EAHMH OSLO 2023

# Book of abstracts

## Crisis in Health and Medicine

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# Book of abstracts

## Crisis in Health and Medicine

# 01

# Keynote lectures

### Sámi trails in the archive

**BRITT KRAMVIG**, UiT The Arctic University of Norway, Norway

The Knut Lunde archive was donated to the UiT The Arctic University of Tromsø library in 2013 after being safeguarded by his descendants since Lunde died in 1937. The archive consists of more the 30 000 letters from people in need of healing, and that trusted Lunde's capacity to give hope, ease pain and improve their lives. In addition, the archive consists of Lunde's consultation notes, documenting time, name, health condition, diagnoses and medical advice. The journals (1902-1937) seem to be guided and organized according to the more official medical journals practice, even though Lunde lacked biomedical education.

In this presentation I will mobilize the Lunde archive to make evident that a mode of One Health indigenous philosophy can be found in the practice of Lunde if we acknowledge him as an indigenous Sámi medical expert that within a context of colonization needed to modify his medical practice and how it was documented. In order to do so, we will need a decolonial critical and creative engagement with what archives are and can be. What would such a decolonizing engagement involve? How can we address the silencing done in archives and how can we open the archive to the present crises in health and medicine? To engage with these questions, I suggest that we need to go be one the historical archive and connect the archive to the memories embedded in the land, through engaging with landscape as archive.

### How medicine becomes trash: Healthcare waste as environmental crisis

**JEREMY A. GREENE**, Johns Hopkins University, USA

The modern medical enterprise is distinctively wasteful. This may seem to result inevitably from the hazardous nature of medical substances, whose infection risk, chemical toxicity, or radioactivity and accordingly requires more extensive techniques of waste handling. Yet only 15% of global healthcare wastes fit this specialized profile. The remaining 85% are simply materials that have been built to be disposable rather than reusable: a staggering volume of single-use items that emit toxins and carbon dioxide when incinerated, give off methane and other greenhouse gases while decomposing in landfills, or, if they escape these two fates, float on the surface of the oceans.

It was not always this way. In a relatively short period of time, we have naturalized the use of single-use masks, single-use surgical drapes, single-use plastic syringes, single-use surgical tools, and single-use diagnostic tests, all wrapped in multiple layers of single-use plastics—and then forgotten there was ever any alternative. In this keynote, Jeremy Greene traces the links between environmental history, the history of technology, and the outsized role that the global healthcare sector now plays in contributing to climate change and plastic waste. Greene the recent crisis of COVID-waste as a window into the broader infrastructure of engineered wastefulness in modern medicine and its differential effects across rich and poor nations on a global scale, and rich and poor neighborhoods on more local scales. Only through historical analysis, he argues, can we work to unseat medical waste as a natural category and reconsider it as the outcome of a set of value decisions we have made in the past, and can change in the future.

## Relief, reform, and realpolitik: International medical humanitarianism and the messy politics of U.S. foreign disaster assistance

**JULIA F. IRWIN,** Louisiana State University, USA

In her keynote lecture, Julia F. Irwin explores the links between the history of disasters, the histories of medicine and health, and the complex politics of global humanitarian relief. Catastrophes caused by earthquakes, tropical storms, floods, and other natural hazards, as Irwin will discuss, must be understood as comprehensive medical and health crises. Aid to disaster survivors, by extension, has often focused on ameliorating the physical and mental harms that such catastrophes precipitate. Yet, disaster aid has never been purely altruistic. Historically, it has also functioned as a valuable instrument of foreign policy, a tool for promoting the diplomatic, strategic, and economic interests of donor nations.

To illustrate these points, Irwin presents case studies of U.S. responses to multiple disasters in East Asia and Central America during the early twentieth century. While highlighting the centrality of medicine and health to American foreign disaster assistance efforts, she also analyzes the messy politics and power dynamics that underpinned these humanitarian operations. In the wake of these crises, as she will discuss, American humanitarians found auspicious opportunities to exert medical influence, exercise biomedical power, and promote the United States' image as a benevolent nation. By thinking more critically about the medical and political histories of disasters, Irwin emphasizes, perhaps we can improve our collective responses to future global crises.

## Crisis upon crisis. Ruderal landscapes, traces and the history of medicine

**GUILLAUME LACHENAL,** médialab, Sciences Po, France

What happens to the history of medicine and health when the world surrounding us experiences crisis upon crisis? What kind of stories, methods and archives should we turn to, as the "pile of debris before us grows skyward" ? My lecture is an attempt to intensify the conversation between the history of medicine, the environmental humanities and the biosciences. Using the history of the HIV-Aids pandemic as an example, I will explore what we can gain by engaging, as historians of medicine, with ruderality – the shared condition of living among the rubble – and landscapes – understood as sets of multi-specific ecological relations, as multi-layered spaces shaped by the sedimentation of time, history and crises, but also as repositories of signs, traces and meanings left, perceived and interpreted by multiple beings, including other-than-humans. Such perspective enables to "place" and to "environmentalize" our histories of medicine and health, of course – to "bring them down to earth", as Bruno Latour said. But it can do more than this. Noticing, unearthing and following the traces that form the landscape can help us imagine "unimagined histories". Drawing from my research in East Cameroon and North Paris, I will show how, for example, the genetic sequences of pathogens, as well as archeological, architectural and urban traces, can help us research and write unimagined histories – that are open-ended, not pre-packaged in archival boxes, and shaped by the agencies and interpretations of other-than-us. They start from and lead to the ruderal landscapes of now, shaped by crisis upon crisis, by medicine itself and by life among their debris.

# 02

# Panel submissions and individual papers

## Polio as enabler of innovation, treatment and support

### “Drowning in their own secretions”: Copenhagen’s 1952 polio epidemic and the technological origins of modern intensive care.

**YVAN PRKACHIN UZH,**
Institut für Biomedizinische Ethik und Medizingeschichte (IBME), Switzerland

Polio hit the city of Copenhagen hard in 1952, leading to an unprecedented emergency for the city’s sole infectious disease hospital, the Blegdam. Short of iron lungs and facing an imminent disaster, the hospitals chief collaborated with an ambitious young anesthesiologist, Bjorn Ibsen, to adapt the surgical procedure of positive pressure ventilation to the care of medical patients. In doing so, Ibsen set the stage for the emergence of modern ventilation, and more broadly, modern intensive care.

The version of this story frequently told in medical textbooks, and as part of intensive care’s fashioning of its own history, obscures a number of crucial issues. The emergence of intensive care in Copenhagen was, in fact, the result of several overlapping historical developments, including the emergence of anesthesiology as an independent medical specialty after WWII, the WHO’s role in fostering the new profession in Europe, and, surprisingly, the growth of the Danish radio industry. This paper analyzes the profoundly complex interaction between professional ambitions, technological change, and epidemic disease in the twentieth century, and the role of these factors in shifting the structure of the modern hospital. Moreover, I show how this new form of hospital care encoded certain understandings of the breathing body that would have profound implications during the early months of the Covid-19 pandemic nearly 70 years later.

### Coping with polio – the emergence of specialised rehabilitation centres in Austria in the 1950s

**MARINA HILBER**, Institute for Historical Sciences, University of Innsbruck, Austria

Polio epidemics occurred in Austria – as in other European countries – since the early 20th century. After the World War II, the frequency and severity of the outbreaks intensified, so that epidemic attacks were to be expected every year after 1945. Polio was not a major killer, but people feared the often severe paralytic symptoms and poliomyelitis can in fact be described as a “scandalised disease”. Contemporary medical research focused primarily on developing a preventive vaccine. Physical medicine in the 1950s had a repertoire of conservative and surgical treatments for polio after-effects, but there were also therapeutic alternatives outside of orthodox medicine. While the controversial debate about the Aus tralian Sister Kenny and her therapeutic concept seems to have been well addressed, other alternative or complementary concepts are still largely a desideratum of medical-historical research.

This contribution examines the foundation of two specialised rehabilitation facilities in Austria, which primarily emerged from lay initiatives. The first was the "Kinderlähmungs-Institut" (Polio-Institute) founded by the masseur Wilhelm Püschel in cooperation with the charitable Hilfsverein für Kindergelähmte (Polio-Charity) in Vorarlberg at the beginning of the 1950s. In the mid-1950s, another centre, a spa in Baden near Vienna was established, which was co-initiated by the Vienna Verband zur Bekämpfung der Kinderlähmung (Association for the Fight against Poliomyelitis). The therapeutic approaches of physical medicine and psychotherapy play a role as well as patient-oriented questions regarding inclusion and social coexistence in those facilities. With these questions, the article locates itself within the social history of medicine and disability studies.

### Border crossings: Negotiating the 1930 polio epidemic in the Franco-German borderlands

**REBECCA SCALES**, Rochester Institute of Technology, USA

In July 1930, several cases of polio appeared in Bischwiller-Hagenau, a rural town near Strasbourg, claiming the life of the mayor's grandson and marking the debut of France's largest polio epidemic to date. By late September, authorities counted an estimated 450 cases across the eastern Bas-Rhin region. Although Strasbourg boasted a medical school, a specialized pediatric clinic, and a robust municipal health system, the epidemic taxed the resources of the city and regional governments, propelling local politicians to demand support from Paris. Parisian politicians, for their part, worried about the epidemic's impact in a "politically sensitive" region that had only returned to France in 1918 after several decades of German annexation, and where the loyalties of the multi-lingual, multi-confessional population might not be secured. My paper examines how the polio epidemic operated differently as a "crisis" at the regional and national levels, as well as the moments when local and Parisian concerns converged. Challenging conventional portrayals of the interwar French state as non-interventionist in matters of public health, my research shows how the epidemic's size and location compelled the state to take a firmer hand in investigating its origins, as well as to provide financial support to care for polio patients. Parisian demands that local authorities establish sanitary cordons along the Franco-German border, however, provoked widespread concerns among locals, who relied upon regular commercial and cultural exchanges with Germany. Tensions over how to regulate polio continued into the mid-1930s, as outbreaks continued annually in the region.

## Medical research, practice and public health in postrevolutionary China

### Medical research during the cultural revolution: Stagnation or success

**ALEX KNIGHTON**, Oxford University, United Kingdom

The Cultural Revolution, undeniably a time of crisis, affected all aspects of life in China, not least medical research. However, the historiography of twentieth century China largely ignores advances made in science during the Cultural Revolution (1967-1977). Historians of science who do tackle the decade focus on advances in agriculture or physics, while historians of medicine discuss the changes in healthcare distribution and the lives of healthcare professionals; a paucity of literature exists on advances in medical science specifically. This essay therefore argues that the Cultural Revolution was in fact a relatively fruitful time for medical research.

By identifying three often overlooked "discoveries" made during the Cultural Revolution, this essay discusses how prevailing politics shaped research output. The most notable discovery is of the anti-malarial artemisinin (Tu Youyou, 1971), which is often painted as a story of the achievement of medicine in the face of adversity. This example challenges the preconception that there was no research output, but also refutes the idea that all research was conducted as a clandestine struggle against the state ideology. Communist ideology in fact supported a distinct style of research, through the promotion of Traditional Chinese Medicine (TCM) within research, the encouragement of national self-reliance, and the requirement that research must serve the masses. More significantly, the objective of this essay is not just to draw attention to neglected advances, but to generate a discussion of how best to evaluate the success of research by challenging the definition, and the methods for quantifying its success.

### Emotions, third world internationalism, and public health movements in the time of crisis: Mass smallpox vaccination in China, 1950–1953

**LU CHEN**, University of Exeter, United Kingdom

The construction of the third world after WWII provided post-colonial states with a platform pursuing an alternative path against imperialist rhetoric and cold war dependency. As Rachael Leow has argued, emotions played an important role in popularising third world internationalism across the Afro-Asian world and encouraged ordinary people to engage with many forms of movements beyond the diplomatic incarnation. In 1952, the Asia-Pacific Peace Conference (APC) was held in Beijing amidst the increasing concerns over the wars in Korea, Indochina, and Malaya. The Asian countries were brought together by a ”feeling” of global justice. Meanwhile, the Chinese government accused the United States of launching germ warfare by spreading smallpox in China and North Korea during the Korean War. In a time of crisis of international conflict and international isolation, a so-called Patriotic Health Campaign was launched against the germ warfare. The same “feeling” of suppression and appeal for global justice also motivated tens of millions of Chinese to participate in the mass public health movements. In this paper, I explore the emotional dimension of the public health movements in China through the case of mass smallpox vaccination in south Jiangsu in the early 1950s. It aims to analyse how the emotions transformed radical ideas of third world internationalism into purposeful and influential actions in the field of public health in China during a time of crisis.

### Nerves count: Treating malaria with acupuncture in the Chinese communist army during the war and its subsequent theoretical construction (1947–1958)

**LIANG WAN,** University of Exeter, United Kingdom

In face of scarcity of medical resourced resulted by continuous war and blockade from the Kuomintang (KMT), the Chinese Communist Party (CCP) attempted Chinese medicine in the Border Regions. From 1947 on, the Communist military began to take the initiative in the Civil War (1946–1949) and marched south to occupy Kuomintang areas. However, the soldiers contracted malaria rifely in the southern provinces where this disease was prevailing. Promoted by some senior medical cadres in the military, Communist medical workers actively studied and treated malaria with acupuncture which was convenient and was alleged to be specifically effective to cure malaria. The usage of acupuncture in the military improved the status of this treatment after the founding of People’s Republic of China (PRC) after 1949. Persistent experiments were conducted to testify the efficacy of acupuncture to malaria. Influenced by the Soviet ideology, theorists emphasized the importance of nerves in regulating the whole body’s immune system to fight indirectly against the plasmodium, rather than straightforward elimination of microorganism. This article explores the way the CCP took advantage of indigenous medicine, and acupuncture in particular, in addressing urgent health problems and its theoretical construction to justify this treatment according to the ideology of the new regime.

## Anticipated crisis? Planning for pandemics

PANEL ORGANIZER
**WIEBKE LISNER,** Hannover Medical School, Germany

At least since the Spanish Flu the occurrence of new pandemics seemed not only possible but rather likely in the 20th and 21st century. Because of this likeliness of upcoming medical crises, the notion of prevention of and preparing for the next pandemic became a common social and political practice. Our panel deals with the question how pandemic futures were anticipated and which countermeasures were envisioned.

We want to discuss these questions in three different historical backgrounds: The aftermath of the Spanish Flu of 1918 and the lessons learned in a very particular subsegment of the American society, the authoritarian answer of the GDR towards the AIDS pandemic and the preparedness measures against anticipated pandemics in the 1990s and 2000s.

### Preparing for future global crises: Pandemic planning since the 1990s on international and national level

**JONATHAN VOGES,** Leibniz University Hannover, Germany
**WIEBKE LISNER,** Hannover Medical School, Germany

“Scientists and doctors cannot tell us where or when the next pandemic will strike, or how severe it will be, but most agree: at some point, we are likely to face another pandemic,” the American president George W. Bush stated in 2005 demanding more efforts to prepare for the upcoming crisis. Since the 1990s in the decades of extensive globalization, the perception of infectious diseases as hazardous took on a new dimension: pandemics were now seen as a global risk to health, the economy, and the development of property. Most experts were convinced, as Bush emphasized, a pandemic was not to prevent but likely to cause a global crisis with catastrophic consequences. The World Health Organization (WHO) as well as nation states responded to this qualitatively new biological threat by recognizing it as a security problem and reacted to it with preparedness concepts and pandemic plans.

Pandemic plans and preparedness concepts were produced in communication and negotiation processes between health experts, supranational institutions, national actors, and civil societies. These processes between global and national, public, politics and health experts will be taken into account in the sense of “global health” on an international level for the WHO and on a national level for the Federal Republic of Germany. How did the WHO and the German state prepare for the future crisis caused by pandemics? How was the management of the yet-to-come pandemics envisioned, how were the expected and still hypothetical crises communicated? What actors contributed to preparedness?

### “The Berlin Wall was the GDR’s condom.” About the East German state and its doctors in the HIV-pandemic

**JOHANN-PHILIP STARKE**, Medical School Hannover, Germany

For a long time, the GDR had solely the role of an observer in the AIDS-pandemic, but with the first infected East German citizen in 1985 even the Iron Curtain was breached by HIV.

With the rise of HIV-cases the GDR regime did what it could do best. The state fortified its epidemiological defences via implementing restrictive health policies. This meant obligatory health check-ups, disclosure of sex partners and the obligation to report the infection to authorities. Patients had no choice in choosing their doctors and had to seek treatment in regional facilities affiliated to the state.

In this medical crisis East German doctors had to be innovative. They had to battle against a reluctant politburo which withheld public information while simultaneously trying to reach and treat infected people despite the widespread shortage of even the most basic equipment like gloves. In an attempt of establishing autarchy from imports the Charité, the GDR most renowned hospital, developed its own HIV-testkit and took part in the arms race of finding a drug against the new virus.

To what extent were doctors informed about this new disease, which medical treatment could patients expect and did the regime spy on them? How successful were the restrictive measures imposed by the GDR regime in preventing the spread of HIV? This project is based upon government documents from the federal archives and medical journals.

### Success in unexpected places: Black Americans and the great influenza pandemic of 1918–1920

**PAUL SKÄBE**, Leipzig University, Germany

As the deadliest pandemic of the twentieth century – the Great Influenza – hit the United States in autumn of 1918, African Americans appeared to be ill-prepared to withstand its impact. Racialized segregation produced conditions that seemed ripe for a major pandemic to create unseen havoc: Spatially relegated to overcrowded and unsanitary urban environments, denied access to adequate health care, and forced into social and economic precarity, African Americans did experience the pandemic differently than their white contemporaries, but in sometimes counterintuitive ways. In the pandemic years, Influenza statistics showed lower mortality rates for Black, as compared to white Americans. Furthermore, for mainstream America, and especially health care professionals, the Great Influenza represented a failure of expertise and an event that did not fit the optimistic narrative of continued scientific progress in disease prevention. Black Americans, on the other hand, could tell a tale of limited success. Though certainly impacted heavily by the disease, many voices in the Black community believed that they had cushioned the blow of the pandemic through grassroots relief work and institution building. Black activists in civic organizations reported that they had cooperated with national organizations like the American Red Cross in providing support to their local communities while health care professionals working in Black-run hospitals spoke of successes in treating patients and preventing death despite a general lack in resources. In fighting segregation, African Americans had provided a degree of preparedness upon which they could built well after the last wave of the pandemic subsided in 1920.

## Reproductive health and perinatal care: Dealing with crisis in state socialist Central and Eastern Europe

PANEL ORGANIZER:
**NATALIA JARSKA**, Polish Academy of Sciences, Poland

This panel aims to discuss socialist medicine and health policies towards various themes of women’s and children’s health, namely: infant mortality, obstetrical care and menstruation hygiene. The first two papers will provide a comparative perspective on the struggles to reduce high infant mortality rates, one of the key tasks of early state socialist healthcare policies. Through an analysis of the definitions of livebirth and the role of midwives, the panel will show two sides of the policies to combat infant mortality. The third paper deepens the analysis of gendered medical discourse, by focusing on menstruation in the context of economic shortage and crisis.

### Between international standards and the struggle to reduce infant mortality rates. Defining livebirth in Central and Eastern Europe, 1950s–1960s

**NATALIA JARSKA**, Polish Academy of Sciences, Poland

This paper discusses shifting definitions of livebirth in Czechoslovakia, East Germany, Hungary and Poland, in the context of infant mortality. In the post-war period, the countries of Central and Eastern Europe struggled with high infant mortality rates, the reduction of which was perceived as a key indicator of the development of healthcare systems. Lowering the high rates was the central task for early state socialist public health policy. In the late 1940s and in 1950s, the four countries introduced similar measures to combat infant mortality, centered at pregnancy care, institutionalized childbirth and improvement of neonatal care, largely following international standards designed by the WHO. In the early 1960s, however, a conflict unfolded regarding the definition of livebirth, which was affecting infant mortality rates and therefore had importance for the image of the effectiveness of state socialist healthcare system. This paper discusses the shifts in the definitions of livebirth in four state socialist countries, revealing important differences between experts' approaches towards defining life. In an attempt to further reduce infant mortality rates, Czechoslovakia and Poland adopted strict definitions, which excluded certain categories of newborns from the statistics. On the other hand, East Germany and Hungary kept an inclusive definition, following international standards, which were in fact not implemented by many countries at that time. Based on the study of medical and demographic journals of the four countries, the paper analyses the conflict over the definition of livebirth and situates it within the transnational history of state socialist medicine and health policies.

### Midwives at the centre of changing obstetrical practices: A comparative analysis of medical expertise in Hungary and East Germany during the 1950s

**ANNINA GAGYIOVA,** Czech Academy of Sciences, Czech Republic

Early into the existence of socialist states, experts were concerned with lowering high infant mortality rates. However, research has not adequately addressed the efforts of socialist states to bring infant mortality down by analysing expert discourses from a comparative perspective. This paper investigates how East Germany and Hungary approached obstetrical care to improve the survival rates of new-borns during the 1950s. While clinical and home births were to be found in both states, the reasons differed fundamentally. The highly industrialized GDR considered both options safe if the personnel underwent professional training and positioned itself in line with WHO recommendations. Hungary, in contrast, propagated a radical shift towards institutionalised birth care but had to compromise due to rural areas without sufficient infrastructure. While midwives were at the centre of shifting birth practices, this paper sheds light on their struggle to maintain autonomy and independence within a highly gendered hierarchy of medical practice.

Drawing on experts' discourses in specialized journals, archival material on the party's position, and the discourse presented to the wider public in popular publications, the paper analyses how transnational ideas of obstetrical care translated into medical practice on the ground, merging with professional as well as personal dimensions. While emphasizing national particularities and transnational similarities as well as cooperation among socialist experts in Hungary and the GDR, this paper considers expert communication vital to state efforts to match international standards, placing the modernization achievements of socialist states in close relation to broader scientific discussions.

### "I thought that it has to be this way". Menstruation, women's hygiene and gendered health advice in post-1956 Poland

**ANNA DOBROWOLSKA,** European University Institute, Italy

On 8 March 1988 members of the Polish countercultural organization Orange Alternative organized a peculiar happening. They marched through the streets of Wrocław, handing away sanitary pads and flowers to celebrate the Women's Day. In the late state-socialist period, the shortages of menstrual hygiene products, came to signify not only the economic crisis, but also the socialist state's profound inability to care for women's health and wellbeing.

As this case demonstrates very well, by concentrating on menstruation, we can shed light on everyday life dimensions of economic crisis as well as the history of gendered health advice and changing visions of modern hygiene management. This paper surveys the history of menstruation in post-1956 Poland to show how changing economic and social conditions transformed the public discourse and the everyday experiences of the menstruating population. At the same time, as the paper argues, both intergenerational transmission of shame and taboo within families as well as expert medical discourses ultimately limited women's access to health services by casting menstruation and intimate health as a private matter that needed to be handled discretely and out of the public eye. Drawing on a wide array of sources – from advice literature to personal testimonies – this paper inquiries into ways in which both the menstruating population and the medical experts discussed the availability of products, desirable hygiene practices, as well as broader economic and political implications of period poverty under state socialism.

## The seen and the unseen: Controlling sexually transmitted diseases in the early twentieth century

### Medical and moral crisis: Gonorrhea epidemics of 1943–47 in Finland

**HANNA KUUSI,** University of Helsinki, Finland

"After our nation survived complete destruction in the world fire that just ended, it's threatened by a terrible scourge that creates destruction from another side." After the war in 1945 the Finnish media panicked about sexually transmitted diseases. Retrospectively, especially gonorrhea prevalence peaked extremely high during that year. Divorce rates were rising, blamed to been triggered by lowered moral standards, loose sexual relations and diseases brought home from the front. Authorities were also concerned about the consequences of STDs for childlessness, in the context of a defeated nation with small population. My research focuses first on the accelerating gonorrhea epidemics in the army during the war years and the attempts to stop it, including oral history material from the front. Secondly, I look at the civilian STD situation during the after war years, exploring, which part of the population was infected and how the epidemics was confronted. A society against STDs was established by various interest parties, including head members of a major medical company. The society received state funding and, in addition to producing educational propaganda and selling preservatives, cooperated with the Medical Board in the "Penicillin war", which was both about to contest the epidemics and to get medicine in the context of scarce foreign currency.

## Syphilis, sodomy, and race from university to prison in early-twentieth-century New York

**RICHARD MCKAY,** University of Cambridge, United Kingdom

Archival silences pose acute challenges in researching the history of same-sex transmission of venereal disease (VD). Women are seldom mentioned. Few records detailing disease transmission between men survive from before the penicillin era, and those that do privilege the experiences of white sufferers.

It is important, therefore, to spotlight queer instances of VD transmission where race appeared salient to contemporaries. This presentation does so by examining an undated anecdote circulated in 1932 by a New York public-health official. His article extolling the virtues of contact tracing for syphilis described an outbreak among thirteen male students attending an unnamed university in his state. Each student reported an anal chancre—highly suggestive of same-sex transmission. Several weeks of sustained, "almost third degree" interrogation eventually led to the identification of a "colored" male chef as the individual suspected of infecting the white students. According to this account, the chef was arrested, handed an indefinite prison sentence, then transferred to a hospital for the criminally insane.

My presentation will expand upon this single published report by analyzing newly uncovered archival records. In contextualizing a hushed-up university sex scandal and one man's daunting journey through the carceral system, it offers a case study of how eugenics and racism permeated medical views of homosexuality and syphilis in the early twentieth century.I will emphasize the chef's resilience in his interactions with university and religious leaders, state health and law-enforcement officers, and prison doctors, as they deliberated the prospects of his moral and physical rehabilitation.

## Combatting sexually transmitted diseases in times of crisis: Closed venereology wards in Spain after the civil war

**FLORIAN GRAFL,** Heidelberg University of Education, Germany

Numerous historical case studies have investigated measures to combat sexual diseases in the German Democratic Republic and other socialist regimes in eastern Europe in a microhistorical perspective. A common practice of these actions featured women presumably suffering from a sexual disease by isolating them at closed venereological wards. In these institutions, radical disciplinary actions were executed by medically not indicated, questionable treatments and ideological drill. By taking these extreme measures, the aim of the involved political ideologies was to decrease suspected danger in a socialist society. These treatments constituted a form of gendered violence to suppress and to isolate women whose way of life was not in accordance with the regime's ideology.

This paper investigates similar institutions to combat sexual diseases in Spain at the beginning of Franco's dictatorship. It aims to explore in which way medicine was politicised to sanction deviant female behaviour in fascist Spain. In doing so, on the one hand, parallels to closed venereological wards in the GDR will be drawn. On the other hand, the impact of socio-political specifics as for example the huge influence of the Catholic church in Spain will be highlighted. In doing so, the paper explores the history of gendered violence in facisct Spain from a medico-historical aspect. Furthermore, it contributes to the transnational history of venereal diseases and medicine in the 20th century. The research is based on official documents from the Spanish Ministries of Health and medical institutions as well as on non-official sources as newspaper articles.

## Visually constructing an (imminent) crisis: Depictions in German public health campaigns to prevent stds around world war I

**VICTORIA MORICK,** PhD candidate in Medieval and Modern History, Germany

Around World War I, sexually transmitted diseases (STDs), especially syphilis, were increasingly perceived as a "threat" to the entire German society and public health by various actors. Syphilis was often connected to ideas of moral decline and "degeneration" that might lead to a social and health crisis from a contemporary perspective. This perception prompted the spread of public health campaigns aiming to inform about syphilis and other STDs. Their goal was also to change the communication about STDs, reduce moral implications, and convince the public of a "preventive lifestyle". Many campaigns included various forms of visual material representing STDs, like statistics, photographs, drawings, or wax moulages. In my paper, I will analyse how such visualisations were designed to impact people's knowledge and perception: How did they construct STDs as an increasingly threatening problem and (imminent) crisis? How did they transfer medical knowledge into the public sphere? How did their creators visualise the "necessary behavioural changes" to overcome the diseases' spread? Which social groups were addressed? Which ideas and discourses were mentioned along with the (imminent) crisis caused by STDs? By shining a light on these questions, my paper also takes into account how existing ideas about STDs, emotions, social and moral discourses were included in depictions to impact the public perception of STDs.

## Disciplinary crises and collaboration across fields

### Conflicting understandings of sexual pain? Vaginismus through the lens of disciplinary conflicts (Belgium, 1950s – present)

**ANTJE VAN KERCKHOVE,** KU Leuven, Belgium

The latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM 2013) classifies vaginismus as a type of sexual dysfunction that is characterized by persistent and recurrent problems with vaginal penetration. Vaginismus is according to contemporary interpretations both a psychological disorder, involving fear of penetration and emotional distress and a physical condition due to involuntary contractions of the muscles around the vagina. Therefore, the treatment of vaginismus requires the expertise of health professionals from different scientific disciplines. Today, the involvement of gynecologists, physiotherapists, sexologists and psychologists is self-evident in the treatment of the condition. According to prominent Belgian sexologists and psychiatrists, however, this was not the case before the 1960s. Reflecting on their own experiences, they argue that vaginismus used to be the sole concern of gynecologists and psychoanalysts (Nijs en Demyttenaere 1990).

When and why did scientists and health practitioners from various disciplines become interested in the condition? This paper answers this question through an analysis of scholarly and professional journals. In addition, I will question how these various disciplines have related to one another over the past decades. After all, recent pleas for a multidisciplinary approach in the treatment of vaginismus indicate that scholars in earlier decades primarily acted within their own field of study; and also sexological research suggests that ideas about vaginismus used to differ widely (Delahaye 2008). This paper will therefore explore the extent to which ideas on vaginismus resulted in disciplinary conflicts, indeed, even crises.

### Managing mental health crisis. Collaboration and conflict in twentieth century Danish psychiatry

**JESPER VACZY KRAGH,** University of Copenhagen, Denmark

During the 19th century the first asylums or psychiatric hospitals were founded in Denmark, where the state had a major role in establishing the mental health service. Besides state asylums, county psychiatric hospitals, municipal hospitals and university clinics were founded during the late 19th and the early 20th century. When the first asylums opened in the early 19th century, medical doctors were appointed as managers or consultants of the hospitals. In the years that followed, the medical profession gained a strong hold over the Danish mental health system. However, other professional groups such as social workers, occupational therapists and psychologists made their way into the care system, and new models of mental health problems were developed in the 20th century. Drawing on archival sources of the time as well as oral history interviews with social workers, occupational therapists and psychologists, this paper will discuss the impact of these professional groups on psychiatric treatment and care, the relationship of power between them, and how they collaborated and collided with each other.

### How the elderly care "crisis" contribute to new ways of thinking about ageing in the 1950s

**STEFANIE MEUL,** KU Leuven, Belgium

During the nineteenth and early twentieth centuries, the persistent idea prevailed that ageing was synonymous with old-age ailments, most of which were not medically treatable. In Western European society, old age was widely perceived as a period of stasis and deterioration. Consequently, the elderly population received relatively little medical attention. At the same time, care-dependent elderly people were considered a social challenge, for which the then existing residential facilities could not provide adequate solutions.

In fact, both the medicalisation of ageing and the seemingly evident focus on "an active old age" are fairly recent phenomena. With the emergence of geriatrics and gerontology in the 1950s, the new "geronto-specialists" constructed alternative perceptions about old age, many of which are still dominant today. In alarming tones they denounced society's lack of interest in the elderly population and urged a public debate on "the ageing problem" and "the elderly care crisis." Questions arise as to how these urgent calls from early "geronto-specialists" contributed to the integration of the emerging scientific disciplines within the medical field and their views on ageing and elderly care into wider society.

Through an analysis of mainly Belgian medical and nursing journals, this paper aims to answer these questions and adds a historical dimension to the contemporary socio-political debates on elderly care. Nowadays as well, notions of crisis are regularly evoked, when discussing present and future challenges for the elderly and their caregivers.

# Vaccination and its discontents in the long 19th century

## Conspiracy theories, science denial, and smallpox. The German anti-vaccination movement in the late 19th and early 20th century

**MARTIN TSCHIGGERL,** Austrian Academy of Sciences, Austria

Social crisis fuel the emergence and the spread of conspiracy theories. (Prooijen/Douglas 2017; Pummerer/Sassenberg 2020) This commonplace on conspiracy theories has been confirmed in the last three years during the COVID-19 pandemic. The research on these conspiracy theories around Covid-19 has shown that vaccination is a central reference point within these theories. (Ullah et al 2021; Jamieson et al 2020) In my talk I will show that there are astonishing parallels and continuities in the arguments and positions of current vaccination opponents with those of historical vaccination opponents in the late 19th and early 20th centuries. My framework will be the German Imperial Vaccination Act of 1874, which led to an institutionalization and better organization of German vaccination opponents. (Thießen 2017, Wolff 1996) They organized themselves in their own associations, held international congresses and published numerous journals and books. The analysis of these publications constitutes the source material of my presentation.

My central thesis is that the radical rejection of vaccination was associated with a high affinity for conspiracy theories and science denial. This rejection must be seen as part of a "contaminated mindware" (Rizeq et al 2021), which, in addition to belief in conspiracy theories, also includes a fundamental hostility to science as well as inherently magical thinking. It is no coincidence that the German-language anti-vaccination movement also shows a clear proximity to anti-Semitic narratives. (Nebe et al 2022)

## Glasgow's response to the smallpox epidemic 1859–1860

**SYLVIA VALENTINE,** University of Dundee, United Kingdom

1859 saw Scotland again being ravaged by a smallpox epidemic. The Scottish press deplored the lack of compulsory vaccination when it had been in operation in England and Wales for almost twenty years. Many of the Scottish medical profession saw epidemic as an opportunity to press for compulsory smallpox vaccination. In Glasgow, the City authorities and medical profession started to lobby parliament to introduce compulsory smallpox vaccination in Scotland.

In 1840, The British parliament passed an Act to make smallpox vaccination freely available for parents although the legislation applied only to England and Wales. It was not until 1864 that a Scottish Vaccination Act was finally introduced. Unlike England and Wales Scotland made vaccination compulsory from the outset. However, it took considerable lobbying from civic and medical authorities before the legislation finally reached the statute book.

During the early nineteenth-century many Scottish towns and cities had seen large population growth as people migrated from the countryside to urban areas seeking better paid employment. The Dire housing conditions they inhabited provided a perfect breeding ground for infectious disease. Public health measures were erratic at best.

Prior to 1864, smallpox vaccination was available but remained the preserve of more affluent members of society unless local charitable schemes were available. However, the free vaccination services were frequently unpopular amongst those who trusted in divine providence to keep their children safe rather than medical science.

This presentation discusses the first futile efforts made to introduce compulsory smallpox vaccination in Scotland in 1860.

## From epidemic crisis to preventative crisis: Smallpox vaccination in 19th century Tyrol (austria)

**ELENA TADDEI,** University of Innsbruck, Austria

In the later Austrian crown land of Tyrol (the area of today's European region Tyrol-South Tyrol-Trentino), smallpox vaccination spread around in early 1802 thanks to the pioneering work of two doctors. However, the response to the preventive measure coming from England remained generally modest. It was not until Tyrol was incorporated into the Kingdom of Bavaria that the number of immunizations increased due to the Bavarian obligation to vaccinate, which was of course extended to the new territory in 1808. With the return of Tyrol to the Austrian Empire, both compulsory vaccination and the willingness to vaccinate fell. The most of the local authorities, the clergy and doctors spoke of a crisis of confidence in this protective measure and blamed the lack of acceptance on the ignorance of parents as well as on the political crisis and the weakness of the state. Calls were made for the reintroduction of compulsory vaccination as in the time of Bavarian foreign rule.

The paper aims to show what role the political, social, and economic crisis in the periphery of the Austrian empire played in the slow adoption of vaccination as a preventive health measure in the first half of the 19th century. Some regional examples will be used to illustrate how attempts were made to overcome the vaccination crisis through forms of indirect coercion and thus by exacerbating the socio-economic crisis.

### Medical crises and the contestations of colonial and post-colonial veterinarians' orders in Northern Cameroon (19th and early 21st centuries)

**BAIZOUMI WAMBAE SYLVAIN,** Higher teachers training college, University of Maroua, Cameroon

Between 1828, the date of its introduction, and 2011, more than 40,000,000 cows were killed by the rinderpest. What were the public policies on animal health in the North Cameroon? What tools and means were used by the colonial administrations, the Cameroonian authorities, and the international community to prevent, manage, and control rinderpest and trypanosomiasis? Bovine trypanosomiasis, which is comorbid with rinderpest, decimated herds at the same time. And what were the reactions of pastoral societies to these policies? In 1925, the first vaccine to protect cattle from rinderpest was produced. Despite all these initiatives aimed at saving the herds, the Arabe-Choa, Foulani, and Mbororo pastoral societies were wary of vaccines which were considered dangerous. Because of its huge demand for cows' blood, the vaccine production industry is straining budgets and fueling tensions between pastoralists and veterinaries. This paper focuses on the great pestilence and trypanosome invasions of the 19th and beginning of the 21st centuries in the Northern Cameroon and the various crises that they generated. Understanding the historical roots of vaccine skepticism in the Northern Cameroon therefore implies linking vaccine practices, vaccine production crises, and related public policy challenges to the socio-cultural and medical contexts in which they take place.

## Making forensic medical knowledge 18th to 21st century: Spatial, technical, and performative strategies

### Legal medicine during the war. Romanian experts and Katyn

**OCTAVIAN BUDA,** Carol Davila University, Romania

Katyn – the Soviet massacre of over 21,000 Polish prisoners in 1940 – has come to be remembered as Stalin's emblematic mass murder. After the discovery of the mass graves at Katyn, 1943 Nazi Germany requested from a number of European countries under German control forensic experts to join an international commission to investigate the findings.

