



Swansea University  
Prifysgol Abertawe



Society for the Social History of Medicine  
Biennial Conference

## Resilience

Swansea University Singleton Park Campus  
29 June-2 July 2022

### ABSTRACTS

#### THURSDAY 30 JUNE

**0915-1030 PLENARY 1: Laura Kelly** (Strathclyde) [Chair: Rosemary Cresswell]  
(Faraday LT)

***Resilience and resistance: an oral history of women's reproductive health and rights in Ireland, c.1960-1980 (OL)***

“Yeah, you learned to be resilient. And sometimes it's hard to keep that going.” (Oral history interview with “Mary”, b.1955).  
In May 2018 in an historic referendum, the Irish public voted overwhelmingly to repeal the eighth amendment of the constitution, which led to the decriminalisation of abortion. Given the repeal of the eighth, and enormous social change in recent years, it is essential to understand the longer history of reproductive rights in Ireland, and in particular, the period of the contraception ban which was in place in Ireland from 1935 until 1979. The ban, as historian Sandra McAvooy has pointed out, arguably ‘delayed the emancipation of Irish women – not least by subordinating their rights to life and health to their reproductive functions’. Contraception was not legalised until 1979 when the Family Planning Act was introduced which allowed contraception on prescription for bona fide family planning purposes only, with this stipulation widely interpreted as meaning that contraceptives were only available to married couples. In spite of the ban on contraception, declining family sizes in the period prior to legalisation suggest that many Irish men and women were practising fertility control measures.  
Drawing primarily on 104 oral history interviews with Irish men and women born between 1931 and 1955, and over 40 interviews with activists who campaigned for changes to legislation around reproductive rights, this paper





explores the experiences of Irish citizens living in a period of rapid social and cultural change. I will examine how women's experiences reproductive health were shaped by Ireland's social and cultural context while also illuminating related facets of everyday life such as sexuality, gender relations, marriage and pregnancy. Ultimately, I seek to highlight the themes of resilience and resistance of 'ordinary' Irish women's lived experiences and in work of the activists who campaigned for change, while highlighting the power of oral history to illuminate women's lived experiences.

### **1045-1245 SESSIONS AND PANELS**

**War and Resilience I** [Chair: Julie Anderson] (Faraday B)

**PANEL:** *Rethinking resilience: the lessons and legacies of WWI on health and medicine*

**Heather Perry (University of North Carolina Charlotte), 'There are no More Cripples!' Orthopedics and Resiliency in First World War Germany (IP)**

This presentation examines the medical care and treatment of physically disabled soldiers in First World War Germany through a multi-valent understanding of resiliency. It begins with an examination of how WWI prompted German orthopaedists to shift their patient-focus from children to adult trauma victims. This revolution was more than simple 'professional resiliency' during a time of national crisis, however. In her presentation, Perry demonstrates how it was a move to substantially and permanently redefine their medical specialism. At the same time, however, they also sought to revise significantly the societal and cultural perceptions of the severely-injured body by launching an educational campaign to redefine the public perception of the so-called 'cripple'. This attempt to instill within the popular imagination a new conceptualization of the injured body – a body which was not permanently damaged but rather temporarily incapacitated – was intended to help German society shift from a 19th century 'culture of cripples' to a more modern 'culture of disability'. Thus, this presentation ultimately outlines how the orthopaedic revolution in Germany during the First World War was more than a narrow story of 'professional resilience' within a specialised field of medicine. It is also the story of how these specialists sought to use their discipline to enhance the *social and economic resilience* of a nation caught up in the upheaval of modern industrialized warfare





**Eric Vermetten (Leiden University), *Re-Framing Shellshock: Resilience and Moral Injury in WWI Soldiers* (IP)**

This presentation challenges historians to re-think the somewhat conventional understanding of shellshock as a *fear-induced* or *fear-based* phenomenon. Vermetten uses the concept of resilience to show how shellshock also derived partially as a response to the “moral injuries” which soldiers incurred through their participation in the war. In this presentation resilience refers to the way in which some soldiers were able to develop protective mechanisms which helped them to deal with the stress of killing during war-time. Resilience therefore can be used to understand the strategies of adapting to the moral challenges of total mobilization of civilians during the first experience of modern, industrialized warfare.

**Edgar Jones (King's College London), *War of the Mind: Psychiatry and Neurology in the British and French Armies* (IP)**

This presentation offers a comparative examination of how the army medical services of Britain and France sought to prevent and treat neuropsychiatric casualties and the extent to which they met their objectives. It also assesses the impact of wartime practices and understanding on peacetime psychiatry. Although the term “resilience” was not used during World War One, the ability to recover from adversity or continue to perform under stress was inherent in military culture and expressed in the popular term “to soldier on”. Training, esprit de corps and leadership were designed to foster what was termed as “hardening”. Although much was learned during the conflict about risk factors and ways of restoring resilience, commanders and army doctors remained unaware of the enduring association between physical and mental casualties. They continued to emphasise traditional notions of courage and cowardice, whilst looking to morale and discipline to manage the issue. Conceived in terms of a failure of military management, the Southborough Committee, set up to learn lessons from shell shock, concluded that careful selection, training, leadership and morale would largely eliminate the issue of breakdown.





**Daniel Flecknoe (Buckinghamshire Council/NHS), *Un-Remembered but Unforgettable: The 'Spanish Flu' Pandemic (IP)***

As the First World War drew to a close, a novel flu virus appeared and was spread around the world by conditions associated with the conflict. The "Spanish Flu" pandemic killed many times more people than trench warfare during this period, but then was curiously airbrushed from history until later wars (and subsequent pandemics) made it an urgent subject of study. This presentation draws out the positive and negative influences of conflict on public health resilience using this historical example, and identifies priorities for preventing similar such catastrophes in the future.

**(Dis)Abilities I** [Chair: David Turner] (Faraday C)

**Juliet Roberts (University of Luxembourg), *Keep smiling: how the Union des Blessés de la Face reinforced resilience in French soldiers with facial injuries after the Great War (IP)***

As with other military forces during the conflict, tens of thousands of French soldiers suffered facial trauma in the Great War. When veterans returned from the front as sometimes shockingly unrecognisable versions of their former selves, reintegration to society was challenging and the stigma of facial difference difficult to bear (Delaporte, 1996, Gerhardt 2015). The physical and psychological damage not only adversely affected the men, but also their entourage of family and friends. Accordingly, such injuries required substantial reserves of resilience. Yet feelings of isolation, shame and self-consciousness could be countered by support from an organisation created to suit the specific circumstances of its members. The Union des Blessés de la Face was established in Paris in 1921 and is unique to France. This association's initial goal was to lobby for appropriate pension allocation for its members, whose needs were considered low priority compared with other war-injured veterans. However, research at the organisation's headquarters shows that it provided much more than financial help. The founders themselves had had facial trauma, thus closely identifying with fellow subscribers. Dedicated spaces were established for facially-injured veterans and their families providing refuge and the reassurance of a sense of shared experience in adversity. Through extensive fundraising work, the organisation also promoted public acceptance of disfigured veterans, and consequently greater visibility than



their British counterparts. Exploring these themes, this paper discusses how resilience for facially-injured French Great War veterans and their families was reinforced by the support of the Union des Blessés de la Face.

**Laura Robson-Mainwaring (National Archives), *Thalidomide: limb-fitting centres and patient agency, 1960-1975* (OL)**

Between 1958 and 1961 the drug thalidomide was marketed as a safe sleeping pill and was prescribed to women during pregnancy. A lack of robust drug testing in a market with limited regulation led to the birth of more than 10,000 babies born world-wide with malformations. Impairments were wide-ranging and included limb damage, absence of limbs, and damage to the nervous system and internal organs. This paper will take a two-fold approach to the topic of resilience. First it will give a brief overview of how the British State made regulatory changes to the healthcare market in the face of such a disaster; and secondly, it will explore how thalidomide survivors may have developed resilience by looking at their interaction with the health service. As a result of thalidomide the research and development of limbs for children with congenital disabilities was brought to the fore. The Ministry of Health's main limb-fitting centre at Roehampton, alongside 24 other centres opened by the mid-1970s, supplied and fitted limbs to children with congenital disabilities. Using surveys undertaken by the Lady Hoare Trust and Limb Fitting Centres in the 1970s, and supplemented with other records from The National Archive's collections, this talk will explore the relationship between varying groups involved in the research and development of prosthetics, namely thalidomide survivors, parents, the State, engineers, commercial bodies, and medical practitioners. It will broadly consider how these groups perceived and interpreted the efficiency of these forms of assistance and how users may have shaped the technology.

**Hilal Sekban (Koc University), *Flat or not? The psychosocial implications of (not) getting reconstruction/prosthesis after a mastectomy via Audre Lorde's The Cancer Journals* (IP)**

Medical humanities offer new venues to patients in obtaining a voice for themselves as opposed to biomedical narratives imposed upon them by modern medicine. Literature enables patients to explore what narrative elements can achieve in terms of depicting loss, promoting resilience and ways of resistance. Written in 1980s Audre Lorde's memoir *The Cancer Journals*





provides insight to the social history of medicine. As an African American lesbian woman, Lorde grants an intersectional perspective while engaging with the collective racial trauma in U.S. and personal bodily trauma. Her path to recovery in the face of mastectomy is made possible by her rejection of prosthesis, “going flat”, which demonstrates resistance to stigmatization through her excised one-breasted body. In this paper, the relationship between race, post-mastectomy trauma and grief is discussed while utilizing African American feminist theory and a synthesis of critical medical humanities with Foucauldian concepts such as the medical gaze and mechanics of normalization which relates to technologies of the self. I’ll argue that resilience to her double traumas and grief is paralleled with reclaiming the abject “racial Other” body by going flat which also projects a different image of femininity and through her grief work over her lost breast and social death, she paves the way to resilience against oppressive Powers. Lorde’s resilience to trauma and resistance against prosthesis informs her activism as she builds a community of women around that enables her to reinvest in life which provides feedback to the healthcare system then and now.

**Children and Young People I** [Chair: Sarah Crook] (Faraday D)

**Mary Clare Martin (University of Greenwich), Resilience, play and peer cultures: sick children in Europe and North America, 1850-1979 (IP)**

In this presentation we shall elaborate the impact of social, political and economic processes on the formation and development of the pharmaceutical profession in Croatia until the end of the Second World War. Political axes and dominant economic theories wrote a complex history of interactions between the pharmaceutical profession and state structures, dramatically polarising the pharmacists into interest groups, which resulted in the class conflict and institutional divisions. The presentation will focus on the conflicts between the owners and the employees which arose from their disagreements regarding professional interests, social issues and political ideologies. We shall reconstruct various phases of the conflict, starting with the 1914 employees’ strike in Zagreb and ending with the nationalisation of pharmacies after the Second World War. Our main argument is that the conflict between the owners and the employees created powerful dynamics of change in the pharmaceutical profession. It induced the establishment of various class bodies and official gazettes; influenced the debates around new pharmaceutical legislation; awakened the need to establish instruments of



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social protection and financial aid; problematized the concession system and ultimately led to the conversion of private pharmacies into state-owned ones. These complex processes were embedded in the quest for the unique identity of the pharmaceutical profession.

**Christine Sarg (University of Glasgow), *Adolescence, madness and resilience: Jewish experiences in Glasgow asylums, 1870-1939 (IP)***

This paper sits at the junction of asylum history and Anglo-Jewish history, specifically Scottish Jewish history, and contributes new perspectives to scholarship on histories of both psychiatry and Anglo-Jewry. It explores the lived experiences of young Jewish patients (aged 20 years of age or younger at the time of their admission) admitted to the royal and district/parochial asylums that served Glasgow between 1870 and 1939 using a range of both quantitative and qualitative archival sources. This paper will address the conferences' overarching theme of 'resilience' through these patients, asking questions, such as: was their Jewishness a factor in their admission, treatment and discharge from the asylum and did their family or the wider Jewish community maintain a connection with these patients during the course of their 'treatment' within the asylum?

**Jennie Sejr Junghans (European University Institute), *Resilience, rebellion and rehabilitation: the child psychiatric clinic at the Copenhagen University Hospital, c.1935-1960 (IP)***

Despite child psychiatry not becoming formally acknowledged as a medical specialty in Denmark before 1953, the first child Danish psychiatric clinic opened at the Copenhagen University Hospital in 1935. Paradoxically, the child patients seen at the clinic in its first few decades were deemed ill or maladjusted enough to be in need of psychiatric evaluation, but actual ideas on treatment and aetiology were few, vague and contradictory. Building on patient records from the clinic, my paper examines early child psychiatric practices focusing on medical ideas about psychological resilience and trauma in children. I argue that the child psychiatric consultation was in essence a place of conflict (conflicts between children, their family members, educational and/or medical authorities) and that rehabilitation was an elusive concept because available medical treatment options were very limited in scope. I examine the extent to which it was possible for the admitted children (and their parents) to rebel against psychiatric diagnoses and treatment.





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Finally, situating the psychiatric practices at the clinic and the general development of child psychiatry in a wider, international context, I argue that the Second World War played a significant role in redefining and challenging specific theoretical concepts of both Danish and British psychiatrists.

**Elisabeth Yang (Rutgers University), *Constructing the moral infant in American medical and scientific discourse, 1850s to 1920s* (IP)**

In this paper, I explore the philosophical and social constructions of the moral infant in American medical and scientific discourse from the 1850s to the 1920s. While historians, sociologists, and literary scholars have written extensively on the history of child-rearing and child health, very little has been done that focuses on the history of infants as moral agents and persons. I investigate conceptualizations of the moral agency and personhood of infants in nineteenth-century American medical texts and child-rearing manuals to disentangle the interweaving of hegemonic religious, scientific, and philosophical conceptions of the infant and infancy during the popularization of a Darwinian approach to child development in the 1860s and the growing mechanization of the child's body in the early twentieth-century. My research aims to historicize and problematize the moral infant whose being and development had increasingly captured the attention of psychologists, physicians, politicians, and parents during a period in which child health and welfare burgeoned as a moral, scientific, and political enterprise in America. My analysis begins with Andrew Combe's *Treatise on the Physiological and Moral Management of Infancy* (1854) and ends in the 1920s during which advice for cultivating the "moral" infant is supplanted by advice for rearing the "normal" infant, from religious discourse to a secular, scientific discourse. Tracing the history of the "moral" infant in American medical discourse reveals the moral dimension of medicine and the interplay between science and religion in the construction of the human person.

**Colonial and Global Stories I [Chair] (Faraday E)**

**Anna Weerasinghe (Johns Hopkins University), *'Across all my kingdoms and dominions': Portuguese licensing and Indian practitioners in colonial Goa, 1550-1700* (OL)**

In July 1596, after three years of bureaucratic wrangling, Vinaique Pandito stood before the Goan municipal council with a petition. He wanted to join an





elite group of thirty “physicians of number” (físicos do número), the only non-Christian Indian physicians licensed to treat Christian patients in early modern Goa, the capital of Portuguese South Asia. Becoming a physician of the number required Vinaique Pandito to navigate an intricate web of overlapping jurisdictions: the chief physician, who conducted licensing examinations; the viceroy, who granted medical licenses; the archbishop, who monitored the number and conduct of non-Christian practitioners in Goa; the municipal council, who registered medical licenses and petitions; and the guild leaders of Indian physicians (mocadãos dos panditos), who oversaw training and mediated disputes between practitioners.

This was not the system of medical licensing that Portuguese bureaucrats had envisioned exporting to colonial South Asia in the mid-fifteenth century. Royal medical licenses were intended to be uniform, authorizing medical practitioners “across all [the] kingdoms and dominions” under Portuguese control. In practice, however, a unique regulatory system emerged in colonial Goa. I argue that this system developed through a series of negotiations between plural Portuguese and Indian legal, religious, and medical authorities to accommodate the local medical marketplace. Through an analysis of over 1,000 medical licenses and petitions of the Goan municipal council between 1550 and 1700, my paper investigates the medical marketplace from the perspective of both colonial authorities and Indian practitioners, like Vinaique Pandito.

**Manikarnika Dutta (University of Oxford), *Why the corpse mattered? Management and care of unclaimed Hindu dead bodies in late colonial India (IP)***

My paper explores the management, care and the disposal of unclaimed Hindu dead bodies in late colonial India. It will analyse the common people’s response to mortality from various factors such as disease, epidemics, famine, old age, accidents and political turmoil. As a region rife with diseases, epidemics and a high mortality rate, Bengal was a focal point of British colonial sanitation and public health policies. This paper seeks to understand factors that contributed to the organised efforts in corpse disposal from the colonial authorities as well as the other private local bodies in the late colonial period. The colonial state’s concern over disposal of unclaimed dead bodies stemmed from the fear of miasma and pollution from decomposing corpses. This had arisen through the mid nineteenth century debates over open-air cremation (burning of dead bodies on funeral pyre) and informed



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various sanitary measures. Among the various local organisations to have taken initiatives for this, the Hindu Satkar Samity established in 1932 was the first association to be authorised by the Bengal government for cremating unclaimed corpses. By examining the aims and objectives of the Samiti and the history of their operations as illustrated by their annual reports and correspondences, this paper will analyse the management of Hindu corpses across caste, class and gender, and understand why administering the dead and unwanted dead bodies became important for the Raj and the Hindus community.

**Pradipto Roy (Centre for Studies in Social Sciences, Calcutta), *Forging mental health resilience in colonial South Asia: a study in comparative mental health discourses* (IP)**

This paper problematizes the notion of resilience as emerged in the discourses on mental health in late nineteenth and early twentieth century South Asia. It probes not only the official positions articulated by the lunatic asylum doctors, and in the proceedings and minutes of the mental hygiene movement initiated by the Indian health entrepreneurs, social reformers and some of the British lunatic asylum doctors, but the positions levelled in vernacular health periodicals by the Indians as well. It intrigues the official colonial strategies on mental health as well as the Indian approaches, and finds that against the context of anticolonial nationalism and aspirations of an emergent post-colonial nation-state, ideas of psychiatric resilience provide a powerful and enduring template for conceiving shared national agendas. The easy availability of print technique in the subcontinent helped the Indian practitioners (many of whom were enthusiastic entrepreneurs as well, often having their own printing press), consolidate and circulate their observations and impressions among peers and interested audiences. This paper goes through discourses on mental health and hygiene in those vernacular health journals and popular periodicals from late nineteenth and early twentieth century Bengal, and juxtaposes those to the then institutional discourses on psychiatric resilience. By critically complicating such discourses, this paper emphasizes, the need to explore significant horizontal connections and parallel agencies in the history of mental healthcare in the subcontinent, to find in it heterotopia as a space of plural ordering. It contextualizes the popularisation of certain notions of mental health resilience against particular South Asian contexts. In conclusion, this paper refutes the universal and triumphalist top-down account of growth of modern (read western) psychiatric



notions in South Asia, and examines what the unpacking of discourses on mental health resilience could offer for future directions of mental healthcare in the subcontinent.

