and McCullough 2009, 232). A more neutral history stated, but did not explore, the simple fact that Coppins wrote this notable work while teaching at the fairly new John A. Creighton Medical College in Omaha, Nebraska (Burns 1980, 282), a learned activity which put the Belgian-born Jesuit at odds with the Jesuit Constitution that advised its members not to engage in the teaching of medicine and law given these subjects "being more remote from our Institute."

My talk focuses on the incongruous yet expedient context at Creighton in which Coppins' book was written to present a 'new aspect' to Charles Coppins, a theme suggested by an early variant of his book's subtitle "A New Aspect of Medical Jurisprudence." Beyond the expected Catholic sensibilities found in his book, how it related to his official classroom work in teaching medical ethics during the mid-1890s warrants greater visibility and appreciation. Making use of archival materials, journals, and other sources, my paper will resituate Coppins as a Jesuit educator who intended his book to have "a wide circulation among medical men and their students" - Catholic and non-Catholic alike - for he had something 'new' to offer.

Keywords: Medical ethics, medical education, Catholicism

Objectives: 1) Recognize the historical significance of preparing a textbook on medical ethics.  
2) Understand the problematical background to teaching medical ethics in the United States.  
3) Consider the dynamic interrelationship between medicine and religion throughout history.

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Session: Poster

**Gardner, Martha**

MCPHS UNiversity, Boston, MA

*"Creat[ing] a Climate for pHisoHex and Zephiran": Carl W. Walters' Relationship with Winthrop Laboratories, 1940s-1973*

Abstract: From the mid-1940s until 1973, physician and surgeon Carl W. Walter received annual funding from Winthrop Laboratories for his research and expert advice concerning surgical scrubs and operating room disinfection. The funding went directly into the coffers of Peter Bent

Brigham Hospital in Boston, helped to fund a hospital microbiologist and providing a central source of funding for numerous efficacy and safety studies that took place there. Walters' relationship with Winthrop researchers, marketers and upper administrators--as shown in his correspondence with them—illustrate the textured and changing nature of this physician-industry connection. At times, Walter was highly critical of how Winthrop promoted their products in advertisements, once saying the inaccurate portrayal of aseptic technique “nauseated” him. However, at points when Winthrop neglected to send their quarterly checks to Brigham Hospital, Walters reminded the company on no uncertain terms that his “work on skin disinfection was directly useful” to them. More routinely, the relationship between Walters and Winthrop Laboratories reflected a mutual exchange, with Walters sharing the results of his use of various products and Winthrop executives and scientists using these results as they updated and marketed their products.

This paper explores Carl W. Walters' correspondence with Winthrop Laboratories in order to expand our understanding of industrial influence on physicians and vice versa in this post-war period of pharmaceutical expansion. Not only did the pharmaceutical industry work to influence physicians, but as physicians worked to improve disinfection and prevent infection, they turned to the industry for financing and well as effective products.

Objectives: 1) Provide insight into the physician-pharmaceutical company relationship.  
2) Expand our understanding of disinfection and aseptic technique in hospitals  
3) Deepen our view of the physicians' work in the post-World War II American hospital

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Session: Poster

**Gross, Miriam**

University of Oklahoma, Norman, OK

*The rocky road of Chinese Communist medicine: from nemesis to savior and back again*

Abstract: Few ideas were met with greater dissatisfaction than the Chinese Communist Party's promotion of Soviet Medicine as China's new medical blueprint in the 1950s. The professional medical establishment formed a united bloc to ignore or at best pay lip service to these new injunctions by the state. Yet by the mid-1960s, the entire Chinese medical system had been reconstructed to match Communist medical ideals. By the 1980s, Communist medicine was happily discarded, leaving a faltering medical system in its wake. This paper explores the complex relationship between the professional medical establishment and the state's imposition of alien medical philosophies, goals, and norms. It finds that the definitions and associated practices of Communist medicine changed over time. By the time Communist medicine was successfully implemented, it had been naturalized and transformed by Maoism to such an extent that the model little resembled its Soviet progenitor. Communist medicine in China assumed a profoundly populist guise, necessitating a reconstruction of professional identity in its wake. Despite Communist medicine's great success as measured by both

improved health statistics and by becoming a global model for primary care, this model was abandoned by both the professional medical establishment and the Party right at the start of the Reform era (1976-now). Communist medicine has left a complex legacy among Party, people, and professionals that deserves further consideration.