Dr. Alexander Birkle (1896–1987), a forensic pathologist from the Medico-legal Institute of Bucharest, was one of the Eastern European experts not to be later apprehended by Soviet NKVD. He had the merit to prove quite clearly that the Katyn executions were ordered in Spring of 1940 by Stalin. In 1944 Dr. Birkle barely escaped to the West with help of Francis Naville (1883–1968), professor and director of the Medico-legal Institute of the University of Geneva, who as expert had a neutral position in that commission. Chief of the 1943 commission was the Hungarian professor Ferenc Orsos (1879–1962), director of the Medico-legal Institute of the University of Budapest. Born in Temesvar, Romania, he became after the Second World War professor of artistic anatomy in Mainz, Germany. Dr. Birkle died in New York, 1987.

### A crisis of epistemic virtues in forensic medicine: Historicizing emotional detachment in briBish forensic culture, 1920–2021

**PAULINE DIRVEN,** Utrecht University, Netherlands

Whereas throughout most of the twentieth-century emotional detachment was a key epistemic virtue in the male-dominated field of forensic medicine, recently this has come to be seen as detrimental to forensic physicians themselves and their professional performance. This is first because detachment does not allow forensic physicians to cope with the emotional stress of their jobs. A mental health crisis among forensic physicians has developed over the last few years: they suffer from psychological stress, PTSD and burn-out symptoms. Second, the trust of the British public in forensic physicians no longer hinges on the experts' ability to detach themselves emotionally after two moments of crisis: 1) the 1970s when feminists criticized the unfeeling manner in which police surgeons examined rape victims and 2) around the turn of the century when journalists critiqued the "callous" way in which forensic pathologists handled human material. It thus seems that the epistemic virtues of forensic doctors are in crisis.

To come to a better understanding of why the virtue of emotional detachment is in crisis today, I trace its history in autobiographies of forensic pathologists and medical journals. I argue that between the 1920s and -90s, forensic examiners enacted detachment to uphold the epistemic virtue of impartiality and gain authority in the British adversarial legal system. Today, a conflict of interest has arisen: forensic experts are still required to enact impartiality but the public demand for a more feeling kind of expertise no longer allows them to accomplish this through the practice of detachment.

### Scheintod and the crisis of death in 18th century Europe

**SUSANN HOLMBERG,** Western Norway University of Applied Sciences, Norway

During the 18th century a panic arose in Europe regarding a phenomenon that was known as "scheintod" in German, or "skinndød" in Norwegian. Scholars have posed different explanations for this phenomenon, however questions regarding the ability to judge death was clearly integral to the panic. This crisis resulted in the establishment of houses for monitoring people whose status was uncertain, most notably in the German states, but also in Denmark.

My paper will examine this crisis in the context of developments in medicine at the time. What was the relationship between the fear of apparent death and the development of the early stages of emergency medicine through resuscitation in the eighteenth century?

To address this issue, I will turn to medical writing of the period both on apparent death and resuscitation. I will aim to show that the panic of apparent death can be understood in part as a backlash against new knowledge and techniques. Instead of engendering assurance and mastery, these new insights could also evoke uncertainty and doubt.

## Disability in the interwar years

### Latent disabilities during economic crises: The "burnt out" and "prematurely aged" veteran debate during the Great Depression, 1929–39

**MICHAEL ROBINSON**, University of Liverpool, United Kingdom

This paper compares Britain and Australia's diametrically opposing responses to the so-called "burnt out" and "prematurely aged" veteran debate during the Great Depression. These labels referred to First World War (1914–18) veterans claiming to be sick or disabled owing to their previous war service. Arising more than a decade after the supposed causal event of war service, these delayed claims revolved around more transitory and deleterious medical conditions such as trauma-induced mental illnesses, breathing difficulties, heart problems and cancers. These veterans claimed that they were due state-funded compensation in the form of disability pensions and free medical care equal to the welfare benefits already on offer to other disabled ex-servicemen. Firstly, this comparative case study reveals how times of economic crises can worsen or induce disability on an individual level. Secondly, despite Britain and Australia fighting alongside one another in the same campaigns, the two nations' response to this complex and contentious issue was much different. The Australian state judged that its claimants were disabled by their former war service. Australian veterans were subsequently compensated and treated at a significant financial expense. British veterans, by contrast, were denied the same recognition and benefits. This paper explains these vastly different national experiences evidencing how diagnostic medical and disability categories are neither static nor objective. Instead, they remain fluid with a nation's broader socio-cultural, political and economic context heavily influencing the value judgement of medical officials and state actors, especially during times of economic crises and political instability.

### The physical burdens of war. The creation of a new welfare system for physically disabled veterans and civilians of the First World War in Belgium, 1918–1928

**MARISA DE PICKER**, (KU Leuven), Belgium

This paper explores how the Belgian authorities designed adequate aftercare to compensate and reintegrate Belgians with physical war disabilities. Recently, international literature on disabled soldiers' transition difficulties to civilian life has been growing, but about the medico-social situation of civilian war victims and about the Belgian case few studies exist. The industrial character of the First World War had an unknown destructive effect upon the bodies of soldiers, and in occupied Belgium, accidents, violence or deportations of forced labourers were a daily reality for civilians. After the Armistice, the Belgian government was confronted with the presence of tens of thousands impaired ex-servicemen, injured civilians and labourers who returned ill or disabled from camps in Germany and Northern France, which compelled the authorities to devise a new welfare system for war disabled Belgians. By analysing how the Belgian authorities – together with rehabilitation physicians and associations of war victims – shaped a new set of benefits; and by examining the inclusiveness of the welfare program through a comparison of the financial, medical and work support to which military and civilian disabled people – impaired by war or after birth, illness or accident – had access, this paper aims to demonstrate how the new welfare system characterised a reimagining of war compensation, the physically disabled worker, and disability equality in Belgium.

### Corporeal crisis and catalyst: Workplace-injury compensation in the British Empire, 1930–1940

**STEPHANIE VAN DAM**, University of Cambridge, United Kingdom

During the 1930s, disabled workers and their dependants in the British Empire used petitions to claim compensation under international injury-compensation conventions. This paper asks why workplace-injury functioned as a crisis and a catalyst for organised protest based on networks of care. An analysis of petitions demonstrates that organised protest by injured workers and their dependents shaped the implementation of international conventions on injury compensation in the British Empire. Through a discussion of injury and protest in Mauritius, Barbados, and the Gold Coast, this paper interprets protest as a corporeal experience, considering the interrelatedness of networks of care and networks of protest in the claiming of worker's rights. It ties together archival material from the ILO, Mauritius, Barbados, and Ghana, to map the local and international shape of those networks of care and protest. In sum, the paper poses that injury was a catalyst for community organising and that, simultaneously, activism itself could become a cause for injury.

# Physicians, patriotism and professional identity

### The professional crisis of the turn of the century doctors: The medical identity in Catalonia through obituaries (c. 1890–1936)

**LLUÍS COROMINA VERDAGUER**, Universitat de Girona, Spain

Fin-de-siècle Catalan and Spanish medicine journals were filled with proclamations of the «professional crisis» and proposals to overcome this setback drafted by doctors. This study, following the sociocultural historiography of medicine, explores the making, evolution, and sociocultural process of appropriation of the professional identity by doctors that are embodied in the obituaries published in Catalonia between the late nineteenth century and early twentieth century. It is worth to note that Catalonia, located on the periphery of the Iberian Peninsula, represents a paradigmatic example —with its particularities and comparable elements— of a process that is present throughout Spain. In the junction between memory and oblivion, considering similarities and dissimilarities, changes, and continuities, according to the vectors of space, time and ideology of the memorial artefacts and the promoters of this places of memory, especially the mythologizing narratives that were told. The great professional battle horse at the turn of the century in Spain was the compulsory nature of membership of a professional association, a key factor in the making of professional identity: it was a long litigation with highs and lows between 1898 and 1917. In addition, the increasing social medicalisation, the epidemiological, nutritional, and demographic transitions, the professionalisation, specialisation and institutionalisation of medicine, the introduction of scientific positivism, and the advent of the bacteriological era should be considered to have a panoramic view of the phenomenon. However, the heterogeneity of social classes within the medical profession did not experience and report the professional crisis in the same likewise.

### From hero to persona non grata: The Image of a doctor during the coronavirus in Slovenia

**MOJCA RAMŠAK**, University of Ljubljana, Slovenia

The public discourse on social media about doctors during the coronavirus epidemic in 2020 and 2021 fluctuated between extremes, ranging from idolization and hero worship to contempt and verbal and physical threats. These diametrically different images of doctors coincided with the measures taken to contain the epidemic and the consequences for the lives of people who suddenly lost their livelihoods and sense of freedom. The discourse on doctors shows that the entire burden of staff shortages and otherwise poorly regulated health care fell on medical personnel, who had to deal with long queues, exhaustion, and escalating verbal and physical aggression. The deprivation of the right to treatment for anyone within a reasonable time, which loomed over the entire health care system due to a coronavirus, triggered intense anger, vulgar insults and comparisons of all kinds, physical harassment and death threats against individual physicians, and an unjustifiably growing and unstoppable distrust of medicine in general.

This paper analyzes hostile and insulting communications that resulted in occasional physical attacks on medical personnel.

### Diseases as crises and the professional authority of physicians in Finland in the long 19th century

**SAARA-MAIJA KONTTURI**, University of Eastern Finland, Finland

The nineteenth century in Finland was a central period of development for the health care system, physician profession and medicine as science. It was also a century of devastating epidemics and attempts to control them in the form of vaccinations, quarantines, and the rise of hygiene and sanitation systems. Common diseases of the 19th century, such as smallpox, dysentery, and cholera became not only crises of rising mortality, but also social crises affecting the way people interacted with each other and developed their living conditions. The way these diseases were handled by the medical profession also became tests for the physician's newly acquired trust: the profession of physicians had developed from the late 18th century onwards and was only establishing its power in the field of health care in the 19th century. Thus, this status was still fragile and vulnerable to breaches in trust and physicians' public image.

In this presentation, I will take a look at the ways these 19th century diseases seen as "crises" (whether they actually were epidemic and fatal or if they were simply declared as public crises demanding public measures) and their short- and long-term effects on the development of trust, public image, and the overall professional status of physicians in Finland. As the COVID-19 pandemic has shown, these effects can go both ways, either strengthening or shaking the public's trust towards medicine and medical professionals.

# The negotiation and creation of expertise in the UK AIDS crisis

PANEL ORGANIZER
**HANNAH ELIZABETH**, University of Edinburgh, United Kingdom

This panel brings together three papers which explore nascent policies, practices and expertise which emerged to address the needs of HIV-affected people in the first two decades of the AIDS crisis in the UK. Together they demonstrate how, in an atmosphere of urgency, responsibility and ill-preparedness, conflicting ideas about expertise, experience, and professionalism shaped responses.

Severs begins by discussing how best practice regarding testing for HIV developed among forensic medics and genitourinary consultants tasked with caring for survivors of sexual violence, tracing barriers to care which still represent obstacles in our present.

Elizabeth then examines the emergence of specific social work policies and practices designed to meet the needs of HIV-affected families with children, exploring how specific client groups and needs were recognised and met through fractious collaborations between statutory and voluntary services.

Rusterholz draws the panel to a close by exploring how sexual and reproductive health charities responded to the AIDS crisis and particularly the needs of minoritised client groups, examining Brook and the FPA's mobilisation of professional expertise in public health education alongside NAZ's more experiential expertise.

### AIDS is "a microcosm of every other issue": The social work response to HIV-affected families in Britain, 1981–1997

**HANNAH ELIZABETH**, University of Edinburgh, United Kingdom

This paper examines the emergence of specific social work policies and practices designed to meet the needs of HIV-affected families with children in Britain in the first two decades of the UK's AIDS crisis. The paper begins by outlining the tense atmosphere into which HIV-related family social work emerged. It then describes how HIV-affected children and their families were first recognised as a specific client group with a unique constellation of urgent needs, outlining the scramble to assess the statutory services' obligation to this group, and the work to create new information and policies to meet these responsibilities alongside (or in conflict with) a buoyant voluntary and activist AIDS care sector. In doing so, the paper demonstrates the attention new policies and practices tried to pay to the needs of the social worker, as well as the client, in a high pressure situation. The paper draws on a number of short case studies to illuminate the challenges social workers met, or failed to meet, and the texts they produced to bridge the gaps in professional knowledge and experience HIV so starkly illuminated. These texts envisioned the social workers' roles as that of carer, mediator, information provider and advocate, offering guidance on the medical and social dimensions of HIV and AIDS, alongside warnings about the emotional toll this work took on workers and the pitfalls of prejudice.

### HIV/AIDS, sexual violence and forensic medicine

**GEORGE SEVERS**, Graduate Institute of International and Development Studies, Switzerland

As HIV was first emerging in Britain, its forensic medics appeared unprepared to deal with HIV risks in rape victims. In the early 1980s, as the human immunodeficiency virus had just been identified, a study of British police surgeons (medical professionals working with the police, now known as Forensic Medical Examiners) revealed that only 36% of them were willing to provide testing and treatment for venereal disease. This paper discusses the ways in which police surgeons, forensic medics and genitourinary consultants encountered and responded to HIV/AIDS in the 1980s and 1990s. It examines debates in the journal *The Police Surgeon* about the virus and tracks the development of professional best practice around testing rape victims for HIV. I argue that, as barriers to HIV care remain for survivors of sexual violence, understanding the ways in which forensic medical professionals understood and engaged with the virus in its first two decades is vital in undermining these obstacles.

### AIDS, race and sexual and reproductive health charities in Britain (1980s–1990s)

**CAROLINE RUSTERHOLZ**, Graduate Institute, Switzerland

This paper focuses on the work done by three SRH charities, Brook Advisory Centre, Family Planning Association and NAZ to tackle the AIDS crisis in Britain. While Brook and FPA had a long tradition of offering sexual health information and services, NAZ was set up by minoritized individuals to cater specifically for minoritized clients during the AIDS crisis, when concerns around the prevalence of AIDS amongst minoritized communities rose. In 1992, a minoritised-led sexual health clinic, NAZ, opened in London. It was a tribute to Nazir, a Pakistani Muslim father of two who came out as gay and as having AIDS. As a result, he was ostracised by his community. NAZ was set up in his memory, and is one of the largest sexual charities in London, initiated and led by minoritised staff. By comparing the work of these charities through archival materials, this paper will explore in detail the public health campaign and the counselling services they developed to meet the needs of minoritized communities in Britain. In so doing, this paper highlighted the ways that changing construction of ethnicity, race and gender intersected in the provision of services in the context of the AIDS crisis.

# Educating the public, educating physicians

## The history of medicine in medical education in the middle east

**ALAN WEBER,** Weill Cornell Medicine - Qatar, Qatar

This presentation argues for the incorporation of the History of Medicine (HOM) training in the medical education systems of the Middle East. Data is drawn from the author's end of semester course evaluations, ACCME-accredited workshops on the medical and health humanities organized by the author, and nationally funded research and public health projects on the history and sociology of medicine from 2006–2023 at the Weill Cornell Medical College in Doha, State of Qatar. With the increase of novel medical education topics such as AI in medicine, genomics, proteomics, stem cell research and epidemiology that add increasing content to the standard training curricula, HOM has been pressured into justifying its learning goals and value-added to the professional preparation of healthcare workers. The analysis revealed that HOM can: 1. assist in Professional Identity formation; 2. develop humanistic methods of thinking relevant to medical ethics and provider-patient relations; 3. create continuity for tradition-oriented cultures; 4. aid in understanding persistent culturally based disease beliefs and TM/CAM use, which is widespread in the Middle East region.

## Health literacy during health crisis: Education as a tool in the fight against infectious diseases in Lithuania after gaining independence in 1918

**VIKTORIJA ŠIMKUTĖ,** Vilnius University, Lithuania

During the COVID-19 pandemic, the importance of health literacy has been defined as unquestionable in managing health crisis. In 1918, the new state of Lithuania lacked medicines, doctors, hospitals. The creation of a health system was interfered by typhus, dysentery and other diseases raging in the country. Therefore, doctors saw education and people‘s ability to find, understand and use information to fight the diseases as an important asset to preserve country's health. In the newspaper "Medicina", doctor Avižonis wrote: "we can not fight infectious diseases openly, we need to raise the level of culture".

Doctors, the Department of Health and various societies for the fight against infectious diseases published brochures, books, posters, and periodicals. For example, the newspaper "Sveikata" not only introduced infectious diseases, but the readers themselves could ask the doctors-editors questions. Exhibitions were held, cinematographs were used. Attention was paid to whether the information presented would be understandable to a non-physician. Although the dissemination of information about infectious diseases was mainly carried out by doctors, attempts were made to involve other intellectuals in the process. For example, it was proposed to train priests and teachers in the province to diagnose and treat trachoma.

The newspaper "Medicina" wrote that education would greatly facilitate the fight against epidemics, because you wouldn't have to think a lot, but it would be enough to say: "BOOKS, take them and read them". There is no doubt that education was one of the reasons why the health system in Lithuania was stabilized.

# Invisible crisis: Historicizing the flu

## When a health crisis fails to meet the public sphere: The case of 1918/9 influenza pandemic in Greece

**MARIA ZARIFI,** Department of Sociology, Athens University, Greece

The flu pandemic of 1918/19 was perhaps the most extraordinary health crisis of the 20th century not only for the death toll it had caused worldwide, the number of young men in the prime of their life that became the main victims, but particularly because its memory was, until recently, quite subdued. During the last decade -particularly the last few years-, the historical research brought to the fore the deadliest health crisis of the century, its global and local impact. However, the question of why such a global health devastation remained for so long absent from our memory and the public discourse, has been investigated only by few scholars (Crosby 2003, Bristow 2012, Spinney 2018).

Moreover, when someone asks how a peripheral European country, like Greece, experienced that catastrophic health crisis, it seems that he has almost nothing to answer. The apparent absence of abundant and concrete sources and the sporadic reference of the disease in press, chronicles and in later records, creates the necessity this context of "social forgetting" of the disease to be further investigated (Davis 2018, Spinney 2018). Does the documentation of the pandemic "hidden" in the available records that only account the Great War and the following Asia Minor War that deeply affected the country, causing a national drama? My paper will try to uncover those factors with the historical, cultural and ideological characteristics that determined the "disappearance" of the disease from the public sphere and from the collective consciousness almost until our days.

## Societal response to the Russian flu: The making and forgetting of a crisis

**CHRIS ZAJNER** University of Western Ontario, Canada

The 1889 Russian (also called "Asiatic") Flu epidemic can be described as one of the first modern pandemics. It has traditionally been suggested to have been a precursor to the 1918 Spanish flu, but has recently even been suggested be an example of a pandemic coronavirus rather than an influenza virus (Berche, 2022; Brüssow & Brüssow, 2021).

Nonetheless, prior to this period infectious diseases were limited in extent due relatively circumscribed human mobility. The development of extensive railroad networks during and prior to this period facilitated the previously unprecedented movement of goods and people around the world. It additionally propagated the process of shrinking the barriers between the countryside and major metropolises. While the current COVID-19 pandemic has resulted in lockdown measures nearly worldwide and has prompted widespread social, economic, and cultural disruptions, the Russian Flu was not accompanied by such drastic changes. In this article it is argued that the reasons for the blunted historical consciousness of this epidemic was a result of the limited societal means to act upon it. The lack of effective public health measures, and the absence of cases from the public eye relegated the disease to a merely statistical existence in the press and public health bureaus. As a result, the 1889 Russian pandemic, though significant in terms of its mortality, and economic impact, was quickly forgotten by the general public, and remains a lost lesson from history.

### Miasmas, rabbits and the “spanish flu”. Epidemics and personal testimonials in 1918 Geneva

**RADU SUCIU**, University of Geneva, Switzerland

The COVID pandemic was experienced by many of us through the incessant, often compulsive checking of online dashboards filled with constantly updating epidemiological data from around the world. Yet, as the saying goes, statistics are human beings with their tears wiped away. This paper will present an inventory of stories, reactions and protests written by inhabitants of Geneva during the 1918 epidemic. These archival documents, having been recently made available to scholars by the Swiss cantonal authorities, carry great value for the historian of medicine and health: they help recreate the particulars of everyday life and project a different light on those events. The paper will show how information circulated beyond the messages published by the newspapers: how soldiers, friends or families exchanged personal letters; how nurses or physicians filled their personal diaries; how “concerned” citizens from various levels of society addressed protests to the authorities. There was, for instance, a worried gentleman complaining to the Geneva Hygiene Office about the neighbour breeding rabbits... next-door; or a lady concerned about miasmas coming from dusting the carpets during “epidemic times”. Such stories will be at the core of this investigation into how a global epidemic was experienced in one particular place. Like many other large scale social events, comparable to war or social unrest, epidemics are about individuals and how they perceive, interpret, or take action when confronted to potentially life-threatening crises. Working with such local data is to suggest an alternative narrative to the history of medicine and epidemics.

### The mothers of all pandemics? The influenza pandemics of 1889 and 1918 between the birth and the reform of Switzerland’s public health institutions

**SÉVERIC YERSIN**, University of Basel, Switzerland and Ecole des Hautes Etudes en Sciences Sociales, France

Switzerland’s first institutions to control infectious diseases emerged in the wake of the Federal Law on Epizootics (1872) and Federal Law on Epidemics (1886). Inspired by the success of the “stamping-out” techniques employed to preserve the Swiss cattle from the disastrous Rinderpest epizootics, a national public policy was implemented in order to quickly identify, isolate and vaccinate potential “germ”-carriers, while managing a delicate balance between federalism and centralism. However, due to the relative protection of European geo-epidemiology (Baldwin, 1999), very few major epidemics caused a Public Health crisis of national scale: the Russian Flu (1889–1894) and the Spanish Flu (1918–1920) certainly are the most important ones. If the former happened during the time of consolidation of the federal institutions, the latter occurred as the central state was at its strongest. This contribution uses neo-institutionalism (in particular path-dependency) to explain why the Swiss Confederation was unable to formulate a Public Health response to the Spanish Flu, even though the Russian Flu constituted a precedent; it highlights how, at the height of the crisis, a new federalist institution took form to compensate for the lack of a national plan of action; it shows that, in the aftermath, the Law on Epidemics was profoundly revised to permit such a centralization of power in the case of a new epidemic of this sort.

## Masking crisis: Towards a global history of masks, medicine and modernity, 19th–21st centuries

PANEL ORGANIZER
**THOMAS SCHLICH**, McGill University, Canada

The medical face mask has become a symbol for the COVID-19 crisis and has generated a crisis of its own over its legitimacy and efficacy. The use of face masks as a respiratory protection has a much longer history in the management of health issues and has repeatedly generated controversy. This panel aims at exploring and analyzing the use of masks in different health crisis in Europe, the Unites States, Japan, and China from the 19th century to the present day. Masks were deployed as a public health measure in epidemics, but also occupational health, hospital infection, and urban pollution contexts. In each case, masks served not only to protect individual health, but also as way to mask the problems they were supposed to solve. As other modernist technologies, masks shifted the burden of health prevention to the individuals and often represented a quick technological fix for deeper and more complex issues, such as epidemic cities, toxic workplaces, crowded hospitals, and polluted metropolis. This panel will challenge the idea that masks were medical technologies solely intended for individual health protection and explore how they enabled the toxic transformation of cities, factories, and hospitals making them more vulnerable in times of crisis. Masks became a modernist technology for living in toxic environments.

### The politics of masking during the flu pandemic of 1918–19 in the United States

**THOMAS SCHLICH**, McGill University, Canada

The United States was one of the few places in the world where masks were made mandatory during the Spanish Flu pandemic in 1918/19 and where an anti-mask movement emerged. This paper explores why this controversy occurred in the United States at that time by contextualizing the mask mandates within the New Public Health politics during the Progressive Era, on the one hand, and the contemporaneous Medical Liberty movement, on the other. It draws parallels to mandatory vaccination and the antivaccination movement as well as the American anti-spitting legislation of the early 20th century. Furthermore, it looks at the particular strategy of establishing and enforcing individualized preventive measures and the political values – among others, collective well-being vs. individual freedom - that were at stake in these controversies. It also examines how these measures to deal with a major sanitary crisis pushed possible alternatives to the background. This example points to the wider political ramifications of privileging particular strategies of crisis management. This point is still relevant, not only for its conspicuous parallels to Covid-19, but also for understanding the political dimensions of other health crisis management strategies.

### Resisting state medicine: Barbers and anti-masking movement in 1930s China

**MENG ZHANG**, Peking University, China

As a nascent nationalist Chinese government got a firm foothold in the late 1920s, the subsequent decade witnessed a centralized state medicine system being established in many cities. One of its measures was mass masking to regulate the behaviors of marginalized people deemed to be a potential threat to public health security. Scholars have shown how hygienic modernity permeated all levels of Chinese society and influenced the social and political imagination of the so-called Chinese race. Moreover, the recent pandemic seems to reinforce the essentialist idea that Chinese people are natural to compulsory hygienic regulations, leaving resistance out of the page. By contrast, my current project discovered that in 1930s China, there were not only waves of strikes among barbers to protest the masking orders from the government but also a widespread discussion regarding the legitimacy of state medicine and mass masking. My research analyzes how Chinese barbers and their working place were stigmatized by modern bacteriology from Japan with the reputation of a hotbed of infectious diseases. It also traces the development of sanitary laws for universal masking among barbers in the 1930s and explores the negotiations between the strikers and health officials in the anti-masking controversy. This paper will provide a window for reexamining the popularity of top-down health measures in China in times of crisis, as well as the multiple resistances from the below.

### Masks as “vernacular hygienic modernity”: Experts and the public during plague and influenza in early twentieth-century Japan

**TOMOHISA SUMIDA**, Keio University, Japan

“Jeffreys’s Respirator” became one of the crazes of modernising Japan around 1880, despite being discouraged by leading medical experts. For a long time afterwards, non-elite actors have played an important role in promoting masks, which can be described as “vernacular hygienic modernity.” Soon after the first plague broke out in 1899, an advertisement for the “respirator” referred to it as a “plague preventer.” It was only later that doctors decided to wear a mask. This special “doctor’s mask” was proposed by Michishige Takayasu, a local doctor who is now almost forgotten. He brought the idea of the medical mask from Germany, where he had received his doctorate in surgery, and modified it for use against the plague. During the 1918 influenza pandemic, although the recommendation to wear a mask was included in the instructions for flu prevention, it seems that most people, including the medical authorities, didn’t take it seriously until the final peak in January 1920. Even before then, however, some schools were careful to ensure that students wore masks before then. By analysing the different attitudes towards masks among different actors, we will see that the development of masks was not only led by prominent doctors, but also by different actors.

### Breathing Modernities: Masks, industry, and toxic environments (1830s–1890s)

**BRUNO STRASSER[1], VÉRONIQUE STENGER[1], JANET GREENLEES[2]**, [1]University of Geneva, Switzerland, [2]Glasgow Caledonian University, United Kingdom

While we associate the development of the medical mask with the history of epidemics—and indeed the mask became the global symbol of the Covid-19 crisis—this paper argues that filtering masks emerged in the context of a quite different crisis: physicians and hygienists’ growing concerns about the effects of industrial pollution on workers and urban residents in the 19th century. In addition to the strictly medial history of the mask, there is a social and environmental history of the mask to be written. Focusing on contrasting national contexts, France and Britain, this paper posits that a history of masking technologies can help us understand how human-made environments came to be understood as "escapable ecologies"—places in which humans could work and live safely—provided they wore a mask, rendering toxic spaces socially acceptable. It looks at the controversies over the ventilation of factories, the development of respiratory masks, and the construction of the worker as a figure resisting hygienic measures. In the mid-19th century, masks—worn, recommended, or imagined—became part of the modernist "technological fixes" enabling the further transformations of workplaces and cities into toxic spaces. This new narrative illuminates the broader significance of masks in a post-pandemic context, the conflicted public attitudes towards masks, and the individualisation of environmental risks, placing the responsibility—and blame—on individual workers and residents for the health consequences of working and living in toxic environments.

## Intelligence testing in psychiatry and psychology: Tools and practices for managing population questions in the twentieth century

PANEL ORGANIZER
**AGELIKI LEFKADITOU,** University of Oslo, Norway

Intelligence testing has been used since the beginnings of the twentieth century as a solution to a series of population-related crises in a variety of settings ranging from schools, to psychiatric asylums, courthouses, prisons, the military, and of course research institutions. Testing had serious consequences for individuals, their families, and the broader society, as well as for the scientific fields that produced and used the tests, the actors involved in their making and marketing, and not least for the scientific and popular understandings of intelligence itself.

This panel discusses three distinct moments in the history of intelligence testing by focusing on their employment in forensic psychiatry, school psychiatry and psychology. More specifically, the three papers will look at: a) how intelligent testing came to work as an answer to the question of criminal responsibility in early twentieth century Norwegian forensic psychiatry, b) what the making of the first Norwegian test reveals about the role of psychiatry in answering social questions, and the role of standardization as a scientific practice, and c) how test manuals, which are key to the process of standardization, produce two subjects, the examiner and the person taking the test. The common discussion of these three cases will open for considerations of intelligence testing as fraught but seemingly indispensable assessment tools and practices, and will bring to forth how local, national, and transnational contexts have been crucial in this work.

### Intelligence testing as a new tool for crisis resolution in school psychiatry: Johan Lofthus and the Norwegian standardization of the Stanford – Binet intelligence scale, 1923–1931

**AGELIKI LEFKADITOU,** University of Oslo, Norway

"Now — who should be transferred to special schools? Yes, this is where the difficulties begin." Johan Lofthus (1887–1959) posed this question in a 1924 article at the Journal of the Norwegian Medical Association from his newly established positioned as school psychiatrist in the municipality of Kristiania (Oslo). Lofthus was called in to offer a solution to a crisis in the schooling system. First, he suggested, "normal schools" should be freed from the burden of "slow" students, while special schools should not be further drugged down by "low level idiots". Lofthus turned to Intelligence testing as an objective, sober tool to a problem that subjective pedagogical insight could not solve. But early on, he noticed that a simple translation of the internationally used Stanford – Binet scale could lead to a new crisis. Norwegian children answered the test differently than their peers in the US. A long process of standardization started that led to several changes in the final Norwegian version revealing how testing technologies are enmeshed with the cultural environments producing them.

The paper explores the emergence of the Norwegian standard as a medicalized solution to social problems and asks what the process of standardization may reveal for the test itself, the test maker, and the examiner. To approach these questions, I draw on a close examination of Lofthus's 1931 standard, which remained in use for at least two decades, and a number of writings on intelligence testing published in the period he worked with the test's standardization.

### Early Intelligence testing in Norwegian forensic psychiatry (1925–1926): Constructing intellectual disability.

**SVEIN ATLE SKÅLEVÅG,** University of Bergen, Norway

Certain intellectually disabled offenders have for a long time been considered to be not blameworthy, but the methods for identifying these defendants changed considerably with the introduction of intelligence testing. In Norway testing was implemented in the forensic psychiatric examinations in the mid 1910s, seemingly in an improvised way. Arguably, the practice of testing resulted in a reconceptualization of intellectual capacity, that was in the second half of the twentieth century enshrined in Norwegian law.

The paper examines the significance of intelligence testing in early twentieth century Norwegian forensic psychiatry, as a part of a larger endeavor to understand the significance of intelligence testing in Norwegian society. Intelligence testing is here seen as a "technology" and a "practice", and close attention is paid to the concrete execution of them in this particular setting. The paper is based on forensic psychiatric reports, that is, assessment of individual defendants as part of the legal effort to address the question of criminal responsibility. A select number of reports were intelligence testing was first introduced has been chosen for a close examination that aims to shed light on the role of medical experts in criminal law as well as the significance of the legal setting for the history of intelligence testing.

### The test manual as script: Standardized relations between examiners and subjects in two 20th century U.S. intelligence scales

**SASHA BERGSTROM-KATZ,** Birkbeck, University of London, United Kingdom

This paper addresses the content of a selection of manuals from historical intelligence test kits, namely the English-language Stanford-Binet Scales published between 1937–1973 and Wechsler Intelligence Scales published from 1939–1981. By applying a close reading to these texts, I seek to identify the ways in which the examiner and subject are constructed by the tests' authors and how this relates to the history of intelligence testing, specifically its relationship with the growing professional and scientific character of the field of psychology. Further, I examine the ways in which the manuals' standardized script of the dialog and interactions between the examiner and the test subject, has the potential to be both restrictive and variable.

Akin to the performance of a theatrical work wherein the setting, affect, mood of the audience, the casting of "actors", and the interpretation of the script changes the resulting presentation, the performance of testing cannot be consistently and uniformly re-performed by different individuals in different locations. Therefore, each performance must be deemed "close enough" to the performances from which the standardizing data was collected. What exists outside of the supposedly standard administration of the test and the manufacture of a score (whether this score could be understood as fair or not) are the human experiences of subjectivity that transcend standardization. It is also crucial to consider the stakes of invalid scores when the results are used in occupational, educational, juridical and psychological decision-making where there are often material consequences for those who undergo testing.

## Mediatization and visualization of epidemic crises in Japan, 1850–1945

PANEL ORGANIZER
**JORINDE WELS,** KU Leuven, Belgium

This panel focuses on the visualization of illnesses in various media as a tool to cope with epidemic crises in Japan and its Empire between the 1850s and the end of the Second World War. During this period, Japan emerged from an early modern marketplace of healing, still dominated by Chinese-style medicine, and rapidly developed a centralized, Western-style medical system as it became a full-fledged empire in the late 19th century. Although often neglected in previous studies, mediatization and visualization played a major role in this rapid uptake of modern medicine in Imperial Japan.

The panel will present three case studies of epidemic crises respectively focusing on smallpox, dysentery, and malaria, and seeks to uncover how these illnesses, their pathogens, and preventive measures were visualized in different media throughout time in mainland Japan and its colonies. The selected media encompass an 1850s commercially printed children's book on smallpox and late Edo-period (1600–1868) ukiyo-e woodblock prints, Meiji-period (1868–1912) magic lantern slides and a Second World War paper theater play (kami shibai) on dysentery, and newspaper and public screening campaigns in colonial Taiwan (1895–1945) on malaria. Through these case studies, we demonstrate how mediatization and visualization proved to be indispensable tools at times of epidemic crises, fulfilling a range of functions from education, propaganda, to light-hearted entertainment at a time of cataclysmic disease events. How did the introduction of new forms of media and new medical theories in the 19th century impact representations of disease? What representational continuities and discontinuities emerge?

### Disease attacks! Visualizing smallpox in late Edo-period popular culture

**ANGELIKA KOCH,** Leiden University, Netherlands

If cultural theorist Susan Sontag is correct that deadly, widespread and incurable diseases attract popular mythologization, smallpox fulfilled all these preconditions in early modern Japan. By the late Edo period (1600–1868), the disease had become a potentially lethal rite of passage for children and a thriving commercial culture had grown up around it, of which popular print formed a vital part. This paper will discuss the ongoing visualization of epidemic disease in this popular print culture of late Edo-period Japan, focusing on Ehon medetagusa (An illustrated book of auspicious gleanings, 1853), an illustrated smallpox narrative. Likely aimed at children and their parents as potential readers, this hybrid piece of fiction encapsulates a variety of strategies for coping with the crisis of epidemic disease, blending auspicious symbolism, medical knowledge for tackling the disease, advertising for a patent medicine and entertainment for young smallpox patients. What role did visualization play within these strategies? What visual metaphors and images did the book draw on to represent disease? And how did these relate to popular conceptions of epidemic disease at the time? These are some of the issues the present paper seeks to address.

### (In)visible threats: Visualization as a tool in campaigns against dysentery in Japan, 1868–1945

**JORINDE WELS,** KU Leuven, Belgium

This paper focuses on the visualization of dysentery as a tool in prevention campaigns in Japan from the Meiji period (1868–1912) until the end of the Second World War. In this period, dysentery had replaced cholera as an acute waterborne infectious disease that demanded the attention of public health experts in Japan. As part of the efforts to prevent dysentery, various public health campaigns promoting personal hygiene were spread, often highly visualized. This paper will discuss two of such campaigns, respectively of the Meiji period (1868–1912) and the Second World War, in order to compare the visualization of the dysentery, its pathogens, and preventive measures, and to analyze continuities and discontinuities. Both campaigns use a medium that is typical of their time. The campaign of the Meiji period made use of magic lantern slides, which were a popular medium before film was common. The second source is a paper theater play (kami shibai), which was a common wartime medium as it was cheap, easy to spread, and could be performed by anyone. How were these media employed, by whom, and how did this impact the representation of disease? How were new medical theories and subsequent preventive methods reflected visually in health campaigns? Doctors, bureaucrats, and politicians sat together to create health campaigns which were essentially meant to educate the public, but those same campaigns could at the same time be mere entertainment in a period of distress or, on the other hand, a form of state propaganda.

### Visualization of anti-malaria campaigns in Japan's first colony Taiwan through newspapers and public screenings (1910–1945)

**BRITT STUCKENS,** KU Leuven, Belgium

After colonizing Taiwan in 1895, Japan encountered its first crisis with malaria. Despite malaria's endemicity to the island and it being a leading cause of death, no large-scale anti-malaria campaigns were launched until 1910. From then onwards until 1945, Japan launched concerted anti-malaria campaigns to decrease the mortality rate of Japanese immigrants into Taiwan. Adopted strategies for malaria prevention consisted of education, sanitary measures and quinine prophylaxis. Education was the most important of the three as it informed the public of the crisis as well as the prevention methods of malaria. Modern media such as newspapers, anti-malaria films and exhibitions were used to spread awareness. How were malaria and its preventive measures visualized in these media, and to which ends? This paper discusses how the visualization of anti-malaria campaigns evolved throughout the years, paying attention to its changing role: were campaigns only used to inform the public or did they serve underlying political purposes? Who was the target audience? Answers to these questions will be provided through the analysis of both the newspaper *Taiwan Nichinichi Shinpō* (台湾日日新報, Taiwan Daily News, 1910–1945) and a film titled *Gakujutsu Eiga Mararia* (学術映画マラリア, Academic Film Malaria) by Morishita Kaoru and Oda Toshirō that circulated in Taiwan in1939. Focusing on how malaria and the campaigns against it were visualized in these media, this paper demonstrates how visualization was an important tool at a time of health crisis.