**Premodern Resiliences I** [Chair: Emily Cock] (Faraday F)

**Alanna Skuse (University of Reading), *Self-wounding and personal resilience in early modern England* (IP)**

In 1685, Hugh Ryder's *New Practical Observations in Surgery* recounted several stories of patients who had deliberately harmed themselves. One soldier had stabbed himself in the abdomen after quarrelling with his mother; a shoemaker's wife had done something similar after a disagreement with her husband over money. Ryder was called to these parties to stitch their physical wounds. However, the deeper psychological causes for such extreme actions remained opaque. In this paper, I show that self-inflicted wounds appeared with surprising frequency in seventeenth-century medical texts. However, I argue, self-injury was not seen as a pathology. Nor was it usually taken as evidence of a broader psychological problem, as in later centuries. Instead, it provided a tool for resilience in the face of personal or communal trauma. Incidents of self-stabbing, cutting and gelding appeared part of a discourse in which maiming oneself could provide an expressive tool and a means of asserting individual agency. This interpretation, I argue, owed much to the positioning of self-wounding in early-seventeenth-century drama as a variety of gesture, which was closely indexed to rhetoric and which could, like verbal language, incite emotional change in those who witnessed it. Protagonists such as Shakespeare's Portia or Marlowe's Tamburlaine used their own bodies as a site for generating affect and effecting emotional contagion. By studying the interchange between ideas of self-wounding in literary and medical discourses, we can understand more fully how Renaissance notions of rhetoric informed later theories of emotion and cognition, and how early medical writers of both kinds fostered notions of resilience and resistance

**Leonard Smith (University of Birmingham), *'Wonderful Remedy' or 'Consummate Quackery': Delahoyde and Lucett and the Cure for Insanity* (IP)**

In 1811, at the height of public anxiety regarding King George III's mental health, the Bank of England clerk James Lucett revealed that he had inherited a secret remedy for curing individuals regarded as incurably insane. Lucett



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enlisted an impecunious Irish surgeon, Charles Delahoyde, and together they agitated for a trial of their 'process'. In September 1812, following intercession by the Duke of Kent, they were permitted to remove an 'incurable' patient from Bethlem Hospital. After undergoing their remedy, he made a steady recovery, as did two further patients. These dramatic results aroused great interest. The Dukes of Kent and Sussex joined with other eminent personages to subsidise the operation of a private asylum near Brentford, where Delahoyde and Lucett received some deranged patients from a Hoxton madhouse. Application of their undisclosed 'process' initially brought noticeable improvements. However, these were not sustained and several subsequently required readmission to Hoxton. By April 1814, the venture had collapsed. Delahoyde fled to Ireland, where he became embroiled in scandal, and Lucett was imprisoned for debt. James Lucett remained undaunted. In late 1814 he opened a small private asylum near Windsor. For more than twenty years, at various locations around London, he continued to implement the 'process' and to proclaim his unique cure for insanity. He enjoyed some commercial success, notwithstanding prosecutions for legal infractions, bankruptcies and denunciations as a quack or worse. Lucett's own resilience ultimately proved rather greater than that of his secret remedy.

**Wendy Churchill (University of New Brunswick), *Resilience, adaptability and 'place' in the careers and lives of British military medical practitioners and engineers c.1775-1830 (OL)***

During the late eighteenth and early nineteenth centuries, medical practitioners and engineers serving in the British military aimed to demonstrate their indispensability and resiliency by performing their duties competently within the contexts of various postings, demobilizations, (re)establishment of civilian careers/practices, and travels. In doing so, they evaluated and leveraged their imperial experiences in ways that aided the (re)formulation and advancement of their professional identities (individual and collective). The career trajectories and social mobility of such men were shaped by their experiences of – and identification with – 'place' throughout the British empire; their personal encounters with health, illness, medicine, and healing were likewise influenced by their travels to and residency in multiple locations across trans-imperial spaces. The concept of 'place' was an important variable to be studied and recorded as it related to their emergent professional identities while also aiding their understanding of various health experiences (of themselves and others). This paper will examine the geographical spatiality, life



histories, and career trajectories of physician John Jeffries (b. 1745, d. 1819), naval surgeon Thomas Robertson (c.1774-1851), and military engineer William Booth (1748-1826) to demonstrate how their comprehension of 'place' (geographical, social, professional) across multiple spaces in the developing British world fostered resilience and adaptation in their roles as practitioners and as patients.

**Bonnie Huskins (University of New Brunswick), *Resilience, trauma and anxiety in the journals and correspondences of British military engineer William Booth (1748-1826)* (OL)**

William Booth (1748-1826) was an eighteenth-century British military engineer posted to Gibraltar, Nova Scotia, southeast England, and Jersey. Through an interrogation of his personal archive, consisting of paintings, drawings, journals, and correspondences, we may begin to assess connections between resilience and social history. Military engineering, as a profession, demanded a form of masculine resilience. Postings were often dangerous and demanding, both physiologically and psychologically. Indeed, Booth suffered from successive traumas during his career: notably the contraction of a severe fever and delirium in the throes of the Great Siege of Gibraltar (1779-83), during which time he was tied to his bed and subsequently removed from the station; and the death of his wife Hannah a few years later in Nova Scotia. Although he soldiered on after each episode, as would have been expected of him as a servant of empire, we see in his personal archive that he never recovered from either incident. He viewed his Gibraltar experience as a mortal blow to his reputation and career advancement; and the death of his wife precipitated a deterioration of his physical and mental health. Booth's journals and correspondences are significant primary sources, as they functioned essentially as a medium of negotiation between the resilience demanded and expected by his profession, social position, and gender identity, and the anxiety and trauma created by his life and career in the empire.

**Britain and the NHS I** [Chair: Anne Hanley] (Faraday G)

**Peter Dickson (Swansea University), *A welcome in the Welsh hillside? A story of medical resilience from 1960-1990* (IP)**

In the early 1960s, the relatively new National Health Service was experiencing a series of difficulties. There was both a growing financial crisis and a shortage





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of medical practitioners available to staff the Service, particularly in socially deprived areas of Wales. The workforce deficit was partially addressed by encouraging doctors from outside the United Kingdom to come and work here. This migration incorporated a significant cohort from the Indian sub-continent. Drawing on archival reports and oral histories, this paper will explore the experiences of Indian doctors who migrated to Wales during the period 1960-1990. Migrant doctors arriving in Wales from the sub-continent often found themselves living and working in an environment which differed significantly from their expectations. It became clear that professional progression was frequently restricted. A number also experienced racial discrimination from the established medical profession. Tracing their stories, and those of their family members and of community representatives, the paper explores how the doctors developed forms of resilience to adversity, particularly when they encountered racial and social challenges. In many cases migrant doctors advanced their careers in spite of setbacks, and their personal resilience enabled them to integrate into Welsh society. Whilst there was a 'Welcome in the Hillside' in Wales for Indian doctors, they were required to make substantial adaptations. This paper demonstrates that through consideration of social resilience, historians can further their understanding of the processes and experiences of medical migration.

**Martin Moore (University of Exeter), *A means to 'cope' or a 'barrier' between doctor and patient? Appointment systems, time and fragility in post-war British general practice, 1948-1979 (OL)***

Over the first three decades following the creation of the NHS, a temporal transformation took place in British general practice. Slowly, surgery sessions moved away from an open-door approach, where any registered patient could turn up and wait to be seen, to being regulated by appointments systems. Whereas only 2% of practices used such systems in the early 1950s, around 80% did by the early 1970s. Following traditional sociological accounts of time, this might (usefully) be seen as a response to general practice's incorporation into a nationalised, and increasingly bureaucratised, health service; GPs reacted to increased demand by turning to the calculable, economic time of clock and calendar in pursuit of greater efficiency. This paper, however, takes a different tack. It considers the ways in which appointments emerged in response to discourses and experiences of what we might call "crisis". It suggests, firstly, that many proponents framed appointments systems as necessary to protect doctors from exhaustion, stress



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and disease, and thus to prevent general practice as a whole from being overwhelmed by chaotic, unpredictable patients. Secondly, it considers the ironic consequences of appointments systems as designed to enhance systemic resilience: how appointments altered the ways that patients managed their – often anxious – wait socially, and prompted new concerns about how long sick, fragile patients could wait before needing a consultation. Considering resilience (its cognates and opposites) in relation to time and waiting, then, opens up new ways of reading the political, social, and cultural histories of post-war British general practice.

**Christopher Sirrs (University of Warwick), *'A Cruel Lottery': Medical Accidents, Litigation and the Emergence of Patient Safety in the NHS, c.1980–2000 (IP)***

Long into the twentieth century, suing a doctor and/or a health authority for medical negligence was one of the only options available to patients (or relatives) to hold the NHS to account following a health care failure. Hospital complaints processes were complex and variable, and rarely gave complainants the satisfaction of an explanation or meaningful apology for an untoward occurrence. Nor could patients rely on external 'watchdogs' or professional regulators such as the General Medical Council (GMC) to offer them answers. Litigation, therefore, was often the only recourse for patients to ensure their voices were heard, to demand an account of what had happened, and receive assurance that the unfortunate event would not happen again. Here too, however, patients encountered a formidable set of problems that ultimately denied many of them the resolution they needed. As late as the 1990s, both litigants and MPs promoting reform of the tort system could view litigation as a 'cruel lottery'. A series of legal and financial barriers dissuaded many patients from seeking compensation, or encouraged them to settle for smaller sums out of court. These barriers to justice formed another brick in the insidious 'wall of silence' around avoidable patient harm in the NHS. From the 1980s, however, litigation started to become a much more powerful force for change for patients, and safety in the NHS. In this paper, I explore how the practice of litigation shaped concerns about the safety of patients. In particular, I examine the role played by the charity, Action for Victims of Medical Accidents (AVMA) in improving legal outcomes for patients. I show how increasing anxiety around the scale and cost of litigation in the NHS underpinned the growing visibility of clinical errors, and promoted the development of systems which support the management of patient safety.





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## Lunchtime meetings: 1300-1400

### ***Publishing Your Research with Anne Hanley, David Cantor, Elaine Leong (SSH M Book series), Publishing Your Research (Faraday B) IP/OL***

Academic publishing can be a seemingly daunting process. How do you choose a publisher? What do publishers want? How are submissions evaluated? What problems might lead to the rejection of submissions? What makes a good submission? What are the unexpected costs of book publication? How does Open Access work? This roundtable brings together editors from different book series in the history of medicine to discuss the publication process. In advance of the roundtable, we'll be hosting a Twitter chat to help us gather your questions and concerns about publishing. If you'd like to join that conversation, don't forget to use the hashtag #HistMedPub.

### ***All Questions Wellcome: Wellcome Trust's New Discovery Research strategy with Thomas Bray (Wellcome Trust) (Faraday C) IP/OL***

"Thomas Bray, Senior Research Manager in Wellcome's Discovery Research team, will talk about Wellcome's new strategy for health-related discovery research and the role of the humanities and the social sciences. This will include a quick overview of the three open-mode funding schemes and some thoughts on how to develop competitive applications. There will be plenty of time for questions and discussion."

## 1400-1530 SESSIONS AND PANELS

### **Institutions and Individuals I [Chair] (Faraday B)**

#### **Tom Harrison (University of Birmingham), *Potatoes and emotional resilience: the role of the therapeutic community (IP)***

In this paper emotional resilience is considered to be the ability to adapt flexibly to changing and challenging associations with people. Throughout the twentieth century one group of organisations, termed therapeutic communities, have developed techniques to encourage this in those who have had problematic relations with others. Beginning, in 1911, with Auguste Aichhorn in Vienna who worked with Wayward Youths, different attempts have been made to work in this manner with children and adults. Some like the



Henderson and Cassell Hospitals have achieved international fame, whilst others such as the Ingrebourne Centre and the Hawkspur Experiments are less well known. This paper employs some historical examples to demonstrate the processes utilised to achieve this approach, and the reference to potatoes in the title relates to a story used as an example. These organisations have always been contentious, often with difficult relations to the outside world. Part of this stems from their 'experimental' methods which modified the measures other organisations employed to contain and care for those under therapy. Historians of psychiatry have largely neglected these attempts to institute a more humane approach to care, although some briefly refer to them as exerting more sophisticated forms of social control. Here an attempt is made to suggest that whilst this approach can be abused, such as in *One Flew Over the Cuckoo's Nest*, a more nuanced history reveals a more complex picture of innovation in institutional care.

**Eli Anders (Haverford College), *Making places for resilience: convalescent landscapes in C19th England* (IP)**

While histories of the hospital have focused on the technological transformation of hospital wards at the end of the nineteenth century, country landscapes far beyond the hospital walls were just as important to the evolving practice of hospital medicine. During this period, hundreds of country and seaside convalescent homes were established, appealing to the idea that specific places and climates were healthier for recovery than polluted cities and crowded hospitals. But therapeutic landscapes for the care of convalescents were not simply found; they had to be made. This paper uses hospital and convalescent home records to illustrate the place-making practices—from site-and climate-selection to reshaping topography—used to harness England's varied climates as therapeutic tools for rehabilitating debilitated bodies and making them more resilient in the face of urban, industrial life. This geography of convalescence broadens our understanding of transformations within the hospital. Convalescent homes enabled hospitals to deploy climate as a therapeutic technology for the benefit of patients who had reached the limits of active medical care and for whom country air was deemed necessary. I argue that convalescent homes were 'technologies of place' that helped transform England's climatic hinterlands into stable therapeutic landscapes for the completion of hospital care. For hospitals, convalescent institutions represented a means by which therapeutic practices associated with an older tradition of Hippocratic and



environmental medicine could be integrated with, and serve as a necessary adjunct to, the increasingly technological and specialized care offered within the hospital walls.

**Michael Healey (Johns Hopkins University), "When He Comes Back": Vocational Rehabilitation, Psychiatric Epidemiology, and the Economization of Mental Health (IP)**

In the latter half of the twentieth century, mental healthcare in the United States became increasingly deinstitutionalized, as both federal and state policy began to disincentivize inpatient services within large asylums. Historians typically attribute this process to the emergence of psychotropic medications, journalism that revealed widespread abuse within asylums, and the financial benefits of outpatient and community-based services. Lost in this account are earlier changes in psychiatric nosology that normalized the social reintegration of patients recovering from severe mental illnesses. In this paper, I will describe these changes, focusing on alternative conceptualizations of schizophrenia developed by Adolf Meyer and his colleagues, Gladys Terry and Thomas Rennie, as they collected follow-up data from discharged patients in Baltimore during the 1930s. While Susan Lamb, Ruth Leys, and others have discussed Meyer's pivotal role in the reformation of psychiatric institutions during the Progressive Era, later stages of his career – and his influence on younger colleagues – have not been adequately examined. By analyzing the research that Terry and Rennie conducted on patients that recovered from schizophrenia, and describing how these studies shaped Rennie's subsequent work in military and industrial psychiatry, I will explore how Meyer's definition of mental health shaped psychiatric practice and policy after his retirement in 1941. Specifically, by relating these studies to rehabilitation programs developed by Rennie during World War II – which were designed for young men assumed to be white, middle-class, Protestant, and heterosexual – I will demonstrate how social norms reinforced by Meyerian psychiatry prefigured later disparities in mental healthcare.

**Treatments and their Discontents I [Chair] (Faraday C)**

**Martin Edwards (University College London), *Mischief, manipulation and micturition: Tactics of resistance to the Weir Mitchell rest cure 1873 – 1914.* (IP)**





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Silas Weir Mitchell (1829 – 1914) devised his rest cure as treatment for neurasthenia, the fatigue-like illness apparently epidemic among physically fit, well-to-do women in Europe and America late in the nineteenth century. The treatment involved some six weeks' strictly supervised bed rest with draconian restrictions on activities such as reading, writing, conversing, eating and toilet procedures and was deeply unpopular amongst patients, who resisted it. Secondary literature has figured this resistance as a battle between physicians as agents of a patriarchal society attempting to enforce conformity upon 'wayward' women, and the women themselves who rejected some expectations of Victorian-era domesticity. I shall maintain this military metaphor but rather than the 'strategic-level' analysis of a battle, shall examine the day-to-day *tactics* employed by women to resist the rest cure, and tactics devised by their physicians in response.

Women's tactics included claiming, or refusing to relinquish, the physical space of the bed, emphasising and exploiting the pain that frequently accompanied neurasthenia, and employing their control over bodily functions by soiling their bed, refusing to eat or becoming suddenly unable to pass urine. Some employed flirtation and flattery upon the physician himself or disobeyed, or attempted to co-opt assistance from, their female supervisors – tactics which the physicians labelled as manipulative. Physicians in turn devised their own tactics to counter these behaviours. I argue that the tactical goal of both patients' and doctors' behaviours was control of the space of the bed -- its literal fabric, besides authority over its privileged status and its associations with intimacy, privacy, infirmity, sexual behaviour and empowerment. This analysis, I submit, addresses one paradox of the rest cure – why treat bed rest (these neurasthenic patients were already spending nearly all their time supine) with further bed rest?

### **Stephen Mawdsley (University of Bristol), *Jake Paralysis and Disability Activism in 1930s America* (IP)**

During America's Great Depression, an estimated 50,000 to 100,000 Americans became paralyzed after consuming an adulterated patent medicine, known as Jamaica Ginger (Jake). Although it was marketed as a cure-all and was routinely prescribed by doctors, Jake was also favoured as a drink during National Prohibition (1920-1933) due to its high alcohol content and low cost. For survivors of Jake Paralysis, the lasting disability and social stigma posed significant challenges. However, far from tolerating the outbreak in silence,



survivors worked together to organize citizen action groups to seek justice and recognition. Both the United Victims of Ginger Paralysis Association and the National Association of Jamaica Ginger Paralytics were pioneering disability organizations that collectively represented over 35,000 people. Established by pharmacists, grocers, and wholesalers, these citizen action groups brought attention to the plight of survivors and sought legal recourse from manufacturers and the federal government. They raised money, organized marches, wrote to editors, and lobbied politicians. Drawing on a series of private papers, archived institutional records, and historical newspapers, this paper aims to explore Jake survivor activism. It claims that while survivors failed to achieve many of their core aims, they nevertheless demonstrated remarkable resilience, creativity, and resolve and at a time of severe economic hardship and uncertainty.