Objectives: -Develop the capacity for critical thinking about the nature, ends and limits of medicine.

-Recognize the dynamic interrelationship between medicine and society through history

-Acquire a historically nuanced understanding of the organization of non-U.S. healthcare systems

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Session: Poster

**Holtan, Neal**

University of Minnesota, Minneapolis, MN

*The Rise and Fall of Public Health Genetics: Minnesota Department of Health's 1960 Human Genetics Unit*

Abstract: My talk describes the establishment of the first state public health human genetics unit in the United States at the Minnesota Department of Health. As Susan Lindee and others have observed, mandatory newborn screening for inborn errors of metabolism soon afterwards became a sweeping national phenomenon.

Human genetics had four distinct phases in Minnesota, culminating in public health genetics: The Minnesota Eugenics Society 1926-1938; the University of Minnesota's Dight Institute for Human Genetics 1941-1988; the Minnesota Human Genetics League 1945-1992; the Minnesota Department of Health's Human Genetics Unit 1960-present.

In 1959, the Institute and the League worked to gain legislative authorization for a human genetics unit at the health department. Lee E. Schacht, a geneticist specializing in human genetics at the University of Michigan, was hired to create and build the Human Genetics Unit. Besides newborn screening, the unit developed a Huntington's registry, statewide genetic counseling services, and education programs for physicians, among other services. Within twenty years, however, public health genetics contracted as services such as genetic counseling that were first provided by government became integrated into the health care system. Newborn screening in Minnesota remained governmental, a forgotten backwater of public health until the early twenty-first century. As Amy Fairchild and others have described, it unexpectedly encountered vigorous opposition from libertarian citizens' groups that hold privacy as the highest value in society. Comparing it with eugenics and denouncing it as governmental intrusion, they won cases limiting the power of the state to store blood samples and to use them for genetic research. Proponents of newborn screening were not well prepared to defend the program.



In my opinion, Minnesota's experience with the rapid rise and sudden contraction of public health genetics works well as an example of Hayden White's historical narrative as "tragedy." It might be seen as the rapid rise and precipitous fall of a golden hero that seemed to have great promise but suffered from fatal flaws. In the end, public involvement in human genetics (other than newborn genetic screening) did not constitute a good fit with the principles and methods of public health

Key words: public health genetics

Objectives: 1.Be able to name the state with the first public health genetics unit and the date of establishment.2.Be able to list at least two activities of Minnesota's Human Genetics Unit.3.Be able to identify what genetics service remains in state government to the present.

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Session: Poster

**Kong, Hyejung Grace**

Seoul National University, Seoul, Republic of Korea

*Space, Spatiality, and Medicine: Revisiting Solomon Northup's Sick Chamber at Charity Hospital in Antebellum New Orleans, Louisiana*

Abstract: Solomon Northup (1808-?) recalled his experience at New Orleans' Charity Hospital in his "Twelve Years a Slave" (1853). After he was diagnosed with "small-pox," Northup was hospitalized at Charity Hospital, where was "a large white marble building, standing on the outskirts of the city." Northup, spending sixteen days at Charity Hospital, testified that the hospital was the place to be "expired in the midst of strangers." Northup's experience as a hospitalized patient highlights the three characteristics of the institutionalized medical setting: the designs and purposes of the hospital architecture; the designated locations of the institutionalized medical care; and the spectacles of life-and-death inside and outside of the hospital. Drawing upon Northup's hospitalized experience at Charity Hospital, I aimed to prove that much of the urban planning and construction of hospitals sprang from the interweaving of local and national architectural patterns, the interaction of traditional practices and professional precepts of urban design, and the socio-cultural syntheses of old and new ideas of health and sickness. As Henri Lefebvre (1901-1991) stated in "The Production of Space," "space is a social product (spatiality)," both medical mapping and hospital architecture were never just a way of compartmentalizing physical space but a way to visualize certain conceptions of knowledge on wellness/illness and legitimate socio-political relations.

The popularity of the race- and plantation-centered medical history in the history of American southern medicine has isolated the spatial contextualization of institutionalized urban medical care. Located in the "Queen City of the South," Charity Hospital--as the second oldest continuously operating public hospitals in the United States from 1736 to 2005, and as a teaching hospital for the second oldest medical college of the Deep South, Medical College of

Louisiana--has not received enough scholarly attention from a spatial perspective, despite of its historical importance. In addition to integrating the existing scholarship on the history of medicine, I relied on interdisciplinary theoretical frameworks on space/spatiality. In doing so, I consulted a wide range of primary sources, including archival resources, medical journals, hospital reports, governmental records, popular magazines, newspapers, maps, and visual materials.