## Abortion services in the South of Europe in crisis times: Prohibition and institutionalization in France, Italy and Spain

PANEL ORGANIZER
**AGATA IGNACIUK,** University of Granada, Spain

During the 1970s, France, Italy and Spain experienced political crises, paired with intense social mobilizations, in which the emerging mass feminist movements played a key role. Abortion rights were a crucial feminist claim in the three countries, all of which saw their abortion regulations reformed between the mid-1970s and late 1980s. Moreover, in the three countries, militant abortion providers with and without medical training developed alternative cultures of abortion provision around manual vacuum aspiration, their preferred technology. While the legalization of abortion in France, Italy and Spain differed in scope and location of services in public and/or private healthcare systems, it opened the conversation about their implementation and the physicians' consciousness objection. The contributors to this session use oral history, activist archives, medical publications and media sources to examine local histories of reproductive healthcare before and after legalizations. The papers in the panel trace transnational collaborations between providers to trace the circulation of knowledge and practices linked to emerging abortion technologies, such as manual vacuum aspiration and medical abortion. They explore the feminist mobilizations around abortion rights and access, the shifts in abortion marketplaces and ways providers defined and implemented the idea of reproductive health and rights, and their relationship with the emerging legal frameworks. By placing provision of services rather than the legal change in the spotlight, this session contributes to the study of the historical material cultures of reproductive healthcare and access to reproductive healthcare services.

## Medical abortion: medical discourses on mifepristone (RU486). France and Spain, 1980s – today

**MARÍA MUNDI LÓPEZ,** École des Hautes Études en Sciences Sociales, France and University of Granada, Spain

Mifepristone is a compound currently used for medical abortion that was developed in France in the 1980s. From the beginning, it generated medical and social controversies, from threats of boycotts by anti-abortion groups and the response of the medical sector, to the intervention of Claude Evin, the French Health Minister, in favour of its remarketing. Thus, the emergence of medical abortion sparked debates about the very understanding of abortion, in Étienne-Émile Baulieu -the main promoter of mifepristone- own words, for the sake of public discussion, "the whole concept of abortion must change".

Although the scientific production on this subject is extensive in other disciplines in Spain and France no specific scholarship exists on the history of medical abortion technologies. Hence, in this paper, I employ thematic and content analysis to examine medical debates on mifepristone in Spain and France from 1980 until present. My aim is to examine when mifepristone came onto the scene in medical debates; what the process of research and acceptance of this molecule was like; and what discourses were held around it and its potential uses. Similarly, this research seeks to clarify the discourses surrounding abortion at this time and how the appearance of mifepristone intervened in the medical debates surrounding the very conceptualisation of the termination of pregnancy in Spain and in France. This research also seeks to situate Spanish and French cultures of medical abortion within the emerging historiography of abortion technologies.

## Transitioning abortion care: Healthcare professionals and abortion services in Spain before and after decriminalization (1985)

**AGATA IGNACIUK,** University of Granada, Spain

This paper analyses the engagement of healthcare professionals in the provision of abortion services in Spain between the late 1970s and late 1980s, during the democratic transition and early democracy. The national-Catholic regime of General Francisco Franco (1939–1975) banned abortion in 1941 through a law which enabled prosecution of both women and providers. The illegal abortion marketplace involved empirical providers as well as healthcare professionals, including physicians and midwives, and, at least from the late 1970s onward, activists and activist groups who practiced manual vacuum aspiration abortion in non-medical settings, and disseminated the technique among interested health professionals. The abortion law reform began in 1983 and partial decriminalization materialized in 1985. While most of the public healthcare sector refused to provide abortion services, private clinics, which started obtaining licenses in 1986, channeled most terminations by implementing the broad interpretation of women's health clause of the 1985 law. The early configuration of abortion services was crucial for the implementation of legal abortion in Spain, which, as of 2023, continues concentrated in the private sector. In this paper, I use the press, oral history interviews and personal archives to examine the trajectories of healthcare professionals who began providing abortion services before decriminalization, some facing prosecution, and continued providing them afterwards. Through the example of three private clinics (in Valencia, Madrid and Barcelona) I show the diversity of providers' motivations and clinics' operational modes and their role in shaping the implementation of the 1985 abortion law and broader democratization processes in Spain.

## Handbooks for self-determination. Feminisms, travel and translations in the circulation of the "karman method" (Italy, 1970s)

**AZZURRA TAFURO,** University of Padua, Italy

This paper investigates the spread of the "Karman method" (Manual Vacuum Aspiration, MVA) in Italy in the 1970s, focusing on sources hitherto neglected by historians: the feminist manuals, articles and pamphlets that explained it to Italian women, highlighting both its revolutionary dimension and its simplicity. These texts were written by militants (with or without medical training) based mostly in central and northern Italy and with very different political and cultural approaches to the decriminalization of abortion. They were often translations of French or American works that not only popularized the "new" technique but also reconstructed its history, providing information about other groups that used it and countries where to learn MVA (such as Yugoslavia, where there were several gynecologists who had helped renew and improve the technique between the 1960s and 1970s) or where to purchase "Karman cannulas" (especially in the United Kingdom, where abortion was decriminalized in 1967).

Combining oral, archival, visual and (especially) printed sources, my paper aims to reconstruct representations and adaptations of the "Karman method" on the one hand, and transnational networks and the circulation of people, practices and ideas across the Iron Curtain during the 1970s on the other.

## The crisis of abortion provision in France before and after legalization (1972–1979)

**BIBIA PAVARD,** Université Paris Panthéon-Assas, France

This paper focuses on the provision of abortion care in France, before and after voluntary termination of pregnancy became legal in 1975 and until the law was confirmed in 1979. In the context of feminist mobilizations for free abortion on demand, various collectives started to offer abortion referral, travels and provision, illegally but in plain sight. By creating a situation of abortion crisis, these groups not only put the issue of abortion on the political agenda, they also put into practice innovative protocols for the care and management of patients. For these collectives, the introduction of the vacuum aspiration technique in 1972, which was unknown to most doctors, was taken as an opportunity to reinvent the practice of abortion in contrast to backstreet abortions or those performed by dilatation and curettage in hospitals as well as a means to offer a radical critique to medicine and the State. Legalization gave rise to another crisis, that of its difficult implementation as some groups continued to practice abortions illegally and as some militant doctors contributed to the creation of the first abortion centers drawing on knowledge built in the movement and having to confront the hospital bureaucracy. The paper will focus on the city of Nantes where three different groups provided abortions from 1973 on. Based on the records of one general practitioner who provided abortions before and after the legalization, it will highlight the transformation of abortion provision allowed by the mobilization of doctors and patients as well as its limits.

## Health and urban planning

### Crisis and reconstruction: Urban planning and health in post-war Rovaniemi

**HEINI HAKOSALO,** University of Oulu, Finland

The town of Rovaniemi, the administrative centre of the province of Lapland, Finland, was razed to the ground during the last stages of the Second World War by German troops, which, retreating towards the north, adopted the scorched-earth tactic against its former ally. Almost all buildings and much of the infrastructure was destroyed, while the town population, around 25 000 in 1944, had been evacuated to other parts of Finland or to Sweden before the devastation. A wholesale reconstruction project was launched as soon as the war had ended, involving local and state administration as well as some leading architects. The project was made urgent by the return of the population and the harsh climatic conditions but severely hampered by the lack of building materials and shortage of workforce. Especially during the early stages of the reconstruction, the community faced multiple public health issues. Health-care facilities had been destroyed along with the other buildings. The risk of communicable disease epidemics was heightened by defective infrastructure, poor sanitation and crammed living conditions, and many non-communicable and latent diseases were aggravated by malnutrition, poor housing, mental stress and physical strain. The paper focuses on the way that health issues were addressed – or not – by the urban planners. Rovaniemi was one of the many European settlements destroyed during WW2 and can function as an example of the role assigned to urban planning in mitigating health crises at the time of the mid-century "epidemiologic transition".

### Mapping the housing crisis: Hygienic surveys between Berlin, Paris, and New York c. 1890–1910

**STEPHAN STRUNZ,** Technische Universität Dresden, Germany

At the turn of the twentieth century, experts in the fields of hygiene, administration, and social reform diagnosed an unprecedented crisis in urban housing. This crisis was generally attributed to the after-effects of urbanization, industrialization, and land speculation. But the housing crisis was also considered a medical fact sui generis. Practitioners of health and hygiene believed that bad housing conditions were at the root of diseases such as tuberculosis. This paper will examine the epistemic networks of practitioners who mapped the pathogenic effects of housing, with a focus on the work of health insurance official Albert Kohn in Berlin, hygienist Paul Juillerat in Paris, and social reformer Lawrence Veiller in New York. To do so, I will use the DH tool Gephi to visualize the knowledge networks of Kohn, Juillerat and Veiller. Kohn's Wohnungs-Enquête (Housing Survey), Juillerat's Casier Sanitaire des Maisons (Sanitary Register of Houses), and Veiller's Tenement House Report were based on the integration of hygienic knowledge that transcended borders. They were interconnected by fellow hygienists who reported housing conditions on both sides of the Atlantic, but also met in person at international conferences such as the International Congresses of Hygiene and Demography. Each of their works became highly influential and found imitators both domestically and abroad. Yet, their methods never entirely converged, thus creating three distinct ways of mapping the connection between tuberculosis and housing. The paper will look both at the transnational scope and localized limits of Kohn's, Juillerat's, and Veiller's housing surveys.

### "A danger to themselves": The crisis of psychiatric care for the under-housed

**JAIME LAPEYRE,** California State University – Channel Islands, USA

In response to the growing housing crisis, New York Mayor Eric Adams announced a change to the city's policy towards those who are underhoused and suffering from mental illness. The policy will direct police, paramedics, and mental health workers to involuntarily admit these individuals to hospitals, even if they don't want to go. Adams has said he wants hospitals to hold people until a workable plan is in place for their care in the community.

The laws about involuntary hospitalization have not changed. Mental health workers, paramedics and the police have long been able to forcibly take people to the hospital if they appear mentally ill and are endangering themselves or others. However, the changes that Adams has implemented allows workers to act under state guidelines that say people can be taken to hospitals "even when there is no recent dangerous act."

This policy change is a stark reminder of the practices used in the 1940s and 1950s to involuntarily institutionalize those with psychiatric disorders. Through a historical analysis of the admissions practices of the Camarillo State Mental Hospital, a California State Psychiatric facility in existence from 1936 to 1997, a comparison will be made to Mayor Adams 2022 policy for psychiatric treatment of the under-housed. In this paper I will advocate for the implementation of a "housing first" model of care as seen in places such as Finland and Canada, as opposed to a return to the practice of involuntary institutionalization and treatment.

### Pandemic and mass incarceration

**JENNIFER THOMSON,** Bucknell University, USA

This paper explores the health consequences of the carceral state's use of the COVID-19 pandemic as an excuse to increase its power over those on the inside. Bridging my scholarly and activist work, this paper is grounded in my specific place: the Middle District of Pennsylvania, which contains four federal correctional centers and "houses one of the largest federal prison populations of any judicial district in the United States." The Middle District features the majority of the state's 23 correctional institutes, in addition to numerous city and county jails.

The Pennsylvania Department of Corrections and the United States Bureau of Prisons implemented a range of strategies supposed to mitigate the spread of the pandemic. These strategies included rolling and/or sustained lockdowns, ending prison visitation, draconian restrictions on recreational time, and the increased use of isolation. Many inmates reported living in a state of near-solitary confinement, with irregular access to personal protective equipment and medical care. At present, 2.5 years after the start of the pandemic, county, state, and federal facilities continue to grapple with the after effects of these measures. In many facilities, COVID-inspired restrictions have yet to be rolled back. Clearly, the pandemic has been used by the carceral state as an excuse to continue restricting freedom of movement and association for those on the inside, as a result further weakening the health of inmates, already imperiled by decades of inadequate and/or punitive medical care.

## How to deal with the polio crisis in Southern Europe: Transnational collaboration and national boundaries

PANEL ORGANIZER
**MARIA-ISABEL PORRAS,** University of Castilla-La Mancha, Spain

By the 1950s–1960s, incidence and frequency of poliomyelitis became critical in many developed countries. The most iconic example is certainly the United States of America with several tens of thousands of cases, every year, in the 1950s. With such figures, it seems obvious that a mobilisation of health authorities, politicians and the society took place. But it was not the case of all developed countries. In Italy, France and Spain for example, the polio did not have such an impact, but other different national and international factors were key elements to lead to health mobilisation and make the polio visible to scientists, caregivers, public authorities and society.

This panel (part of the funded research ref.PID2019-108813GB-I00) will investigate how polio has been perceived by political and health authorities, scientists and society of three Southern European countries (France, Italy, Spain). This panel will also focus on the actors who mobilised against poliomyelitis and the different strategies set up. The panel will also shed light on "how knowledge moved" (the expression is Kriege's) from international to national boundaries through research trips abroad of prominent scientists of each country and how transnational collaboration impacted national health policy.

### The impact of European training of Spanish doctors on the attention to children with poliomyelitis

**MARTA VELASCO-MARTÍN, LOURDES MARIÑO, MARIA-ISABEL PORRAS,**
University of CAstilla-La Mancha, Spain

In the 1950s–1960s the morbidity and mortality by poliomyelitis increased considerably in Spain, even if figures were lower than other European countries and the USA. However, the importance of paralytic forms made necessary the development of rehabilitation and physical therapy services in hospitals and specific centres to improve the situation of numerous children who suffered poliomyelitis and its consequences. Franco's regime delayed the recognition of the problem until the end of the 1950s and the adoption of real measures. One of these was the creation of a National Service of Poliomyelitis in one of the pavilions of the National Hospital of Infectious Diseases (Madrid) in 1955, after visiting similar services in Paris, Munich, United Kingdom and Scandinavian countries. This paper will focus on retracing the trajectories of the physicians involved in the establishment of this service, and analysing the impact of their visits to hospitals abroad and their participation in transnational networks on the attention given to children with poliomyelitis. Our talk will also show how knowledge and objects moved.

### Increasing the visibility of a disease: The case of poliomyelitis in France (1950s–1960s)

**BAPTISTE BAYLAC-PAOULY,** Faculté de médecine Lyon Est, France

During the 1950s–1960s, incidence and frequency of poliomyelitis became critical in many developed countries. In several European countries and USA, the polio epidemics rapidly became a major public health problem. In France, polio was a worrying issue but considered less pressing than infant mortality from diphtheria, tuberculosis, etc. The worst epidemic occurred in 1957 with 4109 declared cases, and 290-304 dead. With these figures which could be considered low, the visibility of poliomyelitis in France was not comparable to the USA with several tens of thousands of cases and deaths per year in the 1950s. However, to lead to health mobilisation, a disease must become visible to scientists, caregivers, public authorities, and society. This communication will focus on the means put in place to raise awareness of the public health issue that the disease represented in France at that time. In particular, we will focus on the actors who sought to mobilise the French government and society against polio, and what strategies were put in place to achieve this. Among the actors involved, the Institut Pasteur and the Institut Mérieux had decisive implications in the health mobilisation against the disease in France in the 1950s and 1960s.

### Polio in Italy: Transnational collaboration and national boundaries

**MARIA TERESA BRANCACCIO,** Maastricht University, Netherlands

By the 1950s, the internationalization of polio research promoted by the WHO, the National Foundation for Infantile Paralysis, and the European Association against Poliomyelitis, as well as the intensification of polio epidemics created a sense of urgency in medical professionals in catching up with the advances in virology and poliovirus vaccine research. By retracing the trajectories of nationally prominent scientists visiting laboratories abroad and the transnational networks in which they took part, our aim is to shed light on how "how knowledge moved" (the expression is Kriege's) and what the impact of transnational collaboration was on national health policy.

## Concepts of crisis and the ages of man

### Crises in al-Mağūsī's *Kitāb al-Malakī* and in its two Latin translations

**ANNA GILI,** University of Padua, Italy

The concept of crises did not only play an important role in ancient Greek medicine, but, thanks to translations from Greek into Arabic, also became part of the Arabic medical science. Indeed, crises are the subject of chapters 6-9 of book X of the theoretical section of the medical encyclopedia *al-Kitāb al-Malakī*, work of the physician al-Mağūsī (X century). My contribution aims, firstly, to explain the most important doctrines exposed in these chapters. To this end, I will try to identify the sources used by al-Mağūsgī, with the purpose to assess his original contributions, if any, and to understand how he has systematized the previous tradition. As the *Kitāb* has never been critically edited, my analysis will be based on a newly established text, thanks to the collation of various manuscripts.

The *Kitāb al-Malakī* was translated twice during the Latin Middle Ages: firstly, by Constantine the African under the title *Pantegni* (late XI cent.) and, later, by Stephen of Antioch under the title *Liber Regalis* (early XII cent.). The second part of my contributions will examine both translations of the above-mentioned chapters. Peculiar attention will be paid to the lexical aspect, as well as to eventual shifts in comparison with the Arabic original; specifically, it will be interesting to see if the two translations have been influenced by the previous Latin tradition about the theme of crises. Also in this case, I will base my analysis on a newly established critical edition of the texts.

### Crisis and uncertainty in Medieval medicine

**FERNANDO SALMÓN,** Universidad de Cantabria, Spain

From ancient to early modern medicine, the identification of certain features –from bodily appearance to excreta- as marks of a turning point in the course of the disease would help at facilitating the medical judgement that the very famous first Hippocratic aphorism warned to be difficult. Known as crisis, the sudden change –profuse sweat, vomiting, diarrhoea and so on- in the course of an illness that was experienced by the patient could be observed and interpreted by those attending at the bedside; among those, the physician who would claim authority as to its meaning. Since a crisis always led to recovery or death, its proper identification was of prognostic and therapeutic relevance and the study of its nature and the structuring of its semeiology were part of the current medical instruction at medieval universities. Given that such a crisis was the subject of academic discussions, namely through the analysis of Galen's On crisis and On critical days, this paper would like to explore the extent of the use of the concept when the physicians-to-be were instructed on how to handle the uncertainty of judgement in medical practice.

The paper will be based on Latin sources consumed and produced at the medical schools of the late 13th and early fourteenth centuries.

### Critical years or gradual decline? Climacteric years and the ages of man in the early modern period

**MICHAEL STOLBERG,** University of Würzburg, Germany

Numerous representations of the ages of man (and woman) have come down to us from the early modern period. They commonly show an upward progression by decades from birth to a culmination point at the age of 40 or 50, followed by a gradual decline down to old age and finally decrepitude at age 90 or 100. This decadic structure of the life cycle is still very familiar today when of "round" anniversaries and the start of a new decade are celebrated. In the sixteenth and seventeenth century, there was an alternative concept, however, which had a considerable impact on how physicians and ordinary people perceived and experienced the life cycle: The course of life was thought to be marked by critical "climacteric years", which came every seventh (or according to a less influential tradition every ninth) year. In the young, the climacteric years were associated with important developmental steps, like the appearance of permanent teeth and puberty in the 7th and 14th year respectively. In the aging, by contrast, they were perceived as times of great danger. The 49th year of life (7x7) and above all the "annus androclas", the man-killing 63rd year of life (7x9) caused great concern and fears. These fears – and the joy and relief of having survived – were expressed in numerous publications and personal letters. The paper will present and compare the two concepts and assess their impact on medicine and the experience of ordinary people.

## Hospitals in crisis in the 20th and 21st centuries

### Hospitals in crisis: Race, gender, and disability in contemporary U.S. medical drama

**KRISTEN LOUTENSOCK,** Binghamton University, USA

In 2017 and 2018, three new medical dramas began broadcasting on U.S. television: The Good Doctor, The Resident, and New Amsterdam. Each centers upon a white, male doctor who is positioned in opposition to the capitalist impulses of the American medical system and who is balanced by a younger doctor who is some combination of female, a person of color, and disabled and a non-white or queer nurse. This trio occupies distinct positions in relation both to medicine as a practice and the modern hospital: the primary doctor uses empathy to bring together the symptoms of the patients and the symptoms into a larger narrative; the secondary doctor sees symptoms in a different way but cannot put them into a larger narrative or system without help; and the nurse embodies the sympathetic gaze without the power to heal. This tripartite arrangement allows for a critique of the hospital that is always and insistently coupled with a re-inscription of medicine as a practice of healing filled with skilled practitioners. This paper will take up this return to explore how different bodies and minds, especially disabled body-minds, are seen as objects for the medical gaze even in these fantasies of "good" medicine. The tripartite gaze in these shows papers over two simultaneous crises: a crisis in trust in medicine and a crisis in (post)modern capitalist healthcare. This paper argues that the re-centering of the individual in the system of medicine reanimates a fantasy of the individual as the site of medicine.

### A Crisis in medical manpower – How the migration of doctors from the Indian sub-continent supported the British National Health Service (NHS) in the period 1960–1980

**PETER DICKSON,** Swansea University, United Kingdom

In the mid-1960s, the developing British NHS was undergoing a crisis due to a severe shortage of doctors, especially in the junior hospital grades and primary care. This shortfall had arisen because of disastrous manpower planning, along with the migration of British graduates abroad, disillusioned with NHS working conditions and salaries. The situation was compounded by difficulties in recruiting doctors into an increasingly dispirited primary care workforce.

Before the inception of the NHS in 1948, doctors had been travelling to the UK from the Indian subcontinent, planning to spend several years gaining post-graduate qualifications before returning home with improved career prospects. However, for many of these doctors, this "transitional" migration became permanent for a variety of reasons.

By the mid-1970s, over 30% of junior hospital posts were staffed by overseas doctors, mainly from former British colonies. Many of these doctors failed to gain the qualifications they desired, and found themselves working in socially deprived areas of Britain, while the pathways to senior consultant posts in hospitals were difficult or impossible to negotiate. Hence, the general crisis in medical manpower also fostered individual crises for the doctors concerned.

This paper will explore the reasons behind these twin crises, and demonstrate how doctors from the Indian subcontinent have played an essential role in supporting the NHS in the latter part of the twentieth century. The paper is based on original research which uses recently obtained oral history accounts to explore the life stories of doctors who settled in Wales at that time.

### A crisis for voluntarism? The "disclaiming" of hospitals from Britain's National Health Service, 1946–48

**STEPH HAYDON, JOHN MOHAN,** University of Birmingham, United Kingdom

In the immediate aftermath of World War Two, Britain was in economic disarray. With the promise of sweeping social and economic reforms, the Labour Party won the 1945 general election. They subsequently nationalised multiple sectors of the economy and created a comprehensive welfare state – including the establishment of the National Health Service (NHS). When the NHS launched in 1948, the majority of the UK's hospitals were transferred into this new Service. This included voluntary hospitals (established and run predominantly through charitable effort), and municipal hospitals (organised by local governments and funded through local tax levies). Under the NHS, all hospitals would be funded through general taxation and managed under the domain of the Ministry of Health, marking the apparent end of Britain's voluntary hospital era. However, around 300 hospitals were "disclaimed" from the NHS – although deemed eligible for transfer, they were allowed to continue operating outside of the Service. This paper examines why a cash-strapped government passed up the opportunity to acquire c.8,500 hospital beds – capacity equivalent to over a dozen of the largest acute hospitals in the country. Investigation of archive materials reveals pressure from various voluntary and religious groups, debates over public versus private good, and political debates within the Labour party. By identifying and verifying 313 disclaimed hospitals, we provide insight on the geographies and patterns of disclaimer and of how, when voluntary hospitals faced a crisis over their future, new relations between disclaimed voluntaries and the State were established, reshaping the State-voluntarism border.

## Resisting and promoting medicalization in the post world war II era

### The Association for Stammerers, speech therapy and disability identity in 1970s–1980s Britain: Crisis and community

**ANDREW BURCHELL,** University of Warwick, United Kingdom

The 1970s–1980s have been seen as decades of "crisis" in Britain, characterised by the rise of neoliberalism and patient-activist challenges to medicalised authority. Speech therapy was not outside these trends, with a sense of stagnating progress in British research into stammering, concern that therapists were increasingly put off specialising in dysfluent speech through negative stereotypes, and the emergence of competing (sometimes for-profit) fluency programmes in other English-speaking nations.

This paper argues that this "crisis" moment exposes broader shifts among the people involved in stammering activism. Formed in 1978 through the merger of several local self-help groups for adults who stammer, the Association for Stammerers (AFS) was the first national organisation campaigning for the rights of people who stammer in the UK. By drawing upon oral history interviews and contemporary debates from the pages of the AFS's quarterly magazine, *Speaking Out*, I demonstrate how the organisation and its members were attempting to navigate the "crises" of both an emergent neoliberal framework for healthcare and the rise of disability activism. If some members saw potential in a disability rights-based focus on lived experience and social models of oppression, others were more wary, seeking to retain the goodwill of speech therapists. While some sought to expand the organisation's membership, others wanted to restrict the movement to only stammering voices. These sources are therefore a window into how self-perceptions of "disability" and disability politics influenced behaviour in a moment of crisis, and how this simultaneously foreclosed and opened spaces for action.

### Medicalization and the welfare state 1985–1995: The 1994 fibromyalgia ruling and the concept of sickness

**STIAN BRYNILDSEN,** Oslo Metropolitan University, Norway

The paper investigates how a discourse of medicalization entered debates about an alleged crisis in the Norwegian welfare system from 1985–1995. In 1991, the Norwegian government introduced legislation to reduce the number of disability benefit recipients by introducing a stricter definition of sickness. The government claimed many recipients suffered from "general lifestyle problems" that were increasingly construed as health problems – medicalized. The disability pension rejection rate increased, causing reactions from individuals suffering from conditions considered "medicalized conditions," particularly from those diagnosed with the newly emerged diagnosis fibromyalgia. The "Fibromyalgia Ruling' reacted against this legalization, where a definition of sickness became a central concern. The court solicited experts from medicine to produce a report defining the concept of sickness where the issue of medicalization was discussed. The report pushed back against claims of widespread medicalization while also affirming the importance of drawing lines to avoid medicalization with references to such thinkers as Boorse, Szas, and Illich. New legislation overturned the ruling due to fear of liberalization of the disability pension criteria. The patient group representing fibromyalgia patients objected to the restrictions and reacted strongly against what they saw as discriminatory legislation targeting vulnerable groups. They contended that fibromyalgia is not a case of medicalization and that such claims stem from a lack of priority to research so-called "women" diseases. This course of events illustrates how the welfare state forced various actors to draw lines between what should be considered medical conditions as opposed to social or lifestyle problems.

### DIY transition: Knowledge networks around selfmedication for transgender people in the Netherlands

**ELISE ALKEMADE,** Utrecht University, Netherlands

Even before trans healthcare became institutionalized in the Netherlands in the 1970s, trans people have formed networks to organize their transition, sharing knowledge on which surgeon could make you the prettiest vagina, where to get estrogen and how best to inject it. Over the years, trans healthcare has become more widely available, but the system is by no means ideal. Waiting times for accessing care are extremely long, and many people prefer having more autonomy regarding their transition. Thus, informal knowledge networks surrounding transition have anything but disappeared. Many people find their hormones and information on dosages, administration methods and effects on the internet or through friends.

In this paper I will address the question how the knowledge being shared relates to and complements the formal medical system. Based on interviews with trans people who are self-medicating, or who are involved in grassroots organizations providing care or resources, I will analyze people's motivations for choosing self-medication. In doing so, I will answer questions such as whether people avoid institutions deliberately or out of necessity, who is trusted to provide legitimate information, and what an ideal healthcare system would look like. Through this, I aim to contribute to developing solutions for the current crisis in trans healthcare.

### Opioid medical maintenance for addiction treatment: Black public opinion 1950–1990

**SAMUEL KELTON ROBERTS,** Columbia University Department of History, USA

In this paper, Samuel Kelton Roberts (Columbia University in New York City), argues that Black American public opinion, usually ignored in studies of drug politics, was not as intolerant of the idea of medical maintenance and harm reduction in the 1950s and 1960s as it would come to be in the 1980s and 1990s. Although a domestic effect of the United States War on Drugs was its influence on public opinion, gradually delivering a national consensus that all "drug use" (principally cocaine and heroin, but also marijuana) is bad, historical research has demonstrated that this consensus was not as pervasive in the 1950s. Certainly, the recognition of heroin addiction as a social problem was widespread. However, a fairly significant proportion of the lay population concurred with the physicians, members of the legal bar, and even law enforcement officials who in the 1950s and 1960s supported at least a consideration of medical maintenance (the regular provision of a heroin substitute under medical supervision) as a means toward rehabilitation. On perhaps less solid ground, historians also have asserted the inherently and transhistorically conservative nature of Black political opinion, imagining the Black public to be categorically against crime and drug use. This interpretation usually conflates the two issues, equating crime with drug use. In fact, archived and published primary sources indicate that a significant segment of the Black American population seriously discussed and even supported the idea of medical maintenance. This recognition is important for our understanding of later history, specifically the 1980s and 1990s, when mainstream Black opinion generally arrayed itself against methadone maintenance and harm reduction, viewing both as antithetical to rehabilitation. In this paper, Dr. Roberts offers explanations as to how and why opinion shifted after 1970.

## National socialism during WW2: Perpetrators, dissidents and collaborators

### Caring during the National Socialism: Nurses' participation in "child euthanasia"

**KATHARINA GENZ,** Christian-Albrechts Universität, Germany and
Hamburger Fern-Hochschule, Germany

The National Socialists' extermination program would not have been possible without nurses, who are still the largest occupational group in the healthcare system. However, they only play a subordinate role in the current research situation in Germany. In the German Reich there were at least 31 so-called "Special children's Wards" in which, according to the current state of research, at least 5,000 children with disabilities were murdered and sometimes abused for research purposes. The children were killed through drug overdose or died by starvation. The literature analysis, which was mainly based on investigation files of prosecutors, shows that the nursing staff participated in "euthanasia" of sick and disabled children between 1940 and 1945 in the three "Special children's Wards" in Hamburg-Rothenburgsort, Hamburg-Langenhorn and Lüneburg. While the nurses in Hamburg only held or brought the children, the nurses in Lüneburg killed the children themselves according to the doctor's orders. At least 22 children were killed in Hamburg-Langenhorn, at least 56 children in Hamburg-Rothenburgsort and between 300 and 350 children in Lüneburg. These three institutions are compared with each other from a nursing science perspective and the differences and similarities are worked out. Resistance or rebellion by the nurses was passive and on an individual level. Caused by obedience, conscientiousness and conviction, they turned themselves into willing helpers and did not have to bear any consequences afterwards.

### Medical subversion under the Nazi occupation of France

**ELLEN HAMPTON**, independent researcher, France

Doctors in France between 1940 and 1944 were as divided as the rest of the nation in their responses to the Nazi Occupation and Vichy government collaboration. Some signed on to express their antisemitism and embrace fascism, while others launched into clandestine means of subverting the Nazi program. Writing false medical certificates to avoid being sent to work in Germany, creating fake birth certificates for Jewish children, attesting to non-existant cases of tuberculosis or typhus – all these were employed by French doctors to help protect citizens from harm.

The first organized doctors' network was the Resistance Health Service, which brought some of French medicine's most prominent names together in clandestinity. Louis Pasteur Vallery-Radot, Robert Debré and Robert Merle d'Aubigné were among those who joined to offer their medical expertise to resistance agents, despite a government warning that doctors who treated "terrorists" risked being shot.

In September 1943, the Resistance Medical Committee gathered the Resistance Health Service with other groups and individuals under the Free French umbrella to coordinate action and funding for medical purposes. With increased air attacks from the Allies, the number of fallen aviators needing treatment and shelter became a priority for the doctors, and in late spring 1944, multiplying guerrilla camps in rural areas called for medical services as well.

From the start of the Occupation, doctors faced a moral dilemma: would they follow the law, or their conscience? The choices they made reflected the integrity not only of individuals, but of the nation.

### Albert Tsessarsky and partisan medicine in the deep German rear

**VIKTORIA SUKOVATA**, Kharkiv National University, Ukraine

There not much is known about the medicine of Soviet partisans and Jewish doctors in Soviet partisan detachments. The common view is that anti-Semitism was spreading in Soviet partisan units.

In my research, I want to present the biography of a unique person who, being a Jew, served as a doctor-surgeon and a chief doctor in a Soviet partisan detachment in the territory of central and western Ukraine during the World War II. This is Albert Tsessarsky, and he described his medical, military, everyday partisan experience, as well as his evidence of the Holocaust in Ukraine in his documentary story "The notes of the partisan doctor" (1956).

Albert Tsessarsky was graduated from the Medical University in Moscow in 1941. In autumn 1941 he was assigned with a secret Soviet partisan troop.

After a six-month military training doctor Tsessarsky was parachuted in the deep German rear to provide medical treatment for the Soviet partisans.

In fact, Tsessarsky created practices of "partisan medicine" in the situation of constant risk and absent of hospital care.

Tsessarsky described in details many difficult surgery operations which he did in the forest, with limited surgery tools, with bad light.

Also he described the hygienic practices in the forest, his prophylactic of the military importance infectious diseases during his being the partisan doctor.

Tsessarsky also witnessed the destruction of the Jews in the small towns of Western Ukraine during the Holocaust.

In my presentation I want to explain Tsessarsky's achievements in partisan medicine, as well as his testimonies of the Holocaust.

## Epistemic challenges to biomedicine in the long 20th century

### Crisis in evidence production: Epistemic challenges in the history of medicine

**BJØRN HOFMANN**, University of Oslo, Norway and Norwegian University of Science and Technology, Norway

Evidence production has changed significantly throughout the history of medicine. Many epistemic shifts have been induced by changes in medicine's basic entities, conceptions of causality, modes of validation, and by technological changes. A series of epistemic crises have emerged lately, such as "the replication crisis," "the overactivity crisis" (overdiagnosis, overtreatment), evidence overload, polarized research, bullshit problems, biases *of* (not *in*) evidence production, alternative data sources and study designs, and "the validation crisis." Reviewing various types of "epistemic crises" in modern medicine in light of epistemic shifts in the history of medicine is important to be able to face with present challenges in medical evidence production posed by biomedicalization, changes in the concepts of health and disease, personalized/precision medicine, BigData, and Artificial Intelligence / Machine Learning.

### Managing crisis: Viral "after-effects", binary structures and the modern British health system, 1918–1935

**KATE MCALLISTER**, University of Sheffield, United Kingdom

In the months after March 2020, people across Britain began to seek medical attention for a peculiar kind of protracted illness, characterised by breathlessness, fatigue, brain fog, muscle aches, rashes and low mood. Despite initial debate amongst doctors, scientists and policymakers concerning if these illnesses were best defined as mental or physical, acute or chronic, they were ultimately linked back to a viral infection caused by COVID-19 and brought within the patient-made category of "Long Covid". Moving backwards in time to the early twentieth century, this paper seeks to contextualise Long Covid through a comparative analysis with the category of "Post-Encephalitis" Lethargica (EL). Adopting a practical, administrative perspective, this paper argues that both of these categories emerged in line with efforts to manage crisis within the British health system. Initially viewed as an epidemic viral disease, during the 1920s EL came to be associated with a variety of "after-effects". Often seeming both mental *and* physical, *neither* acute *nor* chronic, these illnesses were unable to be fitted into existing health services, leading to fears of an impending crisis. By bringing them within disease categories that could be positioned on either end of these binary axes and tied to targeted resources, provisions and policies, doctors were able to address such concerns. To map the emergence of categories like Long Covid onto practical efforts to manage crisis within the health system, this paper thus offers an account of the past which sheds light on our present but also, on a possible future.

### A global epidemic of what? A century of debate about the rising rates of diabetes and how this history is relevant today

**TIMO BOLT,** Erasmus MC, Netherlands

This paper aims to offer a concrete example of an integrated historical and epistemological perspective on a contemporary medical problem. In recent years, the WHO and other medical authorities have sounded the alarm about a looming global epidemic of type 2 diabetes. It is, however, difficult to assess how the rising rates of diabetes-related morbidity and mortality should be interpreted. The question "a global epidemic of what?" is not clearly addressed by the WHO or the medical literature in general. Rather, they use different conceptions of diabetes, related to different objectives and practices, side by side. This "collage" of views (a metaphor borrowed from Lara Keuck) does not form a logical whole, but can only be understood and clarified historically. Since the late 19th century, there has been an ongoing medical debate about rising diabetes rates. In the course of this debate, several elements have been retained in, added to, or removed from the "collage" of understandings of the diabetes problem. In order to be able to assess the significance of these continuities and changes, it is necessary to be specific in place, time and context. This paper therefore not only reconstructs how the ongoing "conversation" on rising diabetes rates evolved in the international literature, but also how it played out in a range of Dutch sources. Moreover, it subsequently evaluates how this historical narrative informs current understandings of the diabetes "epidemic" and helps to reflect on how to respond to it.

## Providing care and promoting fitness around WW 1

### European "sea hospices" – A medical-pedagogical institution for "strengthening" urban children for their military fitness at the eve of WW1

**ANDREAS JÜTTEMANN,** Technische Universität, Germany and Medizinische Hochschule, Germany

Around 1870, it was mainly children in the poor quarters of the cities in Europe who suffered from scrofula (neck gland tumours) and rickets. For weakened and malnourished city children, homes located by the sea - and therefore called "sea hospices" - were established with the aim of prophylaxis, education, and rehabilitation. After a first foundation in Margate/Greater London, numerous new hospices were opened on the North Sea and Baltic Sea (e.g. on Norderney/D, Refnæs/DK, Skraviken/N, Hageviken/N, Styrsö/S), but also in Italy and at the US-east coast. There was a special significance of the sea hospices as health resorts for debilitated and sick children at the end of the 19th century. For the pediatrician Cazin, the seaside hospices had not only a charitable but also an educational purpose: "Il ne s'agit pas de guérir, mais de refaire et créer". In any case, the concept cannot be seen as purely charitable. After all, before WW1, a major intention was to raise future healthy soldiers and mothers, "a healthy youth there should be a guarantee that with strong men the own scoop can be defended."