**Catherine Carstairs (University of Guelph) and Kathryn Hughes (University of Guelph), 'Vaccine Resistance in Canada: The 1980s and Beyond' (IP)**

Vaccine hesitancy and resistance in Canada is often attributed to misinformation, most notably Andrew Wakefield's notorious claim that vaccines caused autism, or most recently, the idea that Bill Gates was inserting microchips into the COVID-19 vaccine. While misinformation can be a real problem among small sections of the population and is becoming more prevalent in the age of social media, we argue here that achieving mass vaccination is far more complicated than just combatting misinformation. Since the 1980s, there has been a growing anti-vaccination movement in Canada, fueled by a small number of people with alternative understandings of health and medicine and parents who believed that their child had experienced adverse effects from vaccination. To combat vaccine hesitancy, it is vital to understand their arguments, which are often far more complex and nuanced than the pro-side would like to admit. Moreover, it is important to note that the vast majority of Canadians vaccinate their children without hesitation.

In the U.S. context, Elena Conis has shown that the anti-vaccination movements of the late twentieth century were linked with the women's health movement and the alternative health movement. In the Canadian context, the women's health movement seems to have had little direct impact on vaccine hesitancy, although it may have had an indirect impact through its efforts to empower patients. As sociologist Jennifer Reich has suggested, new





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models of parenting that encouraged parents to feel that they know best for their child may have had a greater influence. On the other hand, the alternative health movement seems to have played a bigger role in encouraging anti-vaccination sentiment. This paper seeks to expand our understanding of vaccine hesitancy and the anti-vaccination movement in English-speaking Canada from the 1980s to the present.

**Gendering Resilience I** [Chair] (Faraday D)

**Whitney Wood (Vancouver Island University), *Obstetric violence, resilience, and birth reform activism in postwar Canada* (IP)**

From the mid-1940s onwards, natural childbirth ideologies, initially associated with the Childbirth Without Fear theories of British obstetrician Dr. Grantly Dick-Read, attracted growing attention from Canadian mothers-to-be who were dissatisfied with the status quo of postwar obstetrics. In letters to *Chatelaine*, the leading Canadian women's magazine, as well as personal communications with relatives, friends, and physicians, these women increasingly spoke out against what they saw as the harmful or abusive features of Canadian obstetric practice, including widespread anaesthetisation (often without consent, and contrary to the expressed wishes of the labouring woman) and the routine use of physical restraints in the birthing room. In voicing these complaints and recounting traumatic birth experiences, individual women described their desires for respectful and compassionate medical care. Demonstrating resilience in the face of deeply gendered power imbalances between patient and physician, as well as the structural constraints of the postwar Canadian hospital, women detailed the steps they took and the strategies they relied on to exercise individual choice in the birthing room. This paper will highlight Canadian women's grassroots efforts to achieve birth reform in the immediate postwar decades, focusing on how women made sense of birth trauma and sought improved birth experiences for both themselves and other women, activism that played an important role in the laying the foundation for the emergence of a broader women's health movement in the decades that followed.

**Michelle Walker (University of Otago), *The trauma of mental illness following childbirth in twentieth century New Zealand.*' (IP)**





Some families experienced trauma when mothers could not 'mother' due to mental illness soon after childbirth. This paper is concerned with how families and New Zealand society responded to the trauma of mental illness related to childbirth in the twentieth century. How did they find alternative ways to look after suffering mothers and was this indicative of resilient coping strategies?

The infant welfare organisation, the Plunket Society, established six Karitane Hospitals between 1907 and 1926, which operated until 1980. Historical scholarship has focused predominantly on the infant welfare functions of the hospitals and the nurses who worked there and largely ignored mothers' experiences or their reasons for admission. Using the Karitane Hospitals as a case study, I argue they were an innovation in providing maternal mental health support. They provided families with an alternative coping strategy when faced with the mental illness of the mother. How families and the state discussed these hospitals also points to issues relating to many families' silent trauma.

This paper has two objectives. The first is to contemplate new evidence that Karitane Hospitals were sites of support for families. The second objective is to consider the role silence played in twentieth-century maternal mental health care. There is evidence of cultural silence around the trauma of mental illness following childbirth since society deemed mothering was every woman's 'natural' task. To what extent did Karitane Hospitals break the silence about this specific trauma? How did the silence about the hospitals' importance to maternal mental health care contribute to their closure by 1980?

**Oisín Wall (University College Dublin), *'The first rule of hardmanship is don't crack up': resilience, endurance, and the tactics of political and ordinary prisoner protests in 1970s and 1980s Ireland (IP)***

Michael Fardy, secretary of an Irish penal reform group and career criminal, spent 177 days on hunger strike during the mid-1970s. In 1981 ten republican hunger strikers, including an MP, died after between 46 and 73 days on strike. The difference between the two cases was that Fardy's hunger strike, like most ordinary prisoners' strikes, was sporadic and interspersed with other disruptive behaviours, like self-harm. This paper explores the contrasting tactics and narratives of political and ordinary prisoners' protests, including the different ways prisoners' health was instrumentalised. Using news reports and government documents, it argues that the politicals' protests relied on their



volunteers' shared endurance, to the point of death. The performance of this contributed to narratives of persecution and martyrdom, aimed at national and international audiences. By contrast, the ordinaries' protests relied on prisoners' resilience and ability to recover and confront the prison authorities in different ways – a mindset referred to as 'hardmanship.' This maximized the disruption to prison discipline, forcing authorities to find new processes to deal with the challenges. However, due to the classing of prisoners and the amorphous nature of the tactics, the political nature of the prisoners' demands often went unnoticed. The accompanying narratives propagated by penal reform organisations mainly focused on the cumulative effect on prisoners' mental and physical health. Ultimately the paper argues that the ordinaries' protests were often no less political than the republicans', but the tactics of resilience made them sound, even to sympathetic ears, like personal struggles.

#### **Environment and Animals I [Chair] (Faraday E)**

##### **Peder Clark (University of Strathclyde), *'Filthy, dark green sludge': a microhistory of water pollution in a north Cornish village (IP)***

On 6th July 1988, residents and holiday-makers in the village of Camelford in north Cornwall were surprised by murky, viscous liquid flowing from their taps. In the following weeks, hundreds reported alarming symptoms; gastrointestinal complaints, mouth ulcers, short-term memory problems and even blue hair. Twenty tonnes of aluminum sulphate, dumped into the wrong tank at the Lowermoor water plant that served 20,000 people, had caused the worst water pollution incident in British history. Initial investigations that downplayed the health effects, and the inclusion of the offending water authority in industry-wide privatisation the following year, fueled accusations of a cover-up. The 2004 death of Carole Cross, a Camelford resident, from a rare neurological condition, sparked a coroner's inquest that suggested ingesting high levels of aluminum could have contributed to her fatal illness. Historian Glen O'Hara recently contended that '[w]ater politics, like water itself, reflects and refracts the surrounding world around it'. What then are the politics of 'filthy dark green sludge'? By examining the resilience – and vulnerability – of a local community and its wildlife after a major environmental incident, this paper explores the relationship between public distrust in biomedical expertise, evident in contemporaneous controversies over salmonella or infected blood, and wider fears of environmental contamination, tragically realised by the Chernobyl disaster of 1986. This microhistory of a Cornish village



highlights the importance of “place” when examining conflicts between lived experience and scientific expertise, and what this episode tells us about epidemiological evidence, lay knowledge, and environmental concerns in late twentieth-century Britain.

**Alexander Parry (Johns Hopkins University), *Engineering Safety: Consumer Protection and the American Household (IP)***

During the Progressive Era, laboratory microbiologists, home economists, and for-profit distance education companies sought to control the transmission of yeasts, molds, and bacteria within and between American homes. The field of household bacteriology supplied practical advice to help middle-aged homemakers keep their families and communities healthy and instructed them how to test their houses and possessions for germs using kitchen equipment. “Dust gardens,” which enabled ordinary citizens to culture microbes at home and to estimate the risk of infection from different spaces and vectors, reflected increasing standards of cleanliness and widespread fears about the resilience of germs. Unseen pathogens on specks of dust transformed everything from carpets and furniture to food and drinks into potential sources of disease. Using correspondence textbooks from the American School of Home Economics, student testimonials, local news, and selected records from university extension departments, I examine how household bacteriology encouraged women to become more vigilant housekeepers and more effective agents of sanitary reform. As the principles of household bacteriology reshaped housework, personal hygiene, and civic activism, however, they also set the stage for antibiotic-resistant microbes several decades later. Overall, the movement to incorporate bacteriological science into domestic space reveals how the “new” public health enlisted nonexperts as well as medical professionals to achieve its objectives and how women extended their role as health-keepers into the public sphere.

**Kristin Brig (Johns Hopkins University), *Calving smallpox resistance: the British production of vaccine lymph from cows' bodies, 1870s-1900s (IP)***

Popular fears about the safety of arm-to-arm smallpox vaccination in the late nineteenth century made British doctors rethink vaccine production. Though the answer was provided by lymph produced in animals, historians have yet to explore how this production worked. In the late 1870s, physician Charles Renner founded the first private British business for the production and sale of



calf vaccine lymph to doctors and other licensed vaccinators. The British government followed Renner's example, opening the public Animal Vaccine Establishment (AVE) in 1881. Using the AVE's register book, Local Government Board reports, and Renner's own writings, I argue that the cow's experience in the vaccine establishment was central to the widespread success of vaccination against smallpox. Although scholars have long debated the implementation and distribution of public and private vaccination practices in Britain, few have examined how cows' bodies transformed vaccine production into the twentieth century. My research draws on recent animal history scholarship and the history of vaccination to suggest that we should look more closely at the cow's role in prophylactic medicine. In these establishments, the cow became a living machine that creating viable lymph. In turn, this lymph, and the humans it vaccinated, was dependent on the cow's well-being. If the establishments were to produce more and better lymph, they thus had to pay closer attention to the environment in which their animals lived, placing cows squarely at the centre of late nineteenth-century smallpox vaccination.

**Colonial and Global Stories II** [Chair: Richard McKay] (Faraday F)

**PANEL: Resilience in the face of stigma: transnational perspectives on sexual health challenges**

**Hannah-Louise Clark (University of Glasgow), *Indigenous responses to 'Arab syphilis' in colonial Algeria* (OL)**

From the mid-nineteenth century until decolonisation, settlers in Algeria attributed distinct disease profiles to indigenous peoples and Europeans. While the specific content of theories shifted over time, medical ideas consistently reified racial, ethnic, and/or religious difference and were used to perpetuate notions of settler superiority. So-called "Arab syphilis" provides a particularly striking case of the intersections among biomedical, racial, and cultural categories. Taking different positions on the ontological status of "Arab syphilis," historians have traced ways that syphilis research affected colonial relations and postcolonial and international medicine. However, this body of work tells us little of sufferers' experiences or indigenous resistance to racialised medicine. This paper probes some of these blindspots and asks how different kinds of stigma, including antisemitism, shaped colonial archives and the questions asked of them by historians. Its starting point is a cohort of Algerian



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medical doctors trained in dermatology in early 20th-century Algiers. Investigating figures such as David-Edmond Hanoune and David Nahon, it shows how Arab Jewish doctors—who despite being French citizens endured institutional antisemitism to establish their careers—used clinical observations to advance alternative paradigms of syphilis pathology and treatment to their settler contemporaries. Alongside individual stories of professional struggle and survival, the paper amplifies the experiences of destitute and starving Algerian Muslim patients whose multi-morbidities, particularly malaria infections, confounded diagnosis and care under the colonial system. Colonial citation practices gave attention to settler specialists and their syphilis theories, while ignoring indigenous Jewish responses, a bias replicated in the secondary literature.

**Anne Hanley (University of Birmingham), *'Home sweet home for the riff-raff of other nations': VD and racism in postwar Britain* (IP)**

Writing in the *BMJ* in 1961, the venereologist Leslie Watt insisted that 'in white female adolescents a significant proportion of infection occurs after association with coloured males, all of older age-groups than the girls themselves'. His interpretation of transmission patterns was—like those of many of his colleagues—bound up with racialised constructions of black sexuality as a corrupting influence over impressionable white girls. Watt's handwringing over Britain's immigration policies and the supposed corruption of its youth was part of a wider post-war crisis of national identity, spurred on by decolonisation, economic downturn and an increasingly marginal role in international Cold War politics. Black migrants arriving in Britain from around a crumbling empire further destabilised what it meant to be British. Seeking to reinforce Britishness as equivalent to whiteness, nationalists vilified black migrants as antithetical to this racialised identity. Interracial sex and disease transmission became popular tropes through which nationalists played upon stereotypes of 'predatory' black sexuality, female immorality and permissive youth culture. These narratives of sexual danger acted as a proxy for debates over an imagined national identity, conveying complex and contested ideas about that identity. This paper explores the challenges of VD treatment among migrant communities in the face of hostile nationalism, a contested national identity and the lingering stigma that surrounded infection and interracial sex. It uses debates over VD transmission to explore how the protection of youth and the vilification of migrants became bound up with wider anxieties about the place of Britain in a rapidly changing world.



**Siobhán Hearne (Durham University), *Doctors and VD patients in the Soviet Union, 1960-1982* (OL)**

Soviet leadership regarded venereal diseases as completely incompatible with socialist society. Far from 'ordinary' illnesses, venereal diseases were allegedly evidence of engagement in antisocial behaviour that violated the boundaries of Soviet citizenship and collective notions of communist morality, namely hygienic ignorance or paid, casual, or homosexual sex. Like in other European countries in the twentieth century, knowingly infecting another person with a venereal infection was a criminal offence in the USSR from 1926. The government launched campaigns to completely eradicate venereal infections, known as the 'struggle with venereal diseases', from the beginning of Soviet power right up until the collapse of the USSR at a central and regional level. These campaigns had the multiple aims, including the promotion of hygiene education, discouragement of specific behaviours, and the criminal prosecution of specific 'types' of people who were thought to spread infection. Venereologists were expected to be at the forefront of these campaigns, providing sex education through patient consultations and mass media, as well conducting preventative examinations and closely collaborating with law enforcement organs and regional prosecutors to bring violators of the law to justice. This paper will explore the challenges faced by Soviet doctors and nurses when attempting to treat patients infected with venereal diseases in the 1960s–1980s. This period was marked by increased concern regarded 'immoral behaviour', rising infection rates, and renewed efforts to prosecute transmitters of infection. Stigmatisation, criminalisation, limited facilities, unrealistic work targets, and the need to marry together the interests of the party with broader medical and professional concerns all contributed to extremely high rates of venereal infection in the Brezhnev era and had a significant impact on the relationship between doctors and their patients. Drawing on files from the State Archive of the Russian Federation and the State Archive of Latvia, this paper will examine the close relationship forged between medical professionals and the police in the long post-war period and the lasting impact of the categorisation of venereal diseases as evidence of antisocial behaviour.

**Premodern Resiliences II** [Chair: David Turner] (Faraday G)





**PANEL: Resilience and the ageing patient in early modern England (Check spacing)**

**Laura Cayrol-Bernardo (University of Bergen), Ageing Women in the Late Medieval Western Mediterranean: Agency, Resilience, and the Male Gaze (OL)**

In Late Medieval western Europe, the care of the body took place for the most part in the household. Women were primarily responsible for the maintenance of diet, cleanliness, and comfort. Within and beyond the domestic sphere, healthcare was provided by a complex network of physicians, local healers, herbalists, and empirics of both genders. It also involved other activities such as prayer and pilgrimage. Little is known about most of these care practices, especially in regards to older age, since they relied heavily on oral transmission and embodied imitation. Most of the information on the conception of ageing as a bodily process in Medieval Europe that has come down to us comes from medical treatises written by university-educated male physicians.

Until the 14th century, these texts were mostly written in Latin and addressed medical students or practitioners. In the 14th and 15th centuries, numerous texts were translated from Latin and many others were written directly in vernacular languages throughout Western Europe. Individualized health regimens, that is, treatises written by university-educated physicians which address a specific lay person, gained popularity during the Late Middle Ages. In all these texts, explicit mentions of older women are rare, brief, and generally appear in specific contexts. This paper aims to provide an overview of textual sources dealing with women's ageing and age-related health concerns in the Late Medieval Western Mediterranean (13th-15th c.), with a primary focus on the Iberian Peninsula. It will also analyze the relationship of women to medical texts dealing with ageing through the possession of books on the subject, the commissioning of translations from Latin into vernacular languages, the demand for an individualized health regimen, or the transmission of recipes between women of different generations. I will thus examine women's initiatives, agency and resilience to access medical knowledge and take charge of their own health.

**Jennifer Evans (University of Hertfordshire), 'maundring as if I had done him a discourtesie': The resilience of elderly male genitourinary health patients in early modern England (OL)**





In the case studies reported in the published treatises of early modern surgeons, and more rarely physicians, are numerous reports of elderly (over fifty) male patients being treated for a range of genitourinary conditions. Some of these conditions like kidney and bladder stones were thought to be more prevalent in older bodies, in this case caused by their weak expulsive faculty that caused urine to sit in the body for too long causing concretions. Others, like venereal, were not overtly connected to the old body but were perhaps expected in 'An Old Fornicator', as Richard Wiseman described one patient. This paper will investigate these case studies to shed light on the ways in which elderly male patients were treated for these conditions. Building on the work of Lynn Botelho, and others, it will reveal that elderly men underwent considerable medical interventions showing resilience and fortitude in the face of significant health problems. It will demonstrate that these resilient patients, like their middle-aged and younger counterparts, could be problematic for medical practitioners. They avoided seeking medical help, rejected treatments, and complained about cures.

**Amie Bolissian (University of Reading), 'Notwithstanding her Age': Bloodletting and purging ageing women patients in early modern England (OL)**

Despite popular assumptions, people over the age of sixty made up approximately twenty percent of the adult the population in early modern England. Yet their experiences as patients in this period have been largely neglected by social historians of medicine. This panel brings together three papers which aim to address this omission, as well as stressing the resilience with which they pursued help and effective treatment. These papers will illustrate how old people felt about their pain, illnesses and infirmities. In addition, they will demonstrate that old men and old women were not confined by perceptions of elderly weakness in their engagements with medical practitioners or their responses to therapeutics.

Botelho sets the panel's stage by demonstrating the wide range of approaches and the seemingly unflinching resilience that old people demonstrated in the face of pain. Evans and Bolissian-McRae take up the gendered nature of the narrative. Evans argues that elderly male patients demonstrated resilience in the face of often painful and dangerous genitourinary conditions. Bolissian goes on to show how 'aged' female patients were treated with bloodletting and strong purges despite beliefs that they



lacked the resilience to withstand such extreme evacuative treatments. Drawing from a wide range of sources, such as diaries, letters, manuscript recipe books, case histories, and published medical works, each paper will be approaching the topic from a different perspective. Thereby offering an exciting insight into the latest research on the resilience of the ageing patient in early modern England.