Keywords: Solomon Northup, Charity Hospital, Space/Spatiality

Objectives: 1. Recognize the dynamic interrelationship between medicine and society through history

2. Acquire a historically nuanced understanding of urban medical care in the Old South

3. Develop an historically informed sensitivity to the diversity of patients, particularly with regard to a socially marginalized population

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Session: Poster

**Korostyshevsky, David**

University of Minnesota, Minneapolis, Minnesota

*Vice, Disease, and Poison: Medical Concepts of Intoxication Before Addiction*

Abstract: Historians generally agree that addiction is a twentieth-century medical idea that shifted the definition of intoxication from premodern notions of vice to modern concepts disease. But the impulse to explain intoxication in medical terms began in early-modern discourses surrounding alcohol. Eighteenth-century physicians relied on the medical thought of their day—the Galenic concept of nonnaturals and Enlightenment iatromechanism—to explain how intoxication affected the body and mind. During the second half of the eighteenth century, medical explanations of intoxication crossed the Atlantic Ocean through figures like Benjamin Rush before taking hold in early nineteenth-century American temperance movements. As French influence shifted disease concepts from mechanism to biological views, temperance arguments likewise adapted. By the 1850s, illness that derived from intoxication was reconceptualized in terms of organ pathology. Medical discourses also operated to articulate concerns that drunkenness threatened society, complicating rigid distinctions between vice and disease. Ideas linking alcohol with disease crossed from the writing of physicians into sermons during the Gin Craze, a period of growing social concern about drinking in England during the first half of the eighteenth century. In clerical hands, the literal became metaphorical. Just as alcohol, a poison, infected the drinker, the drinker in turn infected the surrounding community, a social poison threatening to undermine the state. In the United States, such rhetoric morphed into concern for the survival of the republican body politic. Whether as subject or citizen, drinking led to crime because it represented a willful destruction of the body's natural capacity for reason and hence, morality. The drunkard became an agent of social disease, a sick organ within a national body. Such formulations recast intoxication as crime and in the United States,

underpinned the prohibitory turn in American temperance movements. Thus, via concepts of social disease, medicine and the law reinforced each other in a process of medico-legalization before the invention of addiction. Moreover, the pathologization of intoxicating substances and criminalization of intoxication that began before addiction explains why it continues to carry a social stigma despite medicalization.

Objectives: Those attending for Continuing Medical Education credit will better understand how premodern ideas influenced the formation and evolution of modern biomedical concepts of addiction, visualize how changing concepts of disease overlapped with religious thought to shape medical concepts of intoxication during the eighteenth and nineteenth centuries, and use historical perspective to better understand the influence of social and cultural factors on shaping the continuities and contingencies operating within the construction of modern concepts like addiction. Ultimately, analysis of intoxication and addiction offers participants a deeper insight into how early-modern medical ideas influenced the formation of laws in the United States.

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Session: Poster

**Ottosson, Anders**

Gothenburg University, Gothenburg, Sweden

*The Nobel Prize, Gym-machines, Androphobia and Historical Uprooting. Scientific elevation as a means to end professional conflicts in the labor market.*

Abstract: Historically Dr. Gustav Zander (1835-1920) is perhaps Sweden's most celebrated physician internationally. He reached his fame via the many gym-machines he invented, which were aimed at curing chronic and internal diseases scientifically. In 1916 Zander was nominated for the Nobel Prize in Physiology or Medicine. The Nobel Committee reckoned him also a worthy candidate. Zander's nomination can be seen as odd since hard-core laboratory medicine was the scientific vogue of the time. But it gets even more curious if taking into account that Zander's machines originated in a therapeutic discourse scienticized by physical therapists (PTs), not physicians. Most intriguing, however, is that the professor in Orthopedics nominating Zander for the Prize seemed to have been less convinced of the scientific mind-set of Zander. Yet he was nominated.

This paper is not limited to analyzing Dr. Zander's nomination as a way of understanding currents in the scientific discourse. It will also view it as an attempt by physicians to get an upper hand in their perpetual conflicts with competing actors in the field of medicine, in this case PTs. Though now forgotten PTs had for the better half of the 19th century seen themselves as equals with physicians, and often enough as superiors. Some of them were even awarded professor's titles. PTs claimed to be representatives of a new science destined to revolutionize orthodox medicine.