Particularly noteworthy is the professional exchange of European pediatricians on the "eve" of the First World War. Between the First and Second World Wars, many of these institutions were closed or converted into general hospitals and holiday homes. The aim is to recall this special form of children's "spa", which was founded about 150 years ago and is now largely forgotten.

### The nurse's touch – A sensory history of British war nursing on the Western Front, 1914–1918

**SOPHIE GRAPENTIN,** University of Edinburgh, United Kingdom

This paper explores the role of touch in nurse-patient interactions between 1914 and 1918 by focusing upon nurses' hands to reveal the centrality of the tactile to all aspects of British war nursing. It will furthermore demonstrate the extent to which intuition and emotional healing has been underestimated in earlier histories of British nursing, which have focused primarily on nursing reform and corresponding calls for professionalisation. Analysing how nurses wrote about moments of touch paints a more complete picture of the roles that these women took on during and immediately after the First World War, and where they fit into the wider framework of British society.

The sources used include published nurses' diaries as well as nurses' private, unpublished documents in the Liddle Collection (Leeds). I argue that examining British nurses' own writing as the main sources shows that nurses relied heavily on their hands to "feel" the condition of patients, treat them and offer relief. Through touch they also sought to provide emotional care. That touch became such a focal point across both professional and volunteer nurses' texts suggests that nurses found these moments highly memorable and also believed that they expressed something fundamental about the nature and meaning of nursing care. In addition, through descriptions of touch nurses communicated and translated the experience of war to the civilian population, since, despite nurses not gaining combat experience themselves, they still knew the destruction of the battlefield much more intimately than those at home.

### The Impact of war on the health of nurses: An analysis of New Zealand (NZ) nurses who served in the First World War (FWW).

**WENDY MADDOCKS,** University of Canterbury, New Zealand

When the FWW was declared, NZ nurses were willing to be deployed, despite ongoing government resistance. New Zealand nurses were the first in the world to be registered and as a skilled, politically minded workforce they were keen to ensure their fighting brothers received the same standard of care they could expect at home. Approximately 550 nurses served overseas with the NZ Army Nursing Service.

Whilst there has been extensive analysis of the impact of war on soldiers, little analysis has been conducted on nurses. Each NZ nurse has a military file which will be analysed to determine the types of sickness experienced at different times in the war and the impact on the health once they returned to New Zealand. A pilot study of the first 50 who served from early 1915, to the last 50 who served from mid-1918 has highlighted differences in the illness experienced, with early nurses experiencing conditions related to overwork, overcrowding and post-traumatic stress. The later cohorts were impacted by the Spanish Flu pandemic, but less stress related disorders. Nurses were often misdiagnosed and mismanaged by military doctors. The health care provided on their return to NZ was very poor compared to the men as nurses had to battle for access to basic treatment and recognition of symptoms. By completing this analysis it will be possible to position the experiences of these nurses in history and see that many of the issues remain just as valid today in times of crises.

## Conceptualizing mental health and illness in the 20th century

### Crisis in Midtown: Researching mental health in New York City, 1950–1962

**MATTHEW SMITH,** University of Strathclyde, United Kingdom

The Midtown Manhattan Study was one of the most ambitious psychiatric epidemiology studies to emerge after the Second World War. It was central to the development of social psychiatry, an interdisciplinary approach to mental health that used the insights of both the social sciences and medicine to try to understand how socioeconomic factors impacted upon mental health. As with other post-war social psychiatry studies, the Midtown Study was spurred in part by concerns fomented during WWII that the United States was in the midst of a mental health crisis and needed to employ a more preventive approach to mental health policy. In order to understand the legacy and influence of the Midtown Study, however, it important to also understand the crises that it faced itself during the course of its existence. In this paper, I use archival and oral history sources to explore how these crises affected how the project developed, how its conclusions were reached, and how its findings about the social determinants of mental health were expressed. I argue that these internal crises undermined the long-term impact of Midtown Manhattan Study and, by extension, its message about the detrimental effect poverty, inequality, and social disintegration had on mental health.

### Crisis and consensus: Regulating psychiatric diagnosis after WWII

**ALFRED FREEBORN,** Max Planck Institute for the History of Science, Germany

In the 1950s and 1960s there was a crisis in the validity of schizophrenia as a disease entity. This became the focus of a standardisation drive by the WHO which coordinated with national research organisations like NIMH and the MRC. In the following decade Anglo-American researchers developed standardised structured psychiatric interviews and statistical strategies for their validation, culminating in an international study of how psychiatrists diagnose schizophrenia. By the mid-1970s the validity of schizophrenia as a disease entity had not been demonstrated, but structured interviews had been shown to be useful international standards. Moreover, they allowed the self-regulation of the psychiatric profession by reducing disagreement among psychiatrists over diagnoses. This self-regulation came at a price, however, and while psychiatrists retained control over their patients, they increasingly lost control of their knowledge. This talk draws on original research into the origins of postwar diagnostic reform to explain how a public crisis of scientific legitimacy was overcome through standardisation, but with the unforeseen consequences that these standards could be easily manipulated by the pharmaceutical industry. It suggests that the dynamic of crisis and consensus is exemplary of how modern medicine has in its struggle to become more accountable at the same time become more vulnerable to external interests.

### Psychiatry on the home front: Crisis, professional authority, and the medicalization of community, 1940–1950

**MICHAEL HEALEY,** Johns Hopkins University, USA and University of Rochester, USA

Historians have long recognized the pivotal role war has played in the professionalization of American psychiatry. Jack Pressman, for instance, once described how World War I legitimized the discipline by showcasing its applicability beyond the asylum – first to the screening of draftees, then to the treatment of conditions like "shell shock." Indeed, as Gerald Grob and others have explained, this cohort of psychiatrists provided a model to their successors throughout World War II, who later expanded the purview of their specialty further by promoting deinstitutionalization and community-based care. That said, much of this literature has emphasized direct collaborations between psychiatrists and the military. While some scholars, including Nikolas Rose and Ellen Herman, have analyzed other applications of psychological expertise during wartime, more research is needed on the social engineering of the home front, and the contributions psychiatrists made to this endeavor. This paper, then, will examine two understudied aspects of American psychiatry's involvement in World War II: the reintegration of impaired servicemen and the administration of Japanese-American internment facilities. Like combat itself, these domestic manifestations of war served as a proving ground for early-career psychiatrists, allowing them to demonstrate the utility of their knowledge to government officials and the public. For each, however, tools of community-building were put toward very different ends – one voluntary, the other coercive. By contrasting how psychiatrists applied their clinical training to the governing of human relations, this paper will explore how they shaped these crises – and how these crises, in turn, shaped their profession.

### The concept of mind across times and genres – Implications for the study of mental health, or "When the mind got ill and lost its mind"

**GABRIELA SALDANHA**[1], **CLAIRE HEWSON**[2], [1]University of Oslo, United Kingdom.
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The concept of mental health is a relatively recent one in the history of both medicine and English language. Taking up Buts et al. (2021) plea for corpus-based conceptual research in the medical humanities, we explore how associations with the words "mind" and "mental" change across several corpora of historical and contemporary English (Oslo Medical Corpus, Genealogies of Knowledge, Corpus of Historical American English). We observe that the adjective "mental", which was mainly employed positively to describe the human intellect in Modern English, has become medicalised and is nowadays predominantly employed to refer to psychological well-being or, more precisely, lack thereof. The use of the noun "mind" has also shifted from a broader reference to intellect and ways of thinking, to a narrower reference to memory. We suggest that the medicalisation of mental states and conditions has resulted in an increasing gap between, on the one hand, the study of the mind as a theoretical and philosophical concept and, on the other, the concept of the mind underpinning contemporary health literature. We argue that contemporary theory of mind poses important questions to mental health research, requiring a radical rethinking of its object and its positioning as an interdisciplinary field of study.

## Morality and emotions in medicine and collections

### "Much confusion:" Symptomatic treatment, adherence, and the measurement of fear

**LISA HAUSHOFER,** University of Zurich, Switzerland

This paper examines the emergence of "steroid phobia" as a research metric to quantify and explain patient nonadherence to corticosteroid treatment from the 1980s until today. With rising healthcare costs, unfilled prescriptions of corticosteroids and poor adherence to treatment constitute a significant challenge in the medical management of conditions such as asthma, eczema, and psoriasis. To explain the growing lack of adherence, researchers and clinicians from the 1980s set out to analyze what they termed "steroid phobia," a supposedly irrational fear of corticosteroids among patients. This paper examines their efforts and places them within the longer trajectory of corticosteroids and the history of symptomatic treatment in modern biomedicine. Drawing on scientific literature, pharmacological textbooks, and professional medical journals, the paper argues that the notion of steroid phobia must be traced back to the controversy surrounding cortisone's initial use in the post-World War II-period which challenged existing notions of what a therapeutic ought to be. Rather than a reaction to fear expressed by patients, steroid phobia was initially a charge mounted by clinicians against their steroid-underprescribing colleagues. With the rise of the patient empowerment movement and increasing attention by social scientists to the patient-physician relationship, steroid phobia was reimagined as a set of irrational fears by patients, limiting their "compliance" with treatment. The growing focus on irrational fear, the paper contends, was ultimately built into adherence metrics such as the TOPICOP scale and thus continues to obscure patients' underlying unease towards the symptomatic nature of treatment.

### Charity and agape in times of crisis: How World War II affected moral conceptions around blood donation practices in the Netherlands

**NOORTJE JACOBS**, Erasmus MC, Netherlands

In 1930, the first blood transfusion service of the Netherlands was established by internist Henri van Dijk and the Dutch Red Cross at the Catholic Saint Francis Hospital in Rotterdam. Since the late 1910s, Dutch surgeons had started to transfuse blood, but this was the first time that the practice was institutionalized. "Like the English [blood transfusion services]," Van Dijk wrote proudly in 1933, "it is built on completely idealistic ideas." Dutch citizens gave their blood out of "charity" and "agape" and stayed far removed from the much more capitalistic system that had developed in the United States, where professional donors only calculatingly sold their blood. It was proof of the truly altruistic spirit of the Dutch nation.

In this talk, I explore how this moral discourse came under pressure after the mobilization of the Dutch military services in 1939, when the Red Cross was tasked with building up an "army" of 100.000 donors in preparation of the German invasion. As it turned out, in times of crisis much less Dutch citizens than imagined were willing to freely give their blood, which—at least temporarily—drastically altered the moral arguments that was used to rally up blood donors. I will draw on different materials in making my case, including newspaper articles, medical publications, and archival materials from the Dutch Red Cross. This case study is part of my ongoing Veni-project Valuing the Body, in which I study moralization processes around the use of bodily materials in twentieth-century medicine.

### Endangered specimens: Competing claims, meanings, critiques of historical human biomaterials (remains & derivatives) in medical collections

**MICHAEL SAPPOL**, Uppsala University, Sweden

Historical medical collections are feeling the heat. Administrators and funders don't understand or love them. Critics vilify their keepers and demand the dispersion, destruction, or repatriation of the specimens. Obtained long before there were any protocols of informed consent, the museum objects, fetuses and skulls especially, become targets of a symbolic political activism.

Yet the specimens are historical artifacts as well as human remains, precious evidence of the craft, care and ingenuity of specimen-collecting, making and preservation, the lost worlds of artisanal museology. They show difficult things — the interior of the body, and the terrible work that disease, decay, violence and accident do. And document changing ecologies of disease and health, changing methods, theories and achievements of medicine over the centuries. But also carelessness, abuse, hubristic medical privilege — and the terrible effects of political, economic, gender and racial domination. It's an ambivalent inheritance. So what moral calculus should obtain? What is to be done?

Focusing on the objects of Padua's Museo Morgagni, this paper sets out a critical taxonomy of positions for and against the continuance and preservation of historical medical collections. It lands with the principle of collective ownership and open-access stewardship for human biomaterials. Which are relics of medical history and embodied human experience. And the legacy of nation, empire, colonialism, capitalism, environmental exploitation... State- and profession-formation… Changing scientific and medical agendas and theories, and political contestation... And a thousand other things that we can only study and investigate through these difficult, provocative, objects.

## Antibiotics: Production and use

### Historicizing antibiotics, AMR and fungi: Gender, biomedicine, health policy and industry, 1980s–1990s

**MARÍA J SANTESMASES**, CSIC, Spanish National Research Council, Spain

The contemporary growing emergency of antimicrobials resistances inspires this proposal. It offers an explanation of the absence of new antibiotics, as a possible, historicized one. I explore fungi as a microbial connection that participated in the shift from searching for new antibiotics to the manufacturing of antifungal and statins (effective against hypercholesterolemia), between research and industrial practices.

I present the case of a screening program in Madrid as a collaboration with Merck Research Laboratories (Rahway, USA). Beginning in the 1950s with a Spanish firm (CEPA), it developed from the mid-1970s onwards by mobilizing fungi as a source in a transnational circulation of knowledge, practices, new medical drugs and marketing agendas. Biomedical policies, and the geopolitics of microbiological expertise and industrial production are proposed here as agents in the landscape of the manufacture of therapies for emerging disorders, health standards and industrial profits. For this reconstruction, the historiography available is combined with published testimonies of women and men microbiologists, and science policy practices for biomedicine from the mid-1980s and 1990s, when Spain experienced the stabilization of democracy, after almost four decades of dictatorship (1939–1975).

### “Bleeding antibiotics”: Tracing antibiotic practices in the Turkish healthcare history

**NALAN AZAK,** Department of Culture Studies and Oriental Languages, University of Oslo, Norway

Antibiotic prescriptions make up a quarter of all prescriptions in Turkey. These locally “ordinary” pharmaceutical commodities are used as tokens of care, enablers of treatment and legitimisers of illness to navigate in everyday healthcare infrastructures. Patients express embodied experiences of antibiotics that reveal the abundance of antibiotic use in their medical histories. Yet, with the growing concern of antimicrobial resistance (AMR), over-the-counter sales of antibiotics have ceased in Turkey in the last decade. Despite the regulation of antibiotic consumption, which are now sold subject to prescriptions, people still attempt to negotiate access and circumvent the rules.

This paper explores present day antibiotic practices and the reliance on antibiotics against the backdrop of the Turkish history of healthcare. Drawing on online blogs, ethnographic fieldwork in Istanbul, Turkey, and qualitative interviews with doctors, pharmacists and patients in an unfolding pandemic, this study traces the emergence of antibiotics in Turkey alongside the often ill-synchronised temporalities of government agendas, legislation, healthcare infrastructures and socioeconomic conditions. Historicising present-day expectations and practices of antibiotic care in Turkey show that the present AMR situation is the future manifestation of past practices, rather than the absence of legislation.

## Mapping, treating and controlling epidemics in the 19th century

### Risk, fear and health crises in northern Portugal in the 19th century

**ALEXANDRA ESTEVES,** University of Minho, Portugal

Throughout the 19th century, Portugal was affected by several epidemic outbreaks, which put the population in shock and highlighted the health weaknesses of the country. Cholera, yellow fever, typhus or the bubonic plague were some of these outbreaks, which affected different regions of Portugal in the 19th century, exposing the country’s lack of health, which we will try to highlight. The main goal of our work is to characterize these occurrences in the North of Portugal, highlighting the fear they provoked in the populations and the measures taken not only by political authorities and those with health responsibilities, highlighting reforms, legislation and institutions created, but also the actions that were carried out by different entities not only in the fight, but, in some cases, in the prevention of these diseases. In the Portuguese case, particular emphasis was placed on the Misericórdias, assistance institutions, with an important role in the field of health care, being the main managers of hospitals in Portugal until the 20th century. However, in addition to receiving epidemic patients in their hospitals, they helped create temporary hospitals and helped the poorest families affected by epidemic outbreaks. In addition to these, other institutions and individuals mobilized and exposed the fear, the risks and the measures that were taken or believed that they should have been taken. With regard to this last point, doctors stood out, whose articles in medical journals were consulted, as well as the periodical press, sources of organizations with health responsibilities and local charity funds.

### Doctors’dilemmas. Treatments for Cholera in Nineteenth Century Italy

**ALBERTO TANTURRI,** Università Cattolica del Sacro Cuore, Italy

During the outbreak of the second cholera pandemic in Europe, doctors began to take an interest in the disease, giving rise to a vast scientific production. The Italian medical class too was involved in this heuristic and hermeneutic activity, producing an impressive number of publications. Amid this literature, a sample of 100 monographs published between 1831 and 1842 was investigated in this study. The analysis focuses on etiopathogenetic and therapeutic aspects. With regard to the first feature, the origin of cholera was generally explained in two ways: either by attributing the onset of the disease to the inhalation of miasmas, or by hypothesising the existence of live pathogens transmitted from a sick person to a healthy one by direct contagion. Regarding the therapeutic aspects, practically the entire Italian medical class considered cholera to be a poison affecting the digestive system. In light of this, the most characteristic symptoms of the disease (vomiting and diarrhea) were interpreted as an attempt by the organism to spontaneously rid itself of the miasmic poison. Therefore, the main task of medicine was to facilitate the natural expulsion of this poison. The drugs most frequently suggested by doctors were therefore purgatives, emetics, diaphoretics and diuretics. As for the effects of these treatments, given that the physio-pathological essence of cholera (which is clear today but was completely unknown at the time) consists in profound dehydration, it is evident that they were all extremely harmful, so much so as to worsen considerably the lethality rates.

### Managing a medical family crisis within Finnish nobility. Catarina Elisabet von Born’s illness 1834–1835

**EVELINA WILSON,** Åbo Akademi University, Finland

A medical crisis is very much a crisis of the seriously ill individual, and of the people closest to him or her. Through history people have responded to disease in different ways, and the cultural meanings have varied as well as the medical knowledge.

In this paper I use a patient-oriented perspective in order to study a medical crisis that hit the family of Senator Samuel Fredrik von Born in 1834–1835 in Finland. The mother of the family, Catarina Elisabet von Born, fell seriously ill. Her attempts to cure her disease were described by herself and by several of her family members in letters and diary entries. Thanks to this it is possible to get a clear picture of how the family managed the crisis that the mother's illness was to all of them – individually and collectively. In May 1835, just a couple of months before her death, the family travelled to Denmark to consult physicians in the hope of finding a cure for Catarina Elisabet von Born's disease – but with no luck. In October 1835 she died, diagnosed with consumption, on her way home from Denmark.

By using the family as a case study it's possible to show the possible effects of a medical crisis within families belonging to the nobility of Finland: what was their response to the crisis and how did they manage it? In this I include existential and relational aspects of a crisis as well as aspects of trust and faith.

## Practicing, teaching and writing social medicine

### Andrija Štampar, everyone's ally: The Fall of socialist public health told through a metabiography

**VEDRAN DUANČIĆ**, Alpen-Adria-Universität, Austria

Physicians and medical experts rarely become posthumously famous. Their students (and students' students), historians, and people working in institutions named after them keep their memory alive, but their names are generally not recognized by non-specialists. However, when they do become "famous," it is often a result of a complex reshaping of the narrative of their life and work. As in other historiographical genres, the boundary between the past and the present in scientific biography is permeable. The name of the Croatian physician Andrija Štampar (1888–1958), one of forefathers of socialized public health and the World Health Organization, has been evoked countless times in professional circles and the public sphere in Croatia (occasionally in other post-Yugoslav states, too) for decades as the modern public health care system has been eroded. Štampar thus appears as "everyone's ally," a resource employed across the political spectrum. Following the example of Nicolaas A. Rupke's metabiography of Alexander von Humboldt and Justin D. Livingstone's of David Livingstone, the paper examines what the successive waves of renewed interest in Štampar's work since the 1970s tell us about the crisis of public health in self-managerial socialism, tensions between "clinicians" and public health officials, debate over the virtues of focusing on the Primary Health Care and the Global South or deepening the ties with the West, resistance to privatization of medical system, vaccine hesitancy and medical misinformation during the COVID-19 crisis, and most importantly, the effects of depoliticization of the debate on public health.

### Rise and fall of social medicine as a profession and an academic field in The Netherlands. The intertwined history of a magazine and a profession: The case of TSG

**JAN HUURMAN**, Julius Centrum, UMCU, Netherlands

In January 2023 TSG, the Dutch magazine on public health, will celebrate its 100Th birthday. At the start in 1923 TSG was the organ of the associations of doctors for school-children and care for poor people. The title TSG, Tijdschrift voor Sociale Geneeskunde (magazine for social medicine) reflects the then developing "status" of the term "sociale geneeskunde" in Dutch public health. TSG became the organ of this complete field, affirmed by the constitution of an umbrella association, the ANVSG, in 1930. After 1945 followed the glory years of Dutch social medicine, with several academic chairs, the recognition of social medicine as a specialism, and a thicker and thicker TSG.

This upward swing ended in the early 80th of the last century. The ANVSG failed in uniting the different branches of social medicine, partly because medical doctors no longer dominated the field of public health. As a result the "G" of "geneeskunde" (medicine) both in ANVSG and TSG was transformed to "gezondheidszorg" (health care), trying to make both institutions multidisciplinary. TSG succeeded in this effort, but the ANVSG was liquidated in 1985. TSG had become het "Tijdschrift voor Gezondheidswetenschappen" (Health Sciences), eventually ending as a printed magazine in 2018. At this moment TSG is an online and open-access magazine, the only multidisciplinary publication in Dutch on the field of public health. In line with the downward line of TSG, social medicine got marginalised compared with other medical branches. In my presentation I will go into causes and cures of this crisis.

### Teaching social medicine: Education in social medicine at the medical faculty in Utrecht, the Netherlands, from 1945 to 1999

**CARO LEMMEN**, independent researcher, Netherlands

Following World War II, Dutch universities appointed professors of social medicine to teach medical students about social sciences. These professors attempted to make future doctors more resilient against (new) crises in health(care). However, towards the end of the 20th century medical educators had constructed a different, more practical kind of social medicine. Intrigued by this transformation, this study seeks to understand the history of social medicine in the medical curriculum from 1945 to 1999. Specifically; how did educators integrate its academic and practical components? The medical faculty in Utrecht, the Netherlands served as a case study. Various sources informed this investigation: material on the medical faculty in Utrecht, such as policy documents and minutes of faculty meetings, textbooks on social medicine, and published sources, namely *Medisch Contact*, Journal for Social

Medicine (*Tijdschrift voor Sociale Geneeskunde*), Bulletin Medical Education (*Bulletin Medisch Onderwijs*), and student journals of the period. The paper distinguishes four tools to characterise social medicine education. The first three tools, "Roadmap to the Health Landscape", "Recipes for Research", and "Social Engagement Manual" were aimed to provide students with general tools for their future careers. However, from the 1970s onwards, social medicine lost its scientific appeal and educational reforms increasingly steered medical education towards practice. Consequently, the fourth tool, "Handbook for Social Physicians" gained prominence in the 1990s. Social medicine changed from a general to a specialised subject. With this shift, education in social medicine also increasingly focused on the individual patient instead of the community or healthcare system.

## Collecting, preserving and documenting Covid-19

### Populism and public health in Ford Nation: A Canadian province responds to COVID-19

**CATHERINE CARSTAIRS, AMY GREER,** University of Guelph, Canada

In Canada, health falls under provincial jurisdiction, so each province had a different response to the COVID-19 pandemic. Ontario is the largest and most diverse province in Canada. The centrist Liberal Party had dominated Ontario politics for most of the 21st century, but in 2018 the province elected a populist leader, the Conservative Doug Ford. To many people's surprise, Doug Ford imposed more public health protections than most other North American jurisdictions. Schools in Ontario were closed for more than 20 weeks, longer than anywhere else in Canada and mask mandates were in place until June 2022.

In June 2023, a Witness Seminar will take place at the University of Guelph in Ontario, Canada. Confirmed invitees include: Peter Juni, the former Scientific Director the Ontario Science Table; Isaac Bogoch, one of the leading communicators during the pandemic; Vivian Stamatoploulus, who drew attention to the crisis in long-term care and Lisa Richardson, the Strategic Advisor, Indigenous Health at the University of Toronto.

The workshop will reflect on what was learned from the COVID-19 pandemic and how best to move forward, given that we are likely to face a future with more pandemics, thanks to climate change, growing global mobility and increased urbanization. The witness seminar will focus on two topics: pandemic policy making including data and communication and racism and social justice in health and health care.

In this paper, we will present the initial findings from the Witness Seminar.

### Collecting the COVID-19 pandemic – A collector's perspective

**SELINA HURLEY, HARRIET JACKSON,** Science Museum, United Kingdom

In March 2020, museum professionals in the United Kingdom found themselves in an unprecedented situation – attempting to collect an unfolding and unpredictable pandemic while navigating its impacts on their personal and working lives.

Over the last three years, the Science Museum Group has collected over 1000 items including the first vial from the UK's vaccine roll out, lectern signs from UK Government briefings, rainbow signs, and material from the NHS Nightingale Hospitals.

The act of collecting, preserving and documenting was balanced against the knowledge that lives and livelihoods were at risk, including potentially our own and our loved ones. Many potential donors were key workers, and those already under considerable stress in their everyday lives. Practical questions proliferated including how to physically collect items while socially distancing and with limited travel. Ever-changing restrictions meant material was constantly in danger of being lost.

Reflecting on the impact of collecting for collectors during the pandemic reveals a complex and emotional relationship. Many felt the huge responsibility of documenting a global event, particularly as many previous pandemics are poorly represented in museum collections. Some topics including the disproportional impact of COVID-19 across society are difficult to represent through material culture and therefore there is a huge potential for many people's experiences to go undocumented. More positively, collecting the pandemic gave us a sense of purpose at a time of huge uncertainty. This paper will explore the challenges and opportunities that collecting COVID-19 brought and its potential impact on future museum practice.

### How to collect a crisis: Displaying and collecting COVID-19

**SOPHIE GOGGINS,** National Museums Scotland, United Kingdom

COVID-19 is not the first, nor will it be the last, global pandemic or health crisis. The Influenza pandemic of 1918 killed an estimate 50 million people worldwide and had far reaching impact and consequences. However, in the National Museums Scotland collection, made up of 12 million objects, only two relate directly to the 1918 pandemic.

This historic lack of material culture spurred the museum to attempt to capture this pandemic in a more meaningful way. Throughout 2020 to today the museum has worked through rapid response collecting to acquire objects which represent this pandemic. We worked to balance collecting material culture which represents the national, and international, crisis with stories of personal crisis. The resulting collection of objects has allowed the museum to display COVID-19 in a way which weaves scientific and medical objects with personal stories.

This paper will explore ways in which National Museums Scotland has been collecting material culture relating to the COVID-19 crisis in Scotland and ask the question, "How does a museum collect a crisis?".

## Pregnancy, birth and crises of motherhood in the 20th century

### The "dancer's body" and pelvic floor physiotherapy in interwar Britain

**MADELEINE WARE**, Yale University, USA

Margaret Morris (1891–1980) was a successful British dancer, physiotherapist, and physical culture expert. In the 1930s, Morris worked with OB-GYN physicians and physiotherapists to create her novel pelvic floor training method for women preparing for childbirth and postpartum bodily changes, including muscle weakening. In *Maternity and Post-Operative Exercises* (1936), Morris cited Dr. John Fairbairn as a medical "pioneer" for bringing physical culture into obstetrics and gynecological care before World War I, but asserts that she went on to formulate "exercises that were aesthetic as well as scientific." I examine the "aesthetics" that made Morris' methods popular in academic medical circles as well as with the women who, in the 1930s, sought pelvic floor exercise and physiotherapy classes at Margaret Morris International in Australia, Belgium, Britain, Canada, Cuba, France, India, New Zealand, South Africa, Switzerland, the United States, and the West Indies. Morris drew inspiration in her dance and physical culture methods from Greek mythology as well as Asian and African dance cultures. She also collaborated with other British physicians and physiotherapists who were beginning to frame maternity, childbirth, and postpartum bodily changes as "athletic feats." I argue that Morris created the colloquial "dancer's body" as an ideal healthy woman's body that is at once classically muscular, exotic, and subtly erotic. I explore the racial origins of the "dancer's body" in pelvic floor therapy and physical culture and, how the aesthetics of dance performance as healthcare signaled gender identity, sexual pleasure, and communal belonging in interwar Britain.

### "Joint admission may actually be therapeutic": Motherhood, mental breakdown and the crisis in care in postwar Britain

**HILARY MARLAND**, University of Warwick, United Kingdom

The mental breakdown of mothers following childbirth has long been depicted as a crisis, a contravention of the expectations surrounding motherhood as a time of joy and fulfilment, a crisis for the household and family, and a period of danger for the mother, at risk of suicide or entrenched mental illness, and the newborn, at risk of harm or infanticide at the hands of the mother. During the twentieth century institutional treatment remained the norm for women experiencing severe forms of postpartum mental illness. Yet with mental hospitals closing after the 1960s, mental health services in the UK, also in a state of perpetual crisis, failed to provide sufficient beds to meet these needs. A small number of psychiatrists recognised that women experiencing postpartum psychosis required not only institutional care, but specialised facilities, Mother and Baby Units, where mother and baby would be kept together. However, provision remained very limited, and this paper explores the enduring challenge of providing care to mothers experiencing postpartum psychosis, and how this was highlighted in professional lobbies, the press and broadcast media and increasingly by women themselves. Mother and Baby Units were also established as a response to concerns about the impact of the mother's mental illness on her baby, against the wider backdrop of attachment theory, and the paper reflects on the additional anxieties placed on mothers, subjected to explicit warnings that their postpartum illness and failure to bond and nurture might jeopardise their new-borns' future development and wellbeing.

### "Drama out of Crisis": Nemone Lethbridge's maternal mental illness and her BBC "Baby Blues" play for today (1973)

**FABIOLA CREED**, University of Warwick, United Kingdom

Born in 1932 into the aristocracy, Nemone Lethbridge became one of Britain's first female barristers. In 1959, however, she was disbarred for marrying a convicted criminal, and by the late 1960s had become a successful BBC playwright. In 1970, Lethbridge birthed her first child after ten years of trying. Yet her "dream" of motherhood developed into a "nightmare" of maternal mental illness, and she experienced a series of crises in relation to her health, career, marriage, and new-born baby. As a form of self-help therapy, she used her personal experiences to write *Baby Blues*. Two BBC female producers criticised and rejected the original script in 1971. Yet, the play eventually aired in December 1973. Viewers either "praised" or "strongly disapproved" because it painted a "completely distorted and unauthentic picture of a hospital" and was "an insult to... medical and nursing services". Alongside these criticisms, hundreds of parents sent letters of thanks to Lethbridge, and in 1974 she set up "Depressants Anonymous" to stop parents suffering in silence.

Using Lethbridge's autobiography and radio interviews, the *Baby Blues*'s scripts, letters, and audience reports, and finally, both critics' and "everyday" media responses, this paper will explore how one woman's crisis contributed to the de-stigmatisation of postnatal depression and psychosis. Building on the history of gender and mental health in 1970s Britain, it will also evaluate why Lethbridge pursued *Baby Blues*, despite such opposition, and what, in particular, the female producers, critics and some everyday Britons condemned, and why?

### Birth experience as crisis: The "natural" and environments of childbirth in Britain's National Health Service since 1970

**JENNIFER CRANE, MARIA FANNIN, VICTORIA BATES,** University of Bristol, United Kingdom

Since the 1970s, the vast majority of births in Britain have taken place within the hospitals of the National Health Service (NHS), the nation's healthcare system. Midwives, often supported by large voluntary organisations such as the National Childbirth Trust, have, particularly since the 1990s, sought to make these hospitals represent "sensory" spaces of birth, incorporating gentle lighting, soft music, and water through birthing pools. The views of birthing people on these changes have been divided. For some, particularly within the natural birth movement, these represent comforting spaces, and these are tied to ideas of birth as "natural" and "animalistic" – though many in these communities bemoan the decline in rates of home birth. For others, particularly in feminist and health service campaign groups of the 1980s, these changes look to save money in the NHS by directing women away from effective pain relief interventions and instead encouraging "self-management". This trend then reflects two, highly positioned, interpretations of "crisis" in childbirth: where modern childbirth environments represent, either, a crisis of intervention or a crisis of a collapsing health system. This paper brings critical perspectives from geography and history to bear on this, and will describe our research on how using feminist analysis of women's experiences and voices can reinterpret exactly what form of "crisis" childbirth faces.

## Healthcare systems in crisis in different ideological contexts

### The crisis of biopolitics or biopoliticizing the crisis? Discourses on the problems of socialist healthcare in late socialist Hungary

**VIOLA LÁSZLÓFI,** Central European University, Hungary

The article examines the discourse on the emerging crisis of healthcare in the last two decades of state-socialism in Hungary. From the 1950s, by introducing a comprehensive system of healthcare, the Party's aims were to create an institutional framework that symbolized the provision of a high level of public care for the whole population. The inadequate capacity of the healthcare system and the systemic reasons of the deteriorating health of the population became visible by the 1970s. Although these issues could not be articulated without criticizing the inherent social, political and economic problems of the existing socialism, from 1973, there were more and more articles on the problems of healthcare.

The aim of the paper is to examine the ways in which the authors of these texts conceptualized the crisis of health care as a symptom of a general crisis of the socialist system. It should be pointed out that whereas the complex dysfunctions of socialist healthcare were recurred topics in these texts, it was not until the early 1980s that these problems became defined as a symptom of a general crisis of the entire socialist system. By analyzing the transformation of the concepts used in these discourses, a process of negotiation can be detected between doctors and members of other intellectual groups. This process, however, cannot be understood without the political context of public knowledge production, as well as the institutional and professional positions of participants which could influence how the readers perceived these texts.

### A system in crisis? Reconfiguring mental healthcare in post-dictatorship Greece (1974–1990)

**DESPO KRITSOTAKI,** Hellenic Open University, Greece and Cermes3, France

The fall of the dictatorship in Greece signalled the intensification of criticisms and demands for change in various political, social and institutional fields. In mental healthcare, a state of deep and perpetual crisis was revealed by the scandals about the Leros Psychiatric Hospital (late 1970s and 1980s).

Arguing that these scandals were only one facet of the crisis, albeit the most notorious one, I investigate how mental health professionals described and conceptualized the mental healthcare crisis. To do this, I turn to the reform efforts that were implemented in the post-dictatorship period, as these highlighted and strove to resolve the perceived faults of the mental healthcare system. More specifically, I focus on the Centre of Community Mental Hygiene of Vyronas-Kaisariani, founded in 1978 in Athens. The Centre represented a reform trend that endeavoured to involve the "community" to the prevention and treatment of mental illness and to the social integration of people with psychosocial difficulties. But how was the "community" understood, and what kind of action was undertaken to mobilise and even reform it?

The paper answers these questions with the help of archival material and published papers and reports of the Centre, and oral history interviews with its former staff. The analysis indicates that the concept of crisis in mental healthcare was intertwined with the concept of crisis in the community and, by extension, in society. Therefore, these crises had to be tackled in tandem: the reform of the mental health system could not proceed without broader social changes.

### “The war came; buses went, taxis went, cars went.” But what about the preservation of life? Public health crises in Emergency Ireland, 1939–48’

**KELLY ADAMSON,** Dublin City University, Ireland and Irish Research Council, Ireland

In Ireland, WWII created an economic-squeeze even though the country remained neutral. Examining health policy, and negotiations about policy, during this crisis reveals the location of pressure points.

More babies died in Ireland during WWII than before. Families experienced several food rationing measures that impacted nutrition. For example, raising flour extraction rates stretched flour supplies but contributed to creating a rickets epidemic. Calcium deficiency, linked to high-extraction flour, further implicated rising bone and joint tuberculosis mortality among children. Simultaneously, Ireland’s unusually high rate of pulmonary TB and per-capita institutionalization of the mentally-ill prompted an “identity crisis” on wider fronts.

Problems in infant mortality, nutrition, TB and mental illness had related “crises” in the health of mothers, children, workers and their families. The loss of a child evoked despair, confusion and feelings of helplessness. Terminal disease diagnoses and mental health institutionalization were often equally as detrimental to familial life.

Concurrently, these issues suggested a public health system that was not fit for purpose, conflicting with Ireland’s desire to appear progressive and “healthy” on the world stage.

Heart disease, cancer and senility accounted for half of all deaths, but did not attract the same official attention. Why do governments prioritize particular health measures over others? If all healthcare is rationed, and health regimes respond to specific values, the way resources are allocated is revealing. This paper will offer insight into the complexities of public health at a crisis point. Then, as now, there is often a tug-of-war between “rescue” and “preventative” measures.

### “You will oblige me by your opinion whether the Child in question may be deemed “an animal”: Public health and the politics of the possible in the English rural periphery, c. 1848–1871

**CHRIS DAY,** The National Archives, United Kingdom

Could a child be deemed “an animal” under the Nuisances Removal Act 1846? This was the question the Mitford and Launditch Poor Law Union (Norfolk) asked the General Board of Health in 1855. Their question arose as they sought to find a way to legally account for the expenses of caring for James Stannard, a disabled eleven-year-old boy whose neglect by his parents had left him, “in such a state of putrescence as to be not only in imminent danger himself but … [also endangering] his parents and their neighbours”.

The traditional narrative of mid-nineteenth century British “public health” was of legislative and bureaucratic interventions by central government, hampered by the ignorance of miserly local officials and elites. However, we now understand the permissive legislative, and constricting bureaucratic frameworks created were primarily designed to deal with an urban, environmental crisis, not the exigencies of rural communities and personal health crises. Recent scholarship has highlighted the challenges rural communities faced in delivering “public health”, emphasising local dynamism, but also the need for further inquiry.