## **1600-1730 SESSIONS AND PANELS**

**Archives and Practice I** [Chair: David Turner] (Faraday B)

**PANEL: *Using Historical Insights to Develop Resilience in Stakeholders, Society and Ourselves***

**Matthew Smith (University of Strathclyde), *The Pinkie Resilience Project: Using History to Prevent Mental Illness and Improve Wellbeing in a Scottish Primary School* (IP)**

This paper describes the Pinkie Resilience Project, an attempt – funded in part by the Scottish Universities Insight Initiative and an AHRC Early Career Leadership Fellowship – to use historical insights about the history of Attention Deficit Hyperactivity Disorder (ADHD) and social psychiatry to inform attempts to reduce mental illness and improve wellbeing in a Scottish primary school: Pinkie St Peter's Primary School in Musselburgh, a town near Edinburgh. In so doing, I outline both the challenges and frustrations, as well as the opportunities and rewards that emerge while trying to apply the findings of historical research to difficult, contemporary problems. Although my experience of working with Pinkie School emerged out of a specific context, many of my reflections on my time with the School can be applied to my broader efforts to achieve 'impact' via public and policy engagement more generally. As such, this paper will not only focus on how historical research might help to engender resilience in primary school students, but also how historians themselves can develop resilience in their efforts to have 'impact' through public and policy engagement activities.

**Simon Walker (University of Strathclyde), *Suicide, Sense and Sensitivity: Research and Support in Practice with Veterans* (OL)**





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Suicide is currently one of the most recurrent public health issues within modern society. According to the World Health Organisation almost one million people die by suicide each year. Yet, as the figures rise, understanding and research into these occurrences remains limited. Amidst a backdrop of significant social crisis, political conflict, and increasingly underfunded public services, mental health issues and suicide are an unwelcome common aspect of the daily news. Equally under-researched is the regularity of suicidal behaviour undertaken by serving personnel or military veterans. My research study incorporates a symbiotic system led approach which combines interventions and partnerships with stakeholders with extensively detailed historical research. This model allows for the develop an empirically guided holistic approach to suicide prevention and recognition of risk behaviours. This paper discusses the research currently being carried out by myself and a multiskilled research team on historic and modern military suicide and the related efforts to disseminate better understandings of the associated behavioural, psychological, and sociological factors to improve the lives and mental wellbeing of stakeholders. This paper will also outline the challenges and safeguards associated with interviewing and working with individuals with lived experience of, or close proximity to, suicide.

**Jen Rinaldi (Ontario Tech University)/Kate Rossiter (Wilfred Laurier University),  
*Embedded Trauma and Embodied Resistance (OL)***

This presentation explores resistance as an embodied response to the trauma sustained through forced institutionalization. To do so, we draw from ethnographic observation compiled over six years of working with and alongside survivors of the Huronia Regional Centre, a Canadian state-run custodial care facility for children and adults diagnosed as intellectually disabled. Located in rural Ontario, Huronia operated from 1876 until 2009. Like so many medical institutions of its type, Huronia's history is one of profound neglect and violence, including physical and sexual abuse, overcrowding and understaffing, and routine humiliation. Survivors emerged from their time in Huronia embodying such violence through enduring physical and psychological pain, which has far outlasted their time incarcerated. We present how Huronia survivors reproduce forms of institutional organization in their daily lives outside the institution. Their experiences show that institutionalization is not a *space* but a *logic* that can exist long after residents have been de-institutionalized. However, bound up in the reproduction of institutionalization in survivors' lives are points of resistance and resilience:





moments when survivors preserve bodily agency and integrity, protect their right to pleasure and satisfaction, provide care for others even in the face of profound neglect, reach across loneliness to find connection, and refashion trauma into bravery. Survivorship, in this sense, means more than simply living through the experience of institutionalization; it is the determined work of claiming whole, complicated personhood against the eradicated and reductive force of the institution-within.

**Treatments and their Discontents II** [Chair: Laura Kelly] (Faraday C)

**PANEL: *Transnational connections among AIDS activists in Europe since the 1980s***

**Nikolaos Papadogiannis (St. Andrews) *AIDS activism in Greece and its transnational connections from the late 1980s to the mid-1990s* (OL)**

This paper studies the impact of transnational flows of symbols and protest patterns among AIDS activists on relevant campaigners in Greece. My main argument is that cross-border transfers from North America and Central and Northern Europe were significant for AIDS activism in Greece: they helped create a repertoire of emotional responses that activists employed. These emotions included anger at the stigmatisation of people with AIDS and the exhilaration of the former stemming from their collective action and the perception of being part of a transnational community of campaigners. Part of those responses was a common code that both confrontational anti-hierarchical and more moderate AIDS activists employed and built on the import of the practice of the die-in, slogans, such as silence=death, and memories of direct action in New York, Paris and London. Those campaigners received selectively those symbols and practices that had first emerged in other 'Western' contexts: crucially and in contrast with AIDS activists elsewhere in the 'West', the former kept engagement with AIDS separate from the involvement in gay and lesbian liberation initiatives. The example of Greece shows that the transnational contact among AIDS activists extended beyond the large urban centres of the 'West', on which emergent relevant research is focusing, to the 'periphery' of Europe. Similarly, the presentation helps complement research on AIDS activism in Greece, which has so far stressed the different path it has followed in comparison with other 'Western' contexts. As a result, it has largely neglected the imprint of transnational flows on the former. My talk considers the era between the late 1980s when such activist



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groups appeared in Greece and the mid-1990s when their activities resulted in institutional change that benefitted people living with AIDS. The paper is based on 15 oral testimonies from AIDS activists, publications of the main AIDS activist initiatives and articles published in mainstream newspapers and magazines by or about AIDS activism in Greece.

**Agata Dziuban (OL) (Jagiellonian University) and Todd Sekuler (OL) (Humboldt University of Berlin) *A moral economy of HIV/AIDS activism: Navigating the shifting terrain of participation and representation across the broader European region.***

Since the emergence of HIV/AIDS in Europe, 'civil society' has been written into European responses to the epidemic regarding policies and participation in health governing institutions. This condition is reflected not least of all in the European Union's HIV/AIDS, Hepatitis and TB Civil Society Forum, a policy-mandated working group internal to the European Commission functioning to enhance the participation of non-governmental organisations in European-level HIV/AIDS policy development and implementation. This folding-in of civil society into structures of governance has been a widely recognised and applauded outcome of HIV activism in Europe and elsewhere, now often provided as a gold standard in local, national and transnational responses to any number of existing infectious diseases. In this presentation, we turn to interviews conducted with European-level HIV activists and policymakers as part of the "Disentangling European HIV/AIDS Policies: Activism, Citizenship and Health" (EUROPACH) project. In so doing, we explore the broader implications of this approach to activism and policymaking, focusing especially on the geopolitics and subject-constructs that emerge across different localities and constituents from throughout the wider European region. In particular, we investigate the moral economy embedded in, and produced out of, attempts to transfer this approach across Europe. Ultimately, we show how moral dichotomies such as right/wrong, success/failure, and centre/periphery open up the possibility for a 'bridge' to dis-align and re-align. This is a process that provokes an ongoing, and at times contradictory repositioning of the internal and external borders that constitute the limits of European activist-driven HIV governance and (re-)establishes the terms for engaging with health from within a shifting notion of Europe.





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**George Severs (IP) (Birkbeck, University of London) Conference collaborations: transnational HIV/AIDS activism at international AIDS conferences, 1988-1993**

This paper examines the transnational collaboration of HIV/AIDS activists from the late-1980s until the mid-1990s. Taking activists based in London, England as its launchpad, it examines the collaborative activism which took place at international AIDS conferences in order to reconstruct the political and affective bonds which were formed and performed across international borders. The paper focuses on three conference case studies: the 1992 International AIDS Conference in Amsterdam, the 1993 IAC in Berlin, and the 1989 Vatican Conference on HIV/AIDS. Addressing transnational activist campaigns at these conferences, alongside international press coverage, the paper points to the issues through which such campaigners formed associations and affective political bonds. I argue that such campaigning bonds were formed in their first meaningful and lasting forms in 1988 during the transnational campaigns against Section 28 of the Local Government Act 1988 (which forbade local authorities from the 'promotion' of homosexuality). By situating the 1989 Vatican Conference alongside International AIDS Conferences, I make the case that religious faith was a significant factor in fostering (queer) ties between HIV/AIDS activists across Western Europe, a factor which is often overlooked. This paper is informed by archival research conducted across England, original oral history interviews and the reanalysis of interviews conducted in the late-1990s and early-2000s.

**Colonial and Global Stories III** [Chair: Christopher Gradmann] (Faraday D)

**Rima Apple (University of Wisconsin-Madison), *Doctors, nurses and 'false faces': health care among the Oneidas of Wisconsin in the first half of the 20th century* (IP)**

During the Progressive era in the United States, many considered modern medicine the tool for "civilizing" Native Americans. By the 1920s and 1930s, federal and local governments employed physicians and nurses to treat Native Americans, many of whom lived on isolated reservations. Sociologists and ethnographers have studied the reactions of Native Americans to western medicine. These reports are filtered through the often unconscious assumptions of outsiders. Unfiltered reports are more difficult to uncover. However, the Depression-period Works Progress Administration supported a



series of interviews conducted by Oneidas with Oneidas, later translated into English. These interviews present a particularly interesting picture of the resilience of indigenous practices. The Oneida reservation sits on the west side of the Green Bay, Wisconsin metropolitan area. Many “whites” lived side by side with the Oneidas in the reservation’s towns. Many residents had attended Indian boarding schools as far away as Pennsylvania and Virginia before returning to their homes. Lillie Rosa Minoka-Hill, a Mohawk from New York state, educated at the Woman’s Medical College of Pennsylvania, married an Oneida and moved to Wisconsin in 1905. Western medicine was not alien to many Oneidas. Yet, certain traditional practices remained acknowledged and utilized by the Oneidas, and even their white neighbors. This analysis of the Oneida interviews, especially the traditional aspects of health culture that lingered well into the 20th century, helps us to discern the complexities of indigenous understandings of benefits and limits of diverse medical perspectives.

### **Vesna Curlic (University of Edinburgh) Foreignness and the Global Circulation of Ophthalmological Knowledge in the Early Twentieth Century (IP)**

In the late nineteenth and early twentieth centuries, an otherwise innocuous bacterial eye disease drew global attention, in both medical and political circles. This disease, trachoma, had become closely associated with migrants and was, as a result, central to the global rise of anti-immigration legislation at the turn of the century. For example, in Britain, the 1905 Aliens Act implemented a medical inspection for migrants, among other restrictions. Migrants who were inspected and found medically ‘undesirable’ were refused entry. Trachoma played a major role in the development of this legislation, acting as an invisible yet infectious threat to the nation, and upon the law’s implementation, became the most commonly cited reason for medical rejection in Britain.

However, trachoma had a slippery, uncertain disease identity. It was fraught with contradictions – at once visible and invisible, curable and incurable, contagious and racially predisposed. Medical practitioners were unable to ascertain how to cure the disease or how to efficiently diagnose it, especially in a non-medical environment like the port. As the disease grew in cultural and social significance, it transformed from a foreign disease to an international one, which is a central tension in this paper. This paper traces the uncertainty of trachoma’s disease identity in global ophthalmological circles, especially in relation to key elements like its curability, its visibility, and its aetiology. However, it also considers the way that these global circulations



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of knowledge affected the lived experiences of migrants, as debated diagnostic concepts were in the port.

**Claire Macindoe (University of Otago), 'Golden weather over New Zealand': how New Zealand's Dept of Health responded to increasing global and local issues of health during a period of perceived prosperity and wellbeing, 1950s to 1960s (OL)**

New Zealand's Department of Public Health needed to respond to increasingly difficult local and global issues of health during the 'golden period' of the 1950s and early 1960s. These issues can be explored through the Department of Health's various public outreach programmes, including using the intimate role of the radio within the home to educate listeners on matters of health affecting both local and global populations. Emerging health issues such as poliomyelitis, cardiovascular disease and water fluoridation affected New Zealanders during this period, as they did many other Western nations, however New Zealand's response to these issues combined wider global trends and unique local attitudes. For instance, New Zealand's Department of Health managed to achieve an unparalleled rate of school-aged vaccination against poliomyelitis, despite negative global publicity in the wake of the Cutter Laboratories incident. Like many other Western countries, increasing post-war prosperity allowed for growing numbers of vehicles on the road, creating a need for there to be a comprehensive campaign for road safety awareness. Unlike in other countries, New Zealand's health officials also had to contend with the implications of 6pm closing for all pubs and bars, and the effect this could have on road safety. While largely influenced by the World Health Organisation during this period, among other international institutions, New Zealand's Department of Health also had to respond to increasingly complex local affairs such as high levels of hydatid disease within rural farming communities and endemic tuberculosis within the local indigenous Māori population.

**Gendering Resilience II [Chair: Sarah Crook] (Faraday E)**  
**Camilla Røstvik, (University of St. Andrews), A Soviet tampon? Femtech, Tampax and the Soviet menstrual market (IP)**

In the late 1980s, US corporations had their eyes fixed on the rapidly emerging market of the Soviet Union. One of these was the manufacturer of the world's leading tampon, Tambrands Incorporated. The company had produced the



brand Tampax since its foundation in the US in 1936, and had expanded substantially since then. As Tambrands began planning to enter the Soviet Union, it asked and answered many questions. How could a capitalist corporation sell to communist women? How could Tambrands reach consumers who were unfamiliar with menstrual product marketing, and who had hitherto relied on reusable alternatives? How did UK Prime Minister Margaret Thatcher come to be involved, and how did Soviet leader Mikhail Gorbachev's macro-level view of women combine to create the perfect political atmosphere for the manufacturing and marketing of products aimed at women? This paper explores the many paradoxes inherent in Tambrands' quest for the Soviet menstrual market through its establishment of the first ever Soviet, UK and US joint venture. It examines the project Femtech, which would become the first tampon manufacturing business in the Soviet Union and the first to sell directly to Soviet consumers from its plant in Ukraine in 1989. Combining archival documentation from the Baker Library of Business at Harvard University and interviews with key personnel, this case provides unique insight into an unexamined history of the menstrual industry, when international partners in the perestroika and glasnost era of the 1980s and 1990s joined forces to conquer a new menstrual market.

**Louise Morgan (University of Warwick), *Building bodily resilience through clean eating in the 21st century* (IP)**

Clean eating has been defined as the conscious choice to shape a diet around 'clean' or whole foods – that is to say foods which have not been 'processed' and are in their natural form. This paper will explore how literatures of clean eating, particularly cookbooks and diet books, utilise themes of resilience and bodily strength to further encourage readers to follow this diet programme. Where traditional diet books focused on weight loss and health, clean eating books aim to rebuild a resilience to ill health that it is claimed our bodies have always had. Using concepts of detox and superfoods, a language is generated by clean eaters to speak of the bodily ability to overcome illness. Furthermore, this ability is demonstrated through the personal stories of clean eaters, who use their own stories of physical and mental recovery to prove that 'eating clean' can provide the body with the strength needed to overcome any odds. Alejandro Junger, for example, claimed his 'clean' detox diet cured his depression; Ella Woodward's diet helped her regain control of her Postural Tachycardia Syndrome. This paper will place these narratives into a wider



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historical trend of eating for health, questioning whether clean eating is just the latest trend in a deeply human quest for simple solutions to illness and disease.

**Kristin Hay (University of Strathclyde), Rabbits, Nuns, and Old Wives' Tales: Learning about birth control practices in 'post-pill' Scotland (OL)**

In 1961, the first oral contraceptive arrived on the NHS. Heralded as 'virtually 100% effective', the pill was the first reliable, female-controlled contraceptive available in Britain. By 1964, 480,000 women were taking it and, alongside the mini-skirt, oral contraceptives became emblematic of the "Sexual Revolution" of the swinging sixties (Cook, 2004). The availability of the oral contraceptive pill sparked a re-gendering of the possession of birth control knowledge in Britain as women took a greater role in contraceptive decision making. However, in order to access contraception, women had to learn about the options available to them. This education normally occurred during their young adulthood, between the ages of 16 and 24. Yet, the Scottish Education Department refused to include birth control – and, moreover, standardised sex education - in the school curriculum. Consequently, women had to learn about birth control through alternative means. This paper examines the ways in which women learned about birth control practices following the advent of the contraceptive pill and so-called "Sexual Revolution". Through archival research and oral testimony, it will show that whilst women's engagement with birth control practices became more accepted during the 1970s and 1980s, the culture of silence surrounding sex - compounded by attitudes towards gender, religion and class - continued to hinder access to reliable birth control knowledge. Furthermore, this paper will emphasise women's resilience against these barriers to knowledge, and the ways in which they circumvented them in order to make informed decisions about their own birth control during this period.

**Institutions and Individuals II** [Chair: Catharine Coleborne] (Faraday F)

**PANEL: Prisoners and convicts: understanding and interpreting resilience to incarceration and punishment in 19th-century England, Ireland and Tasmania (Australia)**

**Catherine Cox (University College Dublin) (IP) and Hilary Marland (University of Warwick) (IP), 'Nothing that I can say would give any idea of the horrors of**





### ***solitary confinement': prisoners' resilience to the separate system in the Victorian prison***

Drawing on a variety of archival and printed sources, including prison journals and prisoners' memoirs, our paper explores the tactics employed by male and female prisoners to escape or mitigate the impact of separate confinement in English and Irish prisons in the late nineteenth century. Introduced in the mid-nineteenth century as a reformist initiative, and lauded for its positive impact on the minds of prisoners, separate confinement rapidly became associated with high levels of mental breakdown in prison. Prisoners describing their experiences of long periods of solitary confinement referred to it as 'torture'. They also employed various strategies to develop resilience to this regime. According to the prison authorities, preoccupied with attempts to distinguish between shamming and 'real' insanity, prisoners made extensive use of the tactics of feigning mental illness and timed or staged suicide attempts in order to obtain removal from the prison system into a lunatic asylum, mitigation of the discipline or removal to the prison hospital, tactics that might vary according to gender. Prison memoirs, meanwhile, describe the adoption of what we might term 'psychological mechanisms', ways of dealing with the isolation, monotony and futility of separate confinement, involving the development of techniques to reduce boredom, and mental and physical exercises to fill the time. Drawing on particular examples, our paper explores prisoners' agency and efforts to withstand the impact of solitude and to survive their sentences with their minds intact.