Through a Nobel Prize, especially orthopedists now hoped to finally put an end to this often animated rivalry. A Nobel Prize to Zander could help uprooting or silencing the powerful historical narrative that for almost a century had served PTs globally with professional and scientific muscles of their own, or in gender terms: masculine power. Without a secure professional footing in the past the PTs could be forced to act more feminine, ergo to work as semi-professionals without scientific and autonomous aspirations. Consequently PTs masculinity challenged physicians strived for sovereignty/masculinity (and vice versa). In that respect the professional conflicts were governed by androphobia, a fear of the opponents' masculinity mediated through a scientific recognition.

Keywords: Professional conflicts, gender, Nobel Prize

Objectives: 1. Develop how scientific elevation can be used as a prism when analyzing changes of and professional conflicts within the field of medicine.  
2. Develop our understanding of how the medical landscape became uni-hierachal at the end of the 19th century, especially regarding treatments practiced by physicians that were not formally included in orthodox medical training at the universities. How claiming scientific superiority?  
3. Improve conceptually how historical “forgetfulness” comes about, e.g. why historians and sociologist have not recognized that the first PTs were representatives of a state sanctioned medical science originally practiced by upper-class men with military background.

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Session: Poster

**Peterson, Alyssa**

Eastern Illinois University, Charleston, IL

*Four Hundred Meters from Stagnation: How Geographical Limitations Shaped the Movement of Philadelphia's Yellow Fever in 1793*

Abstract: In 1793, the movement of people around the Atlantic brought yellow fever to Philadelphia. Much has been written regarding the impact the disease had on the city, economically, politically, and socially. Little has been said, however, about the apparent isolation of the disease, as Philadelphia was the only city to experience an epidemic that year. While precautions like quarantines were put into place in response to the arrival of yellow fever, it was instead the geographical and ecological limitations that prevented the disease from spreading along the Eastern seaboard. Due to a summer drought, the use of cisterns was wide-spread in Philadelphia and the city became dependent on water transported from the river, a perfect environment for the spread of yellow fever's carrier, mosquitos. Surrounding cities, including those to where Philadelphians fled during the epidemic, did not have the same environmental issues. Being located at different spots along the river allowed towns such as Burlington, New Jersey to have greater water availability despite the summer drought. And although now understood to be the carriers of yellow fever, mosquitoes themselves do not

have the ability to travel far distances, leaving them geographically “trapped” in the Philadelphia area. By examining governmental records, newspaper accounts, pamphlets, and first-hand reports, this paper will demonstrate that it was these environmental and geographic factors, not any laws or regulations, that prevented the spread of yellow fever in 1793 beyond the boundaries of the City of Brotherly Love. This paper will also contribute to the increasing interest in medical history about this event as well as lend an environmental point of view both to this historical event and to the current discussions on disease, like those on Ebola and the West Nile virus, and the probability of their spread.

Objectives: To illustrate historical and cultural viewpoint on scientific theories.  
Develop awareness of the relationship between medicine, public health, and other sciences.  
Recognize the dynamic interrelationship between medicine and society throughout history.

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Session: Poster

**Pruitt, Lisa**

Middle Tennessee State University, Murfreesboro, TN

*The Medicalization of Play in American Children's Hospitals in the 19th and 20th Centuries*

Abstract: Play in American children's hospitals in the 19th and 20th centuries underwent a process of medicalization, as evidenced by the gradual transformation of play from primarily recreational activities supervised by volunteers to therapeutic programs implemented by professionals. In this paper, I trace that transformation through hospital annual reports, published writings by child psychologists and child development professionals, and articles about play in hospitals appearing in popular magazines. My inspiration for this topic came from reading Daniel Wilson's 2008 article on “Psychological Trauma and Its Treatment in the Polio Epidemics” (Bulletin of the History of Medicine 82 (4): 848-877).

Play was present in children's hospitals from their first appearance in the United States in the mid-nineteenth century. The people who founded those hospitals recognized that play was important for children well before experts in child psychology and development began to theorize about why that was so. Early in the history of children's hospitals, play was typically overseen by female volunteers and viewed primarily as recreation to keep children from getting bored. Even so, some children's hospital pioneers recognized the potential therapeutic value of play.