Utilising Stannard’s case and others, and examining how local and central authorities negotiated the actual delivery of the legislative and philosophical conceptions of public health, this paper reconstructs how peripheral, non-urban towns and villages – faced with legislation and regulations not designed for them, central supervision ignorant of their circumstances; and rolling, everyday provincial crises – attempted (or did not) to deliver the medium and long-term reform of the Victorian “sanitary ideal”.

## Historicizing the global mental health crisis: Psychiatry and genocidal moments

PANEL ORGANIZER
**KYLIE SMITH,** Emory University, USA

This panel represents a new global comparative study considering psychiatry’s often-deadly consequences for marginalized populations in the context of modern national, colonial, and settler colonial governing processes and anxieties. Fanon first theorized the important role of psychiatry in colonialism by demonstrating psychiatry’s power in shocking the patient back into compliance with a colonial system that was the reason for the vertigos of the colonized whose political ontology is constituted by violence. Recently, Dirk Moses proposed increased violence against civilians as resulting from “permanent security imperatives” rooted in state desires for invulnerability. Building on Moses’s and Fanon’s arguments, we suggest the desire for “permanent security” is not “limited” to ethnic, racial, or national genocide, but includes a biopolitical/necropolitical dimension visible in the treatment, diagnostics, and expertise of psychiatry globally. To protect the “nation-state” and/or its colonial project, medical/psychiatric personnel articulated and engaged in a politics of death to eliminate biological security risks. The incarceration, sterilization, and killings of people deemed “mentally unfit” were often justified as protecting and strengthening the nation’s and the colony’s productivity and efficiency.

The panel’s three papers form part of a global collective designed to explore the fruitfulness of this theoretical perspective through a comparative discussion about psychiatric interventions in different national and colonial contexts. Bringing together historical examples from the US, Canada and Lebanon, the panel tries to understand why psychiatry often turned deadly and considers this legacy for the current crisis in mental health.

### Jim Crow in the asylum: Race, death, and psychiatry in the US South

**KYLIE SMITH,** Emory University, USA

In 1966, the Civil Rights Unit of the US government conducted an investigation of state psychiatric hospitals in Alabama and Mississippi. Despite the passing of Title VI of the Civil Rights Act (1964) which ordered that all medical facilities in receipt of federal funds could no longer discriminate on the grounds of race, governors in these states refused to comply, claiming that patients would not cope with racial desegregation. When the inspector visited the hospitals, she found conditions akin to "a scene from a Kafka play", the worst she'd ever seen.

In this paper, I draw on data from the 1960s which shows that in some hospitals, Black patients died at 6 times the rate of white patients. Civil rights lawyers and local activists worked to expose the atrocious conditions, the unequal death rates, the lack of treatment, and the forced labor of Black patients in state hospitals and argued that integration would eradicate them. But these practices continue today within the prison system. These conditions need to be understood not as just the continuation of plantation practices which shaped Southern race relations, but as a consequence of the internal racism of psychiatry itself which had supported the biopolitical project of state security in the wake of emancipation. In the neglect, abuse and killing of Black patients, we see the way that psychiatry itself characterized the Black person as inherently criminal and violent, a legacy of colonialism and its pervasive anti-Blackness.

### Whose life is worth protecting – The Canadian National Committee for Mental Hygiene and the scientific management of Canadian settler colonial society, 1918–1958

**THOMAS FOTH,** University of Ottawa, Canada

In this paper I focus on the Canadian context in the first half of the twentieth century to analyse the interplay of accounting technologies and psychiatry regarding the scientific management of the population. I draw on the case of the Canadian National Committee for Mental Hygiene (CNCMH) that actively promoted the development of psychiatric hospitals and the implementation of infrastructures for the detection and prevention of mental illness. The committee used accounting techniques to identify those who presumably threatened the nation's efficiency and to plan and determine provisions for what psychiatrists considered lives unworthy of living. The net value of people was calculated and enabled the computation of the nation's loss of values through specific mental diseases. The CNCMH became part of what Foucault called a dispositif de sécurité that promoted the idea of a hidden, yet dangerous mental health crisis threatening efficiency and effectiveness of the settler colonial society. This "crisis" required biopolitical interventions under the leadership/consultation of psychiatric experts. Furthermore, I also show that calculations were not neutral, but performative, because they produced certain outcomes and structured behaviours. By using accounting devices, the committee was able to "show" the risks "inherent" in the population – thus creating a public health crisis which valued some lives more than others, and permitted confinement and death.

### The lunacies of provisioning: The politics of death in "asylums" during WWI

**MELANIE SCHULZE-TANIELIAN,** University of Michigan, USA

Food is a tool of war. During WWI, food became the most valuable and discussed resource on the belligerents' homefront. Hunger, distribution policies, and competition for food did not stop at the doors of psychiatric institutions. In Germany, more than 70,000 people died in psychiatric hospitals. In Great Britain, the death rate increased by 18 percent. In both cases, mortalities increased despite what state officials sold as egalitarian rationing systems. Instead, rationing systems in Britain and Germany forged hierarchies of care that facilitated the slow elimination of an "incurably unproductive population" without articulating an official policy to do so, but by redefining nutritional needs and science. With a comparative look at these European cases, this paper examines the "nutritional fate" of patients at the Lebanon Hospital for Mental and Nervous Disorders in the Ottoman Empire. Located in an area of famine and without a state-sponsored rationing system, the hospital unexpectedly had fewer deaths as hierarchies of provisioning were negotiated, revised, and, in this case, ascended. Administrators found wartime food subject to bargaining power based on the institution's prestige and access to power, and thought creatively about nutrition. The paper examines the intervention of state actors and psychiatrists in defining the nutritional needs of patients governing living or dying during a state of emergency. This study, which argues for a comparative and global view, reveals complexities of state and institutional biopolitical politics of death related to nutrition and science that cannot be seen outside of historical contingencies and conjunctions.

## Health internationalisms after WWII

### The "population problem" in the WHO, 1952–68

**SUNNIVA ENGH,** University of Oslo, Norway

In 1952, at the 5th World Health Assembly, Norway and Ceylon (Sri Lanka) proposed that the World Health Organization (WHO) establish an expert committee "on the health aspects of the population problem" and participate in the upcoming 1954 World Population Conference. The proposal met vast opposition from several Catholic countries, some of which threatened to withdraw from the organization. Whilst Western protestant countries were largely hesitant, the initiative was supported by core WHO staff including then Director General Brock Chisholm. The proposal originated from Norwegian Director of Health Karl Evang, had the support of a few South Asian and all the Scandinavian states. The opposition did not deter Evang, who also raised the population matter at the 14th World Health Assembly in 1961. Whilst the UN system gradually put population on their agenda with the 1968 establishment of the UN Fund for Population Activities (UNFPA), within the WHO, opposition remained strong. Considering Evang's social medicine conviction, this paper investigates the 1952 and 1961 joint Norwegian-Ceylonese population initiatives, exploring their potential relation to Scandinavian social medical ideas.

### American philanthropy in the making of the technological model in disease control in China and India

**TIASANGLA LONGKUMER,** Jawaharlal Nehru University, India

This study explores the influential role exerted by the Rockefeller Foundation (RF) in the global development of disease control derived from their unique ability to advance and regulate knowledge structures both within a global and local context. With a focus on China and India, two countries which have been the prime focus of American philanthropy in Asia since the beginning of the 20th century, this study attempts to examine the Malaria Control Program of the Rockefeller Foundation with an aim to explain how RF over the course of decades have conceptualized and influenced the architects of disease control in China and India. This study attempts to explore five important areas of influence exerted by the RF's Malaria Program in China and India– the conceptualization of malaria as an infectious disease, the determinants, and viable solutions, the process of knowledge construction, the selection and role of experts, and the institutional framework. The scientific revolution of the 19th century modeled on the germ theory is still seen to govern much of disease control programs in both countries. Being two of the most populous countries in the world with an ability to contribute to the larger research in public health, a study of the influential role of RF helps us better understand how public health governance driven by private philanthropy play an important role in shaping knowledge production in health and medicine, and the ideological and institutional implications of this knowledge production in the framing of public health policies.

### International breakdown: The WHO and alternative health internationalism in the early Cold War

**DORA VARGHA,** Humboldt University, Germany

Shortly after the establishment of the World Health Organization in 1948, the Soviet Union and Eastern European countries left the newly minted international agency in the unfolding Cold War. The growing influence of the United States in the organization, the rise of technical assistance as key to the WHO's profile, and the unmet needs of the war-ravaged healthcare systems all contributed to the drastic step, creating an immediate crisis in the emerging UN system. While the new socialist governments stepped out of the primary liberal international framework by leaving the WHO, they did not remain isolated, nor did their action mean that they turned their back on internationalism in health. Outside the WHO, the socialist countries began establishing an alternative international network and cooperation in health.

This paper seeks to integrate alternative visions and practices that connected the socialist world in the realm of health and medicine into the overall history of international health, which is usually narrated through liberal international agencies and philanthropic organizations. Through the cases of Hungary and East Germany, this paper examines minister conferences, bilateral agreements, and coordinated medical interventions that reached well beyond the confines of Europe. Based on national archival documents, the collection of the WHO and published sources, this paper argues that health served as a platform through which new connections, underpinned by ideology, emerged to foster socialist internationalism, while alternative imaginations and practices in health were formed outside established frameworks.

### Situating primary health care between the call for a New International Economic Order and the Basic Needs Approach

**NIELS BRIMNES,** Aarhus University, Denmark

WHO and UNICEF formally launched "Primary Health Care" as their strategy to achieve "Health for All" at a major conference in Alma-Ata in 1978. Primary health care was an attempt to address what was perceived as a "crisis" in international health; both revolutionary compared to earlier global health strategies and typical of debates on development and social equity in the 1970s. Through an analysis of WHO documents relating to the making of the pivotal texts expounding primary health care, this presentation explores how these texts navigated the tension-ridden waters between the call for "A New International Economic Order" (NIEO) and the "Basic Needs Approach". Despite several explicit references to the NIEO in the Alma-Ata declaration, the development of the new strategy appears to have been significantly more inspired by ambitions of meeting basic needs among the poorest within developing countries, than by the call for new economic relations between states.

# Neglected crises: tuberculosis and leprosy

## Leprosaria in crisis: the landscapes of leprosy care in Congo (1930–1970)

**FELIX DECKX**, KU Leuven, Belgium

Leprosy is often seen as a disease of the distant past. Up to 1950 there was great fear of contagion with the then untreatable disease. Leprosy patients were isolated in leprosaria and inculturated in a specific *Christian leprosy identity* (Vaughan, 1991). Unlike all other modern medical institutions, leprosaria did not focus on the *therapeutic correction* in the "earthly life" (Edmond, 2006). My research covers the evolution of treatment, experience and socio-cultural significance of leprosy in Congo (1930–1970), a sparsely studied period characterized by three major crises. The perception of a leprosy epidemic in the 1930s led to the hasty construction of a network of leprosaria. When around 1950 curative sulfone treatment was commonplace, most colonies phased out their leprosaria. The number of reoriented Belgian-Congolese isolation institutions expanded, instead. Moreover, after 1960 most leprosaria adapted themselves pragmatically to the different context of the young independent Congo, which makes a unique case to study the afterlife of these institutions, by then already twice declared dead. A diverse corpus of archival, material and oral sources is used, corresponding to both the local, national and transnational viewpoints of my research. The employed methods are close reading, (audio)visual analysis and ethnographic fieldwork. Unlike the leprosaria studied before 1950, some Congolese leprosaria did evolve into *therapeutic-corrective institutions* under the influence of sulfone treatment. The specific Christian approach persisted next to the new effective treatment, which was organized by a heterogenous group of health professionals. Over time, Belgian agency gradually gave way to more Congolese control.

## Colonial medicine or biblical leprosy? The marginalization of Norwegian science in debates on leprosy in Britain, 1850–1900

**SANJIV KAKAR**, Delhi University, India

Discussions on scientific models of leprosy in Britain (Robertson, 2003, Edmond, 2006, Vollset, 2013) include heredity, clinical diagnosis, and bacteriology. There was another model of the Christian missionaries which viewed leprosy as "a disease of the soul": this flourished alongside the scientific models.

The primary concern being the threat of colonial leprosy, Britain turned to colonial expertise for guidance, and to validate Norwegian research. Colonial medicine did not hesitate to modify Norwegian science based on local conditions and experiences; it endorsed Christian leprosy missions for contributing to the public good; without endorsing notions of ritual defilement, neither did it challenge them. This hybrid discourse dominated discussions in Britain.

In the 1880s fears of a leprosy epidemic peaked: amid a revival of pre-modern notions of leprosy, missionary leprosy organizations received support from medicine, the public and royal patronage. Leprosy patients were termed as "hardly human… a great philanthropic and charitable object" (discussions on the National Leprosy Fund, 1889–90). Leprosy patients in the colonies, suffering from an illness well understood by science, had become objects of Christian charity: this could justify consigning them to asylums managed by lay missionaries, rather than to medical institutions. The scientific perspective was overwhelmed.

To view the 1890s (Hansen and Looft, 1895; Manson, 1898) as a triumph of modern science is problematic. Norwegian science was never hegemonic in Britain or in the colonies: it jostled for space alongside colonial medicine and Christian missionaries, as imperial Britain created an alternative leprosy model for the colonies.

## Public health in Fiji: The tuberculosis (TB) epidemic (1950s–1980s)

**ARNAB CHAKRABORTY**, Shanghai University, China

The year 2021 was highly significant for the Western Pacific region, and particularly for studying the epidemic of Tuberculosis in the region. To facilitate its adoption, the Western Pacific Regional Framework to End TB, 2021–2030 was developed and endorsed by the seventy-two session of the WHO Regional Committee for the Western Pacific. The framework captures the diversity of TB epidemiology in the Region, ranging from low-burden countries that are on the verge of eliminating TB to countries with a very high TB burden. In this paper, I would examine how TB as a public health threat has been treated and controlled in the island country of Fiji. The WHO directives regarding the control of TB have given Fiji the opportunity to establish strict control on the epidemic of TB and its spread. However, given the demographic situation of Fiji, and the migration from South Asia during this period makes it is very challenging to study the situation in Fiji. This paper will also examine the policies of the Fiji government in establishing a TB control policy and how that affected the immigration system of this country. The migration policies were intertwined with the internal public health system and Fiji's overall health development. To conclude, this paper will draw attention to how the TB policy in Fiji was linked with the overall WHO policies in the Western Pacific region and that of international health in relation to TB.

## Medicine, the public and the media in the 20th century

### Between openness and secrecy: Controlling medical communication in twentieth century Sweden

**SOLVEIG JÜLICH,** Uppsala University, Sweden

The "infodemic" of the Covid-19 pandemic has drawn critical attention to the problem of misinformation and made-up information in media coverage of medicine, health and public health issues. Global initiatives and measures taken to battle against the infodemic include collaborations between researchers and journalists to ensure the circulation of accurate information based on science. But we still know little about the co-creation of medical and health news in situations of crisis as well as outside crisis situations, today and in the past.

This paper presents a new project that explores the management and control of medical communication from 1900 to 1980, focusing on the Swedish context. Key actors in these processes were doctors, journalists and publishers as well as government agencies. The emphasis is on controversies regarding media coverage of medical topics and the shifting strategies developed to handle perceived threats of revealing too much or too little information to audiences that were also possible patients. The principles of confidentiality, anonymity, collegiality, public interest and freedom of the press all served to defend professional autonomy, boundaries and interests. Overall, these medical-medial activities and interactions were decisive in determining which medical information became available to whom and under what conditions in twentieth century Swedish society. The project's main goals are twofold: first, to gain better understanding of medical communication in a longer historical perspective; second, to develop a methodological and theoretical approach to studying the production of knowledge, ignorance and secrecy in the emerging field of medicine and the media.

### Documents we live by: Negotiating harm, care and transparency in medical records in 20th century Swedish health care

**VIDA BRENNA,** Uppsala University, Sweden

The medical record is a central document in clinical practice. The way in which it has been shaped and changed according to different sites and audiences is poorly understood. This paper discusses the public nature versus secrecy of medical records in Sweden ca. 1900–1980, asking how and where the medical record travelled beyond the clinical setting, and in particular: how did patients interact with the medical record?

Previous research on patient access to medical records in different national settings have suggested that patients reading or taking part of their medical records was a late 20th century consequence of neoliberal patient advocacy and health care policies, or particular forms of health care consumerism. This paper suggests that in Sweden, the medical record was a contested site throughout the 20th century: patients contested both the content and implications of medical records. This was made possible by invoking the Swedish Principle of Public Access to Official Records which in the legal system weighed heavier than medical professional autonomy. Medical doctors in turn, invoked medical ethics and professional responsibility, arguing that patients could potentially both be harmed and harm others by reading the medical record text.

In looking at how medical records moved across different settings, and were used for very different purposes, the paper sheds light on the intersections between medicine and the public in Sweden. The paper is based on archival research and news media analysis asking how medical records were discussed in government and legal documents.

### In case of minority: On new media and medical journalism as a political factor ca 1960–1990

**ANNIKA BERG,** Stockholm University, Sweden

In 1989, the possibility to declare an adult minor (*omyndig*) was finally abolished from Swedish legislation. In practice, this meant that guardianship over adults was replaced by trusteeship, and the right to vote was extended to all Swedish citizens above the age of 18.

As I will show in this paper, mass media played an important and perhaps decisive role in the gradual enfranchisement of people who had been under guardianship. This was due, among other things, to new types of reporting, which can at least to some extent be characterized as medical journalism. Also, from the 1960s onward the press got increasingly agenda-driven vis-à-vis politicians and other authorities, a role reinforced by the discourses of civic and human rights that gained importance during the period. Furthermore, the novel medium of television proved specifically apt for presenting stories of human interest, and often worked in synergy with print media.

A concrete expression of these changes was that unique cases were highlighted and presented in new ways. Cases could entail sick or disabled people, or – most commonly in relation to declaration of minority/incapacity – people who had apparently been disenfranchised on uncertain or incorrect grounds. Of course, the medical case study was already a classic genre. But these "cases" came out in public, with names and faces and sometimes their own voices too, helping the media (sometimes in collaboration with – or as a mouthpiece for – the emerging disability movement and other social actors) in creating opinion and pursuing new goals.

# HIV/AIDS in different contexts

## The Black AIDS crisis, then and now: Ending the endless epidemic

**ANTOINE S. JOHNSON,** Johns Hopkins University, USA

When the acquired immunodeficiency syndrome (AIDS) was identified on June 5, 1981, resources and media attention focused primarily on gay white men and purported AIDS as a "gay white disease." Within four years of the epidemic, African Americans comprised a quarter of all reported cases and, today, make up almost half of all new diagnoses. One out of every two Black trans people will likely contract HIV and die from AIDS. How has this crisis continued to affect African Americans at such disproportionate rates? How has state interventions helped and hurt marginalized groups? What is to be done to end the AIDS epidemic?

This paper highlights structural, biomedical, and behavioral approaches to the AIDS epidemic and ways in which each intervention has impacted African Americans. Recent scholarship has situated AIDS as a disease of inequality. What that means varies across demographics. Focusing primarily on African Americans and comparing approaches that have stemmed the tide among their white counterparts, I argue that the medical community and policymakers have employed colorblind approaches that have been deemed successful among gay white communities in their efforts towards poor and working-class Black communities whose needs require more than behavioral adjustments. Rather, ending the AIDS crisis among Black Americans requires systemic changes including adequate health care, housing, and employment, as evidenced by clamors among grassroots activists

## The temporalities of an epidemic: A history of the early AIDS crisis in Norway

**KETIL SLAGSTAD,** Charité – Universitätsmedizin Berlin, Germany

In this paper I present the framework for my forthcoming book on the first decade of the Norwegian AIDS crisis. The two main analytical approaches are time/temporality and relations/cooperation between state and activists. By looking at the tempos and rhythms of the epidemic and drawing on various theories of temporality and chronology, the book traces three phases of the Norwegian epidemic. In the first phase, the becoming of an epidemic (1975–85), AIDS challenged the positive image of medicine's recent past and the notion of unstoppable medical progress. Activists mobilized their communities without much support from the government, who approached the epidemic as a medical rather than a social or psychological event limited to certain "risk groups." In the second phase, acceleration (1985–87), as researchers and officials created gloomy epidemiological prognoses and increasingly targeted the general population, panic grew in the public. Health authorities sought to protect the entire population and increasingly involved activist groups in official prevention work. In the third phase, unremembering (1987–96), officials, researchers, and medical experts slowly realized that initial predictions would not materialize. The epidemic disappeared from public attention and was unremembered. Although the chronological framework can be a useful heuristic for telling the story of an epidemic crisis, it should not be overlooked that each historical moment consisted of multiple time levels – pasts, presents, and futures.

## Healthcare crisis in the times of transition: HIV/AIDS in Poland in the 1990s

**KATARZYNA SZARLA,** University of Warsaw, Poland

At the beginning of the HIV epidemic, Poland, being part of the Eastern Bloc, was partially isolated from the HIV crisis in the Western countries, experiencing it in a different way due to, among others, inefficiency of disintegrating state institutions while the socialist state still tried to control and limit self-organizing from below. The 1990s brought political, economic and cultural changes to the society, that deeply marked the history of HIV epidemic in post-communist countries.

The aim of this paper is to look into changes in the discourse and social imaginary with respect to HIV/AIDS during the period of democratic transition and track the key processes taking place in shaping them in Poland in the 1980s and 1990s — and how were they understood and shaped by various social actors. What were the elements specific to the situation in Poland and selected neighboring post-communist countries?

The sources I investigate include , among others, the press, campaigns, leaflets, artistic practices in the period 1981— c. 1999. I am particularly interested in the reception of the HIV epidemic in Western countries in 1980s, which is an important factor, I argue, in construction of the local discourse on HIV/AIDS and canonical images of seropositive people present in the Polish AIDS imaginarium, which seems to be more Western than local, regardless of the different socio-political context.

# Crisis and resilience, biomedicine and faith in colonial and postcolonial contexts

## Conflict and continuity in Uganda's postcolonial healthcare system, c. 1971–2011

**KATHLEEN VONGSATHORN,** Southern Illinois University Edwardsville, USA

This paper will examine biomedicine as it was carried out during crises that affected Uganda after its independence, with comparative examples from four particular conflicts: Idi Amin's dictatorship (1971–1979); the civil war in Teso, eastern Uganda (1980–1986);

insurgency in the north of Uganda (1986–2006); and armed conflict in northeastern Karamoja (c. 1979–2011). It will focus particularly on the biomedical infrastructure that was in place before these crises began, and how that infrastructure – and the individuals who made it function – adapted to these conflict situations. In each of these conflicts, biomedicine became harder for most people to access, especially in rural areas where hospitals lacked the staff and drugs to treat many ailments, and the mobility of patients and health workers was curtailed by violence. How did biomedical healthcare provision continue when the movement of people and supplies was so risky? There are a variety of answers to this question, but this paper will focus on one: the resilience and creativity of healthcare workers on the ground, and the funding and infrastructure that supported that resilience.

This paper will draw on oral histories and government, mission, church, NGO, and hospital archives from Uganda, Britain, Ireland, Italy, and the Netherlands. It will focus primarily on mission and church hospitals and mobile healthcare programs, especially in areas where government medical infrastructure was limited, even before conflict began.

### Western medicine and African medical actors in colonial Southwestern Nigeria, 1888–1935

**OJO AFOLABI**, Morgan State University, USA

This work examines the role of indigenous Africans and medical employees in the management and promotion of Western medicine in southwestern Nigeria. This will restore agency to the subordinating groups of indigenous African medical workers who were very instrumental in the provision of medical services, especially to rural communities in southwestern Nigeria. As part of this research effort, the ways several African subordinate health workers such as dispensary workers, sanitary workers, sanitary inspectors, nurses, and local health providers collectively or individually worked to contribute to the promotion of healthcare services in most rural spaces in the southwestern region will be examined. This research promises to make a significant contribution to knowledge in terms of providing a new perspective for examining the colonial medical service in Nigeria, especially the roles of the indigenous subordinating Nigerians who have often been overlooked or at best given scant attention, in the works on colonial medical service in Nigeria. Existing studies largely adopt a structuralist approach that sees these indigenous health agents as part of the colonial or missionary health structures without recognizing their agency, autonomy, resourcefulness, and adaptability in the colonial healthcare system that in many cases enabled them to effectively address the health needs of the ordinary people, particularly the rural dwellers who were not captured by the formal structures of the colonial medical system. By adopting a subaltern approach, my research promises to effectively capture the voices, activities, and agency of the largely unsung heroes of the colonial medical system in terms of providing various healthcare services to rural dwellers who were largely left out of the colonial medical system.

### "Healing through faith": Yoruba medicine, Aladura church and the search for motherhood in a time of crisis

**TOLULOPE FADEYI**, University of Basel, Switzerland

The ever-growing recognition of holistic healing as a veritable source of physical, social, psychological, and spiritual healthcare demands that histories of African Traditional Medicine (ATM) be explored to understand how varying medical approaches existed in British colonies. Traditional faith healing centers prescribe herbal medicine, pour libations, and offer sacrifices to meet the spiritual needs of the people as well as herald cultural heritage. These healing institutions became contested by Mission Doctors who championed the reassurance of faith through prayers and fasting and the offering of holy water, oil, and ointment. Nevertheless, the attitude and responses of faith healing users in the choice of therapeutic care have been decisive in times of "crisis." This paper investigates the system of faith healing in maternity care in Lagos, Nigeria. Existing research has largely investigated medical pluralism in which various thereby therapeutic cultures thrived in the same space, often in conflict of interest with each other. By contrast, this paper argues that the choice of faith healing by prospective mothers in Lagos was largely shaped by crisis. Through narratives from healers and their patients, this paper explores how crises shape the choice of faith-based maternity care. "Crisis" in this paper is exemplified by the fear, shame, trauma, and humiliation that characterised the inability to have children. In an age where spiritualities are touted as the determinants of pregnancy, reproduction, and motherhood, understanding why individuals seek specific healing faith care during the period of crisis is key to fostering positive health delivery outcomes.

## Mental illness in times of crisis (19th and early 20th centuries)

### A decade of disturbance (1916–1925): The impact of revolution and civil war on presentations of mental illness to Ireland's oldest psychiatric hospital

**MARIE LYNCH**[1,2], **RUTH CULLINANE**[1], **DECLAN MC LOUGHIN**[1,2], [1]St Patrick's University Hospital, Ireland, [2]Trinity College Dublin, Ireland

The 1916–1925 period was one of near-constant conflict in Ireland. Armed conflict included an insurrection against the ruling British government in 1916, followed by a War of Independence and a subsequent Civil War. Whilst obtaining an accurate death toll is challenging, it is generally accepted that approximately 5000 people died as a direct result. The nature of these conflicts, particularly the War of Independence and Civil War, involved guerrilla warfare, the use of informants that fostered a culture of suspicion, and relative fracturing of Irish society. These armed conflicts occurred against the backdrop of the First World War, in which over 200,000 Irish people served in the Allied armed forces.

This retrospective epidemiological study explores the impact of these conflicts on the mental health of Ireland's civilian population through the archives of St Patrick's University Hospital. Established in 1745 at the bequest of Jonathan Swift (author of Gulliver's Travels), St Patrick's Hospital is Ireland's oldest psychiatric hospital. This study reports on the impact of war in two patient groups: those who developed symptoms of mental illness as a direct consequence of involvement in violence; and those with no direct association whose illness was nonetheless influenced by these events (for example, development of war-related paranoid delusions). These two groups accounted for approximately ten percent of the 475 patients admitted during this decade. Primary source archival medical records provide an insight into the causative and contributory impacts of war on civilian mental health at the time.

## "We seem to have entered a new era": The impact of the Great War on the management of the Lancashire lunatic asylums (Great Britain, 1914–1921)

**CLAIRE DELIGNY,** Université Paris Nanterre, France

While WWI has traditionally been seen as a turning point in the history of psychiatry, relatively few studies have focused on the impact of the war on civilian lunatic asylums. This paper seeks to contribute to this growing literature by focusing on the management of the Lancashire asylums, at Lancaster (1816), Rainhill, Prestwich (both opened in 1851), Whittingham (1873) and Winwick (1902) following Great Britain's declaration of war against Germany on 4 August 1914. Primarily based upon an analysis of reports from the five asylums, the Lancashire Asylums Board, the Board of Control, excerpts taken from casebooks and the contemporary press, this paper demonstrates how the international crisis arguably both induced and accelerated changes that were already underway in the management and care of the patients as well as the medical staff's working conditions. As the asylum at Winwick was taken over as a War Hospital in 1915, followed by the Whittingham asylum in 1917, hundreds of patients were transferred to the other Lancashire asylums. The transfer of new patients in already crowded institutions and in a context of major shortages in staff and material goods profoundly altered life at the asylums during the war. The extent to which the aftermath of the war also heralded "a new era" will be analysed, with a focus on the attendants' working conditions and the major controversy brought about by the publication of Montagu Lomax's seminal study *The Experiences of an Asylum Doctor* (1921) based on his years at Prestwich.

## Psychiatric discourse networks in nineteenth-century Hungary and the management of individual crises

**JANKA KOVÁCS,** Institute of History, Hungary and Eötvös Loránd University, Hungary

In Hungary, the first mental asylums were established well into the nineteenth century. Consequently, taking care of the mentally ill was largely the responsibility of the family and certain religious orders, such as the Brothers of Mercy in their Buda hospital founded in 1806, while after 1868, largely, but not exclusively, the Royal National Asylum in Lipótmező took on this role. By the second half of the nineteenth century, in both institutions the superintendents of the hospital developed an effective system through which patients could be pre-examined, diagnosed, and classified by their local (county and municipal) doctors. If deemed necessary, they were sent to the asylums for further care, where they were observed, examined, and their status was analyzed and followed throughout their stay in the institutions. Taking media theory (especially Friedrich Kittler's definition of Aufschreibesysteme) as a starting point and incorporating the methodological perspectives of the anthropology of writing, this presentation zooms in on nineteenth-century psychiatric writing practices, the gradually standardizing registration techniques, and the knowledge networks of the Buda hospital of the Brothers of Mercy and the Royal National Asylum. It also looks at the associated network of county/municipal physicians who played an active role in "making sense" of mental illnesses through case histories and in the management of personal crises through the bureaucratization of care that was intended to enhance the efficiency of hospital management, but at the same time shift the focus on the individual through the techniques of meticulous observation and registration.

## The crisis of psychiatric semiology and the prospects for structural psychopathology

**ENRIC NOVELLA,** University of Valencia, Spain

The first decades of the twentieth century witnessed a broad movement of epistemological reform of psychiatry that, boosted by the emergence of psychoanalysis and philosophical currents such as phenomenology, attempted to overcome the insufficiencies of the (traditional) clinical view of mental illness and confront the crucial problem of subjectivity in understanding madness and psychic suffering. The authors who most precisely formulated the foundations of the new paradigm were the Franco-Polish Eugène Minkowski and the Swiss Ludwig Binswanger, who published in the interwar period a series of programmatic texts and monographic studies (particularly on schizophrenia and mania) in which they suggested that the various phenomena of a certain mental disorder form a "significant whole". Over time, other psychiatrists with different theoretical backgrounds such as Erwin Straus, Viktor Emil von Gebsattel, Henri Ey, Hubertus Tellenbach or Wolfgang

Blankenburg joined this project, which came to be known as "structural psychopathology" or "phenomenological-anthropological psychiatry". After some decades of oblivion, this approach has regained in recent years the interest of several mental health professionals due to the growing unease with clinical descriptivism and criteriological diagnostic systems and to the cultural prominence of first-person experience in contemporary society. After tracing back its historical roots in the crisis of (conventional) psychiatric semiology, widely perceived at the turn of the twentieth century as it is being noticed nowadays, this presentation will try to assess the current prospects for structural psychopathology in the light of the constitutive challenges (and limits) of psychiatric knowledge as revealed by historical epistemology.

## Making futures, ordering disease: epidemiology and anticipation in the postwar period

### Modelling infectious disease – Building a science of epidemics in the twentieth century

**LUKAS ENGELMANN,** University of Edinburgh, United Kingdom

The formalisation of epidemiological reasoning in the 20th century had two objectives: formulas, models and schemas were supposed to resolve the ongoing crises of infectious disease epidemics, but perhaps more importantly, maths was supposed to resolve the crisis of scientific authority in the budding academic field of epidemiology. Rather than to gather information on the epidemic streets, to understand local, social and ecological conditions of disease distribution in societies, this new way of knowing was geared towards the invention, design and curation of epidemic theory and general laws.

My paper will seek to characterise and situate a part of this history in the second half of the twentieth century, looking specifically at the emergence of the discrete field of Infectious Disease Modelling. The aim of this contribution is to map out the field's porous boundaries to information science, microbiology, computer and data science. With a focus on the pivotal publications by Roy Anderson and Robert May, I ask for the conditions under which their "population biology of infectious diseases" (1979) gained the astonishing influence to set up a "dynasty of dedicated" infectious disease modellers (Heesterbeck & Roberts 2015) that continues to shape global public health policy to the present.

Infectious Disease Modelling flourished in this period, I will argue, due to its ambition to offer instruments of analysis and intervention that worked across specific pathogens, epidemics and crises, and importantly, also held relevance for infectious phenomena beyond the world of disease.

### Ethnic registration prohibited! Classifications and categories in epidemiological studies, 1950–2020

**IDA AL FAKIR,** Swedish School of Sports and Health Sciences, Sweden

When societies experience health crises today, eyes often turn to epidemiology for explanations. Epidemiological knowledge is used as a basis for decision-making; data created with epidemiological methods are seen as representing truths about reality that are useful in public health policies. Nonetheless, epidemiology is constituted by scientific practices shaped in specific social and cultural contexts, behind which lie complex processes and assumptions about causation and risk. This becomes particularly visible when scrutinizing the categories employed in epidemiological research. Since the 1990s, categories of gender, class, and race/ethnicity are used extensively to examine and explain patterns of health and disease in populations. On the one hand, such categories may be helpful in identifying inequities in health. On the other hand, as history shows in the case of race/ethnicity, they offer alarming possibilities of misuse.

The 1945 census was the last to record ethnicity in Sweden, and the 1973 Law on data security made ethnic registering virtually illegal. Swedish population statistics and official health and social registers, comprehensive as they might otherwise be, therefore do not contain information on the ethnic background of the people registered. Still, numerous reports indicate health gaps between majority populations and underprivileged minorities defined in ethnic or racial terms – in itself a crisis of society and modern medicine. This paper explores the epidemiological practices, classifications, and categorisations that examine and purport to explain these gaps in Sweden, a country where ethnic identities are neither counted nor registered.

### Technological revolution and ecological crisis: Shifting medical futures in 1960s and 1970s Western Germany

**DAVID FREIS,** University of Augsburg, Germany

During the 1960s, new ways of envisioning the future emerged. The experience of two decades of post-war economic expansion, numerous technological and scientific breakthroughs, and the spectacle of the space age created a wide-spread sense of almost unlimited potential for future progress even as much darker visions of nuclear annihilation loomed in the background. Medicine played an important role in the socio-technological imaginaries of the decade as think tanks and the authors of futurological bestsellers predicted new ways to treat and prevent diseases, computer-aided diagnosis, the expansion of the human life span, and the biological and technological transformation of the species. While the epicenter of futurology was in the US, these visions fell on fertile ground in Western German medicine. The future of medicine became a topic for lectures, articles, books, research commissions, and large congresses. In a process of transatlantic translation, elements of US futurology entered German medical discourse, were they mixed with long-standing concerns about the role of the medical profession in a world increasingly shaped by technology However, with the end of the post-war economic boom, a nascent environmentalist movement, the warnings of the Club of Rome and the oil price crisis, the years around 1970 saw new kinds of futures emerge. Western German medical futurologists shifted towards "medical ecology" and "environtology". The paper traces the reception and transformation of futurological ideas in Western German medicine around 1970 and situates medical futurology in its intellectual, medical, and political contexts.

## Crisis in reproductive health in different contexts in the 20th century

### "Do i need to take a security guard to the gynecologist?" Sexual misconduct and the crisis in reproductive health care

**WENDY KLINE,** Purdue University, USA

Beginning in 1960, a trip to the gynecologist was nearly synonymous with getting the birth control pill – or at least the main reason many visited the gynecologist in the U.S. But by the 1990s, more and more sexually active women were putting off a trip to the gynecologist due to the shame and fear of getting a pelvic exam. But *why* has the pelvic exam become a source of shame and fear? In this paper, I argue that the exposure of sexual misconduct in the examining room has eroded the sense of trust between patients and gynecologists, resulting in a massive decline in preventive reproductive health care.

The situation reached a crisis in the early twenty-first century. Hospitals and universities have paid staggering sums to settle sex abuse cases involving physicians, many of whom abused students and patients for decades. Michigan State University reached a $500 million settlement in 2018 for victims of Larry Nassar. Ohio State agreed to pay over $46 million to 162 athletes abused by Richard Strauss. In 2021, USC set the record, with a whopping $1.1 billion settlement for victims of George Tyndall, the only full-time gynecologist at USC's student health clinic for nearly 30 years. I unpack these cases to illustrate the ways in which secrecy and shame have turned the examination room into a place to avoid.