### ***Kris Inwood (University of Guelph) (IP) and Hamish Maxwell-Stewart (University of New England) (OL) The impact of sensory deprivation on the life course of convicts to Van Diemen's Land, 1803-1853***

While many studies have linked sensory deprivation punishments to elevated risk of suicide and other immediate poor health outcomes, there have been few examinations of potential medium and long-term impacts. This paper explores the effects of different kinds of punishment, including solitary confinement, on the life courses of 13,415 British and Irish female convicts transported to Van Diemen's Land from 1803 to 1853. It does so by first testing whether some prisoners were disproportionately subjected to this particular form of punishment. After controlling for selection effects, we explore the way in which different punishment regimes, and the frequency of punishment, appears to have affected family formation and life expectancy. Our



preliminary analysis indicates that while different forms of solitary had different effects, in general it raised the risk of serious mental illness and death from strokes. These associations survive (admittedly in diminished form) our controls for pre-transportation experience that might predispose some women to mental illness and strokes *and* to behaviour that invited solitary confinement. The evidence also suggests that solitary confinement may have had an impact on fertility and psychiatric admission and that punishment diets (commonly bread and water) and confinement to dark cells may have exacerbated the life-course consequences of solitary confinement. Finally, the analysis reveals a relationship of solitary confinement to accidents and other forms of violent death. Nevertheless, we do not see a relationship between solitary and suicide. Further work will be needed to consider the possibility that some suicides may have been misreported as accidents.

**(Dis)Abilities II** [Chair: Ryan Sweet] (Faraday G)

**PANEL: Resourceful resilience**

**Francesca DeRosa (Princeton University), *Engineering Normalcy: The Rise and Fall of the Heidelberg Arm* (OL)**

Prosthetic limbs are overwhelmingly designed in a military context for amputee veterans. Seen as a resource for making the body “whole” again, the prosthetic model, and technologies, enter difficult territory when applied to people with congenital limb differences. Nowhere is this more evident than the international struggle to fit the child survivors of Thalidomide with artificial arms and legs during the 1960s and 1970s. The nontraditional musculoskeletal setup of these children's limbs made the use of existing prosthetics almost impossible. This paper traces an international attempt to overcome this hurdle. The Heidelberg Arm, developed in the university's orthopedic clinic by Dr. Ernst Marquardt, was designed to overcome the problem of powering artificial arms for the Thalidomide children by strapping cylinders of compressed gas to their backs. The promise of the Arm raised international hopes that the Thalidomide children would finally be given the resources they need to overcome their disabilities and live normal, non-pathological lives. In the enormous amount of money, time and labor invested in this technology, however, a very important resource for the children was overlooked: the limbs that they were born with. Fueled by dreams of space-age solutions, national health agencies, philanthropy groups, parents and some doctors pushed a failed technology



upon the bodies of these children. The story of the Heidelberg Arm is a stunning example of the limits of “rehabilitation” when performed (even with the best of intentions) upon the bodies of group of people with very little agency: disabled children.

**Pallavi Podapati (Princeton University), *On Wheels: Rehabilitation and Sport at Stoke Mandeville, 1946-1976* (OL)**

During the Second World War, changes in treatment, the availability of antibiotics, and new physical therapy and rehabilitation programs led to high rates of survival for victims of spinal cord injuries. Previously, soldiers with spinal cord injuries were expected to succumb quickly to their wounds, and as the number of paraplegic veterans grew, state bureaucracies were presented with the problem of what life would look like after injury. Historians of medicine and disability have written widely on the rehabilitation of disabled soldiers in the 20<sup>th</sup> century, providing extensive accounts of veterans' relationships with nation states and their imbrication in national rebuilding efforts. In focusing on the wheelchair sports introduced as rehabilitative physical therapy at Stoke Mandeville's spinal unit, this paper adds to and complicates the existing literature. Patient newsletters and oral histories detail how sport took on a life of its own at Stoke Mandeville. As they sought to improve their performances on the courts and the track, wheelchair users and wheelchair athletes transformed wheelchair design. The innovations and developments they sought to implement often ran counter to the wishes of wheelchair manufacturers, health care professionals, and those who controlled wheelchair sports. This paper brings together histories of disability, medicine, and technology to examine the role of disabled patient-athletes both in transforming available resources and in eschewing the priorities of medical rehabilitation to put forth their own aims for recovery and ideas of resilience.

**Katja Guenther (Princeton University), “Thank you for Listening!”: Psychoanalysis, Technique, and the Culture of the Therapeutic** (OL)

In psychology, the concept of “resilience” has been criticized by social workers, scholars in disability studies, developmental psychologists and teachers. Some have seen it as excessively broad, others as too narrow. It has been challenged as promoting individualistic and “Western” ideals, or as idealizing the wrong kind of happiness. Yet much of the criticism has focused on developments of the concept since the 1990s. This paper seeks to contextualize this criticism, by





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recovering the early history of psychological “resilience.” It examines the post-war longitudinal studies by researchers such as Emmy Werner, Michael Rutter, and Norman Garmezy, whose early formulation of “resilience” was an unexpected by-product of their studies of risk. It then offers a tentative explanation why, in the 1990s, when the concept of resilience gained broader resonance within the context of “systems theory,” it began to overlap with conceptualizations of “resilience” in neighboring disciplines including ecology and finance, helping spur the criticisms that are familiar to us today. By recovering the early history of the concept, this paper seeks to restore some of the early promise of the concept, in particular the way it allows us to shift attention from an analysis based on “defects” to one focusing on “resources.”





**FRIDAY 1 JULY**

**0800-0900 Optional Activities**

*ECR Workshop: Richard McKay Build Resilience into your own Career*  
(Faraday B)

*PG/ECR Workshop: Digital Research with Gareth Millward (University of Southern Denmark)* (Faraday C) **IP/OL**

Contemporary historians have long had to accept that too much material has survived to read and make sense of it all. We cope by making strategic decisions about what questions we ask of the historical record, which sources we select and how we borrow from other scholars to piece together our broader understanding of the late twentieth century. But the historical internet poses significant new challenges. Internet usage increased significantly from the late 1990s. Websites and message boards presented new opportunities for Britons to document and share their health experiences, anxieties and hopes. Yet extant internet archives are patchy and more difficult to search than traditionally-catalogued repositories. We are simultaneously aware that there is too much for a single researcher to analyse and that we have lost most of the World Wide Web's content forever. How, then, can we write histories of the early twenty-first century that are comparable to those of the late twentieth? This paper begins to unpick these problems by presenting a history of the discourse around sick notes from around 1996 to 2002 in the Internet Archive using British Library search tools. Uncovering resilience in the face of hostile employers, doctors and the state, this work shows that we can access something meaningful about the cultural and social history of medicine at the time. However, is this history representative? Does it show limitations in our methodologies? And will the history of medicine have to rethink its working practices in light of this new type of source material?

**0900-1100 SESSIONS AND PANELS**

**Archives and Practice II** [Chair: Anne Helene Kvein Lie] (Faraday B)

PANEL: *Archival resilience in global health history: aspects of preservation and failure*





**Christoph Gradmann (University of Oslo), *History from Rubble: Studying the Local History of Tuberculosis in Global Health* (IP)**

The control of tuberculosis has been central in international and global health for long. However, archival material employed often originates in institutions residing in places where global policies are designed. In this case, well-organized and accessible archives facilitate study. By contrast, we find little scholarship that employs material from places where there has been a lot of tuberculosis in the last decades. Of course, challenges of tuberculosis control in such places have been addressed by social-science, anthropology in particular. The historical discipline, however, looking at a fleeting subject, the past, can only in part resort to methods and theories employed to study the present. In this situation, we have to work from the remains of what there once was in places where organized archives can be far in between.

On the example of local collections from Tanzania, my paper will discuss the heuristic and historiographic challenges of working with accidental, incomplete and often partially destroyed documentation from local hospitals. What remained and what was lost or destroyed needs to be considered. Which historical information can be gained from the traces of damage, destruction or survival? How do we triangulate with interviews? Which dimensions in the history of global health tuberculosis does such material help us to consider? We shall look at objects such as machinery, cars, surviving files or hospital equipment.

**John Manton (London School of Hygiene and Tropical Medicine), *Retelling the story of leprosy control in 20thC Nigeria, amid archival persistence and failure* (IP)**

This paper examines the fates of paper and its trails through local and international institutional contexts concerned with leprosy control in Eastern Nigeria in its heyday between 1926 and 1967. Large scale institutions and networks for the control of leprosy formed the dominant mode of investment and governance in public health and colonial disease control, as well as the underpinnings of postcolonial rural public health in much of the south east of Nigeria through the middle of the twentieth century, and its administrative and medical records capture the tenor of medical governance, colonial resource allocation, and the management of scientific research across the territory in



these years. Such records also materialise the reach of the colonial and independent state across its remotest and most neglected spaces. The fates of these papers bear eloquent witness to the postcolonial history of health and its administration in Nigeria. A clearer vision of the programme-wide dynamics of leprosy control can be found in resilient international NGO and global health archives, while local stories and meanings are more difficult to excavate and reconstruct, due to the destructiveness of civil war between 1967 and 1970, and poor storage conditions at increasingly stretched and impoverished institutions in its aftermath. The paper interrogates the salience of archival failure and destruction for our understandings of local dimensions of leprosy control, and the enduring and changing significance of the medical, public health, and scientific research work carried out in the arena of leprosy control in mid twentieth century Eastern Nigeria.

**David Bannister (University of Oslo), *The sum of their parts? Writing post-independence histories of health in Ghana (1957-2019) (IP)***

In Ghana, an uneven but voluminous system of health records production was maintained after the Second World War, into the early independence era. After the overthrow of Ghana's first independent government in 1966, the country passed through decades of rapid political and institutional change. This restructured the national health system at many levels – disrupting and reshaping production of official records, reconfiguring repositories of documentation available to historians. In the 1960s and 1970s the WHO assumed an increasingly influential role in shaping Ghana's healthcare. From the 1990s, WHO authority has been partly supplanted by the influence of organisations like the World Bank and Gates Foundation. These transnational bodies produce well-funded archives, which have sometimes occluded the significance of less-accessible sources and localised perceptions of change. This paper discusses sources for writing social and political-economic histories of public health in Ghana. Drawing on examples from 1957 to the present – smallpox eradication in the rural north, the Onchocerciasis Control Programme in West Africa, the 1978 Alma Ata Declaration and the creation of Ghana's National Health Insurance Scheme in the early 2000s - it charts an unstable production of historical records from different vantage points since independence, and examines how historiographical possibilities are constrained by this variable source base. With reference to regional and household archives, in tandem with oral histories, the paper argues for the importance and complications of local,



social and subjective sources: for writing closely-textured histories of health in Ghana, and for more effectively illuminating the wider world of global health.

**Noémi Tousignant (University College London), *Histories of a global health inequality: resilient fragments of scandal, promise and non-immunity in Senegal* (OL)**

In the late 1970s, Senegalese children were among the first in the world to be injected with an experimental French hepatitis B vaccine. For the next twenty years, the vaccine was deemed too expensive for large-scale use in Senegal (and elsewhere). In some circles, memory of this delayed post-trial access points to the moral failure of transnational medical research and pharmaceutical business. Surprisingly, no Senegalese experts, interviewed in 2019, claim knowledge of two episodes buried in unclipped, unindexed, undigitized but archived newspapers: the announcement, in 1982, of plans to build a hepatitis B vaccine production facility in Senegal, and in 1985, a donation of 80 000 doses for a mass immunization campaign. Meanwhile, the bodies of adults and adolescents (born after vaccination began on a large scale circa 2005) bear non-vaccination in the form of persistently high, but poorly documented and contested, rates of chronic viral infection. In this paper, I reflect on how to approach these three resilient presences of delayed access to hepatitis B vaccination in Senegal: as ethical objection to remembered injustice, as buried and forgotten paper records of broken promise, and as biological markers of pathological risk. I consider how archival scarcity and fragility exacerbate global health inequalities by obscuring their historical modes of production but, at the same time, how the gaps and dissonances of partial forms of scientific and historical evidence reveal other kinds of truths about the effects of unequal protection by biomedical technologies.

**Premodern Resiliences III** [Chair: David Turner] (Faraday C)

**Wendy J Turner (Augusta University) *Feigning Madness: The Case of William Hawkyns, 1552 London* (IP)**

In mid-April 1552, William Hawkyns attempted to speak with the fourteen-year-old King Edward VI alone on the topic of a bill he wished to put forward. He was barred from this conversation with the ill king by John Dudley, Duke of Northumberland and Lord Protector. Dudley instituted the Act of Uniformity



earlier that year in January (1552), which imposed the Second Book of Common Prayer to begin in March, the same month Hawkyms took the first of his ideas to the London council at “Fleet bridge.”

When Hawkyms’s story began, he “kept a school about St. Bartholomew’s.”<sup>1</sup> There were several schools in the area around St. Bartholomew’s Church, including its own medieval foundation cathedral school. Within a few weeks of his desire to see the king, Hawkyms found himself “committed at Greenwich first to the Porter’s Lodge, thence to the Tower, and has been sundry times examined by [Sir Philip] Hoby and Mr [Arthur] Darcy .... He feigned himself to be *furiosus* [translated in the Calendars as “frantic”] but is now come to his right wits, as Darcy says. This paper intends to look at when and why individuals might fake mental health conditions, including malingering, and consider the case of William Hawkyms. Was he truly mentally ill or faking and was his reasoning part of his religious stance or an academic one?

**Paige Donaghy (University of Queensland), “Two Kinds of Conceptions”: False conceptions, moles and pregnancy in early modern Europe (IP)**

In early modern England and Europe, women’s lives were largely –although not exclusively– entwined with reproduction and motherhood. This has been well documented by historians, but in recent years, attention has rightly been turned to other, non-reproductive experiences, like infertility and pregnancy loss. This paper builds upon these studies, but focusses on miscarriage and the understudied phenomena known as “false conceptions”, mola or moles, which were lumps of flesh causing the same physical signs as ‘true’ pregnancy. I will focus on these ‘other’ reproductive experiences to draw out early modern notions of ‘trying again’, not unlike modern ‘resilience’.

By analysing a variety of medical works, case studies and letters, in seventeenth- to eighteenth-century England and Europe, this paper highlights the culturally embedded expectations and attitudes attending pregnancy loss and false conceptions. What emerges through medical, mostly male responses are common perspectives urging or expecting a ‘trying again’, where women did not produce ‘true’ fetuses or infants. The few women’s voices that emerge in the archives also reveal similar ideas, and these cases demonstrate the power that the notion of ‘re-trying’ had in the face of physically or psychologically painful and dangerous experiences of pregnancy loss. I will

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<sup>1</sup> See note 1.



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suggest that the frequency of these ideas indicates the depth of teleological ideas about women's lives as being tied to the production of a 'true' infant. This evidence also reveals a complex naturalisation of pregnancy loss, perceived as something a woman might simply expect to encounter –and move on from– in her reproductive life.

**Geoffrey Hudson (Lakehead and Laurentian Universities), *Resilience, accidental history and war in England, c.1590-1810* (OL)**

Accidents in war and peace are defined and interpreted differently by societies over time. This paper will examine the experience of men who survived accidental injury in naval and military forces as well as in home-based hospitals and relief schemes. It will also explore the experience of war widows. In doing so it will examine the resilience of those who experienced accidents. The paper will also question both contemporary perceptions of the difference between non-martial and martial accidents, and injuries, as well as the extent to which accidents became normalized in certain contexts. The import of disability and gender will be explored. In addition, the handling of accidents and risk over time will be examined, including the role of medics with respect to relevant factors (e.g. alcohol). To explore this topic I will use materials from the English county pension scheme for ex-servicemen (1593-1679), including petitions from the men, letters from military and other patrons, as well as administrative orders from over a dozen counties and corporations. In addition I will employ records from the Royal Hospitals of Greenwich and Chelsea (created in the late seventeenth-century), including administrative records as well as petitions and support letters.

**Catherine Beck (University of Copenhagen), *Community, environment and tolerance: mental disorder at sea in the C18th* (OL)**

Experiences of mental disorder at sea were fundamentally shaped by the maritime environment and the contingencies of sea-service. Sailors were globally mobile but also paradoxically confined to the tight space of the ship and the systems of social control required to safely sail it. Ships' surgeons widely attributed episodes of derangement to factors caused by the ship's mobility, such as the movement between hot and cold climates, or exposure to sunstroke, scurvy, and nostalgia. This same mobility removed sailors from the kinship networks many early modern sufferers of mental disorder relied upon for care outside the asylum. However, mental disturbance was also a widely



accepted part of life at sea. The same conditions which could isolate sufferers also created close-knit shipboard communities, where messmates cared for one another especially in times of mental and emotional distress. Some of those who suffered from frequent periods of mental derangement were cared for by their messmates for years before they came to attention of their surgeon or officers. These contingencies created a kind of practical tolerance which seems at odds with our modern ideas about 'resilience' and the environmental and spatial conditions conducive of stigma towards mental disorder and difference. This paper uses the British Royal Navy as a case study to understand the relationship between community and the physical environment of the ship and sea in sailors' experiences of mental disorder and early modern conceptions of capacity and resilience.

**War and Resilience II** [Chair: Leighton James] (Faraday D)

**Heather Ellis (Western University), 'Who cares?' Veterans, hospitalization and networks of care in post-WWI Canada (IP)**

1918 marked the end of the First World War, but for returning Canadian soldiers it was the beginning of adjustment, recovery and, in some cases, collapse. The transition from war to peace was especially difficult for those diagnosed with a psychological illness. Canadian veterans relied on multiple pillars of care – the family, the hospital, and the state – in the years following the Great War. These three actors were influential to the rehabilitation and recovery of psychologically wounded ex-servicemen. Their involvement actively shaped the post-war experiences of shell-shocked Canadian veterans. Using a select sample of hospitalized veterans, this paper will explore how Canadian ex-servicemen with serious psychological illnesses accessed different levels of care during the interwar period. While many of these men were institutionalized for the majority of their lives, others remained outside of the hospital walls and relied on familial and financial support from the Canadian State. My study will combine hospital records and pension files to uncover the multi-layered care network utilized by veterans. These records will illustrate veterans' experiences in Westminster and how the state and family members could influence veteran medical treatment. What emerges from the research is evidence of a power struggle between physicians, pension officials, veterans and their families. It is this negotiation between multiple actors that determined what type of care was available to psychologically wounded ex-servicemen.