Children's hospitals began to proliferate in the early twentieth century, around the time that “child study” became a subject of professional interest. From the 1920s to 1960s, psychologists like Anna Freud, Melanie Klein, Margaret Lowenfeld, René Spitz, and Jean Piaget began to explore the importance of play for children's mental health and development. Professionals who worked with children in hospitals became more interested in how play could help prevent psychological problems from lengthy hospitalization and how it could help children recover from their illnesses.

Some children's hospitals began to organize child life programs overseen by staff rather than volunteers as early as the 1920s. Child life as a profession didn't come into its own, however, until Emma Plank created a program at Cleveland City Hospital in 1955. Plank, a native of Vienna, had trained under Anna Freud and Maria Montessori. Her book *Working with Children in Hospitals: A Guide for the Professional Team*, published in 1962, became a blueprint for the professionalization of hospital child life programs.

KEY WORDS: Children, Hospitals, Play, Child Life

Objectives: 1. This paper will contribute to the improvement of patient care by promoting an understanding of the history of play as an idea associated with developmental child psychology.  
2. This paper will demonstrate the role of play in children's hospitals in the nineteenth and twentieth centuries.  
3. This paper will assist in the development of knowledge and understanding of the professional role of child life specialists in hospital child life departments and programs.

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Session: Poster

**Ray, Sara**

University of Pennsylvania, Philadelphia, PA

*On the Boundary of Human: Comparative Anatomy and the Problem of Species, 1780-1840*

Abstract: "On the Boundary of Human: Comparative Anatomy and the Problem of Species, 1780-1840"

Sara Ray, University of Pennsylvania, History and Sociology of Science

Key Words: anatomy, natural order,

This paper addresses how comparative anatomists and surgeons reimagined the scope of 'the human' at the turn of the nineteenth century. Beginning with the late eighteenth century surgeon John Hunter, I explore how the knowledge of medical men was understood by a broader range of scientists seeking to understand the structure and order of nature within the context of Lamarck's new theory of transformism and the progressive dismantling of the great chain of being.

I explore how, during this period, monstrous bodies and racial biology challenged the boundaries of "human." These two modes of difference offered surgeons and comparative anatomists new ways of framing "the human" within a biological world wherein species themselves had become transient. While monstrous bodies had long been an object of study, Hunter showed consistencies in monstrous formations across species; thus, monsters served as potent "others" who neither fit traditional biological categories or existed separately from them. As scientists built on Hunter's work in the early decades of the 19th century, monsters ceased to be divine omens and instead took on the mantle of intermediate forms, manifestations of new species, or windows into into normal via the preternatural.

Race also provided comparative anatomists with new challenges. Lamarck's proposal of a nature wherein species were interrelated and changeable raised the question of how-- or if-- all races fit within a single human species. Here, my paper looks at how early nineteenth century skull collecting, particularly the work of Philadelphian physician Samuel George Morton, figured into debating and delineating a new organization of race, human beings, and nature. This paper argues that the taxonomic and philosophical crisis of speciation in the late eighteenth and early nineteenth centuries is not only the purview of historians of biology. Instead, comparative anatomists and surgeons played crucial roles in scientizing the "other" in ways that allowed for a radical reordering of nature and man's place within it.

Objectives: Think critically about the role medical research and practice has historically played in establishing the fundamental category of "human," setting the basis for later scientifically-based categorizations of types of people.

Develop an appreciation for the close relationship between medical practice and biological philosophy and the mutual utility of each to the other.

Examine the philosophical foundations of scientific racism and the medicalization of disability "from the inside out."

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Session: Poster

**Schalick, Walton**

University of Wisconsin, Madison

*"What did Helen Keller get for Christmas?: Jokes and Medical Disability in 19th- and 20th-century Anglophonia"*

Abstract: The London Charivari, Punch, fired a broadside at Virginia politician Sherrard Clemens in 1861. Clemens had claimed that a rival politician would do well not to appear in a caricature in Punch or Vanity Fair as an armed cripple. Mr. Punch fumed that, "to make fun of a cripple ... would be a notion not at all to the taste of Mr. Punch." Clemens was the cousin of Mark Twain, who would also take aim at cripples, as in his "Rescue Etiquette" for young gentlemen, in which charming young ladies should be rescued first, followed by others including cripples and invalids, 7th and 9th on the list of twenty-seven; mothers-in-law brought up the rear. Ironically, in 1907, Punch honored Twain with a dinner and adulatory caricature of his own.