### Surgical salvation: Eugenics and vaginal bifurcation in 1930s Mexico

**ELIZABETH O'BRIEN,** Johns Hopkins University, USA and UCLA, USA

This talk will address the history and politics of eugenics, religion, and surgery in 1930s Mexico. It focuses on vaginal bifurcation, a form of temporary sterilization that was apparently conceived for lighter-skinned Mexican women who were sick or impoverished but who would, according to eugenicists, hopefully birth biologically fit children in subsequent years. A special appeal of temporary sterilization was the reversible nature of the procedure, as doctors saw it as a satisfactory manner of addressing Catholic concerns about the eugenic mutilation of human reproductive functions. This paper explores these politics by juxtaposing religious and medical views on eugenic sterilization, with attention to the topic of "Catholic eugenics," as well as what Karin Rosemblatt has described as the "modernization of patriarchy" under radical or revolutionary governmental regimes. Although mutilation was a serious concern when male eugenicists wrote about male bodies, women's bodies and behavior had long been sites of medico-moral intervention and inquiry, invisibilizing mutilation-based ethical concerns when it occurring on feminized organs. As Nancy Stepan has argued, eugenic discourses located women's reproductive bodies as primary sites of intervention while also naturalizing categories of masculinity and femininity. This talk frames vaginal bifurcation through the lens of surgical salvation, or the belief that medical interventions could redeem women, children, and the nation, exploring the particular valences of this in the realm of reproductive health.

### Absent presence? Embryo and fetus in anti-abortion discourses in late socialist Poland (1970s–1980s)

**SYLWIA KUZMA-MARKOWSKA,** University of Warsaw, Poland

This paper examines the representations and references to embryo and fetus in the discourses of the nascent Polish "pro-life" movement during late communist times. As the Polish abortion law was liberalized in the 1950s, different milieus, generally connected to the Catholic Church, began to mobilize against the abortion legislation. In the 1970s and 1980s, several formal and informal groups and organizations were initiated in various Polish cities that aimed to provide assistance to pregnant women to dissuade them from abortion and/or to change the abortion law. The paper aims to study if and how anti-abortion groups and associations refereed in their "pro-life" discourses to the ontological status of the embryo and the fetus and what were the feasible reasons for an apparent lack of the references to their humanness by "pro-life" milieus in late state socialist Poland.

### Wartime amenorrhea and demographic crisis in France, 1914–1945

**MARGARET ANDERSEN,** University of Tennessee, USA

This paper situates wartime amenorrhea within the context of France's depopulation crisis. France's birthrate, in decline since the eighteenth century, reached particularly low levels in the late nineteenth century, prompting alarmist fears that the country was headed towards depopulation. The declining birthrate tapped into many fears, including economic ruin, gender disorder, and military defeat. This sense of crisis intensified after the Great War when continued low fertility threatened goals for post-war recovery. While pronatalist physicians placed much of the responsibility for the demographic crisis on the shoulders of women who allegedly chose to have few or no children, they also acknowledged medical causes of depopulation. One concern was the war's impact on women's reproductive health and the demographic implications of subfertility. In the aftermath of the war, and again during the Second World War, physicians explored the possibility that "wartime amenorrhea" could deprive France of large numbers of births for years to come. Wartime amenorrhea was first named in 1916 when physicians linked the trauma and food shortages of war to the cessation of menstruation in women of reproductive age, as well as delayed menarche in young girls. French physicians in the interwar period attributed wartime amenorrhea to war-related factors including food shortages, significant weight loss, psychological trauma, and displacement; they even presented sexual abstinence (due to marital separation) as a possible contributing factor. To pronatalist physicians, the babies their patients could not produce were in effect additional casualties of war many years after its conclusion.

## Medicine and imperial crises: A comparative approach

PANEL ORGANIZER
**DARINA MARTYKÁNOVÁ,** Universidad Autónoma de Madrid, Spain

Our panel will compare the patterns of professionalisation of medicine in three empires – Austria-Hungary), the Ottoman Empire and Spain - in moments when they underwent major political transformations that were understood as crises for many of the contemporary actors. The reforms launched by absolutists during the late Enlightenment period, many of them concerning public health, were often resisted as an attack on traditional ways and institutions. The emergence of constitutional parliamentarism opened a window of opportunity for the physicians to place their agenda in the new political institutions. As freedom of expression, press and association became established, the physicians strove to influence the public opinion, but, at the same time, they found their ideas and practices explicitly and publicly questionned by fellow expert and laymen. Nationalism emerged as an overwhelming force physicians had to face and often navigated skillfully for their professional and personal benefit. In our panel we examine the different ways physicians as individuals and as professional group were impacted by these major crises of the long nineteenth century and how they took them as opportunity to enhance their expert authority and social standing.

### Tribuns of Health: Physicians and parliamentary constitutionalism in mid-nineteenth century Spain

**DARINA MARTYKANOVA[1], VÍCTOR M. NÚÑEZ-GARCÍA[2],** [1]Universidad Autónoma de Madrid, Spain, [2]Universidad de Sevilla, Spain

The Age of Revolutions saw a radical redefinition of the relationship between political power and the people. Every citizen, particulary men, was supposed to adopt an active attitude towards politics, to be vigilant of the possible abuse of power and to be useful to the country. However, in most of the newly established constitutional regimes, there were strict limits on political participation, based on age, sex, race and, most importantly for the case that concerns us, economic criteria. The transforming societies negotiated who could represent the nation and who was entitled to vote. In Spain, like in France, the right to vote and stand election was restricted to the very wealthy men, a polemic measure denounced by many. However, some exceptions were granted to the so-called "capacities", mostly liberal professionals.

Spanish physicians were a diverse group. During the Ancien Régime, only a few could claim elite status. In the nineteenth century, however, they fought to achieve high social standing as a professional group. In 1830s–1850s, vanguard group of physicians organised actions to get physicians to the Parliament whenever the electoral law was favourable. They mobilised the discourse of medicine as useful science to present themselves as true patriots and lovers of the Mankind, while at the same time being open about the need to promote their collective professional interests. In our paper, we shed light on the ways how the place of expert knowledge, medicine in particular, was questioned, defended and redefined in the new liberal framework of political action.

### Patriotic gentlemen: Czech physicians from the empire to the republic (1880s–1940s)

**BARBORA RAMBOUSKOVÁ,** University of Pardubice, Czech Republic

In 1882, as part of the national movement in the Czech lands, Charles University was divided into Czech and German branches. This also concerned the Faculty of Medicine. The patriotic mindset of future doctors began to manifest itself in the choice of a university branch and in showing preference for teaching medicine in the Czech language. In the period, they expressed nationalist attitudes in their memoirs. During the period of the First Czechoslovakia Republic, this patriotism was transformed and enhanced and it seemed to be very important for doctors practicing in the Czech lands to express their opinions on all kinds of issues in public. The most frequent manifestation of Czech nationalism among representatives of the medical profession is the emphasis on contacts with the Czech elites, not only political, but also social and cultural ones. In the physicians' memoirs, we find more mentions of which important politicians they treated and which important people they met at parties than of the actual practice in the clinic and medical science.

In this paper, I would like to focus not only on specific examples - who treated the first Czechoslovak president and who dined with the Czechoslovak minister of Foreign Affairs or who played cards until late at night at a party with the most famous Czech actor of the time, but also on different expressions of patriotism of doctors practicing in cities and those who lived in the countryside, who were more engaged in educational association activities. Manifestations of Czech patriotism or patriotism among doctors will thus be illustrated with concrete examples and also compared in the course of two different state institutions - the monarchy and the republic.

### Medical professionalism and committee of union and progress in the Late Ottoman Empire

**CEREN GÜLSER İLIKAN RASIMOĞLU,** Acıbadem Mehmet Ali Aydınlar University, Turkey

This presentation addresses the professionalisation of medicine in the Ottoman Empire at a time when the empire was undergoing major political changes and the impact of medical education on politicisation in the late Ottoman period. The study focuses on the influence of the worldwide rise of modern medicine in the nineteenth century on the modernisation paradigm that dominated the environment of the Military Medical School in Istanbul. Two generations of physicians, represented by the periods of Tanzimat (1839–1876) and Abdulhamid II (1876–1909), saw the "new medicine" as an instrument of social mobility and in the service of the Ottoman state in crisis. The remedy for the crisis, seen in the ideas of modernisation and progress, turned into an open call for a constitutional monarchy among some doctors in the Hamidian era. The secret organisation set up by medical students to solve the problem of reunifying the empire dealing with the Eastern Question and the micro-nationalisms, turned into the Committee of Union and Progress, later the Party of Union and Progress. The committee urged the sultan to reinstate the Constitution and the Parliament, which ended up with the major change in the Ottoman political history, known as the 1908 Revolution. The presentation focuses on the liberal and nationalist aspirations of physicians and how these aspirations overlapped with their professional identity.

### The creation and transformation of the medical network at the turn of the 18th and 19th centuries in the Habsburg Monarchy

**TEREZA LIEPOLDOVÁ,** Charles University, Czech Republic

The end of the 18th century in the Habsburg monarchy was marked by many Enlightenment changes. However, as a result of the ongoing war with France, the Enlightenment's Justicist-Sonnenfelsian vision of the state as the guarantor of the general "state welfare" (poverty, health and population care, along with concern for the security of the population) was changing and greatly reduced at the turn of the 18th and 19th centuries. A "modernizing" innovation that is also evident in the health administration and that persists in the following decades of the 19th century is the considerable increase and reorganization of the bureaucratic apparatus, which is manifested above all in the transformation of communication practices in terms of the maintenance of an official network and the emphasis on the reciprocity of information exchange.

In my talk I will focus on the formation of medical space as an agent of prevention, control and surveillance of the population in place of the original idea of all-encompassing health care. Using the example of measures concerning the deceased, I would like to show how a new medical bureaucracy was created through which the state obtained information about its citizens and, as a result, created a functional network of medical surveillance and control.

## Narrating epidemics in early modern Europe and the Ottoman Empire

### Salutaris adversus animae pestem officina by Abraham Ceban (1616). Medical terms in moralizing poetry

**FRANTIŠEK ŠIMON,** Pavol Jozef Šafárik University, Slovakia

Abraham Ceban (around 1580–1638) was a historian and notary of the former Spiš county in Slovakia. In 1616, he published the poetic work Salutaris adversus animae pestem officina sive evitandae abigendae et curandae pestis exquisitissima demonstratio, Pharmacy with medicines against the plague of the soul, or an excellent demonstration of how to avoid, repulse and cure the plague. In addition to the paratextual parts, it contains a description of the anti-Turkish wars and 64 moralizing poems in the second half. The title mentions the plague of the soul, pestis animae, by which we can understand the weakening of faith in God, in the poems themselves there are allusions to the biblical text and in some medical terms are metaphorically used, e. g. fuga pestis, escape from plague, phlebotomy, euthanasia. Most often, these are pharmaceutical terms such as scopae purgatrices, theriaca, trochiscus, linteum, which indicate the path of regaining the right faith. The author was not entirely original, as his inspiration was the work Officina salutis adversus pestem written by the German author Andreas Celichius (? - 1599) published in 1578 and 1596.

### A city haunted by war and plague: J. Chr. Senckenberg's account of the Frankfurt dysentery epidemic of 1759

**VERA FASSHAUER**, Goethe University of Frankfurt, Germany and University of Erfurt, Germany

When the red dysentery reached Frankfurt am Main in July 1759, the conditions in the imperial city were already at a critical level: the occupation of Frankfurt by French troops at the end of the Seven Years' War had considerably worsened the city's sanitary conditions; in addition, billeting and compulsory levies increased the hardship for the population.

The paper examines this intensified crisis from the perspective of the Frankfurt physician Johann Christian Senckenberg. As he adopted a psychodynamic view of medicine, his medical journals documented not only the various ways of infection and the manifestations and courses of the disease, but also the affects typically occurring in times of crisis. On the one hand, anger, fear, or grief caused by external circumstances could increase the susceptibility to the disease and complicate its course; on the other hand, these very affects could also result from the disease and thus also have a negative impact on its course or on the recovery process.

Moreover, the treatment methods of those physicians who tried to cure the disease according to the textbook with opiates also appeared to him as yet another aggravation of the crisis. Senckenberg countered this with his own method, which took into account the individual nature of the patients along with their affective structure and which involved plenty of water and fresh vegetables. Thus, Senckenberg could repeatedly note that not a single patient of his had died so far, while his colleagues had to lament numerous deaths among their patients.

### The Ottoman point of view about pandemics in the 17th century: Ibn Sallūm al-Halabī as a case study

**AYMAN ATAT**, TU Braunschweig, Germany

Pandemics have a long history in the medical traditions in the Middle Ages and early modern periods. Galen, Avicenna and other physicians tried to understand the pathology of pandemic, and its treatment, in the same context, Ottoman authors described pandemic in their writings, taking in consideration the classical medical traditions, one of these Ottoman physicians was Ibn Sallūm al-Ḥalabī (d. 1670 AD), who was the chief physician in the Ottoman court, in addition, it was known that he was influenced by many early modern European medical authors like Daniel Sennert (d. 1637 AD) and through him by the thoughts of Paracelsus (d. 1541 AD), therefore, his writings present an eclectic combination between the classical Middle Ages medicine and the new chemical medical knowledge.

In his book Ghāyat al-Bayān (The Clearest Explanation), Ibn Sallūm discussed many aspects concerning pandemic and its therapies, the reader of pandemic's chapter will notice that Ibn Sallūm started with a theoretical discussion of pandemic that quoted from Galen, in addition, he mentioned some of its sociological aspects, afterward, he spoke about ways of treatment, and interestingly, he quoted details from both classical authors, and early modern European ones like Adriaan van den Spiegel (d. 1625AD).

Therefore, this talk, through studying Ibn Sallūm book as a case study, is going to shed light on the Ottoman point of view about pandemic in the 17th century, and which medications were in use, taking in consideration, the harmony between both classical and modern medical traditions in this book.

## Constructing and combatting infant and maternal mortality

### "Door 't kind voor de Natie" : The making of infant mortality as a national crisis in the Netherlands, 1880–1920

**MARTIJN VAN DER MEER**, Erasmus University Rotterdam, Netherlands

In the early decades of the 20th century, infant mortality was conceptualised as a national crisis concerning every Dutch newborn. Although child mortality rates fell in the 19th century, the number of Dutch newspaper articles on "infant mortality" rose in the early 1900s. By 1920, a political community of physicians, social reformers, and politicians had succeeded in stimulating a discussion about infant mortality as a national crisis in political, public and medical discursive arenas. I will explain this emergence of a national crisis by employing close reading and computational analysis of Dutch medical journals, newspapers, and parliamentary minutes. Such an approach reveals how towards the end of the 19th century, physicians started to discuss child health on a population level: infants were not dying as individuals but as a group. This social understanding of infant mortality made the concept relevant to a growing number of social categories, including lower-income families, religious communities, rural regions, and, eventually, the entire Dutch nation. That conceptual expansion led to infant mortality being recognised as a public problem requiring collective action, uniting a diverse group of politicians, social reformers, and doctors to protect young children's health preventatively. Accordingly, the recognition of infant mortality as a national crisis marked the start of organized child welfare that would become a key part of the Dutch welfare state in the 20th century.

### Combatting high rates of infant and maternal mortality: A proposed partnership between nurses and physicians

**RIMA APPLE,** University of Wisconsin, USA

In the inter-war years in the United States, many focused on the increasing infant and maternal mortality rates among rural populations, a situation often blamed on the lack of medical supervision. In the same period, "Save the country doctor" articles in the popular and medical literature bemoaned the dramatic decline in physicians in rural areas. Public health officials saw an answer to these two crises: a partnership of public health nurses and physicians. Building on Patricia D'Antonio's call for history that looks at health care "practices as iterative and practitioners as relational," this paper examines efforts in the state of Wisconsin that introduced public health nurses into rural areas. It studies how physicians and nurses conceived of this collaboration. How physicians viewed the insertion of nurses in their practices? How nurses negotiated their roles vis-à-vis physicians? How their interactions affected the health care delivered and how they were received by their patients? State medical journals and the reports of the Wisconsin Department of Public Health physicians and nurses provide the sources for investigating the successes and struggles when faced with the implicit and explicit hierarchy among health care practitioners in the period.

### "Something of which we should be ashamed": Maternal mortality rates in Belfast during the twentieth century

**CAITLÍN SMITH,** Ulster University, Ireland

Despite the gradual reduction of maternal mortality rates in many countries during the first half of the twentieth century, maternal mortality rates in Belfast remained stubbornly high well into the 1930s. Mr S Kyle, Labour MP for Belfast North, argued in 1929 that "it is four times as dangerous to become a mother in Ireland as it is to work in the mines of Great Britain." This paper will discuss the causes of high maternal mortality in Belfast, and why rates of mortality remained high despite the advancement of medical knowledge and the medicalisation of childbirth during the twentieth century. Like many aspects of women's history, these women left little records of their own; therefore, sources such as investigations into maternal mortality, government records, as well as hospital records will be used in this paper to discuss the medical issues faced by mothers in Belfast. It will consider why women's health was not a priority for the male dominated government that had been established in Northern Ireland, and whether this put mothers in Belfast at a disadvantage compared to cities in Britain and Ireland.

### Professional cooperation as a response to the early twentieth-century maternity crisis

**JANET GREENLEES,** Glasgow Caledonian University, United Kingdom

During the early twentieth-century, infant mortality rates in the United States substantially dropped due in part to rising maternalist views and pregnancy care that comprised a growing collaboration between professionals. Together, health and welfare providers sought to address the needs of expectant mothers, but particularly those on low-incomes. Drawing on Pat D'Antonio's recent call for a history of healthcare that moves away from existing isolated histories of nursing and medicine, this paper utilizes dispensary, nursing, hospital and municipal records to analyse the health and welfare services provided in Philadelphia's low-income communities. These neighbourhoods had some of America's highest maternal and infant mortality rates. Here, some health and welfare provision combined nurses' individual and community efforts with doctors' more depersonalized expertise that in many ways transcended personal and community experiences. Focusing on these informal networks, this paper traces how multiple professionals, including doctors, nurses, welfare agencies and sometimes midwives, worked individually and collaboratively to address the maternity crisis. Such initiatives required local knowledge of neighbourhoods, charities and medical services, as well as the co-operation of the people who lived in the district. While gradually, many communities introduced health centres to coordinate services for many communities, these only addressed the needs of those who visited the centres. While D'Antonio argues that nursing and medicine needed each other to make their claims to authority and expertise and associated "scientific agenda", this paper uncovers how the shift from service providing to developing professional "scientific agenda" was a slow process.

## Naming and facing crises in 19th century Italian medicine

PANEL ORGANIZER
**MARCO EMANUELE OMES,** The University of Galway, Ireland

This panel aims to analyse how Italian physicians conceived and dealt with multiple crises over a period extending from the beginning of the 19th century to the 1870s. Our goal is to show that declaring crisis – or claiming the medical duty to provide solutions – served to strengthen the role of medicine in contemporary society. By drawing on a wide range of unpublished sources and medical literature (addressed either to professionals, or to laypeople), our papers examine three cases of study about the relationship between medicine and various types of crises: the definition of "hermaphroditism" in medico-legal debates, the management of epidemic threats (smallpox), and the introduction of childcare practices to reduce child mortality.

### Smallpox epidemics as health crises in pre-Unitarian Italian states: A matter of data, knowledge, and power

**MARCO EMANUELE OMES,** the University of Galway, Ireland

Despite the introduction of vaccination at the beginning of the 19th century, smallpox still was an endemic disease in post-Napoleonic Italian states: every year it provoked hundreds of deaths, especially among children. Nonetheless, the morbidity rate was generally lower than in the past: as a result, this health issue failed to be perceived as urgent and disruptive. From the late 1820s onwards, instead, smallpox began striking a growing number of adults in several Italian cities, thus causing deep concern.

By analysing multiple sources such as medical printed works, statistical data, health institutions' reports and correspondence, this paper aims to understand to what extent (and in which conditions) smallpox epidemics could be acknowledged to be health and social crises. The comparison between a few cases of study will demonstrate that declaring crisis was always a source of controversy. Naming a crisis was a tool of power (e.g., it could let physicians claim a stronger role in health administration), but also implied heavy responsibilities (e.g., explaining the reasons why smallpox had become more deadly, providing solutions etc.). It comes as no surprise that such an issue did not depend only on collecting and interpreting data on morbidity and mortality rates; it also concerned wider political, professional, and local agendas. Any attempt to establish the gravity of smallpox epidemics fostered the antagonism between different groups in charge of managing health (physicians, state officials, parsons, etc.), as well as between local and central authorities.

### Fighting the "carnage": Merging of care and nationhood in responses to the child mortality crisis in post-unification Italy.

**ANNA GASPERINI,** University of Galway, Ireland

In 1861, Italy was declared a unified kingdom. The Italian nation suddenly found itself "born", and indeed in need of as much attentive care as if it had truly been a baby. It is therefore significant that one of the first crises new-born Italy faced was an alarmingly high child mortality rate. Hygienists and paediatricians assumed responsibility for, and control over, practices to improve the health of the young Italian people (Colombelli 1998). They studied the phenomenon and explored potential solutions, including the education, through dedicated publications, of Italian parents in appropriate childcare practices. Within this context, the language of care combined with that of national development: in the preface to Occhio ai Bambini! (Watch out for children!), a title crafted to convey the magnitude of the crisis, prominent paediatrician Cesare Musatti declared it imperative to investigate the reasons of the "carnage" (1877, i, my translation). Besides impairing "domestic happiness", high child mortality "[stole] from Italy […] so many bodies that would soon have become a priceless aid to the expansion of our agriculture, our industry, our trades!" (1877, i, my translation). This paper uses Musatti's text as a case study to explore this rhetoric and how it conveyed to parents, new Italians themselves, their role as carer for both their children and the nation. I will frame the text within cultural notions about childhood, nationhood, and parenthood/motherhood, and within post-unification Italian welfare policies.

### Medical representations of intersexuality in revolutionary and napoleonic Italy

**STEFANO POGGI,** University of Padova, Italy

In the last few decades, historical research has underlined the importance of the medico-legal discourse in the definition of the conditions of intersexuality in 18th–19th century Europe. The medico-legal production firstly flanked and then gradually took the place of the canonical law in the formalisation of sexual dimorphism at the legal level. Physicians and surgeons played a crucial role in discussing "hermaphroditism" on two levels. On the one hand, they participated in the lively debate of the scientific and academic community. On the other, when a trial had to define the gender of an intersexual individual - as in marriage annulment cases - they were systematically involved as experts: in other words, they were asked to solve a series of crises that concerned not only the individual sexual identity, but also the family and legal bonds in contemporary society.

This double engagement has produced a significant amount of medico-legal works on the existence and the features of "hermaphroditism." These works varied in their structure but were united by the need to communicate scientifically while exploiting the widespread interest in abnormalities. This paper aims to analyse this medico-legal production regarding intersexuality in the context of Revolutionary and Napoleonic Italy. In doing so, the findings on the Italian case will be compared with more studied contexts such as the French and the Anglo-Saxon ones.

## Crisis of transition in sexual health

PANEL ORGANIZER
**ANNE HANLEY,** University of Birmingham, United Kingdom

The stigma and shame surrounding sexual health created a range of personal and institutional crises. A suspected or confirmed diagnosis created crises within personal relationships and constituted emotional and even psychological crises for many people. As Martin and Geiringer's papers demonstrate, this was especially true for vulnerable populations, such as sex workers and working-class women, whose sexual health was marginalised and their access to healthcare impeded.

And although the Venereal Disease Service went a long way towards correcting some of Britain's more outrageous sexual-health inequalities, it was constantly embroiled one crisis or another. It began life in 1917 overwhelmed and under-resourced. Its clinics faced constant staff shortages, were given the worst facilities and were scorned by many in the medical establishment. Although confidentiality and non-coercion were a cornerstone of the VD Service, it faced an ongoing crisis of public trust in its clinics and the health workers who staffed them. As our papers show, public trust in sexual healthcare remained fragile and was thrown into crisis multiple times across the century. Yet these same challenges also revealed the VD Service's resilience and its ability to adapt to an ever-changing landscape of healthcare, health policy and public morality.

### "So far as Venereal Disease is concerned, the medical, moral and social problems cannot be isolated": Anglian approaches to the sexual health crisis c.1918–1945

**DAVID GEIRINGER**, Queen Mary University of London, United Kingdom

Debates about how best to explain, prevent and treat venereal disease (VD) raged in Britain between the ends of the two World Wars. These contests have been understood by historians within a binary framework which juxtaposes medical and moral arguments. Religion, specifically Christianity, is presented as stymieing the spread of healthy, medicalised and progressive treatment by shrouding the subject in stigma and silence. This article complicates dichotomous readings of medicine and religion, highlighting the contested, fluid and historically-contingent nature of Anglican approaches to VD. Drawing on resources which reflect the range of voices within the Church, it focuses on two areas of Anglican intervention in sexual health: first, attempts to prevent and treat VD by faith-based "rescue homes" for young women, and second, the Church's contributions to public debates about the introduction of emergency wartime legislation legalising compulsory examination. The paper highlights the entanglements between medical and moral "crises", encouraging us to resist anachronistic assumptions about the secular nature of health provision in the past.

### "A wonderful opportunity": VD in the NHS

**ANNE HANLEY**, University of Birmingham, United Kingdom

On 5 July 1948, Britain's National Health Service came blinking into the light. As Aneurin Bevan acknowledged in his front-page messages in the Lancet and BMJ that same week, "It has not had an altogether trouble-free gestation! There have been understandable anxieties, inevitable in so great and novel an undertaking." Increasingly, these anxieties have become a focus of scholarly attention. But one important aspect of the early NHS has remained understudied: sexual health. With its birth, the NHS absorbed another, much older health service that was also universally available and free at the point of use. The VD Service had become part of a wider landscape of progressive interwar health and welfare policies. By the end of the Second World War, however, it was groaning under the weight of its own inefficiency and facing serious shortages in staff and resources. The NHS therefore offered a much-needed revitalisation. But although it presented a possible solution to this crisis of collapsing infrastructure, it also ushed in a crisis of uncertainty over what exactly sexual healthcare under the NHS would look like. By exploring the VD Service's integration into the NHS, this paper begins to chart the profound changes taking place in sexual healthcare at mid-century.

### "A dangerous minority of infected women"? Contact tracing in Britain, c.1942–1968

**CLAIRE MARTIN**, University of Birmingham, United Kingdom

The Second World War witnessed a sexual health crisis in Britain. A significant spike in venereal infections led to the extension of powers for the tracing and treatment of contacts. Introduced in November 1942, Regulation 33b (DORA) required the notification of contacts named by more than one infected patient to the Medical Officer of Health, who was given powers to mandate medical examinations and treatment. Although the regulation was gender neutral, in practice it fell particularly hard on prostitutes and allegedly "promiscuous" women. When the controversial measure was dropped in 1947, the Ministry of Health issued new guidelines encouraging local health authorities to intensify their tracing procedures, with a focus on female contacts, who were still targeted as the main reservoir of infection.

This paper will chart the development of contact tracing under Regulation 33b and after the transition to a National Health Service, examining the impact of the policy shift from coercion back to voluntarism on marginalised women. Arguably, the vilification of women who evaded tracing or treatment increased. An analysis of medical debates and public opinion on contact tracing reveals that prostitutes and "promiscuous" women were seen as the main reservoir of infection well into the 1960s, despite a problematic lack of consensus on what constituted prostitution or promiscuity in a changing sexual culture.

The stigma and prejudice inherent to this approach undermined these women's trust in sexual healthcare, and further hindered attempts to control the spread of venereal diseases in postwar Britain.

## Racism, migration and pandemic politics

### "A model of distinguished service to his community": Slave-owning physicians and the institutional foundations of medical racism

**STEPHEN KENNY,** University of Liverpool, United Kingdom

This paper focuses on various sanitized narratives, images, and monuments that were produced to honour leading doctors in the 19th-century American South, for example, college faculty, those with private, college, or public hospital roles, and those who ran medical societies, or contributed to medical journals.

The paper uncovers two new key features of the medical profession's intense relationship with slavery. First, the scale and significance of slave ownership by leading doctors. Second, how reputations acquired by these doctors concealed their investments in slavery and the exploitation of enslaved bodies. Using Federal census records for a sample state, Georgia, the extent of key doctors' ownership of enslaved people will be revealed. Evidence on the direct ownership of enslaved people by doctors is important in terms of the convenience, profit, and status that ownership of human lives and labour brought. At the level of the medical encounter, of course, direct ownership of enslaved people meant that enslaver-physicians had immediate access to useful bodies and research subjects, who had few protections from persuasion, manipulation, coercion, and brute force.

To explore the extent to which the exploitation of enslaved bodies has been obscured and hidden, the second part of the paper examines the reputations of these leading doctors, revealing that fundamental parts of their story have been wilfully disguised by "Great man" myths, intentionally cloaked by vague biographical portraits, and concealed in carefully packaged celebratory narratives generated by peers, descendants and other accessories with vested interests in maintaining hierarchical and unequal social systems.

### Migrants' across eras: Revisiting pandemic politics and the exodus of the labouring poor

**SUDIP SAHA,** Assam University, India

The paper looks at the occupational mobility of the Indian migrants' between the regime of overseas migration under the indentured system of the nineteenth century and the recent upheaval of "walking back home" of labourers from the workplace to their place of origin across India. The pattern of such reverse migration of labour during the current pandemic of Covid 19 is of immense significance to the understanding of the epidemiology of the disease. Moreover, the mass exodus across the country under the current dispensation witnessed an apathetic attitude which mirrors the shipboard life experienced by the indentured labourers who were assigned to work in the plantations of the British colonies (Assam, Mauritius, Caribbean Islands, Fiji, and Malaya etc.). In effect, I am particularly interested in understanding how the mechanism of "controlling of the infected" and the fear of "getting infected" were effective in reshaping and making new narratives about the temporal, geographical and epistemological understanding of migration.

The second section of the paper will look into two facts: first, the recent mobilization of the migrants was the seriously disruptive consequence of lockdown and migrants were the most unforeseen casualty of it, second, considering the outbreak of disease is the occasion for the political contest, this paper attempts to investigate how politics, in both cases, legitimized scientific readings, simplified the severity of the illness by downplaying its impacts, spectacularized responses to the crisis, and forging division between the "people" and the infected "others" which resulted in the politics of difference.

### COVID-19 as crisis: From crisis to the Necropolitics of slow violence

**TONY JOAKIM ANANIASSEN SANDSET,** University of Oslo, Norway

The COVID-19 pandemic is an obvious crisis. Yet, the crisis narrative belies a more fundamental problem which has underpinned the very preconditions for the emergence of the pandemic. In particular when it comes to how the pandemic has affected people of color and black, Asian, and middle eastern communities (BAME) in the U.S. and England respectively. This paper seeks to challenge the understanding of crisis within the COVID-19 framework. Rather than focusing on the abrupt and sudden temporalities invoked by crisis, the paper will focus on the underlying processes of slow violence and the necropolitical conditions which set up and allowed for, the disproportional death and disease This paper will argue that conditions of slow death and necropolitical outcomes are themselves not only the outcomes of a form of "state of exception" or crisis. Rather, these are the outcomes of what we can call a "state of acceptance". Finally, the paper will argue that slow violence, defined by Rob Nixon as "violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all" underpins the notion of pandemic crisis. Finally, I will argue that we should be attentive to the underlying necropolitics of slow violence in order to better understand how these arguments are valid across other epidemics such as the HIV epidemic and the culmination of different forms of slow violence, many years in the making.

# Medical expertise and crises of childhood development in East-Central Europe (1945–1989)

PANEL ORGANIZER
**JOSÉ LUIS AGUILAR LÓPEZ-BARAJAS,** Czech Academy of Sciences, Czech Republic

Expertise on child development in state-socialist East-Central Europe was influenced by international knowledge exchanges, which sparked debates about socialist norms of collective childcare and the future healthy development of children. Pediatricians, but also psychologists and pedagogues, discussed John Bowlby's attachment theory and strove to adapt it in societies where women were employed and maternal role was not their sole preoccupation. Also, experts worried about the long-term development of prematurely-born babies as it became clear that some will never become normal. We will analyze how socialist experts created and deployed knowledge about the health and normalcy of the future generation.

## A burden for society? Human science experts and vulnerable babies' long-term development in socialist East Central Europe

**JOSÉ LUIS AGUILAR LÓPEZ-BARAJAS,** Czech Academy of Sciences, Spain

In postwar East-Central Europe, high infant mortality rates were one of the principal preoccupations of the health care system. Prematurity was one of the leading causes of early infant deaths. As such, medical experts invested much effort in investigating the prevention and care of premature babies and also included research on the long-term development of these children. Yet, over time, infant mortality declined much faster than prematurity, which meant that many premature babies who would have died had not the health care improved so quickly could survive now. But then some medical experts started to wonder about the life quality of these vulnerable babies, as some of them were weaker than average, presented developmental delays, and some other conditions. Would they become a burden for society in general and their families in particular?

In postwar times there had been a certain degree of optimism regarding the long-term development of these vulnerable babies. Nonetheless, some experts started to voice their concerns by the mid-1960s as infant mortality decreased and prematurity stagnated or even increased. Pediatricians, psychiatrists, psychologists, and pedagogues participated, and not a few times clashed, in a debate that entailed social, environmental, and medical considerations on what to do and how to treat those vulnerable children to guarantee a long-term development as "normal" as possible. This paper investigates East Germany, Poland, Hungary, and Czechoslovakia from a comparative perspective. It aims to shed light on how a problem that appeared in somewhat similar terms received different responses in four socialist countries.

## "Born Unwanted." Transnational knowledge circulation and child development in socialist Czechoslovakia

**KATERINA LISKOVA,** Czech Academy of Sciences, Czech Republic

What happens to children who are born unwanted? How will their cognitive development and mental health be impacted? After abortion on social grounds was legalized in Czechoslovakia, a group of psychologists and medical doctors began to trace the children born to women who were denied an abortion. These experts – inspired by Bowlby's theory underscoring the importance of an early bond between the mother and her child for the child's future development – changed how upbringing was understood in one socialist country. In 1970, they launched a longitudinal study of 220 kids born unwanted in Prague nine years earlier and pair-matched them with a control group of children born as wanted. Experts followed these children until adulthood, noting unfavorable differences for the "unwanted" group.

In this paper, I will analyze the transnational knowledge flow across the Cold War divide, noting how knowledge is recast in varying socio-political milieus. I will start with Bowlby's trailblazing 1951/2 study conducted for the World Health Organization (WHO). Then I will outline the Nordic influences on Czechoslovak expertise stemming from similar Swedish and Finnish studies. Finally, I will mark the US-Czechoslovak connections after the Cold War had ended. My aim is to show how ideas about the future of a socialist society, embodied in its children, were shaped by cross-pollinating international expertise.

## Cold war bowlby – Early attachment theory and residential child care in the two Germanys after 1945

**FELIX BERTH,** German Youth Institute, Germany

This paper examines the impact of the early attachment theory by British psychiatrist John Bowlby on residential care for young children in both parts of Germany, the socialist East and capitalist West after 1945. For this purpose, developments of social history are related to the history of paediatric and psychoanalytic knowledge.

In a first social-historical step, we show that both German states strongly expanded institutional care for babies and toddlers in the 1950s. This growth cannot be explained by a growing number of orphans; the discourses of paediatricians, psychoanalysts and the media rather reflect contemporanean ideas of hygienic child care as well as the attitudes towards single mothers.

In a second step, the opposite effect of John Bowlby`s WHO report *Maternal Care and Mental Health* from 1951 is analyzed. The monograph by the British psychiatrist and psychoanalyst soon influenced professional discourses on infant home education of young children not only in West, but surprisingly also in East Germany. Based on this early version of attachment theory, residential care for babies and toddlers in West Germany was almost completely abolished by the mid-1960s. In socialist East Germany, Bowlby's concepts were also taken up by paediatricians, but became taboo after the construction of the inner-German wall in 1961. Thus, we find astonishing similarities in Bowlby´s reception in both Germanys in the 1950s, but serious differences in the 1960s.

With its two perspectives, the paper contributes to the history of attachment theory and of infant home education.

## Childbirth in early modern Europe

### Labouring bodies: The temporality of crisis in early modern childbirth

**RACHEL HINDMARSH**, University of Oxford, United Kingdom

At the beginning of Pantagruel, François Rabelais's – both physician and writer in sixteenth century France – raucous fictional narrative about giants, a dangerous birth scene unfolds. After an eleven-month pregnancy, eponymous protagonist Pantagruel's mother is finally in labour when a group of gossiping midwives make a crucial diagnostic error which throws the birth into crisis: mistaking the escaping "fundament" for the baby's body itself, they misguidedly seal the mother's vagina, forcing the baby to make its way out of his mother's ear. While most often read as a carnivalesque parody of immaculate conception, my paper will show how Rabelais's literary text demonstrates a preoccupation with the temporality of the critical medical encounter, as it moves from misdiagnosis to medical emergency, that shapes Rabelais's concurrent medical career. Tracking the dynamics of delay, suspension, and urgency as the childbirth crisis unfolds, I will suggest that Rabelais's literary text operates as a springboard for revalorizing the significance of time in our understanding of crisis in early modern medicine. The Hippocratic corpus will provide a key backdrop to how Rabelais engages with the temporal aspects of crisis; this will be further brought into dialogue with early modern medical texts on childbirth, including by Jacques Daleschamps and Louis Serres, in order to shed new light on the particular temporality of gendered experience in early modern medicine. I will conclude by suggesting that attending to early modern childbirth asks new questions of how we understand crisis in obstetrics today.