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**Natasha Stoyce (University of Leicester), *Captives on the forgotten front: female medical workers as prisoners of war in Serbia during the Great War, 1915-1916* (OL)**

The all-female Scottish Women's Hospitals (SWH) expected to battle disease and conduct surgery in a war-zone when they embarked on their Great War mission to aid Serbia during its worst-recorded typhus epidemic in January 1915. Serbia's invasion by Central Powers forces on the 8<sup>th</sup> October 1915, however, left these women facing an ethically impossible choice. They could either leave their patients and retreat with the Serbian Army out of the country, or remain with their charges and face enemy occupation. Though it was prohibited for medical staff to be made prisoners of war under the rules of the Geneva Convention, those women who stayed behind were to endure a gruelling four month ordeal as captives of enemy forces. This paper will present the 'prisoner of war' experiences of the SWH members who remained in Serbia throughout the early months of occupation. It will address the mental and physical strains captivity placed upon the units' members, alongside the gendered difficulties of continuing to work in this setting (i.e. threats of sexual violence). Finally, it will examine the (often covert and ingenious) methods of resistance utilised by these women to both undermine their captors and defend themselves throughout their ordeal, paying particular attention to the personal and group narratives of resilience that emerged from this period.

**Rebecca A. Bennette (Middlebury College), *Recovering resistance and resilience: German soldiers' psychiatric files from WWI and patient agency* (OL)**

Though there has been extensive research into the role psychiatry played during WWI, comparatively little has been done—especially in the German realm—to examine how the soldiers' themselves reacted to and negotiated their treatment. In a reinterpretation of military psychiatry in Germany during World War I, my paper will argue that contemporary doctors were neither as dismissive of the traumatizing effects of modern warfare nor as brutal in their approach to afflicted soldiers as historians have commonly believed. This not only affected the treatment of shell-shocked soldiers but also impacted how even overt forms of disobedience and opposition like desertion and conscientious objection were handled. Instead of merely seeing soldiers as being traumatized by the war itself and then re-traumatized and stigmatized by the treatment they received from physicians during WWI, my paper contends



that a close reading of the actual patient files of German soldiers treated for shellshock and a variety of other disorders reveals significant elements of patient agency to negotiate treatment regimens and even counter the stigmatizing labels at times placed upon these men. Indeed, that the German military tended to medicalize (instead of criminalize, as was common elsewhere) soldiers who could not or would not take to the battlefield to engage the enemy meant such men often had greater opportunities for resilience. Based on a forthcoming book, this paper is drawn from research involving approximately 2200 patient files.

**Jason Bate (Birkbeck College), *Practicing Photography, Family Recovery, and the Post-war Rehabilitation of Facially-injured Ex-servicemen* (OL)**

This paper looks at the relationship between two popular activities for facially injured veterans in post-war Britain, photographing and recovering, and explores the influence that civil and domestic reintegration had on visual and emotional experiences and related family photographic practices. It focuses, in particular, on the significance that practices of resilience and visibility had for a growing body of family photographers and men who returned from the First World War with facial injuries as they dealt with experiences of stigma as a rebuilding of their lives after being wounded. Drawing on the everyday historical experiences of families and photography users as these were articulated at the time, the paper offers new insight into the role that such interactions had on the success or failure of surgical possibility of what was, effectively, a unique form of injury in relation to selfhood and socialisation. My argument is that the sense of imagining and seeing a domestic future enabled by family photographing contributed to shape a new visual recovery and privileging rehabilitation as a personally and collectively recognised experience. In turn, this fuelled the desire for a new visual language of family and means of representation that could challenge the difficulties that men with otherwise non-impedimentary facial injuries encountered in obtaining public-facing employment in retail or other service industries.

**Britain and the NHS II [Chair: Peter Dickson] (Faraday E)**

**Angela Whitecross (University of Manchester), *The NHS and 'resilience' in the UK since 1948* (IP)**





For 70 years or so the NHS has stood as a unique institution providing healthcare to over 95 per cent of the UK's population and since the 1960s has been the UK's largest employer. The central place of the NHS in UK everyday life and its engagement with people across age, gender and class since 1948 makes it a rich environment for exploring the history of resilience from multiple perspectives including those of healthcare systems, patients' experiences of illness, and the working lives of NHS staff. This paper draws on over 800 oral history interviews undertaken with patients, staff and the public about their NHS experiences through NHS at 70: The Story of Our Lives, a UK-wide programme of work based at the University of Manchester and supported by the National Lottery Heritage Fund. It incorporates the notion of crisis with that of resilience. Crisis has been an enduring feature across the history of the NHS and, like resilience, is a concept that can be analysed across systems and human experiences. Through the voices of patients and NHS staff, crisis and resilience are shown to operate within a dynamic equilibrium which attributes the post-crisis survival of systems and people to the human capital of the NHS and its broader social dimensions of humanitarianism. It concludes by showing how the resilience of the NHS for people across the UK extends beyond the material level of the provision of healthcare. Rather it is understood as the ultimate safety net that protects their health and that of their families and stands between life and death in their imagined futures.

**Gayle Davis (University of Edinburgh), *The British Abortion Act (1967): contestation and survival (IP)***

The British Abortion Act (1967) is one of the oldest extant pieces of statute to govern modern medical practice. It legalised abortion where the risk to the life of a pregnant woman, or of injury to her physical or mental health, or to that of her existing children, was deemed greater than the risks from abortion and, by requiring two doctors to certify that appropriate indications existed, effectively 'medicalized' abortion. Fierce contestation has dogged the legislation over its five decades, with – at our count – 52 attempts to reform it since 1967, yet the Act has survived largely unaltered since its introduction (with one minor amendment in 1990). Drawing upon hitherto under- and un-utilised archival resources plus a series of oral history interviews with key medical practitioners, politicians and activists, this paper seeks to explain its resilience despite the radically changing social and medical contexts within which the Act has been perceived and interpreted. The resilience of the activists who



have campaigned fiercely to drive those enthusiastic reform attempts will also be considered, with their major strategies reviewed. In doing so, the paper will tease out the legislation's enduring significance to the history of modern medicine, women's healthcare and activism in post-World War II Britain.

**Rosemary Cresswell (University of Strathclyde) '*Cinderella*' services, chronic ill-health and charity in the early NHS (IP)**

Facilities for the elderly and for mental health services often provided care for patients with long-term, chronic conditions, in comparison to the heroic, acute medicine of some wards of general and specialist National Health Service hospitals. The demand for both of these areas of health and social care (which often overlapped, with elderly patients requiring mental health care), was beyond the provision of the NHS and local authorities alone, and therefore the borders of charitable, local authority and nationalised provision of care were blurred right from the beginning of the NHS. Particularly focussing on the British Red Cross Society and the merger of three mental health organisations which became the National Association for Mental Health in 1946, this paper examines the interactions of the Labour government from 1945-1951 and the Conservative governments from 1951-1964 with charities which provided institutions such as hospitals, and convalescent and nursing homes. Charities were resilient through diversification in the face of state-funded healthcare, filling these gaps in the newly launched NHS whether through fundraising, volunteering, patient charges or funding from local authorities, for example. This paper compares activities in England and Wales with Northern Ireland, where health and social care was more integrated.

**Philip Begley (University of Liverpool), *Public Health Genomics: Searching for the Holy Grail* (OL)**

This paper will centre on a new consideration of the NHS reforms of the late 1980s and early 1990s, focussing in particular on the role of the US academic Professor Alain Enthoven and the significance of contemporary debates about the suitability of the HMO model in Britain. It emerges from a new project at the University of Liverpool and a new interdisciplinary network around transatlantic health policy learning, especially the influence of US ideas



on British health policy. Despite recent political controversies about the relative 'Americanisation' of the NHS, it appears as though throughout its history the NHS has been relatively open to overseas ideas, and that there is a long and under appreciated history of interaction with the US which merits further investigation. By analysing newly available primary sources, oral history interviews and the proceedings of a recent witness seminar, this paper will begin to look at one example –the 'Internal Market' reforms and Enthoven's role–in a new light, establishing in detail for the first time what he actually did during visits to Britain and why, how his work was perceived at the time, and what its impact actually was. Although significant reforms subsequently took place which have been taken to demonstrate the influence of US ideas and the adaptation of the NHS in response to a number of challenges, there may also have been an important degree of resilience which meant more radical changes were debated but not attempted, and that there were clear limits to US influence.

**Environment and Animals II** [Chair: Michael Bresalier] (Faraday F)

**PANEL: Engineering resilience: improving livestock health in colonial Africa and Asia**

**Samuël Coghe (Freie Universität Berlin), *Creating the Renitelo: Cattle Breeding and Veterinary Science in Late Colonial and Early Postcolonial Madagascar* (OL)**

Improving livestock and livestock farming practices became an important field of colonial intervention in the late nineteenth and twentieth centuries. Veterinary experts in colonial Africa and Asia not only fought animal diseases or tried to change the perceived *laissez faire* attitudes of indigenous livestock owners, they also introduced new species or new breeds that seemed economically more promising than indigenous ones. At least in the case of bovine cattle, however, "pure" breeds from Europe or other temperate climates usually proved badly adapted to (sub)tropical diseases, environments and pastoralist practices. Many died prematurely, yet others were used to cross-breed with local cattle breeds. This paper presents a case study on the creation of the so-called Renitelo ('three mothers' in Malgasy) in late colonial and early postcolonial Madagascar. Officially presented as a new 'race' in 1966, the Renitelo was the result of almost four decades of cross-breeding efforts at the experimental station of Kianjasoa, involving local zebu cattle,



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Limousins from France and Afrikanders from South Africa. It was said to combine high economic productivity (of tasteful meat, milk and draught power) with a desirable level of ‘rusticité’ or hardiness, needed to face the challenging environmental conditions and extensive farming practices of Central Madagascar. The paper first disentangles the economic, medical and also nationalist motives that led to the Renitelo. In a second step, it explores the shifting scientific paradigms and breeding practices adopted by French and Malgasy vets in Kianjasoa. Finally, it asks to what extent and on what basis the Renitelo was accepted by Malgasy stockmen.

**Saurabh Mishra (University of Sheffield), *Peasant Households, ‘Public Cattle’, and Healing Strategies in Late-Colonial India (OL)***

While there is a huge corpus of scholarly work on public health in British India, veterinary health has received almost no attention until now. Most conclusions regarding the nature of colonial medicine have, therefore, been reached solely on the basis of studies of human medicine. This is a noticeable gap in itself, but also has major implications for our understanding of human societies -- after all, cattle were integral to rural life in places like India, and calamities such as famines and epidemics could severely damage agrarian productivity by massively diminishing the amount of cattle stock in a region. One also needs to keep in mind the strong affective ties between cattle and their owners, which led to desperate attempts on the latter’s part to keep them alive. This paper will highlight all this but, more importantly, look at non-human health from the perspective of peasants, cultivators and cattle-owners. It will ask the following questions: In the absence of state investment into preserving ‘public cattle’, how did cattle-owners safeguard the health of their animal stock? What kind of healers and healing practices were available in rural areas to combat animal diseases? How did peasants react to large- scale epidemics of rinderpest that swept the country on a regular basis? How did the health of cattle fit within the overall health priorities of the peasant household?

**Bárbara Direito (NOVA University Lisbon), *‘A livestock keeping country cannot be improvised’ – Improving indigenous and imported bovine cattle breeds in Southern Mozambique, 1920s-1940s (OL)***

“A livestock keeping country cannot be improvised”, argued the director of the central breeding station of Mozambique in 1933, when presenting the exact methods for improving bovine cattle in the south of the territory, and the





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role colonial state-led zootechnical science would play in that context. Due to the absence of the tsetse fly and the existence of large areas of pastures and fertile river valleys, bovine cattle had historically been central in the lives of African agro-pastoral societies in southern Mozambique, and Portuguese colonial rule brought with it an increasing interest in the expansion of the European livestock economy. But infectious diseases, irregular rainfall and periodic drought posed numerous challenges to both the indigenous and imported cattle breeds in the beginning of the twentieth century. While efforts to deal with infectious diseases were ongoing, veterinary doctors in the recently created veterinary services (1908) started debating the future of bovine livestock in the region. Reflecting dominant racial prejudice and disregarding local veterinary knowledge, experts perceived African animal husbandry practices as backward and uneconomic, and argued that the indigenous breed, representing the majority of existing cattle, was of low quality. Debates emerged however on whether the indigenous breed could be improved and how, and whether imported breeds could be successfully acclimatized to local conditions. Drawing mostly on archival and printed sources, this paper traces the scientific and technical debates surrounding, as well as the results, of official cattle improvement policies in Mozambique between the 1920s and 1940s.

**William G. Clarence-Smith (SOAS) *Trypanosoma evansi* (surra): combating a disease of livestock (OL)**

*Surra* (*Trypanosoma evansi*) is a blood parasite that causes lethal anaemia in equids, camels, tamed elephants, and dogs, and chronically weakens bovids, but does not affect humans. Blood-sucking flies mainly transmit the parasite, which reproduces clonally by division. Parasitologists consider that *surra* emerged as a mutation of tsetse-borne trypanosomes in the Horn of Africa, crossed into North Africa early in the Common Era, and spread through much of the tropical and sub-tropical world. Intensified contacts posed new threats, and the disease ravaged parts of South America from around 1800. Griffith Evans discovered the parasite in 1880 in India, and insect transmission was proven in 1901. Veterinarians recommended surveillance, quarantine, and slaughtering, and prevented the disease from becoming enzootic in the USA, Australia and Southern Africa in the 1900s. They also sought, in vain, to limit swarms of flies. They turned instead to arsenic-based drugs, which came onto the market from the early 20th century. Drugs were expensive, though colonial armed forces and settlers used them. Local people showed their own forms of



resilience, by avoiding contact with flies and applying their own remedies. However, the disease remains enzootic in poorer parts of the world to this day.

**(Dis)Abilities III** [Chair: Ryan Sweet] (Faraday G)

**Felicity McKee (Swansea University), *Working the system: performativity and resilience in C19th Britain* (IP)**

Throughout history the binary roles of able bodied and disabled created a sense of the 'normative' and the 'other', with the corporeal identity of disabled people being viewed through the lens of the medical model that limited them to what was 'different', 'wrong' or 'needing fixed'. This approach caused disabled people at times to be viewed as 'abnormal', deviant, queer and less than those with a more "normative" corporeal identity. I suggest that many disabled people in the 19th century exemplified resilience, through their ability to react and adjust and be resourceful in the presence of adversity or trauma. Through the performativity of disability, they could utilize a socially constructed identity to their advantage by re-appropriating items and symbols of disability to challenge social perceptions, acquire assistance and welfare and work an oppressive system to meet their end goals.

**Selina Hurley (Science Museum, London), *Roads to Recovery: A co-curated journey of life after a brain injury* (IP)**

Medicine: The Wellcome Galleries opened at the Science Museum in November 2019, providing a not only a new home for the history of medicine as well as compelling and emotional personal stories relating to health and wellbeing in more recent times. To contribute to Medicine and Treatments: The GSK Gallery, a group of six people at different stages of recovery after a brain injury came together to share their experiences. Over the course of two years, the Yorkshire-based group, all with links to the Brain Injury Rehabilitation Trust (BIRT), met with the Science Museum team to co-curate an object display, write their own labels and develop a 7-minute film entitled Roads to Recovery. The aim of the project was to provide visitors with a personal insight into the holistic components involved in recovery following a brain injury. By working with people currently experiencing brain injury rehabilitation, we aimed to provide a unique perspective on the 'rehabilitation journey' and the complexity of what is involved, including the professional services but also the more 'hidden' aspects of rehabilitation such as the essential role of family and





friends. This paper will share some of the challenges and surprising outcomes of the project, the ways in which a participatory approach to museum displays can reveal previously untold stories as well as the impact of the project on Science Museum staff, visitors and the participants themselves.

**Ruth Blue (Thalidomide Society), 'Do you want a hand?' Tales of resilience from the thalidomide community (IP)**

The resilience of thalidomide survivors and their parents to survive the worst medical catastrophe of the 20<sup>th</sup> century in the western world. In 1962, the Thalidomide Society was formed by the parents of children born affected by the drug thalidomide which had led to their children being born with missing or shortened limbs, missing eyes or ears as well as a range of other complications including facial paralysis and internal damage. Widely considered to be the greatest medical catastrophe in the western world, out of the 10,000 live births in the UK, only 460 thalidomide survivors are alive today. The Society has been working, alongside the British Library, to capture their life stories, in their own words, as well as those of their parents. Resilience has been an essential factor in their survival – they have had to develop resilience to fight the medical establishment and drug companies, to deal with impairments that are complex and usually visible, to cope with intrusive media presence, a world not equipped for disabled people as well as surgery, pain and ensuing mental health issues. I will present some audio extracts from their recorded stories detailing strategies of resilience they have used to overcome more obstacles than perhaps any group before them. These will be illustrated with unique historical images collected for the Thalidomide Society archive. The stories can be heart-breaking, hilarious or provocative but all are absolutely original and help to illustrate changing attitudes to disability in life as well as in the media and the medical profession from the 1960s to the present day.

**Christopher Rudeen (Harvard University), 'Mental health is not fashion': shirts, stigma, strength (IP)**

In August, *The Washington Post* ran a story on “Rest in Peace” T-shirts, which commemorate lost loved ones. “RIP shirts have become a somber material extension of the nation’s social epidemics: inner-city gun violence, mass shootings, drug overdoses. These custom shirts, once commonly thought as corporate swag or something you might get at the beach, have transformed into something much more resonant”—specifically, in the words of one





designer, into “some type of therapy.” Building on the work of scholars Katie Kavanagh O’Neill, Robin Brooks, Laurence Ralph, and Samantha King, this paper seeks to take that statement seriously and explore the use of shirts as a technology of group therapy. “RIP” or “Race for the Cure” shirts can help groups battling “social epidemics” enact a form of community healing through the therapeutic mourning of an “identified patient,” but such healing is inextricably tied with larger fears of economic injustice, corporate cooptation, and misguided attention away from underlying social determinants of health. The *Post* article, printed in the business section, also highlighted the tensions the shirts carry by speaking up for injustice while potentially profiting off traumatic events. During Fashion Week in Milan, Gucci dressed its models in white jumpsuits, the tops of which resembled straitjackets. One model, Ayesha Tan-Jones, wrote “Mental health is not fashion” on their hands as a form of silent protest. As such, this paper will explore the media, history, and materiality of shirts to question their ambivalent and complex role in enacting group recovery

## **1115-1245 SESSIONS AND PANELS**

**Archives and Practice III** [Chair:] (Faraday B)

**PANEL: Resilience, disease and urban Irish death data, 1864-1911 (Check spacing)**

**Ciara Breathnach (University of Limerick), Causes of death and resilient diseases, Dublin 1901 (OL)**

In 1864 civil registration of births and deaths and compulsory smallpox vaccination were simultaneously introduced to Ireland. Dispensary doctors were responsible for undertaking the tasks associated with the management of birth and death registration at a local level. The system was managed centrally by the General Register Office, which was also responsible for administering the census. Combined, its various functions produced vast quantities of personal meta data, which are invaluable sources for the social history of medicine in Ireland. Dublin at the turn of the nineteenth century was an impoverished city with such a worryingly high mortality rate that a Royal Commission was established to examine its public health problems. While death in all life cycles had been relatively higher there than in other major cities of the United Kingdom for decades, it was concern over stubbornly high infant



and child mortality rates that prompted the inquiry. The aim of this paper is to provide an overview of the potential of these data to reveal the strengths and weaknesses of historical cause of death data. With a focus on housing and living standards, it will show how the interoperation of civil registration and census data enables us to examine the primary causes of death from gendered, class and life cycle perspectives.