This paper forms the third in a triptych, including prior work on comics and radio, with links to work on film, theater and fiction. The material characterizes the cultural valance of medical disability surrounding children and young adults in the 19th and 20th centuries.

Using published, unpublished and archival material, including jokes from the Bob Hope Jokes Vault, this paper explores the shifting, widespread and often dramatic appearance of medical disabilities in humor, focusing on Anglophonic jokes from the mid-19th to the late 20th centuries. Certainly, Raskins' triple-point theory of humor – hostility, incongruity and release – plays out over and again in examples from this period. Physicians' status as labeller of medical

disabilities became a strong topos at this time. Equally compelling is the prominence of disability-oriented political correctness long before the culture wars of the late 20th century. What emerges is a provocative sense of how important this cultural medium was as a “backdrop” to the everchanging place of disability in Anglophonic life. From Thomas Hobbes’ ‘monstrous’ political correctness about humorous cripples to George Carlin’s spine-twisting “Seven Dirty Words,” disability humor inside and outside the disability communities remained a powerful arbiter of Anglophones’ understanding of their fellows with and without disabilities.

Objectives: a) The reader will enhance their understanding of the cultural representation of medical disabilities.

b) The reader will enhance their understanding of the historically contingent nature of medical disabilities.

c) The reader will enhance their understanding of the relationships between physicians, medical determination of disability and humor.

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Session: Poster

**Sechel, Teodora Daniela**

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*Victor Babes: Public Health and Bacteriology in Romania, 1870s–1920s*

Abstract: Dr. Victor Babes (1854- 1926) and his microbiological research played an important role in changing public health laws in Romania at the end of the 19th century. Babes studied medicine in Vienna and Budapest. Later he moved to Paris and worked with Louis Pasteur. V. Babes was well known for his research on rabies, leprosy, malaria, tuberculosis and other infectious diseases.

By analysing Victor Babes’ documents and his articles, my paper will present the influence of the Viennese school of medicine and of Pasteur theories on his work on public health and hygiene in Romanian. Bruno Latour and other historians of medicine showed that French Pasteuriens, as well as the German bacteriologists around Robert Koch oriented their research agenda support the actions of hygienists. Most members of the public health movement appropriated bacteriological arguments and integrated them in their work. My paper will also show how the collaboration between Babes and Romanian hygienists, including Iacob Felix (1832 -1805) and others, was guided by the need to modernise Romanian health system.

Objectives: 1.To offer an interdisciplinary analysis of the construction of public health in the the nineteenth century South- East Europe.

2. To show the role of medicine an science in building modernity.

3. To put our contemporary concerns about epidemic diseases in an informative historical perspective which recognises the historical cyclicity of such concerns.



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Session: Poster

**Spinney, Erin**

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*"Servants of the Hospital:" Nursing in British Naval Hospitals 1790-1815*

Abstract: According to the 1808 Instructions for the Royal Naval Hospitals at Haslar & Plymouth, the hospital workforce was divided between medical officers and "Labourers, Nurses, or Other Servants." Drawing on hospital regulation books, medical treatises, journals, and correspondence, my paper will consider the hospital organization at Plymouth Naval Hospital within a household model. Naval hospitals have traditionally been considered as male-dominated and regimented spaces. Yet, a domestic framework allows me to explore the influence of class, gender, and professionalization in the interactions of civilian servants, particularly nurses and the medical officers of the hospital. The household model also demonstrates the power of nurses over the mini-households of individual wards. Nurses not only maintained cleanliness and order within the wards, but also were responsible for locking the door at night. This reinforced their role as both landlady and medical provider. Despite being a clinical hospital, Plymouth, in the late eighteenth century, was a domestic space, where the hearth acted as the centre of the ward, bonds were established through grouping sailors together by symptom, and tasks such as cleaning were viewed as preventative medical measures.

Furthermore, the household model allows the hospital to be considered as a dynamic system that responded to internal and external forces. Matching pay-list records for nurses against muster rolls for the hospital it is possible to determine how the number of nurses grew and shrank in response to epidemics and battle casualties. Pay list analysis also demonstrates how the core nursing staff with upwards of ten years of experience remained relatively stable, further reinforcing the household dynamic.

Keywords: Nursing, British Naval Hospitals, Household Model

Objectives: To describe the historical organization of British naval hospitals, particularly the role of nurses and medical officers.

To consider the relationship between late-eighteenth century medical care and domesticity.

To learn how institutional pay records can be used to understand the operation of a hospital.