### Saving mother's life or fetus' soul? The surgical practice of embryotomy as an ethical dilemma

**ALESSANDRA FOSCATI**, KU Leuven, Belgium

From the 16th century onwards, a number of texts devoted to embryology and obstetrics-gynecology highlight how physicians and surgeons, tackling with women's difficult deliveries, had to deal with circumstances that were a cause of an ethical crisis to them. I am referring to the need to perform embryulcia/embryotomy, i.e. the destruction and cutting into pieces of the still-living fetus in uterus, in order to save the mother. We have to consider that the death of the fetus, when still unbaptized, led to the loss of its soul and this was a source of strong disapproval by the Church, which did not, however, take an official position on the embryotomy practice until the 19th century. Therefore the choice of who should be saved between mother and fetus was a matter of the physicians, and they found themselves discordant. Embyotomy, described in various texts of Antiquity, was no longer mentioned in treatises after Late Antiquity. Except for Latin translation of Arabic texts, it returned in consideration in Latin surgical treatises from the 14th onwards, although for almost two centuries it was referred to as a means of extracting only the dead fetus from the uterus. The aim of this paper is to analyze the most relevant references on this operation between the 14th and the 17th century and above all to highlight the different ways of approaching and possibly justifying it ethically, especially in contrast to coeval theological thought, by physicians and surgeons in the Early Modern Period.

## Temporalities of illness and healthcare systems

### "Corona is over": Temporality and the afterlives of Covid-19 pandemic in Kenya

**JACINTA VICTORIA MUINDE**, University of Oslo, Norway

In September 2022, the WHO Director-General announced that covid-19 pandemic is ´not over yet.´ This observation seemed to be a contradiction in the context of Kenya, where about two months before the WHO Director-General´s remarks, many Kenyans held that ´corona is over´. Kenya appeared ahead of time as far as the end of covid-19 is concerned. Meanwhile, people continued living with handwashing stations firmly fixed in their homes, in market centers and health facilities. Hawkers sold masks and people wore them whenever asked to do so. Writings of ´keep social distance´ remained clearly marked on the floors of hospitals, banks, on the benches of religious institutions and other public spaces. Notices of Covid-19 measures and guidelines hang on noticeboards of health facilities and restaurants, and the ministry of health continued to insist on adherence to these measures. Airport attendants continued to scrutinize covid-19 vaccination and test certificates. These objects associated with control and response to the pandemic have become, for many, obsolete. Yet, many also remain as markers. What do these objects mean, or what do they do? How do they shape the way people interact with each other and their sociality, if at all? Drawing from ethnographic fieldwork in Kenya, this paper explores how Covid-19 measures in Kenya - whether in their objectness/material or non-tangible forms – have rapidly become traces, mediating between layers of time (a past, present and a future), and the varying affects they elicit.

### Long COVID – The medical afterlife of the pandemic

**ANGELIKA LAUMER**, University Hospital, Germany

The paper investigates temporality in Long COVID patients' and health care professionals' narratives. The ethnographic research follows Grounded Theory Methodology and is based on narrative interviews and observations of patient-physician interactions.

The material shows that Long COVID patients recall that, at the beginning of their disease, they expected that they would heal gradually and that there would be a time in the future when they are entirely recovered. The material shows that there is a discrepancy between this expectation and their actual experience. The patients always tell their medical history regarding Long COVID with a temporal structure along these lines "I was infected in January, I recovered, then I realized that I felt dizzy / couldn't breathe that well anymore". This pathway is, according to the accounts, interrupted by relapses or stagnating recovery.

Patients describe an "illness rythm", a certain frequency of symptoms like panic or sleep disturbances – "situations like that occur more often since then" or "I am not breathless that often anymore".

In the Post COVID ambulance at university hospital Bonn/Germany that is a part of the psychiatry department, the psychiatrist usually verifies if Long COVID is embedded in the patient's general medical history of psychological diseases such as trauma or depression.

The paper thus draws on the tension between the hope of an end of Long COVID and thereby the entire pandemic on the one hand and the actual slowness and the ruptures of healing or living with a chronic illness on the other hand.

### A chronic crisis of time: British family doctors, social democratic welfare and NHS general practice, 1948–1966

**GARETH MILLWARD[1], MARTIN MOORE[2]**, [1]SDU, Denmark and [2]University of Exeter, United Kingdom

In 1965, thousands of British family doctors voted to resign from the NHS as part of collective contract negotiations between their professional representatives and the Ministry for Health. The threat was staved off by an agreement between the government and British Medical Association known as the *Family Doctor Charter*. Doctors reflecting on NHS history have seen this Charter as central to a revitalization of British general practice.

Family doctors' struggles for a new contract in the mid-1960s have often been positioned as a conflict over improved pay and conditions. However, in this paper we suggest that they were also a conflict over professional autonomy. Specifically, over *time*.

NHS general practice promised round-the-clock care for all, from cradle to grave. This formed part of a social democratic promise for health services that ensured access to universal and comprehensive healthcare. It also reflected a carefully cultivated image of general practice as a distinct, personal form of practice. However, general practice required general practitioners to provide this care. Therefore, in reality these social democratic promises created a feeling of temporal crisis and insufficiency among GPs, which they sought to manage both organizationally and politically. Exploring this mid-century health service crisis as a battle over time provides not just new insight into the temporal life of general practice, but also a broader view of the temporal politics of social democratic welfare in Britain.

## Pharmaceutical policies and health surveys in Sub-Saharan Africa

### A "pharmaceutical policy of a new kind": Mozambique's socialist pharmaceutical policies and the will to make generic medicines

**ALILA BROSSARD ANTONIELLI**, Cermes3, France and EHESS, France

In 1975, when Mozambique achieved its independence from Portugal, health was at the core of the new nation's socialist political project. Mozambican actors adopted a certain conception of health, valuing prevention and basic care, by combining their financial and human resource constraints with the political adherence to primary care ideas which were being consolidated at the WHO at the same time. This paper will focus on one of the fundamental measures of independence, namely the pharmaceutical policy adopting a restricted list of generic drugs and the will to install a local production of drugs to guarantee autonomy in supply. Although this pharmaceutical policy was the subject of numerous publications at the time by the actors involved in the debates on socialist policies and the struggle for generics at the international level, no recent research work has looked back at this experience. We will analyse the negotiations with socialist countries, UN organisations and Sweden, and the installation of an oral rehydration serum factory in the centre of the country. We will show how experts mandated by UNIDO and the Mozambican authorities struggled to make the factory work in the 1980s, facing several crises and the beginning of the aid dependence. This presentation is based on archives, publications of memoirs, official documents, and interviews with key figures.

### The decline of local antibiotic production and the rise of Asian sourced imports to Tanzania, from 1980 to 2003: The role of Good Manufacturing Practices

**PETER MANGESHO**, University of Oslo, Norway

The market size of Tanzania's pharmaceutical industries by the year 2005 was estimated at $110 million, of which 71% (78 Million USD) worth of pharmaceutical supplies came from imports, mainly from India, while the rest, at 29%, were generated by local manufacturers. This is despite a firm drug policy launched in 1991, at the height of the economic crises and the subsequent unleashing of liberalisation policies, to support and promote local pharmaceutical manufacturing, a national agenda to become self-sufficient for essential drug supplies, at least in all public health facilities to alleviate inflexibility of supply where imports are too much depended. The policy document and associated plans embraced pharmaceutical production guidelines by following the WHO GMPs. This paper shows how the guidelines were enrolled and in what ways the pharmaceutical manufacturers engaged the local regulatory authorities to achieve a positive outcome and for them to produce pharmaceutical products to satisfy the local market. It depicts the intensity of the process and how it was sometimes frustrating, especially on the part of the manufacturers. The local companies struggled to accommodate and implement the guidelines. While the process does well portray a positive evolution of Tanzania's local drug regulation capacity, the paper argues that while this was taking place, the very important GMP implementation process allowed foreign firms, mainly from India, to take advantage of the impasse and flood the local market with sometimes cheap and poor quality pharmaceuticals. This outcome has remained ever since.

### Data and disease in Anglophone Africa, c. 1935–2022

**JOHN NOTT**, University of Edinburgh, United Kingdom

Beginning in the mid-1980s, the Demographic Health Survey (DHS) has grown up to become a core tool of epidemiological surveillance and public health programming across much of the Global South. Usually conducted every five years or so, and with variables including tobacco and alcohol use, contraceptive history, anthropometry and biomarker data for HIV, malaria and anaemia, the DHS has offered epidemiologists the opportunity to correlate diverse variables across both time and space. However, as this paper will explain, the DHS was developed as part of a broader international response to what was then seen as an acute crisis of statist political economy. Funded and administered primarily by USAID, the development assistance and foreign aid arm of the United States' government, the DHS found footing during what can be broadly described as the "neoliberal" turn in African history. A period in which WHO/IMF Structural Adjustment Programmes—implemented in thirty African states between 1983 and 1991—demanded massive reductions in governmental expenditure, including on healthcare. As national capacity to directly address disease declined, the DHS instead offered a means to provide targeted (and economically efficient) relief. This paper will outline the recent history of the DHS as a medical technology which benefitted from economic crisis, but will also detail its genealogy, and the intellectual, material and personal histories which bind contemporary epidemiology to biomedical research and health administration in the British African Empire.

## The concept of crisis in animal magnetism and hypnotherapy

### The concept of "crisis" in the therapeutic practice of 19th century magnetizers and hypnotherapists

**KAAT WILS**, KU Leuven, Belgium

The notion of "crisis" constitutes a central feature in the work of Mesmer, the late 18th century Viennese physician and founder of animal magnetism. According to Mesmer, disease arose when the circulation of magnetic fluid was obstructed. The magnetic procedures he performed to reestablish the blocked circulation were said to cause a crisis, the start of the patient's recovery. These crises could take on different forms, from tears or laughter to loss of consciousness or convulsions akin to epilepsy. In the work of subsequent, mostly French theoreticians of magnetism such as Puységur and Deleuze, "crisis" became a synonym for artificial somnambulism. Illness no longer was a prerequisite to reach this state, which, moreover, now was supposed to entail a faculty of therapeutic lucidity. In the second half of the 19th century, when hypnosis presented itself as a scientific alternative to animal magnetism, the notion of crisis no longer seemed to play a therapeutic role at all.

When studying the therapeutic practices of 19th century magnetizers and hypnotherapists, however, the boundaries between both intellectual systems appear to be not so fixed. Based on a study of Belgium, I will show how a history of the changing function and significance of the concept of "crisis" allows to write the entangled history of magnetic and hypnotic therapeutic practices. As I will argue, the concept functioned as a tool to demarcate medical practice from associations with in particular stage magnetizers, who were now accused of causing (negatively connoted) crises in their subjects.

### Animal magnetism and the politicization of crisis

**DAVID ARMANDO**, ISPF-CNR, Italy and UMR 8066, France

The attribution of a political meaning to the medical term "crisis" is relatively recent. By the end of the 17th century, French dictionaries began to include moral aspects of the term, but still in 1754 Bordeu's article in the Encylopédie discusses only Hippocrates's doctrine. It was in the following decades that Rousseau and Diderot assigned to "crisis" a political connotation, associated by historians with that of "revolution". After reconstructing these steps, the paper will focus on a less well-known moment in the politicization of the concept, constituted by F.A. Mesmer's doctrine and practice of "animal magnetism", which attained a remarkable, and contested, popularity in France on the eve of the Revolution. Mesmer and his followers claimed to heal their patients by producing severe convulsions to restore the natural circulation of an invisible universal fluid in their bodies. Three aspects of the spread of mesmerism can be related with the political evolution of "crisis". The first is the idea that a state of disorder and illness (physical and social) should be transformed by passing through a period of paroxysm. The second is the presence of metaphors and images of crisis associated with animal magnetism and used in the revolutionary discourses. The third are the political implications of the discovery of magnetic somnambulism: an induced state of hypnosis which was also defined as "crisis", thus assigning to the term a different and quieter meaning which became established during the Restoration.

### "Crises" around the *baquet*. Negotiating the legitimacy of magnetic therapy in the mesmerism debate (1784)

**CHLOÉ CONICKX**, Ghent University, Belgium

Few controversies capture the high stakes of the battle for medical legitimacy like the Parisian mesmerism affair of the early 1780s. The physician Franz Anton Mesmer claimed he could wield a universal magnetic fluid to cure patients' diseases. His magnetic treatments became increasingly popular in Paris, which sparked curiosity and distrust among the medical and scientific authorities. Eventually, in 1784, the French government appointed two institutional commissions to investigate the credibility and legitimacy of the new therapy. Their conclusions, published in two reports, were clear: the therapy was dangerous and, therefore, illegitimate. However, the publication of these reports detonated into an intense public debate in which the integrity of the conducted investigations was questioned. In particular, various commentators contested the commissioners' accounts of magnetic "crises" and argued that they did not provide closure on the question of the therapy's (il)legitimacy.

In this paper, we discuss how the meaning of "crisis" was constantly contested, repositioned and redefined in the public debate of 1784 and how these interventions (re)shaped the legitimacy of magnetic therapy. On the one hand, I argue that the commissioners redefined the mesmeric usage of the term "crisis" to denounce the therapy as an "art of provoking [harmful] convulsions". On the other hand, I show that critics contested this description and, in turn, reconceptualised "crisis" to legitimise and explain (proper) magnetic effects displayed by the body. The paper thus demonstrates that control over the term "crisis" determined the legitimacy of magnetic practices.

## Responses to mental health crises in early modern Europe

PANEL ORGANIZER
**RIIKKA MIETTINEN**, Tampere University, Finland and Centre of Excellence in the History of Experiences, Finland

The panel addresses different responses to mental health problems in early modern Europe, with a focus on local and personal reactions to mental crises in Northwestern European rural communities. "Madness" and mental impairments were not only personal crises that affected one's abilities to cope with and participate in daily life but also posed risks and problems for the family, village and other local communities. The lack, or scarcity, of effective medication, health care systems and facilities meant that people who had mental impairments and their families had to try to find various other avenues for care and alleviation. Scholarly or folk medicine was available to some and turned to, but local management and care of the "mad" also required communal measures. At times, the care and protection failed and resulted in terrible consequences.

The panel explores responses to mental health problems and crises they posed within local communities, with the papers offering case studies from England, Sweden and Finland about the individual reactions and collective efforts related to mental crises. Together, the papers show the diversity of ways people tried to cope with mental health problems at the local scene, some of which resulted in further crises.

### Mental health stressors in the lives of suicidal murderers in early eighteenth-century Finland

**LAURI MOILANEN**, University of Oulu, Finland

Suicidal murder became a serious legal problem in some of Europe's large cities in the seventeenth and eighteenth centuries. A growing number of suicidal people murdered bystanders to end their lives. Instead of committing suicide, they used a proxy, execution.

Previous research has identified the causes of this indirect suicide phenomenon mainly culturally and, I think, with a broad brush. Three main models have been utilized to explain why suicidal murderers preferred death by execution: 1) the religious and cultural taboo of suicide; 2) the cultural practices and meanings of capital punishment; and 3) mental health problems/disorders.

The extensive lower court records of the early modern Swedish kingdom offer an exceptional perspective on the thinking of the perpetrators. This paper explores the mental health issues and stressors of early eighteenth-century Finnish suicidal killers and how they contributed to their suicidal ideation and decision to kill. I will evaluate the above-mentioned main views and suggest some new ways of looking at how mental crisis led to suicidal murder. For example, some of the people who ended up committing suicidal murder suffered from a distinct mental state that was called "weariness of life". I will explore the origins and meanings of "weariness of life", and analyze how it was understood by the eighteenth-century authorities and the laity.

The paper is based on my ongoing PhD dissertation monograph: "Suicidal murder as a criminal, cultural and social phenomenon in early modern Finland".

### Coping with madness and mental illnesses in early modern Swedish rural communities

**RIIKKA MIETTINEN,** Tampere University, Finland and Centre of Excellence in the History of Experiences, Finland

The paper discusses family and communal efforts to cope with and care for the "mad" and mentally disabled community members in early modern Sweden. The rural parish communities in the seventeenth- and early eighteenth-century Swedish- and Finnish-speaking areas turned to officials and lower courts as a last resort, attempting to get at least the most dangerous and wretched committed in the small hospitals that were few and far between in the large Swedish Empire. The vast majority of those suffering from mental health crises resided in the village communities and were taken care of by their kin and neighbourhoods. As organized poor relief was difficult to acquire, they primarily relied on local "unofficial" support systems and care practices. Depending on the form and degree of the condition and the dis/ability involved, the communal responses and support practices varied from turning to religion, local clergy and folk medicine for help, and keeping guard over the "mad" to more extreme measures, such as confinement in outhouses. At worst, when the care failed, the situation brought about personal and communal crises, for example in the form of economic disasters, suicide and deaths.

The material for this paper consists of lower court records and other judicial documents, journals and a selection of popular medical treatises that include descriptions about the care and lives of people who suffered from precarious and critical mental health conditions.

### Managing mental illness in England, c. 1500–1700

**PHILIPPA CARTER,** University of Cambridge, United Kingdom

Today, words like "frantic" and "frenzy" are the stuff of hyperbolic newspaper headlines. Five hundred years ago, they described someone who was experiencing a dangerous mental health crisis. "Frenzy" was one of the most dreaded "diseases of mind" identified by early modern physicians. Sudden, uncharacteristic displays of anger and violence were hallmark symptoms of the disease: "Those that be frentick… rage furiously, so that they can not be ruled without bands [bonds]", one sixteenth-century surgeon warned.

This was all too true to life: many "frantic" individuals ended up shackled by their own relatives and friends. Focusing on sixteenth- and seventeenth-century England, this paper asks how the work of "watching", "keeping", and "maintaining" sufferers was divided among members of the household, the parish, and the local government. If the "frantic" person was not to be held accountable for damage to property, then who was to pay? If he or she had a track record of violence or arson, who was to keep guard? The ad hoc solutions to these problems often proved unsatisfactory, and they tested the ties that bound early modern communities together. This paper looks at moments in which an individual's mental health crisis was followed by a crisis of "care", and asks how and why this happened.

## Understanding and responding to contagion

### Old medicine, new use: Dittany as a remedy against plague

**SADEGH ATTARI,** University of Birmingham, United Kingdom

This paper examines the remobilisation of available knowledge in response to new crises in the context of the Black Death. In particular, it studies the re-purposing of the herb dittany (*Origanum dictamnus*) as a remedy for plague in medical and sermonic literature in late medieval England and argues that it was due to the symbolic connection between plague buboes and arrow wounds—established after continual outbreaks—that the herb achieved new usage against the disease. The herb's purgative properties date back to ancient Greek medicine, with Hippocrates prescribing it as an emmenagogue. Moreover, Aristotle and Theophrastus alleged that wild goats use it to draw arrows out of their bodies and treat their wounds. This was repeated by later encyclopaedists, but such an application was extended to humans (or, more accurately, demigods) when Venus treated Aeneas' arrow wound in Virgil's *Aeneid* using the herb. Following the Black Death, arrows became an emblem of plague symbolising divine punishment: the buboes, then, were likened to arrow wounds and figures such as St Sebastian (who was shot by arrows) became protectors against the disease. The adoption of the symbol made, in turn, medicines for arrow wounds—such as dittany—also effective against plague. The convergence of the religious and medical conceptualisations of plague highlighted the significance of confession as a purgative, which is reflected in how sermons discussed the practice in relation to the herb. Thus, through the adaptation of pre-existing medicines for new uses, the crisis of the pandemic was combatted.

### When is a plague not a plague? Thomas le Forestier, John Caius and the English Sweating Sickness

**VIGDIS EVANG,** EUI, Italy

"In the year of our Lord 1485, there chanced a disease among the people," wrote the English physician John Caius, some seventy years after the event, "which for the sudden sharpness and unwonted cruelness passed the pestilence." Yet in 1485, the French physician Thomas le Forestier, who was in London at the time of this first outbreak of the disease, wrote a treatise addressed to the King of England in which he offered advice that would keep the king and his realm safe from "the most venomous fever of pestilence." Was the English Sweating Sickness, then, in the medical understanding of the time, a pestilence – that is, a plague? Or was it, as Caius' description would indicate, something different and even worse?

Historians of medicine have often turned to these two sources in particular, namely Forestier's 1485 treatise (British Library, Add Ms 27582) and Caius' 1551 A boke or counseil against the disease commonly called the sweate, to search for clues that may help them identify the mysterious Sweating Sickness, yet it would seem the disease resisted identification in its own time as well. Far from posing a problem, this presents us with an opportunity.

The case of the Sweating Sickness serves to illuminate past understandings of key concepts such as epidemic, infectious disease and plague precisely because it failed to fit neatly into these established, if flexible and overlapping, concepts. Just what was it the main witnesses to the English Sweating Sickness thought they were looking at?

### Evidence, ideology, and imperialism: Medical research and the contagion question in British colonial contexts, 1800–1840

**ELISE SMITH,** University of Warwick, United Kingdom

In the first half of the nineteenth century, outbreaks of disease in British colonies were crises that tested local rule and strained the resources of physicians who were stationed in affected areas. For the metropolitan medical community, however, reports of foreign epidemics were chiefly of interest to those engaged in the contagionist/anti-contagionist debate, who sought evidence from across the globe to support their position. Because "colonial medicine" was steeped in climatic and topological frameworks that presumed local diseases resulted from local conditions, it could be particularly difficult to separate evidence from ideology in epidemic accounts. Yet as this paper will argue, many physicians and surgeons in situ still attempted to argue empirically for the importation of disease into their surroundings, and believed their direct experiences should be privileged in aetiological debates. By contrast, medical authorities in Britain often saw their role as arbitrators of these interpretations, and used the medical press to attack or defend texts from the colonies depending on their alignment. Drawing on examples such as the "Bulam fever" which was reported on in West Africa and the West Indies in the 1810s, and the "Gibraltar fever" of 1830, this paper will show how colonial epidemics became contested sites of medical research, and that the expertise of foreign practitioners was only given more weight with the arrival of cholera to Britain in the 1830s.

### The domestic crises of contagion: Responses to epidemic disease within elite English families, c. 1650–1750

**EMMA MARSHALL,** University of York, United Kingdom

Based on analysis of over 1000 personal letters, this paper will discuss the practical and emotional reactions of gentry families facing contagious illness. Smallpox was a particularly feared disease among this social group in the late seventeenth and early eighteenth centuries, alongside measles, ague fevers, and other conditions. I will analyse the spatial aspects of coping strategies; sick individuals were confined to one room, changing household organisation and daily routines, or removed to another house altogether. What did this do for family dynamics? Emotional and temporal aspects of contagious disease are also evident in correspondence between separated family members. They worried about the condition of their sick relatives, and silences were made worse by delays in the postal system. The need for urgency in giving advice and receiving medical treatment was complicated by the temporalities of letter writing, sometimes prompting a crisis of communication. Separation also meant that individuals could not personally witness the sickness of others, and had to rely on the patient themselves or a caregiver to truthfully describe their condition. This was challenging, and could cause a crisis of trust within families. However, epidemic illness was also an opportunity for group and individual identities and affective relationships to be strengthened and expressed. Through decisive organisation and letter writing, relatives demonstrated their care and concern for one another, and their skills, responsibilities and authority as householders. Overall, this paper will explore crises of contagion as intensely social, relational events experienced within the home in early modern England.

# Technology and innovation in the late 20th century

## Investigating retrolental fibroplasia: Infant blindness and professional power in clinical practice

**JENNY HUTTON,** University of Bristol, United Kingdom

Retrolental fibroplasia (RLF) became the leading cause of infant blindness in the US during the 1940s and 1950s, affecting thousands of infants. The condition was unknowingly the result of administering high oxygen concentrations to premature infants to combat respiratory distress. While this treatment was successful in saving lives, the high concentrations of oxygen interfered with the development of the eye often resulting in detachment of the retina. The cause remained undiscovered for over a decade, creating panic among medical researchers, yet RLF is relatively overlooked in historical literature. This paper examines investigations into RLF and the impact of professional power and authority on challenges in medical practice. It asks to what extent clinical investigations were responsible for the length of time it took to identify the cause of RLF, and how the condition can be used to inform broader narratives of professionalization and the creation of medical knowledge. Through medical journals alongside physicians' papers, this paper will construct a narrative for this crisis and demonstrate how RLF is an important lens through which we can generate new understandings of medical intervention and disability in twentieth-century America. The story of RLF has been shaped by medical technologies which meant experiences varied greatly depending on race, region, and class. A historical study of RLF offers important insight into how medical professionals found a solution to an apparently intractable problem and is significant to larger conclusions regarding medical research, professionalization, medicalized childbirth, and disability in the social context of the 1940s and 50s.

## Fragile ecologies – Skylab, Salyut, Mir, and the challenge of managing (extra-)terrestrial microbial environments

**CLAAS KIRCHHELLE,** University College Dublin, Ireland and Oxford Vaccine Group, United Kingdom

The last century has seen a dramatic acceleration of anthropogenic selection pressure and genetic change across the microbial biosphere. Researchers and decision-makers have responded to increasing signs of dysbiotic environments with calls to steward the microbial commons. But how does one define healthy microbiomes and what could management strategies look like? We are not the first to ask these questions. Between the 1950s and 1990s, researchers in the fields of exo-, space-, and gnotobiology research conducted detailed investigations of the microbiomes of engineered Cold War environments for long-term human habitation such as submarines or space stations. Answering what constituted "healthy" artificial in relation to "normal' terrestrial environments depended on recycling surveillance technologies from clinical microbiology and were heavily influenced by Cold War politics. Focusing on the US Skylab (1973–1974) and Soviet Salyut (1971–1986) and Mir (1986–2001) programs, this presentation reconstructs the evolution of thinking about "normal microbiomes", Cold War conflicts, and moments of collaboration across the Iron Curtain. It also reflects on the ongoing importance of socio-historical biases in shaping current debates about microbial stewardship.

## Risks and medical innovation: The case of microneurosurgery in the late 1960s and 1970s

**MANUEL MERKOFER,** Universität Zürich, Switzerland

In the late 1960s, in the context of rising "high technology medicine", risks increasingly became a matter of debate. Neurosurgery had been a prime site of risk debates, as neurosurgeons notoriously faced major challenges and tough choices, dealing with readily traumatized and fragile vital organs and imminent dangers such as the constant possibility of hemorrhage.

This presentation outlines how risk narratives guided neurosurgery's transformation into microneurosurgery with the introduction of surgical microscopes to operating theaters in the late 1960s and 1970s. Microneurosurgery opened operative possibilities but fundamentally changed operative procedures, surgical theaters, and even surgical tools.

Often, neurosurgeons had readily adopted technological novelties in view of extraordinary challenges. However, they introduced surgical microscopes much later than other surgeons. Following the changes in standard procedures such as brain aneurysm surgery, the presentation tries to show that the transition to microneurosurgery required a detailed reassessment of surgical risks. On the one hand, early proponents in Los Angeles and Zurich presented microneurosurgery as a way to mitigate existing risks and thereby reduce mortality; on the other hand, skeptics and proponents debated the risks associated with adapting to a new approach.

Moreover, the reassessment of surgical risk reverberated on the social level. Deprived of common standard possibilities of evidence-based medicine, neurosurgeons regulated risks based on their allocation in a fixed social system with rigorous values and assigned privileges instead. Thus, the presentation grapples with the broader question of how medical innovation and risks are connected with the social sphere.

# Environment and health from 1550 until the early 20th century

## Insalubrious environments: Malaria, history, and political reform in enlightenment Tuscany

**ORI BEN-SHALOM**, Harvard University, USA

My paper examines physician Giovanni Targioni Tozzetti's (1712–1783) investigations into the problem of "air insalubrity" in malaria-stricken regions of Tuscany. As a young man, Targioni—who was also a botanist, a natural historian, and a librarian—set out to explore his homeland. During his voyage, his attention was drawn to the grim condition of the Maremma Toscana, a marshland on the southern shore of the country that suffered tremendously from disease and depopulation. Almost two decades later, Targioni was called to provide an explanation for an epidemic of "fevers" that, in 1756, ravished the Valdinievole, a vital valley between Florence and Pisa. In both instances, his medical diagnosis leaned on historical analysis. In his view, malaria resulted from depopulation or mismanagement of natural resources, processes he attributed to erroneous political policies spanning from the Etruscan period to the Medici's reign. Consequently, his suggestions on how to amend Tuscany's problems necessitated political reforms of natural resources in which science had to have a leading role.

By analyzing Targioni's published treatises and archival documentation, my paper examines the juxtaposition of nature, disease, and history. First, it asks how Targioni's vocation as a historian and librarian was central to his medical work. Then, it examines his historical explanation of political processes in the context of the political debates that reverberated in mid-century Tuscany. Finally, it complicates the distinction between nature and culture in the Enlightenment, showing that, for Targioni, Nature's "natural" progress depended on human intervention.

## "An absolute water famine": Drought, disease and the everyday crisis of water scarcity in the long nineteenth century

**KEIR WADDINGTON**, Cardiff University, United Kingdom

Recent severe and prolonged droughts have highlighted Britain and Europe's vulnerability, altering the public, governments, and water companies to the socio-economic problems associated with water shortages. Drought for Frank Trentmann offers an example of "the fragility of human-material relations", while it also reveals the linkages between the human and non-human world. During drought, communities, people, practices, and "things" came under pressure at a regional, local, and domestic level as water supplies were placed under stress or failed. To better understand the impact of climatic events on public health in the past, this paper considers the everyday experiences of periods of drought in the long nineteenth century. With Britain experiencing major droughts in 1826, 1854–60, 1865, 1884–55, 1887–88, and 1890–1910, this paper uses Wales as a case study to compare how those living in rural and urban communities experienced drought as an environmental and public health crisis. Rather than thinking about water infrastructures, this paper uses the everyday as a method of analysis to consider the lived experiences of drought to understand the hardships communities faced, the coping strategies they adopted, and the anxieties that came with failing water supplies as public health officials predicted that droughts would see a collapse of sanitary practices and outbreaks of infectious disease. Investigating contrasting rural and urban contexts helps reveal distinctive vulnerabilities to environmental crises and the nature of individual and community responses to environmental problems facing them; problems that had an important impact on public health in the nineteenth century.

## Interpretating crises: Community, location and epidemics in and around Geneva (1550–1920)

**PHILIP RIEDER**, University of Geneva, Switzerland

This contribution aims to question how specific locations affected the experience of disease in past epidemics. Considering the region of Geneva over a long period of time (1550–1920), before modern science suggested that all locations confronted to epidemic risks could be protected by measures based on universal scientific knowledge. Using a variety of local archives which reveal different interpretations of the specificities of the region when facing an epidemic danger, it shows that the hippocratic notion (Airs, Waters, and Places) that the region affected the health of its inhabitants was regularly reiterated throughout the period ; in precisely what way varied through time. This contribution aims to explore these changes relying on a variety of institutional and private sources, identifying attitudes in religious, moral and medical discourses. These three frameworks were interwined, albeit differently through time. Prevalent in the first modernity is the religious discourse, which as in many other European localities, stressed the risk of a plague stemming from poor religious and moral behaviour within the community. Later, in the early 19th century, physicians strove to convince inhabitants that their superior moral behaviour towards the poor was a guarantee against cholera. Finally, in the late 19th century, sanitary reformers striving to introduce modern measures had to fight the medical convictions of elite physicians that the location of the town rendered it immune to certain epidemic diseases.

# Managing care in epidemic crises in the early modern period

## It takes a village: Crisis and religious community in revolutionary healthcare networks, Pennsylvania 1777–78

**MEG ROBERTS**, University of Cambridge, United Kingdom

During the American Revolutionary War, the Continental Army relied heavily upon civilian care networks for the care of sick and wounded soldiers. Following the Battle of Brandywine and the British occupation of Philadelphia in September 1777, at least 2000 ragged, displaced soldiers were in desperate need of medical care. The Surgeon General made an urgent request to several towns in rural Pennsylvania for housing and care: "It gives me pain to be obliged… to send my sick & wounded Soldiers to your peaceable village… [but] these are dreadful times."

Local care networks mobilized immediately. Many soldiers were treated and convalesced in the Cloisters of the Solitary Brethren, the tiny monastic community in Ephrata. In the Moravian communities of Bethlehem and Lititz, makeshift hospitals were established in the Single Brethren's Houses, where Moravian bachelors lived alongside and tended the patients. Townspeople took collections of blankets, shoes, stockings, and breeches for their ailing guests, and many families took in soldiers to care for them in their homes.

This paper will consider the relationship between crisis and religion in the mobilization of eighteenth-century community care networks. In the Continental Army's moment of crisis, these Pennsylvanian religious groups devoted their resources and labour to meeting the soldiers' care needs, at the expense of their own health and security. Using surviving church diary entries, military correspondence, and local oral traditions, the paper will explore the motivations and exertions of the townspeople of Bethlehem, Lititz, and Ephrata over the months they cared for the army.

## A crisis in the regulation of medical provision at the start of the sixteenth century?: Unlicensed practitioners in London, 1512–c. 1518

**EUAN ROGER**, The National Archives, United Kingdom

The memoranda rolls of the English Exchequer (The National Archives (UK) series E 159) provide a much-underused historical source for medical practitioners in the early sixteenth century, offering a fascinating glimpse into the regulation of medical provision between 1512 and the foundation of the College of Physicians in 1518. In response to the episcopal licensing act of 1512 (3 Henry VIII, c.11) – which stated that those wishing to practice as a physician or surgeon within the city of London or within seven miles of the city walls required a licence from the Bishop of London (with similar regulations intended to cover the rest of the country) – a series of accusations were brought before the Exchequer concerning unlicensed practitioners in the city and beyond.

While the memoranda roll entries were noted by Raymond Roberts in 1964, they have never been closely examined, despite containing detailed allegations of daily medical practice and changing perceptions of what comprised "surgery" and "physic" at a time of crisis, when Londoners were facing rolling annual outbreaks of plague, sweating sickness and pox. This paper will consider whether the accusations brought before the Exchequer represent a crisis in the regulation of medical provision at a time of epidemic fear, or merely vexatious claims brought against competitors, as well as the overlap between the different forms of medical provision in Tudor London.

## Managing a health crisis: Rulers and doctors comparing and colliding in early modern southern Italy

**IDAMARIA FUSCO, GELTRUDE MACRÌ**, CNR-ISEM, Italy

In the management of epidemic emergencies, the rulers' interests were often in conflict with doctors' ones and collective health. Through two case studies about the Southern Italian Peninsula (Naples and Palermo) this paper will focus on the difficult balance between the ruler's orders and the doctor's actions during the plague emergencies in the 17th century. The difficulty of diagnosing a disease, whose initial symptoms were common to many others, was compounded by the of the authorities' reluctance to accept the doctors' verdicts, because of the fear of the economic and social consequences. The demands of the rulers risked being more dangerous for the doctors than the plague itself, as it happened in Naples in 1656. Here doctors, who did not go along with the rulers' pretension to keep hidden the danger of the disease, often lost their lives. When the contagion was officially declared, strict measures were applied to restrict the people's movements within the city. Doctors and health workers seemed to have greater freedom. For example, in Palermo, during the 1624 plague, while women were generally obliged to stay at home, nurses and midwives were allowed to go out to assist where needed. However, it was only an apparent freedom, because they were precepted and often guarded, and the foreign doctors, who had come to the big city in search of work opportunities, were not allowed to leave it. Therefore, the relation between doctors and rulers was based on a fragile balance that could easily be broken.

# Social upheaval and the medical humanities: Intersecting health, armed dissidence, and contemporary protest

PANEL ORGANIZER
**LUCIA GUERRERO**, University of Exeter, United Kingdom

Social upheavals refer to significant social disruptions or conflicts that overwhelm existing political institutions, generating widespread unrest. Their spatial and temporal boundaries are diffuse, and they include, inter alia, demonstrations, strikes, protests, and revolutions. Unlike wars and other forms of conflict, upheavals involve patterns of decisive popular action toward political ends. The concept, therefore, encompasses social practices not fully captured by existing conceptualisations of dissent.

Scholars in medicine and public health have to date attended to the medical aspects of social upheaval by focusing on the physical and psychological impacts on participants and surrounding communities. Practitioners and first responders have denounced the deaths and injuries produced by repression, reflecting on the limits of medical neutrality under charged political atmospheres. However, the role of broader social and political forces on the interactions between medicine and upheaval, and its variations across contexts and regions, have received limited critical engagement. Historical and sociological scholarship around protest, civic unrest, or armed conflict pays only cursory attention to the practical and ideological responses of medical agents and institutions and how these actions shape and are shaped by conflict.

As a transdisciplinary field, the medical humanities constitute an ideal platform to bridge this gap and explore the different manifestations of the relationship between health and social upheaval. Through three Latin American case studies, this panel examines this relationship, questioning how medical practices and values are affected by upheaval and how medicine, in turn, influences the course, scope, and meaning of these events and their aftermath.

## Sights of crisis: Ocular injuries in the Colombian national strike of 2021

**LUCIA GUERRERO**, University of Exeter, United Kingdom

During the Colombian National Strike of 2021, at least 103 cases of ocular injuries produced by police brutality were reported. Drawing on fieldwork and interviews with survivors and medics, this paper examines these injuries in terms of the convergence of various crises that touch social and individual bodies and, particularly, medicine as a body of knowledge and practice.

Far from a novel or unique phenomenon, ocular mutilation in contexts of social upheaval has been documented around the world since the First Intifada in Palestine and, most recently, in Iran. The occurrence of these wounds on a transnational scale suggests that they may be inflicted systematically, and medics (working both informally and within institutions) have been at the forefront of tracking patterns of injury and disablement in responses to protest. However, medical expertise on this matter conflicts with the criminalisation of protest in Colombia, trapping practitioners between providing care, responding to moral judgements about protesters, protecting victims, and facing retaliation for doing so. Fearing arrest, the hospital becomes place of danger rather than care for injured protesters. This is further complicated by the scarcity of medical resources at the height of the pandemic and by the leveraging of the risks of Covid to dissuade and even criminalise public assemblies. Thus, the decisive moments for treating an ocular injury in an individual body are interrupted by the upheavals afflicting the social body - a raging pandemic and the “ordinary” crisis of precarity – and the dilemmas they pose for medical practice.