**Rachel Murphy (University of Limerick), *Mapping causes of death and resilient diseases, Dublin 1901 (OL)***

Drawing on a combination of death registration data made available to the project by the General Register Office and data from the 1901 census held at the National Archives of Ireland, this paper shows how we have mapped the top 10 causes of death to identify and discuss the epidemiological environments in various parts of the city. This paper focuses in particular on the respiratory and tubercular conditions that were a pervasive threat to life in the dilapidated Dublin tenements. Mapping these data also offers an opportunity to see the impact of new house building and philanthropic endeavour to improve living standards in the city, and how it contributed to the control of pervasive diseases. This paper provides an overview of disease prevalence in one Dublin ward in the census years of 1901 and 1911. With a focus on two types of 'big data', namely census returns and civil registration of death for one ward, North City 1 East (NC1E), we exemplify the importance of these datasets not only to medical history but also to the production of prosopographies for working-class and poor people.

**Stuart Clancy (University of Limerick), *Tuberculosis in Limerick Institutions 1901-1911 (OL)***

Tuberculosis was identified as one the primary causes of death in Limerick for several decades. Although it affected every family in the city in some shape or form the sheer mention of the word brought an unmatched level of stigmatisation and shame. Institutions such as the Limerick District Lunatic Asylum and the Limerick Workhouse were heavily affected by the disease. 1901, 577 people died in Limerick city. Almost one quarter of these deaths were attributed to phthisis, tubercular meningitis or other tubercular diseases. Despite the relatively large number of families affected there is little research conducted to date relating to tuberculosis in Limerick city. The purpose of this paper is to show an element of my PhD research and the process I am using to



map tuberculosis in Limerick institutions in the early twentieth century and the benefit that methods such as these can have for researchers. Instances of the disease are being mapped using QGIS, an open-source geographical information systems application. This is being conducted using data received from the General Registers Office. The paper will outline the process of transforming the raw data received into visual maps, which involves breaking down the data to its most granular form to be cross-referenced with the census data from its respective years. There was a number of challenges and obstacles that were overcome to complete the valuable data set which will be discussed in this paper. The overall aim is to show how resilient TB was in Limerick over this timeframe and the profound affect the disease had on those that resided in the city's institutions.

**Premodern Resiliences IV** [Chair: David Turner] (Faraday C)

**PANEL: Disability, temporality and resistance**

Bianca Frohne (University of Kiel) *How Time Flies: Temporal, Spatial and Bodily Distortions as Images of Recovery in Early Medieval Miracle Stories* **(OL)**

The proposed paper focuses on the sensorial, emotional and performative dimensions attributed to the experience of pain, illness and recovery in early medieval hagiography, and specifically asks how the respective imageries of pain and recovery are connected. Early medieval miracle accounts give detailed descriptions not only of people experiencing pain, but also of – sometimes excruciating – healing processes and the ways onlookers and bystanders react to the sight of illness and recovery. The depiction of both illness and recovery is often deeply linked with experiences of pain: On the one hand, pain and suffering are synonymous with illness, and pain is often described as an illness in itself. On the other hand, it is striking that temporal, spatial and bodily distortions are used as part of the overall imagery of healing. On this basis, the paper examines the suffering body as an intermediary between different meta-physical states, but also as an experiencing agent. For example, medical imagery is used in order to describe how pain moved about inside the body, while many miracles rely on rigorously altering the temporal, spatial or material configurations of the body to achieve healing and recovery. The paper uses the concept of resilience in order to highlight the multifaceted character of pain in early medieval culture and to examine its performative aspects.



**Emily Cock (Cardiff University), *Get well soon! Temporality and authority in early modern medicine* (IP)**

This paper picks up temporality as a site for contested authority in early modern health encounters. Resilience is after all a temporal phenomenon — a focus on bouncing back quickly, or, better, preventing any arrest in a linear move forward. Time mattered in the medical marketplace, guiding everything from when and how far the patient or practitioner could travel (and who did), to whether they sought out 'New!' or time-tested remedies. Spending time with patients and treating them over a longer period, could be used by the college physicians to differentiate themselves from the quick-fix quacks they competed with. Practitioners occasionally fought for sufficient time to diagnose and treat patients before they went elsewhere, and time to perform activities in the process of ritualisation. Individuals at all levels of the social scale could demand or resist medical intervention and imperatives for preventative and resilience-building behaviours, but uncovering their experiences often requires reading through (or against) the authoritative voice of the practitioner.

**Colonial and Global Stories IV** [Chair: Claire Jones] (Faraday D)

**PANEL:** *Trauma, Stress and Uprooting* (Check spacing)

**Hannah Proctor (University of Strathclyde), *Shattered Lives: Displacement, Trauma and the Harvard Project on the Soviet Social System* (IP)**

In 1950 a team of social scientists from Harvard University arrived in West Germany to begin a nine-month period of interviews with displaced persons from the Soviet Union in an attempt to comprehend Soviet society 'from inside'. Commissioned by the US Air Force as the Cold War was beginning to take shape as a battle of ideologies, the Harvard Project on the Soviet Social System (HPSSS) or Refugee Interview Project officially participated in the US state's attempt to understand and defeat the communist 'enemy'. However, a major paradox of the project, of which its designers were acutely aware, was that the people being interviewed were no longer inside the Soviet Union at all. This paper intends to explore a contradiction inherent to the HPSSS between the hermetic image of Soviet society and psychology it attempted to construct in theory, and the displacement and cross-cultural encounters that



characterised it in practice, asking whether the interviews disrupted the very stereotyped cultural assumptions they were designed to uncover. One of the features that united the HPSSS interviewees' experiences, according to the HPSSS psychologists, was the preponderance of traumatic experiences; these were lives, they claimed, 'shattered by catastrophe' and characterised by 'deprivation, disruption and threat'. But did the HPSSS's definition of trauma imply a universal human subject or did they find that Soviet people responded to and narrated their traumatic experiences in a culturally specific manner? And did the project's focus on Soviet experience obscure aspects of interviewees' lives that were specific to experiences of displacement?

**Baher Ibrahim (University of Glasgow), *Traumatised Cultures and Cultures of Trauma (IP)***

This presentation will explore the emergence of the 'refugee trauma' field in the United States. In the 1970s and 1980s, refugees from the Indochinese peninsula (Vietnam, Laos, Cambodia) were resettled by the hundreds of thousands in the US, drawing the attention of psychiatrists. My research has focused on the efforts of psychiatrists and humanitarians, and specifically the Harvard Program in Refugee Trauma (HPRT), to develop responses to the psychological trauma of these refugees, especially Cambodians. Mental health specialists in the US saw the experiences of refugees as useful in shedding light on how people reacted to traumatising events. At a time when psychological trauma was exploding on the scene as a medical and cultural phenomenon, refugees' minds offered a new source of insight into it. Knowledge obtained from refugees was considered useful in furthering understanding of trauma in other groups of contemporary relevance in America, such as Vietnam veterans and survivors of sexual violence. In 1981, Harvard psychiatrists established the Indochinese Psychiatry Clinic in Boston, precursor to HPRT. In 1988 these efforts extended to the camps on the Thai-Cambodian border, where a 'mental health crisis' was declared by psychiatrists following a visit there. One notable effort was the Cambodian American Women Oral History Project, that collected and documented the life stories of ten Cambodian refugee women who were not psychiatric patients and had successfully adapted to American society, and aimed to elicit their 'trauma story' and discover how they had managed to cope with extraordinary trauma and remain asymptomatic.





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**Susan Grant (Liverpool John Moores University), *Ageing well, Soviet style: elder health and physical culture, 1958-1985* (IP)**

In the Soviet Union exercise and physical culture came to occupy an important place in older people's lives. Scientists and medical professionals were interested in helping older people to arm themselves in preparing for a healthy old age. Diet, exercise and lifestyle for middle aged and older people were subject to serious study with a raft of publications designed to instruct and inform Soviet citizens on what they needed to do to ward off premature ageing and the range of illnesses associated with it. Soviet scientists believed that it was never too late to begin an exercise regime and considered older bodies to be resilient and strong if regular exercise and healthy lifestyle was followed. Research examined types of exercises most suited to certain ages, gender, and healthcare conditions. Doctors were supposed to prescribe some of these to their elder patients. Older people were also given agency in this process – radio and television broadcasts as well as publications on elder health were supposed to educate and inform them on how to look after their bodies. While countries in the West were concerned with curative aspects of elder health, the Soviet Union also pursued prophylactic measures. Their goal was to make older bodies and old people resilient, to help extend their working lives and continue to contribute to Soviet society. In this paper I examine these efforts to make older people physically resilient, the reasons behind them, and their outcomes.

**Treatments and their Discontents III** [Chair: Rosemary Cresswell] (Faraday E)

**PANEL: *From victim to survivor: the history of burns in Britain, 1800-2000***

**Jonathan Reinartz (University of Birmingham), *Searching for resilience: changing narratives in burns treatment in Britain, 1800-2000* (IP)**

In his autobiography, Ambrose Paré recounts finding three French soldiers with severe gunpowder burns in a stable during the battle of Milan (1536). Asked by a passing French soldier whether anything could be done for his injured compatriots, Paré responded in the negative, whereupon the soldier drew his dagger and slit their throats. Although the outlook for burns victims was not as pessimistic at the outset of the nineteenth century, prognoses remained such that any discussion of resilience with respect to serious burns (especially as conceived in healthcare today) seems entirely out of place. However,



narratives around burns significantly changed in this era, which begins with the appearance of the first book on burns to appear in the English language.

This paper will chart key moments in burns healthcare in Britain from the appearance of Edward Kentish's *Essay on Burns* (1797) through to the appearance of the first autobiographies of burns survivors, such as James Partridge, who explicitly refers to the resilience of burns patients in his book, *Changing Faces* (1990). The first section of the paper will concentrate on the high levels of mortality and disability associated with severe burns and scalds, which significantly limited discussions around burns recovery. If one can speak of resilience with respect to burns, it would be in relation to the growth of industries and survival of poor living conditions that encouraged great numbers of burns injuries and death in many British communities. In an age of bacteriology, however, burns were reframed and optimism was more often expressed in the medical literature. That said, medical archives remain incomplete, covering only comparatively short periods of treatment, and rarely full recovery of burns injuries. With the expansion of burns teams after WWII, long-term recovery is more regularly acknowledged by medical professionals in patient notes, often including occupational therapy and psychological support. Nevertheless, it is only with the appearance of autobiographies of the individuals who founded charities specifically for burns patients that we can appreciate how much remained to be done to build resilience among this patient population until the establishment of patient organisations and burns charities from the 1990s onwards.

**Rebecca Wynter (University of Birmingham) *Between Coconut Grove and Heaven: Psychiatry and Resilience in the Aftermath of Fire Disaster, c.1942-2001*(OL)**

An ocean and almost 60 years apart, the fires at both Coconut Grove Nightclub in Boston, Massachusetts, and *De Hemel* (Heaven) café in Volendam, The Netherlands, raged across decorations and adorned ceilings and left overwhelming damage in their wake. The death toll was certainly shocking: 491 died as a result of the Boston blaze, and 14 in Holland, with many more sustaining burn injuries. The impact on the laws around fire and public safety in both countries changed dramatically, but that Volendam happened suggests that learning lessons across time and borders is often a resilient hope. Resilience and hope were considered integral to how survivors managed the aftermath of the disasters. This paper will consider the presence and absence



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of both and the impact of mass fire calamities in the twentieth and twenty-first centuries on the psychological experiences and researchers' observations of survivors. In doing so, it will explore transformations in psychiatry and psychological support: how grief came to be considered as an abnormal psychological state, the recognition of post-traumatic stress disorder in civilians, and the counselling of first responders.

**Gendering Resilience III** [Chair: Laura Kelly] (Faraday F)

**Richard McKay (University of Cambridge), *Queer men dealing with venereal disease in London, 1930-1967* (IP)**

Little research exists documenting the challenges endured by queer men—those who identified as gay, and others who had sex with them—dealing with the risks of venereal disease in Britain before the emergence of the HIV/AIDS epidemic in the early 1980s. The literature is especially sparse for the period preceding the partial decriminalisation of homosexual offences in 1967. This presentation draws extensively upon a preliminary sample of newly digitised and de-identified patient records from the Whitechapel Clinic in east London, supplemented with archival materials and recently elicited reminiscences from older gay men and a trans woman. It explores the difficult circumstances queer men in London navigated as they became intimately familiar with a growing health concern during the middle decades of the twentieth century. Although therapeutic advances ushered in dramatic improvements in treatment ease and effectiveness during this period, the likelihood of infection for these men appears to have increased. Queer men risked possible imprisonment, loss of employment, blackmail, significant stigma, and distressing mental-health 'cures' if their sexuality became widely known. Many also worried about discrimination from medical staff when they sought treatment for venereal infections. The presentation will articulate a multi-layered story of resilience: of these men, withstanding challenging personal and physical circumstances, some for several years; of the Clinic, an institution that was emblematic of the underfunded 'Cinderella' discipline of venereology, surviving under hospital, county council, and NHS management; and of researcher endeavor, in terms of a nearly-six-year bureaucratic odyssey to gain access to these patient records.

**Ketil Slagstad (London School of Hygiene and Tropical Medicine), *The amphibiousness of AIDS activism, Norway 1975-1987* (IP)**





This paper is the first to tell the story of early AIDS activism in Norway. It draws on 14 oral history interviews with medical professionals, activists, and bureaucrats and a range of archival material. Gay and lesbian health professionals started to address the special health needs of gay and lesbian communities in the 1970s. This early work provided a crucial framework for addressing the epidemic. The paper seeks to place the official response to AIDS in a larger social-democratic historical context in which public health and sexuality was negotiated by means of social intervention. It follows the role of healthcare workers who were gay and lesbian themselves and who mediated between the authorities and gay and lesbian communities. This amphibious role gave them credibility with both the authorities and gay men and put them in an ideal position to transmit embodied perspectives to officials and enabled joint planning and action by both authorities and affected communities. At the same time, this amphibiousness often involved negotiating insecurity and juggling conflicting roles in order to avoid jeopardising credibility. This story demonstrates how important but challenging it was for activists to work with the government and as a healthcare worker while trying to retain trust in the gay and lesbian communities building resilience against a deadly epidemic. The story shows that being a gay man and AIDS activist fighting stigmatisation was no guarantee of not reproducing exclusionary and patriarchal hierarchies in society even within the queer communities, for instance, by neglecting the perspectives of lesbians or other minorities.

**Hannah J. Elizabeth (London School of Hygiene and Tropical Medicine),  
*Edinburgh's paediatric AIDS resource centre: creating space, building  
networks and teaching resilience (IP)***

Edinburgh as a city was disproportionately affected by the AIDS crisis in the early 1980-1990s, earning it the unhappy title of 'AIDS Capital of Europe'. Within Edinburgh, women and children were affected by HIV in higher numbers than elsewhere in the UK, with new infections predominantly occurring among IV drug users and heterosexuals. Because of the high rates of HIV infection among women in Edinburgh, the city rapidly became host to numerous charities and organisations scrambling to meet the needs of HIV-affected women and families, aiming to prevent new infections and meet the emotional, medical, housing and educational needs of those already affected by the virus.





This paper traces how doctors, social workers and HIV-affected women responded to the AIDS crisis in Edinburgh, examining particularly how women's needs within the family and as carers were met by the creation of new organisations, spaces, and networks. To focus the analysis, the creation of the Paediatric AIDS Resource Centre (PARC) in 1991 in Edinburgh will be examined, alongside some of the educational and emotional objects the centre produced. The importance of PARC will be demonstrated not just by placing it in its social, political and historic context, but by recovering the words of the HIV-affected women who drew on or created its resources, allowing these women to speak within the history they created as subjects rather than objects.

**Individuals and Institutions III** [Chair: Beatriz Pichel] (Faraday G)

**Kate Cleaver (Swansea University), *The Victorian Asylum; how the first investigative journalist brings light to forgotten Welsh voices* (IP)**

Nellie Bly wrote *Ten Days in a Madhouse* in 1887; she was an American female investigative journalist who was given the task of finding out what happened behind the white-clad nurses; exposing the horrifying world of the lunatic asylum. One year later in Wales a forty-seven year-old woman, EM, was committed to the Briton Ferry Lunatic Asylum due to chronic mania caused by a property dispute. Within months of her sister committing her, she had been registered as insane. FJ was admitted to Vernon House in 1874 with depression caused by money matters, again her uncle waited only months before legally declaring her insane. MW was also sent to the asylum in 1874 and again was declared insane in months. In each case the women were ghosts on a page. This paper will look at how Nellie Bly and historical records can bring to life the forgotten voices of women who were put away. The industrial revolution tossed family and work life into a blender. Anyone unable to keep up became cast out to the peripheries of society. Family networks fell apart and the 'disability' label came into being. By rediscovering these voices and letting them speak, stories that have been lost can be heard.

**Sridhi Dash (Ravenshaw University), *Battling Illness: Literature as a Weapon* (OL)**

Suffering in any form is undesirable . One sometimes prefers death to being completely vulnerable to the terrifying despotism of a disease. While, under some circumstances, death can be invested with nobility , illness is a state of



suffering minus dignity. Diseases like leprosy tend to rob an individual of all markers of dignity. In the hierarchy of diseases, it stands as the symbol of 'death before death' due to the harshly punitive meanings that have been historically associated with it through its representation in religious texts. In 2013, Pope Francis compared "careerism" in church to leprosy hinting at its destructive effect. In Hindu folktales, the disease is shown as a consequence of moral infirmity and degradation. Thus physical suffering is compounded manifold by the loss of dignity due to the stigma attached to leprosy.

In this paper I choose to discuss three exemplary life narratives of eminent personalities of pre independent India. Doubly disadvantaged as colonised Indians and 'lepers', these resilient writers embark on a literary journey, making endeavours to imaginatively win the battle against leprosy by deploying 'literature' as a weapon. The dialogue regarding the social stigma and the self stigma borne by the sufferers can be witnessed in these life narratives. The first narrative by Dr Ramachandra Mishra (also known as Faturananda) uses humour and satire as a technique to overcome physical pain and social exclusion. The second narrative is about another eminent writer Dr Lakhminarayan Sahu who was a social activist and one of the architects of the Indian Constitution. Remembered for his battles against caste discrimination and untouchability in India, in his autobiography, he reflects upon various adversities he had to battle which included a fight against leprosy. The third life narrative is written by Dr Sriramchandra Dash who was suspected to have contracted leprosy as a student. Like Faturananda, he equates the struggle against the disease with Gandhi's struggle for independence that left his body broken but could not vanquish his spirit. Though writing doesn't serve as a panacea to the disease, it serves as an aid in reconciling oneself with the adversity and reintegrating oneself into society.

**Kristin Hussey (University of Copenhagen), *Rhythms and medical history: Towards a new research agenda* (OL)**

When Ebenezer Scrooge was haunted by his business partner Jacob Marley after a dinner of bread and cheese, he naturally assumed his stomach to blame for the nightmarish apparition. 'You may be an undigested bit of beef, a blot of mustard, a crumb of cheese, a fragment of underdone potato. There's more of gravy than of grave about you...' Insomnia can be described as a Victorian disease par excellence – the product of the pressures of modern



life which to reach endemic levels by the end of the century. Historians studying conditions like neurasthenia and fatigue have tended to focus on their production from a culture of overwork, manifesting itself in pathologies of the brain. However, this focus on the brain overlooks another central player: the gut. Medical writers on both sides of the Atlantic pondered what to eat, when to eat it, and how alleviating common bowel disorders might support the quest for sleep. Dyspepsia, constipation and flatulence were perceived as tireless antagonists of the body's natural resilience. One of the most prolific medical writers on insomnia, Joseph Mortimer Granville, went so far as to suggest an entire category of sleeplessness which could be attributed to 'visceral consciousnesses'. This paper will explore the role of the digestive system in Victorian medical and pseudo-medical writing on sleep and sleeplessness and interrogate changing conceptions of the mind-gut connection in the face of new physiological research. I will argue for the resilience of the gut as a site of somatic concern in 19th century medical thinking on insomnia and suggest that an attunement to the viscera captures a much broader sense of sleep disruption than a focus on the overworked brain alone.

**1500-1630 Special Session: COVID Roundtable – Pathways out of pandemics**  
[Chair: Michael Bresalier] (Faraday LT)

Erica Charters (Oxford University), Alberto Giubilini (Oxford University), Mark Honigsbaum (City University London) Jacob Steere-Williams (College of Charleston), Dora Vargha (University of Exeter)

**1700-1815 Plenary 2. Sanjoy Bhattacharya (University of York)** [Chair: Michael Bresalier ] (Faraday LT) *When Resilience Harms: Notions of White Supremacy in Global Health, and its Histories (OL)*

Global Health exists in great complexity. There have been many ways of defining and recording value in its multifaceted activities, which are best seen as an intricate mosaic that build upon the imagination and effort of people around the world. However, it is a truism that only the perspectives and the actions of relatively few actors have historically received coverage and recognition within policy, public, charitable, private and academic sectors. Indeed, as high income country-based or funded institutions plan the delivery of current and future priorities, these efforts have been continually and deeply interlinked to markedly exclusionary visions of the past. These are, in almost all instances, historical re-tellings based on the identification of





select individuals and the celebratory descriptions of the programmes they were supposed to have 'led', apparently through the top-down application of their ideas. This exclusionary gaze is generally racist: unable, almost always, to identify any value in the actions of - and contributions made by - low and middle income country personnel, as leaders who explained complex terrains, brought in workable ideas, adapted policies designed from afar with little contextualisation and ensure successful implementation. Sadly, these trends are only infrequently challenged in academic scholarship, where similarly racially exclusionary visions of value and leadership continue to thrive, often through publishing or funding practice. Such trends are accentuated by ideologically distinct approaches that, yet again, seem to identify and locate the source of radicalism and democratic working in high income contexts. These approaches combine to ensure the resilience of historical narratives of the great value of white actors in global health programmes - work done 'out there', to influence, civilize, modernise and improve. That the resilience of these tropes continually justify the continued supremacy of white actors and institutions they dominate in ongoing programmes and future plans is not accidental. Drawing on decades of research of WHO projects and their implementation across South Asia, as well as experience of engaging and working within western academia, this keynote discusses the harmful impact of the resilience of such white supremacy - conservative, liberal and democratic - in intersecting worlds of policy, practice, academia, research and funding. He suggests meaningful equity and inclusion in all these fields is possible, but that this can only be possible through constant, critical self-reflection; this can help develop anti-racist approaches to identifying value in the planning, implementation and evaluation of global health, as well as detailed institutional and academic histories that flow from such activities.





**SATURDAY 2 JULY**

**0815-0915 OPTIONAL ACTIVITIES**

PG/ECR Session: Beatriz Pichel (SSHAM) *Turn your Thesis into a Book* (Faraday B)  
**IP/OL**

**0915-1030 PLENARY 3 Michael Stolberg** (University of Würzburg)  
*Resilience and control: coping with chronic illness in the 16th and 17th centuries* [Chair: David Turner] (Faraday LT)

People in the early modern period would not have expressed it in these terms but in many ways “resilience” in the face of disease and physical decline was a capacity that was even more important and indeed indispensable than it is, for large parts of most people’s lives, today. The risk of falling victim to a “fever”, “pleuresy”, or some other acute disease and of even dying from it at a young age was always present. Chronic diseases like “consumption”, “dropsy” or “cancer” took their often painful natural course over years, with medical treatment showing little or no effect. The agony of the dying could last for weeks or even months, with few means to alleviate the pain, the shortness of breath, the nausea and similar unrelenting complaints that often tormented them.

In my paper, I will draw on the writings of patients, in particular, and on the medical case histories compiled by physicians to study the ideas and practices that gave early modern patients and their families the strength to deal with the ubiquitous danger and the personal experience of physical suffering. I will, of course, also discuss the place of religious belief but I will highlight above all the place of medical prophylaxis and treatment as a means to achieve a sense of control.

**1030-1200 SESSIONS AND PANELS**

**Colonial and Global Stories V** [Chair:] (Faraday B)

**Kate Grauvogel (Indiana University), *The environmental influence of abandoned psychiatric hospitals* (IP)**





Flanked by crowded suburbs and Smithtown Bay, Kings Park Psychiatric Center complex on Long Island, New York slowly withers and dies as plants and animals reclaim the dilapidated buildings that pepper the sprawling 800-acre property. Walking through these grounds in the summer months one can hear faint cheers from a little league baseball game in a neighboring park. While it seems a strange juxtaposition, the presence of unoccupied mental health hospitals in proximity to well-traversed areas is not uncommon. In this paper I ask how abandoned institutions like Kings Park interact with nature and their modern environments. To do this I ask the following questions: To what extent do negative perceptions of asylums as abuse sites or mental illness stigmas preclude the construction of residential, public, business, and retail spaces in and around these abandoned hospitals? How do these ghost campuses preserve and protect plants, animals, historic landscapes, and institutional architecture from encroaching suburban and urban environments? With these guiding questions I draw from building records and plans, zoning laws, preservation efforts, urban explorations of derelict psychiatric facilities, and cultural perceptions of asylums and mental illness to explore how stigma, place, and memory keep these relics vacant but vital participants in their environments by serving as nature preserves and reminders of failed efforts to treat and house the mentally ill.

**Ved Baruah (Shanghai University), *Health and well-being for all: Patrick Geddes' Indian urban regeneration projects, 1915-1925 (IP)***

Patrick Geddes (1854-1932) spent nearly a decade working in India, including a stint as the inaugural professor of sociology at Bombay University. In an endeavour to understand India, its people and their social realities he travelled extensively and associated with prominent public figures like Rabindranath Tagore and Mahatma Gandhi. These endeavours resulted in more than 35 planning reports on renewal of Indian urban spaces, many of which were commissioned by local governments/municipalities and successfully implemented. Although largely forgotten today, the reports and the follow-on projects represent a crucial phase in the development of Geddes' thinking as they epitomise a synthesis of his multifaceted ideas on biology, ecology, conservation and sociocultural understanding. Geddes is now best remembered for pioneering ideas about human–environment interactions on local as well as global scale and using this as a template for studying the relationship between ecosystems and social systems. The Indian reports demonstrate Geddes' ideas on socio-ecological resilience where the



individual and their place in the sociocultural sphere play a key role in interactions with ecology, culture, history in the face of modernisation. Using archival and secondary sources, this paper will focus on ways in which Geddes' urban planning thinking and design incorporated strategies to promote holistic health and well-being into the social and spatial fabric of urban living drawing from both traditional Indian life and western modernity. In doing so it reveals how his work influenced Lewis Mumford and Radhakamal Murkherjee, while also anticipating contemporary debates about resilience and the human environment

**Rebecca Irvine (City University New York) 'Public Health, Disease and the Body: Malaria in Colonial and Postcolonial Iraq'(OL)**

In the summer of 1963, a serious malaria epidemic spread across the district of Basra in southern Iraq, killing thousands in a matter of weeks. While a more severe malaria season such as this was not uncommon in Iraq as late as the 1940s, by 1963 the World Health Organization's malaria eradication programme was well underway. Yet much like other attempts to control the disease, the eradication programme faced both administrative and political problems throughout its tenure. In this paper, I trace this history of malaria as an endemic disease in twentieth century Iraq, from the British occupation during the First World War through to the postcolonial republican period. Drawing on scientific and policy publications produced by a range of actors in and about Iraq (including those of British military forces, Iraqi institutions and the WHO) in order to understand the various scientific and political discourses and practices around the disease. Following these different mechanisms of disease prevention and control opens up the evolving logic of public health and the distinctive priorities of the different institutions at each stage. It shows how competing modes of authority laid claim to questions over the environment, health and disease, and how their interventions impacted the Iraqis they purported to protect.

**Treatments and their Discontents IV** [Chair: Rosemary Cresswell] (Faraday C)

**Anne Kveim Lie (University of Oslo), *Historicizing substitution treatment: biomedicalization and its (dis)contents* (IP)**





During the last 30 years, addiction has increasingly become biomedicalized, objectified in concrete neurobiological terms as a biobehavioural disease residing at the molecular level, as part of a bid to transform this stigmatized phenomenon from moral defect into a chronic disease. As user organizations and other social movements now struggle with the challenge of questioning the biomedical model of addiction without falling back into the trap of moralization and criminalization, careful historical engagement is all the more important.

In this paper, I will discuss how biomedical treatment of addiction was introduced in the form of substitution treatment within the Scandinavian welfare states in the long 1990s, with a particular focus on Norway. The Scandinavian welfare states all had a restrictive drug policy, relying on social work rather than medical approaches, and substitution treatment was severely opposed. In Norway in particular, it was seen as way to disempower drug addicts and taking away their “natural resilience”. There was cross-political agreement on the possibility of ending addiction by drug-free treatment by social and psychological means. As late as 1997, substitution treatment was considered to imply a degrading attitude to the persons suffering from problematic drug use, as a loss of faith in them and their ability to change their lives, condemning them to lifelong dependency. At that time however, harm reduction practices had started to develop, informed by experiences through the hiv epidemic. Drawing on archival studies, oral history interviews with key informants as well as policy papers I will argue that during these crucial years, processes of (bio)medicalization and demedicalization were negotiated and borders were drawn, both diachronically and synchronically across different social subgroups.

**Catharine Coleborne (University of Newcastle) and Hans Pols (University of Sydney), *Mental health advocacy: the rise of the consumer movement in Australia, 1970s-2000s* (OL)**

In the final decades of the twentieth century, the rise of the mental health consumer movement signalled the importance of local and national advocacy to achieve the better provision of mental health services. When interpreted as part of a global shift in the understanding of mental health, the commitment of advocates can be viewed as one of many acts of resilience in mental health communities following widespread institutional closures. Advocates for those with lived experiences of mental illness, including family members, carers and peer workers, continue to play a central role in the



delivery of mental health care in Australia in our present, providing evidence of their strength and purpose. The preliminary report of the Royal Commission into Victoria's Mental Health System, released in late 2019, frames the concept of resilience in several different ways, including placing emphasis on the sheer persistence of advocates.

This paper focuses on the historical contributions of consumer advocates and their supporters, highlighting case studies from New South Wales and Victoria, also placing these inside an international context. It explores the meanings of resilience through the profound adaptation of healthcare systems to the problem of mental illness outside institutional settings and as experienced in the wider community by the 1990s. This paper is one outcome of an Australian Research Council Discovery project, 'The development of Australian community psychiatry' (2019 – 2021).

**Ylva Söderfeldt (Uppsala University), *Who do patient organisations represent? A critical view on the mobilisation of patients in C20th medicine (OL)***

Self-help is currently a frequently used resource to build resilience and coping mechanisms for people experiencing illness and disability. Over the past decades, a vast landscape of groups and organizations by and for patients has evolved and become an essential part of the medical sphere. Organized patients provide support and information, engage in lobbying, and participate in knowledge generation through patient-led research and crowdsourced data. This is commonly viewed as a recent phenomenon, but in fact the first European patient organization formed in Germany as early as 1897. Still, little is known about the historical roots of patient organizations, and what role patient involvement has played in the development of modern medicine and medical practices. I will present results from an ongoing research project that uses case studies of 20th century German patient organizations, in an attempt to reconstruct how one of the today's most influential social movements emerged. In particular, I address the strategies that the organizations used to build their own resilience and that of their members by building alliances with, rather than challenging, the medical mainstream. This questions the established idea that patient groups are typically subversive agents in the medical sphere, while at the same time challenging the notion of lay and expert knowledge as being separate. Hence I address fundamental questions about the forging of the patient-physician relationship, about the shaping of





expertise in modern medicine, and of the potentials and pitfalls of building resilient structures for patient involvement and influence.

**Institutions and Individuals IV** [Chair: Wendy Turner] (Faraday D)

**Martin Kuhar (Croatian Academy of Sciences and Arts) and Stella Fatović-Ferenčić (Croatia Academy of Sciences and Arts), *A profession in conflict: Croatian pharmacy between politics and economy, 1858-1945* (IP)**

In this presentation we shall elaborate the impact of social, political and economic processes on the formation and development of the pharmaceutical profession in Croatia until the end of the Second World War. Political axes and dominant economic theories wrote a complex history of interactions between the pharmaceutical profession and state structures, dramatically polarising the pharmacists into interest groups, which resulted in the class conflict and institutional divisions. The presentation will focus on the conflicts between the owners and the employees which arose from their disagreements regarding professional interests, social issues and political ideologies. We shall reconstruct various phases of the conflict, starting with the 1914 employees' strike in Zagreb and ending with the nationalisation of pharmacies after the Second World War. Our main argument is that the conflict between the owners and the employees created powerful dynamics of change in the pharmaceutical profession. It induced the establishment of various class bodies and official gazettes; influenced the debates around new pharmaceutical legislation; awakened the need to establish instruments of social protection and financial aid; problematized the concession system and ultimately led to the conversion of private pharmacies into state-owned ones. These complex processes were embedded in the quest for the unique identity of the pharmaceutical profession.

**Barbora Rambousková (University of Pardubice) *From the White Coat to the Smoking: the transformations of the Czech physicians' social status between 1850 and 1940* (IP)**

Nowadays, physicians as a profession enjoy not only prestige, but also high social standing. When and how did their consolidation as part of the elites in general, and professional elites, in particular, take place? Our paper strives to answer this question through a discursive analysis of the physicians' memoirs and correspondence, focusing on the Czech Lands (Bohemia and Moravia) in



the years of 1850-1940, and making punctual comparisons to the situation in other European countries. We examine how they presented themselves in their memoirs, what issues they stressed, what they wished to convey to their readers. We also analyse these physicians' trajectories, including their family origins, the funding of their education and their professional career patterns, including the differences between the physicians who worked at the clinic (prestigious sites of scientific activities) and the rural and urban general practitioners. The everyday public representation of medical profession by the physicians themselves is taken into account, too: their networks, their lifestyles, the way they socialised and how they wrote about it. The aim is to trace the path of the Czech physicians towards prestige, respectability, and high social standing...how they became distinguished gentlemen who, in the evening, took off their white coats to put on a smoking to attend high-society soirées.

**Darina Martykánová (Universidad Autónoma de Madrid) *A Priest of the Humankind or a Gentleman? Physicians in the context of neo-imperial Spain (1820s-1880s)* (IP)**

In our paper, we analyse the image physicians presented of themselves in writing and in portraiture, to map the complex negotiation of their professional identity as, at the same time, elite, masculine and essentially Spanish. We contrast it with their representations in the social imaginary of that time, representations that they strove to shape and control, with limited success. We pay particular attention to physicians practicing in Cuba, Puerto Rico, or Philippines and on how colonial context and its ethnic, racial, religious, and national plurality shaped professional discourse. We introduce comparisons with the patterns of redefinition of medical profession in France, as this neighbouring country –and another global empire– was a constant point of comparison and reference for Spanish physicians, but also because French and Spanish physicians shared the same space of circulation of knowledge, practices, and institutional models for centuries.

**Jane Freebody (Oxford Brookes) *Resilience through Occupation in Interwar French and English Mental Hospitals, c.1918-1939.* (IP)**

Work and occupation have been used therapeutically in institutions for the mentally disordered since the late eighteenth century, originally conceived in the context of moral therapy as a means of promoting a patient's self-control and developing resilience to their morbid thoughts, at the same time as





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rehabilitating them for the labour market. Work within the institution helped prepare patients for the rigours and responsibilities of earning a living outside it. This paper examines the role of occupation some 150 years later in French and English mental hospitals during the interwar period, highlighting the divergent rationales for the prescription of occupation in the two countries in the aftermath of World War I. In England, patient work evolved to become occupational therapy, influenced by developments in the USA where occupation centred on the learning of arts and crafts became an essential aspect of re-educating the patient and instilling good habits. Patients were encouraged to develop new skills and to produce aesthetically pleasing artefacts, rather than prepare for the modern workplace. The emphasis was on therapy rather than rehabilitation. In France, on the other hand, patients continued to assist with the smooth-running of the institution, working in the laundry, kitchen, workshops and grounds, cleaning and growing food, as they had done before the war. This paper evaluates each approach as a means of developing resilience amongst patients, arguing that neither prepared patients for the new working methods of the factory and assembly line.