## FARC health models: Socialist health in the Cold War

**SEBASTIAN FONSECA**, University of Exeter, United Kingdom

Beginning with Guatemala’s coup against president Jacobo Arbenz, the Latin American Cold War witnessed a range of social upheavals in proximity with the anti-communist Juntas Militares and totalitarian states. Aided by national security policies, the long-standing land conflict enabled the rise of Guerrilla insurgencies since the 1950s that, inspired by “Che” Guevara’s foquismo and the Cuban Revolution, morphed from self-defence to belligerent movements to commence new socialist-inspired orders. One such case was the Fuerzas Armadas Revolucionarias de Colombia FARC, an agrarian movement formalised in 1964 by paramilitary groups from South Tolima, Colombia.

Since the Colombian Peace Agreements in 2016, state institutions have documented the atrocities of the armed conflict with the mandate to establish truth, reconciliation, and non-repetition. The work completed is framed in terms of destruction, demise, and illegality – replicating the dominant narratives of war and conflict. Though indeed fundamental elements, this approach neglects other social processes that made community life possible within affected territories including local and alternative economic models in and around the illicit drug economies.

This paper will provide an overview of the alternative health models developed in territories under the dominance of the FARC – a case of “socialist health” in a region whose engagement with communist ideology is marginal, stigmatised and persecuted. The work draws upon archival sources and oral histories from community members and former FARC leaders to question the dominant narratives of crises through the lenses of a situated social upheaval.

## Protest medicine: Informal medical and psychological responses to police violence in the context of Chile’s “Estallido Social”, 2019–2020

**CRISTIAN MONTENEGRO**, Wellcome Centre for Cultures and Environments of Health, United Kingdom

Although protests are a common occurrence in cities around the world, they are not usually considered a “crisis” in public health or medical terms. Despite similarities to natural disasters and conflict zones, “protest medicine” has not yet developed as a field of study. Additionally, informal responses to harm, such as the development of volunteer first responder groups, have no formal recognition within medical knowledge and practice.

In October 2019, large scale protests in Chile were met with unprecedented violence, resulting in 3,765 wounded individuals, including 2,122 gunshot wounds, 411 ocular traumas, and 34 permanent losses of one or both eyes. Thirty-six people died. In response, an army of volunteer organizations emerged to support the protesters and provide medical assistance to the wounded, in the absence of formal healthcare. These counter-infrastructures included multiple “health brigades” composed of medicine, nursing, and psychology students and professionals. Their goal was to provide care and support to injured participants, mitigating the harmful effects of police action, and helping to sustain and expand the protest itself.

Based on testimonies of first responders, this paper explores how forms of emotional and medical care emerge and respond to unaccountable police brutality in the context of protracted urban revolts. It will examine how different and/or conflicting values and feelings (technical precision, collective coordination, political engagement, creativity, rage, fear) shape the way brigade participants organize themselves and the medical-political subjectivities created during and in the aftermath of protests.

# Making illness and medicine visible: Art, architecture and photography

## *Imagens do inconsciente*: A sociological reimagining of illness identity construction and art in twentieth century Rio de Janeiro

**JAY CAVANAGH**, University of Calgary, Canada

My study brings together transdisciplinary theories and methods to critically examine the ways in which patients with schizophrenia constructed illness identities through artwork while under the care of Dra. Nise da Silveira in twentieth-century Brazil. The sociological world has turned to the idea of collective identity formation with considerable interest in recent years, expanding our vocabulary to tackle the ways in which people begin to make sense of their lives (Bourdieu, 1984). Most sociological analyses of this kind operationalise qualitative interviewing (Barker, 2002) or focus group methodologies, while this project turns to the archives. As Benzecry attests, through “organising the past, the archive imagines the future,” (Benzecry et. al., 2020).

Drawing from archival documents and a visual analysis of art works held at the *Museu de Imagens do Inconsciente*, the *Arquivo Nacional*, and the *Instituto Municipal de Assistência à Saúde Nise da Silveira* (Pinker, 2004), this work embeds an effort to recenter the decolonial resistance potential of psychiatric survivor communities, while simultaneously critiquing the role of psychiatry in the preservation of distress and the dehumanisation of mad actors.

Considering not only the oppressive role of the psy-complex in institutionalising “schizophrenics”, I foreground (dis)abled creative expression and collective illness identity as interconnected forms of resistance. I build from McCruer and Johnson’s (2014) “cripistemologies’ as a means of exploring the relationships of madness, modes of crisis, and identity-formation, tending to the embodied and enminded experiences of actors with schizophrenia against the backdrop of Vargas’s Brazil (Chandler et. al., 2021).

## Doubles and the edge of personal identity

**IRINA TEREKHOVA**, UNIL/IHM(CHUV), Switzerland

Autoscopic phenomena (AP) are rare illusory visual experiences during which the subject has the impression of seeing a second own body in extrapersonal space, which can occur in pathological and non-pathological conditions associated with states of severe anxiety and near-death experiences. Mirroring the concept of Double in many accounts in folklore, mythology, literature, and art, it was introduced into medical literature at the turn of the century. Reflecting mythological attribution of «harbinger of death», «evil twin» and bad omen, psychiatric accounts describe the occur¬rence of the AP as strongly asso¬ciated with severe depression and suicidal ideation in patients. Interestingly, AP is considered the basis of many self-portrait paintings. No artist interpreted this concept more explicitly than the celebrated «infant terrible» of Viennese modernism, Egon Schiele. Absorbed in the personal identity turmoil bordering with obsession, he produced unprecedented thirteen double self-portraits. This concern with the Doppelgänger situates Schiele’s oeuvre within the modern Viennese culture during the period of destabilization of society caused by revolutionary situations followed by the First World War, with the majority in Western Europe sensed themselves in a critical transitional period. This work explores the presence of double at the extreme ends of both psychiatry and art with concern for terminal alienation from reality due to the crisis of self. Investigating underlying mechanisms of this similitude may contribute to a better comprehension of the phenomenology of self-consciousness at the edge of personal identity.

### Designing the Aga Khan University Hospital in Karachi: A challenge or a crisis?

**SARA HONARMAND EBRAHIMI,** Goethe University Frankfurt am Main, Germany

This paper will explore a specific episode in the history of the Aga Khan Development Network (AKDN), a network of private, non-denominational, non-national development agencies. This episode relates to the designing of the Aga Khan University Hospital in Karachi, Pakistan. In 1972–73, the Boston-based Payette Associates and Mozhan Khan, an Iranian architect, designed this hospital. The hospital was built on a sixty-five-acre site just outside Karachi and was completed in 1985. The paper will briefly introduce the Aga Khan University Hospital in Karachi and describes its architecture. It will then follow the design team on the ground as they visited several historic buildings in Spain, North Africa, Turkey, and Iran, and will show how information and know-how that the members of the design team passed to one another during the design process rendered what was being taken for granted regarding Islamic architecture: design solutions that would reflect the "spirit of Islam." The designing of the Aga Khan University Hospital was not merely a challenge but rather a crisis that rendered pre-existing and taken for granted concerns, discussions, and anxieties visible. Its design ultimately led to the formation of the Aga Khan Award for Architecture and thus the transformation of the AKDN.

### Ainsi la série est complète: A new materialist interpretation of hysteria in late 19th century France

**FLOOR DOMPELING,** Utrecht University, Netherlands

This paper problematizes the dynamic between psychiatrist and patient in the context of the hysteria "epidemic" that occurred in late 19th century France. It centers around a conversation that took place in 1887 between the French neurologist Jean-Martin Charcot and a female patient suffering from symptoms that at the time were recognized as "hysterical". After having observed and interviewed the patient, Charcot confirms that - indeed, her symptoms match the criteria of a "hysterical attack". "Ainsi la série est complète", he says. The list is complete.

Feminist scholars have criticized the discourse on hysteria for its association between women and insanity while medical historiography has documented the developments within the field of psychiatry in late nineteenth-century France. In this paper, I employ a new materialist methodology to consider the medical, scientific as well as cultural factors at play in the treatments of hysteria.

I argue that it was an interplay of a newly developed psychiatric focus on physiology, a positivist scientific framework stressing the need for classification and objectivity, gender stereotypes, and the invention of the camera that formed the conditions for hysteria treatments at the time of Charcot.

I conclude by stressing that this resulted in a very particular, historically embedded dynamic between psychiatrist and patient in which the latter primarily served as an object for science: to be observed, classified, and photographed.

## Melancholy as crisis: Medicine, piety and mental disorder in eighteenth-century Denmark – Norway

PANEL ORGANIZER
**CATHERINE BECK,** University of Copenhagen, Denmark

Since antiquity, Melancholia has been key in understanding mental conditions and well-being. However, the concept has shifted over time, from ancient distemper to mental disease. This panel uses melancholy as a prism to explore the ancient legacy, and radical rupture, in understandings of mental crises in the pivotal moment of the eighteenth century in Denmark-Norway.

Melancholy held a flexible position in early modern discourse and clinical practice, as an idea connected to inner feeling, and an explanation for both bodily and mental disturbances. In absolutist and pietistic Denmark-Norway, it became a vehicle for developing debates about introspection and self-examination, and gave a framework to a new "nomenclature" that widened the parameters of mentally impaired states, transforming rigid definitions of insanity entrenched in Danish law.

Presenting research from the interdisciplinary project Managing Melancholy, these three papers explore melancholia in both discourse and practice: from pietistic medicine, to, the pastoral management of mentally afflicted parishioners, and the difficult environment of the Danish-Norwegian navy. Across this range of contexts, we investigate experiences of mental disorder and melancholy as an ambiguous and flexible diagnosis, which acted as a conduit for paradigmatic shifts in the understanding of mental crisis, forming the roots of modern psychiatry.

### "Among strangers": Melancholy, crisis and criminal responsibility in the eighteenth-century Danish – Norwegian navy

**CATHERINE BECK,** University of Copenhagen, Denmark

In 1779, seaman Ole Johansen was tried in the Danish-Norwegian naval court for having stabbed two of his fellow sailors while in a melancholy fury. Johansen had reportedly been prone to periods of melancholy, especially when he was in "strange places" or "among strangers", which often happened in his life as a sailor. The court could not establish whether Johansen had been rasende (furious) and fully deprived of the use of his reason at the time of his crime, which would allow his acquittal according to the Danish legal code. However, they did accept that his actions were likely rooted in "a kind of melancholy".

In pietistic eighteenth-century Denmark-Norway, melancholy increasingly became a byword for mental crises that did not satisfy the legal code's externally focused definition of madness. Exposed to the perils and fatigues of sea-service, and the uniquely depressing action of the sea itself on the mind and body, eighteenth-century sailors seemed peculiarly vulnerable to "dejection of spirits". British naval surgeons favoured a physical aetiology of insanity, and mental disorder was widely accepted as an expected risk of sea-service. Melancholy and other disorders related to the sufferer's "inner feeling", such as nostalgia, were much more common in the Danish-Norwegian Navy. This paper investigates this difference, drawing on the medical and court records of the Danish-Norwegian navy, considering what the use of diagnoses like melancholy can reveal to us about the way understandings of mental disorder were shaped "from below" in shared environmental, but different national, contexts.

### Managing 18th century mental crises in the mad cell and the parish

**BENJAMIN BRANDT CHRISTIANSEN**, University of Copenhagen, Denmark

When an individual in 18th century Denmark suffered from a severe mental crisis, the responsibility to handle them not only fell on their immediate relatives, but also on local clergymen. The Danish-Norwegian Church Ritual of 1685 contained clear obligations: Pastors were to identify mental disorder, as opposed to possession or mere evil, and bishops were to see to the secure confinement of the afflicted. However, both of these obligations often proved difficult in practice. This paper examines the concrete detainment and treatment of mentally afflicted people through previously unstudied sources in Danish church archives.

### The crisis of the soul: The wounded soul and melancholy by 18th century medico-theologian J.C.Dippel

**RASMUS H.C. DREYER**, University of Copenhagen, Denmark

This paper examines some central concepts of medico-theologian Johann Conrad Dippel (1673–1734). In Dippel's medical thought stemming from his Leyden period and his first stay in the Danish Realm in the 1710s, he rejected contemporary mechanistic explanations of the nature and structure of the human being. Instead, Dippel (similar to i.a. Georg Ernst Stahl) relied on classical ideas about the human body and its structure, but at the same time reformed this way of thinking under influence from (Lutheran) Pietism. According to Dippel, individuals were able to achieve self-control by disciplining the soul. For Dippel the soul was set on trial by God to obtain salvation. This form of Radical Pietism implied introspection and confidence in individuals' options to improve themselves and thus effect their own salvation – for a physician cannot take the medicine by proxy for his patient, as Dippel wrote in his so-called Systematic Theology. The patient must take the medicine him- or herself, and discipline one's soul to achieve uniformity and with Christ through a spiritual transformation. In this way, Dippel's concept ascribes to medical thinking on the wounded soul and healing through medicine affecting the soul and thus the body. These ideas resonated in various Pietistic revivalist circles in Denmark, yet the Danish church authorities believed these ideas were causing melancholy and mental despair. Dippel's view on the connection between body, soul and salvation as an inwards, medical process proved hard to combat and had an, albeit clandestine, strong afterlife.

## Community health and activism in times of crises

### Nursing an urban health crisis: The practice and politics of community health in the 1960s United States

**DOMINIQUE TOBBELL**, University of Virginia, USA

During the 1960s, Detroit, like many other cities across the United States, was in the midst of an "urban crisis." It was a crisis marked by profound racial inequities in access to health care services. In 1965, public health nurse, Nancy Milio, established a community-based maternal and child health center in a low-income Black neighborhood in Detroit. With federal and city funding, the Mom and Tots Neighborhood Center was staffed by community members and established to serve the needs of the community as identified by the community. It offered prenatal care, family planning, and health and sex education, and reduced structural barriers to care by providing free childcare and transportation, and low-cost services. Using the center's archival records, Milio's diaries, newspaper articles, and oral histories, this paper analyzes the different meanings the Mom and Tots Neighborhood Center held for the women who staffed the center, the clinicians who provided care, and the community members it served during the turbulent years of the late 1960s. An example of community health activism, the center's history highlights the entangled policies and politics of community health provision in the United States, whereby efforts to increase health services to low-income Black women confronted the race, gender, and class biases of clinicians, administrators, and politicians. These health politics contributed to the liminal status of the center, reflecting the contested status of community health centers themselves and the low value placed on the health and social wellbeing of the patients they served.

### Women's health activism and community clinic organizing in '70s and '80s Winnipeg

**ESYLLT JONES**, University of Manitoba, Canada

In the 1970s and '80s, a crisis in trust in medical approaches to women's health and reproductive care underpinned local feminist health activism in Winnipeg, Canada. Viewing their work as part of a broader women's health movement, the founders of the Women's Health Clinic (1981) were not primarily health care professionals, but lay volunteers who saw community organizing as a venue through which women's health-care access and quality could be improved, and their reproductive freedoms supported. The WHC began in 1973 as the Pregnancy Information Service, operating out of Klinic community health centre, which provided primary care to inner-city youth. These two organizations, alongside several other community clincs that opened in the city in this era, shared a health politics focused on reforming the health "system" through community activism, self-empowerment, lay control, and direct provision of health care to marginalized groups.

The centrality of the community health centre/clinic to radical health care politics in the period was not sui generis. The health centre model had been a transnational ideal for health care reformers since the 1920s. This project aims to shift historical interpretation of post-World War II women's health activism by placing it in dialogue with this past, as a project that transcended the local, and as part of an intersectional community health centre movement. By critiquing health care's "anatomy of power" and by creating new institutions, community health activism sought to build greater trust in medical care provision, from the bottom up.

### Notions of crisis in historical narratives about Belgian patient organisations (1970–2000)

**TIM DEBROYER, JORIS VANDENDRIESSCHE,** KU Leuven, Belgium

When asked to recount the history of their patient organisation, members recall a variety of historical circumstances which spurred the emergence of their organisations ranging from personal trauma, shortages in the official healthcare system to societal ignorance about a specific illness. What these narratives have in common is that patients represent the foundation of an organisation as a (logical) response or reaction to existing problems surrounding disease. This paper will discuss the presence and function of notions of "crisis" in historical narratives about patient organisations in Belgium from 1970 to 2000. We will question, more specifically, the function of views on "crisis" in shaping organisations' and members' activist role in the Belgian healthcare landscape, and their (changing) relation to physicians, government and society at large. The paper draws on the results of prospective historical research into patient organisations in 20th-century Belgium, which aims to offer a first general overview and map available archival and published sources. It will analyse the results of a survey sent out to present-day patient organisations as well as a series of oral history interviews with (former) members. As patient organisations remain a blind spot in (Belgian) medical historiography, an analysis of members' own historical reflections offers an entry point into understanding these organisations' social role and position in the medical field.

## Environmental crises and ecological anxiety in the 20th and 21st centuries

### From crisis to crisis: About covid-related healthcare waste

**IRIS BOROWY**, Shanghai University, China

The Covid-19 pandemic has killed at least 6.8 million people so far, a number that would clearly have been higher without the benefits of modern medicine. Vaccines, mass testing and treatment have saved lives. But they have also produced an environmental – and potentially iatrogenic – crisis of their own.

The masks, gloves, PPEs, rapid antigen tests, PCR test equipment, vaccine vials, needles and plastic packaging have left copious amounts healthcare waste. The complete quantity is unclear. In early 2022, the WHO warned that over 8 billion doses of vaccine, administered globally then, had produced 144,000 tons of waste as syringes, needles, and safety boxes. Other studies suggest a ten-fold increase of hazardous healthcare waste in Asia, while microplastics and microfibres in the environment create new hazards for human health.

Globally, 30 to 60% of healthcare facilities lack the equipment for safe waste disposal, and even standard incineration produces problematic emissions and hazardous ashes. The problem is not limited to waste. A recent study estimated that the life cycle of a single PCR test in China produced 612.9 g CO2 equivalent global warming potential, roughly half the emissions resulting from an average Chinese person's daily electricity usage.

This paper argues that a full appraisal of the health impact of a pandemic must include the long-term effects of pollution resulting from its policy reactions.

### Ecological anxiety and planetary mental health: Contemporary histories

**JAMES DUNK,** University of Sydney, Australia

According to a rapidly growing interdisciplinary literature, ecological anxiety is rising steeply – especially among the young, poor, and disaster-stricken. It is also a conceptual paradox. It has been well demonstrated that beneath and around eco-anxiety lies a wide range of affective and emotional responses to planetary ecological crises. Many of them strong and disorientating, and some associated with acute, debilitating conditions or disorders. These conditions are tied clearly to external, evidence-based reality (ecosystem collapse, biodiversity loss, and the breach of other planetary boundaries) and they seem to be experienced in similar ways across broad sections of the global population. And yet the words – eco-anxiety, climate anxiety, ecological anxiety – continue to point to an individual, "abnormal" or pathological condition demanding therapy and medical care. Instead, ecological anxiety represents a forthright grasp of disturbing external realities. It may be an engine of effective climate action. It may also be a trace element of double death – the work of extinction and unravelling of living systems – which Deborah Bird Rose called the mirror on the wall. Ecological anxiety and other strong ecological emotions are byproducts of living in the Anthropocene but they may also offer passage to better, more just and more life sustaining relations between species.

This paper will offer a conceptual history of ecological anxiety framed by the emergent transdisciplinary agenda of planetary health. I will argue that the vigorous, swift-moving history of ecological anxiety suggests the limits of medical care, and mandate for more-than-human care, in a planetary crisis. Moving beyond concerns about the inevitable mental health impacts of climate change, this collaborative work to name and describe a personal distress on a reeling planet that is shared across boundaries shows the need for a thoroughgoing ecological framework for planetary mental health.

### Questioning the healing power of nature: Environmental change in the 1960s as a crisis in the Finnish natural healing and lifestyle tradition

**SUVI RYTTY,** University of Eastern Finland, Finland

Trust in the healing power of nature has always been a central element of alternative medicine and never more so than in the tradition of natural healing and lifestyle. Natural healing was a complex of preventive and healing practices that gained popularity in the mid-nineteenth-century German-speaking cultural region. Its therapies were based on water, fresh air, sunlight, and a vegetarian diet, and it was intertwined with natural lifestyle that had roots in classical dietetics and emphasized the prevention of diseases through morally correct lifestyle choices.

Natural healing and lifestyle arrived in Finland in the late nineteenth century and led to the formation of the first alternative health movement in the country in the 1910s. The tradition has continued if somewhat altered with the times until the present day. Especially environmental change in the 1960s caused a veritable crisis within the Finnish natural healing and lifestyle movement. Large-scale industry, nuclear pollution, intensive farming and the use of artificial fertilizers and pesticides threatened to contaminate the soil, water, air, and crops converting them from sources of health to sources of illness. In this presentation, I examine how the supporters of natural healing and lifestyle addressed the problem and how it affected and redirected their ideology and practices. As a source material I use Finnish natural healing and lifestyle periodicals *Towards Health* and *The Message of Health* published in the 1960s.

### Holistic medicine in the age of environmental crisis

**YAEL FRIEDMAN,** University of Oslo, Norway

Historically, the concept of holistic medicine has various interpretations. As a result, holism is not clearly defined in the literature. However, several attempts have been made to delineate different kinds of holistic medicine. Two significant examples of delineation are the work of historian Charles Rosenberg and the sociologist Joseph Davis. Rosenberg distinguishes between four kinds of holism: historical, organismic, ecological and world view holism. Davis distinguishes for only two: the holism of the patient and the holism of the environment. This paper will examine these taxonomies of holism vis-à-vis current developments in understanding the concept of environment. The current environmental crisis and new microbiological and ecological theories shape new ways of understanding the concept of environment, and as such, also address the question of who is the biological patient in today's medicine. Against this backdrop and with new medical initiatives like One Health Medicine in mind, I will suggest that a new taxonomy of holistic medicine is required.

## Responding to non-communicable diseases in 20th and 21st centuries

### Cancer as public affair. The Dutch public debate about cancer in the 20th century

**NELE BEYENS,** Open University, Netherlands

While the number of deaths in The Netherlands caused by (respiratory) infections declined steadily during the twentieth century, the number of deaths caused by diseases of affluence increased. As in the rest of the Western world, heart and vascular disease became the main cause of death, but it was mainly cancer that became "public enemy number one".

Already during the Interbellum many Dutch medical professionals felt the need to join forces to raise public awareness about all kinds of cancer. World War II put a hold on these efforts, but after the war, The Netherlands saw a whole new network emerge of both private and governmental committees and organizations to start the "combat against cancer". In 1950, the first national campaign against cancer was launched, introducing cancer as both an individual and a public crisis, and as both a medical and a societal problem.

Drawing on various kinds of sources (archival, printed press, parliamentarian debates, radio and television), I will examine the rise of this organizational network (and its international connections), and the public debate about cancer in the Netherlands in the second half of the 20th century. Topics that will be addressed are the framing and social meaning of cancer in the public debate, the various "voices" (medical staff, governmental officials, patient organizations, individual patients, ect) that get to partake, and the development of the debate as organizational structures and the means of communication change over time, and as treatments for cancer evolve.

### Notebooks, paper trails, and patient-physician relationships in diabetes management in the mid-20th century

**ELIZABETH NESWALD,** Brock University, Canada

Self-monitoring and personal health data collection have become commonplace in the 21st century through fitness trackers, period apps, and other monitoring devises. Digital data collection has greatly facilitated the emergence of the "quantified self" and "self-monitored self", but self-monitoring as a routine practice developed much earlier with diabetes management in the twentieth century. This paper analyses the development of diabetic self-monitoring in the middle decades of the twentieth century. While diabetes specialists such as Elliot Joslin already recommended patient record keeping in the early part of the century, insulin therapy greatly increased the amount and detail of information collection and the "daily work of diabetes" (Feudtner). Diabetes management regimens expanded to include monitoring urine and, later, blood sugar levels, insulin dosage, and food consumption, as well as keeping track of factors that could influence physical reactions, such as exercise, stress, and illness. Notebooks and numbers replaced descriptive reports. At the same time, record-keeping allowed the patient to become the expert in their own disease management.

This paper explores these changes through the relationship between diabetes specialist Michael Somogyi and his patient, Father Peter Rahill in the 1940s, traced through four years of diabetic record keeping and treatment discussions. Despite the seeming objectivity of the quantitative records, the correspondence shows that the paper trails could lead to contention and crises in the physician-patient relationship, with each relying on different, and occasionally incompatible forms of knowledge and experience for their management decisions.

### Catching fat: The obesity crisis, contagion, and the microbiome

**ELSA RICHARDSON,** University of Strathclyde, United Kingdom

In 2016 several British newspapers reported with horror on a study that seemed to that suggest that obesity was contagious. Biologists at the Wellcome Trust Sanger Institute discovered that spores produced by bacteria in the gut could survive outside of body and might be passed to those around us. While the researchers responsible emphasised the benefits of their discovery —how it would make genome sequencing easier and deepen our understanding of gastric illnesses— what made headlines was the terrifying prospect that, as one article put it, "spores of bacteria from the guts of fat people could spread to healthy individuals" (The Daily Mail, 4 May 2016). Over the last few decades those working in fields that include endocrinology, metabolomics and physiology have explored the role that microbial cells in the intestinal tract might play in governing appetite, setting metabolic pace, and regulating blood sugar levels. While scientists have tended to emphasize the neutrality of their investigations, the spectre of contamination often raised by the popular interpretation of their findings has cast obesity as literally an infectious disease. Charting the rise of the microbiome in mainstream health discourse, this paper will examine the ecosystem of the gut as a modern staging of the idea of corpulence as a contagion and consider its role in the imaginary of an ongoing "obesity crisis". In doing so it interrogates the grounding of the obesity crisis in a historical rendering of the fat body as one that exceeds, pollutes, and infects.

### Bodies and minds in crisis: Eating disorders in twentieth- and twenty-first-century Britain, from anorexia nervosa to orthorexia

**LOUISE MORGAN,** University of Warwick, United Kingdom

Orthorexia was initially named in 1996, referring to symptoms of patients who were obsessed with healthy eating and food purity. This is frequently referenced in opposition to the obsession with body size and weight found in cases of anorexia nervosa, first diagnosed in 1873. Current medical discourse on the illness presents it as a modern development in the wider history of eating disorders, with campaigners fighting for its inclusion in the Diagnostic and Statistical Manual of Mental Disorders.

This paper will explore the place of orthorexia in a wider history of eating disorders, particularly focusing on the ways eating disorders are presented as physical and mental crises, affecting not only the individual but also wider society. It will examine the ways in which women became embroiled in debates surrounding diet culture, the erasure of male voices from these debates, the dangers of obsessive food behaviours, and the problem of social media in encouraging these issues. Finally, it asks whether orthorexia can be understood as part of a wider history of dieting and disordered eating, furthered by contemporary obsessions with social media and influencers, as current medical literature would suggest? Or rather, is it part of a longer cultural obsession with our own health and diet?

## Patients and physicians in the crisis of medicine, France 19th–21st century

PANEL ORGANIZER
**HERVÉ GUILLEMAIN,** Le Mans university, France

This panel is offered by the editorial board of the French journal *Histoire, médecine et santé*. Hervé Guillemain is its co-director. Claire Barillé, Jean-Christophe Coffin and Léo Bernard are members of its board. Through three distinct situations centred on late modern and contemporary France, this panel proposes several points of view on the reactions that caregivers and patients developed in front of medical crisis. Through the analysis of patients' complaints against hospital staff, of a petition by specialists in children's medicine and of holistic practices in the inter-war period, we propose to question the representations and modalities of expression of the medical crisis as well as the deep issues it reveals.

### Patients' complaints and crisis in hospital medicine

**CLAIRE BARILLÉ,** Lille University and UMR 8560 EHESS, CNRS, MNHN, France

Patients' complaints about hospitals are not a new phenomena (S. Nonnis-Vigilante, 2010). Nevertheless,during the 1850–1950 key time, patients (or their relatives) used relatively new arguments to express their disappointment and their anger towards hospital physicians, particularly because they feel they (or their relatives) have not been properly cared for. I want to examine those complaints in order to prove they reveal a crisis in hospital medicine, that is challenged at that time by a strong movement of specialization of medical fields (G. Weisz, 2005). I want to analyse those letters of complaints according to two levels. Firstly, I would question these complaints on a transnational scale, asking myself whether there is a crisis in hospital medicine on a European scale and whether these complaints are evidence of this - the comparison will consider Paris, London and Brussels hospitals -. Secondly, I would evaluate the level of medicalization among population those patients' complainte reveal, wondering if we can eventually speak of the emergence of a new patient, more aware of what he can expect of physicians and medicine, introducing a more equal relationship between doctors and patients.

### Medical holism, esoteric currents and the crisis of the modern world and medicine during the interwar period

**LÉO BERNARD,** IFRIS – Cermes3, France

"The crisis of modern medicine" was a diagnosis made by most of the European holist physicians during the interwar period. Modern medicine was considered too reductionist, and they called for a medicine that would understand the human body in a systemic way, as a whole with interconnected physical and psychic aspects. This topic has already been explored by historians (Weisz & Lawrence, 1998), particularly with regard to the German context (Klasen, 1984; Hau, 2000), but our paper will shed new light by focusing on the French context and the relations with esoteric currents.

After the First World War, this sense of crisis in modern medicine went hand in hand with a deeply shared sense of crisis in the modern Western world. Paul Valéry (1871–1945) and Oswald Spengler (1880–1936) had written famous texts on this theme, but esoteric authors have also written on this issue, which they also link to a problematic decline of "spirituality". These analyses were taken up by several holist physicians who intended to bring a remedy to modern medicine but also to the modern materialistic world by promoting a medicine that would not only cure the sick, but would aim to direct human lives and, with them, society as a whole. This concept of a redeeming medicine, which gives the doctor a crucial societal role, will be illustrated by the cases of the naturist doctor Paul Carton (1875–1947), the homeopath René Allendy (1889–1942) and the neo-Hippocratic physician Pierre Delore (1896–1960), all three largely inspired by esoteric currents.

### Is the crisis of French child psychiatry inevitable?

**JEAN-CHRISTOPHE COFFIN,** University Paris 8 – Centre Alexandre Koyré, France

In 2021, child psychiatrists, paediatricians, and other specialists published a text entitled «We can no longer remain silent!» They denounced the care practices of transgender minors and expressed concern about their growing numbers of this category. The worry and the disagreement of child and youth professionals that colored this text are not completely new. For several decades, child psychiatry in France has been in crisis, according to its own representatives. The term "crisis" is used by child psychiatrists as well as by families and users of the care health system. It can be assumed that not everyone defines crisis in the same way. We can suggest three levels: crisis of financial means, crisis of the patient/user/caregiver relationship and finally a crisis of psychiatric knowledge. My paper will mainly focus on this last aspect and should address the following points. The first is to come back to this group of people in order to provide a photography of these professionals which deals with the sex transformation and the several aspects of social transitions. I will raise the question of what it means to make expertise in a context of crisis and of absence of medical agreement. The second objective is to question the notion of crisis as it was used by the petitioners of the text mentioned above and to wonder if this word would be the most appropriate term to describe what has happened for several years in French society on the "trans issue".

# Tuberculosis in the first half of the twentieth century: Experience, prevention and management

## Tuberculosis and crisis in the human body: Illness through the eyes of the sufferer in Peyami Safa's Dokuzuncu Hariciye Koğuşu

**MELIKE KARALI, TUNCAY ZORLU,** Istanbul Technical University, Turkey

Presenting the experiences of illness, especially considering times of crisis, by using literary narratives has great significance in medical history. Literary genres such as memoirs, autobiographies, biographies, letters, and diaries enable us to perceive the social aspects of the illness and develop critical and empathetic thinking. In this context, the present study has been handled at the intersection of the history of medicine and literature in order to introduce the patient experience. The inspirational article by Roy Porter (1985) demonstrated that the history of medicine is not only the history of healers but also the history of sufferers. In this framework, the purpose of the study is to review the social and individual experience of illness and contribute to the medical historiography based on patient-oriented history. To achieve this aim, *Dokuzuncu Hariciye Koğuşu* (1930), considered an autobiographical novel, written by Peyami Safa (1899–1961) one of the well-known writers of Turkish literature, has been analysed based on the patient's perspective. The physical and psychological disorders of the protagonist (narrator) who suffered from bone and joint tuberculosis, have been addressed as individual suffering. Meantime, the depictions of pain and illness, the perception and meaning of the healthcare spaces, the patient-physician relationships, the social stigma caused by infectious disease, the medical treatment of the disease and its psychological influence on the patient, and the patient's medical knowledge have been revealed in the paper. The literary work has allowed us to examine crises in the individual suffering from the patient's viewpoint.

## The pre-tuberculous child 1908–1938: an unreliable medical diagnosis born of social crises

**DAVID CUNDALL,** University of Leeds, United Kingdom

The emergence of the concept of "pre-tuberculosis" and its impact on the care of children in the twentieth century has been analysed in Britain (Bryder, 1988), Norway (Ryymin, 2008) and North America (Connolly, 2008). This new and controversial diagnosis emerged at a time of major anxieties about national efficiency, race suicide and imperial decline. Children who were seen solely as victims of tuberculosis, started to be perceived as "seedlings" of latent disease – harbouring a threat to the future health of nations. Pre-tuberculous children were selected as a medically identifiable group to be saved by fresh air, sunlight and food. This convenient diagnosis fuelled international enthusiasm for open-air schools and preventoria.

Analysis of the records of The Hollies, a children's preventorium, shows its gradual transformation from a residential institution for children with, or at risk of, tuberculosis to something resembling a municipal children's home. Between the world wars, the pre-tuberculous child sat uncomfortably in the grip of medical, educational and social arms of the state. Paradoxically, a child from a "tubercular household" with a negative reaction to tuberculin was less likely to be admitted as pre-tuberculous but was more at risk of developing disease.

This paper charts changes to admission criteria, ages, case mix and lengths of stay and argues that decisions were influenced more by institutional and organisational priorities than by children's needs. These findings suggest that a well-intentioned but unstable medical label led to errors of inclusion and exclusion with often negative consequences for children themselves.

## A health crisis for whom? Dealing with tuberculosis in Interwar Greece

**YANNIS STOYANNIDIS,** University of West Attica, Greece

Epidemics and contagious diseases are often described as menaces or as moments of crisis for national health systems. But what is the case if there is no health system? How do medical facilities respond to large numbers of patients when there is a shortage in personnel? In the Oslo conference I intend to highlight how a general crisis in TB provoked the foundation of multiple sanatoria and anti-TB medical units around Greece.

During my presentation I intend to give a brief outline of the general situation concerning the expansion of TB in Greece and how it affected the society before 1918. Which facilities have been put into operation? Which parts of the society took initiatives? How was the health crises understood by the large strata of the Greek society? I intend to make some points regarding the working conditions of the time and how they inspired social utopias and radical demonstrations.

Last but not least, I would like to unveil how the upper class members of the Greek society dealt with this crisis. During this doctoral research, I comprehended that while a crisis signifies a collapse of certainties for the masses, it works as an opportunity for the wealthy citizens. In these 15 min., I will attempt to unfold different reasons which make crises to look severe in the eyes of people. All ideas and views are documented through archives, newspapers, literature.

# Antibiotics in crisis: How did the antibiotic pipeline run dry?

PANEL ORGANIZER
**CHRISTOPH GRADMANN,** University of Oslo, Norway

Antibiotics are a medical technology in crisis. Between 1940–1970 this class of drug was constantly innovated and became an embodiment for the vigorous growth that pharmaceutical industries expected. However, there have been very few novel antibiotics developed in the years since. Our panel will present papers that investigate what we are to think of as a pipeline, looking at its science, policies and gender structure. It will also investigate how antibiotic drug development dried up after 1970, and how this "empty pipeline" became an important facet of the crisis of antibiotics in modern medicine, agriculture, and public health.

Our session is populated in part by work done within a Research Council of Norway funded project of the history of antibiotic drug development: https://www.emptypipeline.org/start

This is the first of two sessions with 7 papers in total plus a discussant.

## Dry antibiotic distribution pipeline: Shortages and delays

**ERIN PATERSON,** Université de Strasbourg, France and Research Council of Norway, Norway

The "Dry Antibiotic Pipeline" is often considered a drying of innovation, however there is a secondary component to this idea. Currently, there are many antibiotics that are already approved for use and distribution, that do not have enough manufacturers producing and disseminating them. These shortages lead to improper care as practitioners either prescribe alternative medications that may not be as efficacious, or nothing at all. In both scenarios the health and well-being of the patient is at risk.

This paper analyzes the trajectory of antibiotic development and dissemination by marking which pharmaceutical companies have withdrawn from the production of antibiotics, comparing the antibiotic shortages from 1980 through today including the length of time to resolution (and if they were resolved at all), and finally by looking at how these shortages have affected the health of the communities experiencing them. Particular attention will be paid to the United States and European Union as shortages have often been conceived of as low-middle income problems, when the reality is that shortages are increasingly being felt in high income countries as well.

Data used in this presentation has been collected from the US FDA's Orange Book on companies with market approval (and discontinuations of service), as well as FDA and EMA data on shortages. Individual interviews with those who have been involved in antibiotic shortage tracking and monitoring will also be used to support the arguments made.

## Antibiotics in transition: Spanish women researchers 1980s–1990

**ISABEL M. GÓMEZ RODRÍGUEZ,** Spanish National Research Council, Spain and University of Salamanca, Spain

In academic literature, as well as in the collective imaginary, the way we've understood and thought of antibiotics throughout their history has been largely influenced by a narrative of crisis. From their very early years -preantibiotic era of prevalent deadly infections and the World War II as an agent in the rushed mass-production of penicillin- to the contemporarily relevant discussion on superbugs or antibiotic resistant bacteria as the "future pandemic". However, this main historical narrative of antibiotics, although usually assumed as universal, is not informed by sociocultural perspectives -such as gender- and does not constitute a geopolitically critical analysis. The objective of this presentation is to address the Spanish political, economic, and sociocultural agents and its relation to the scientific practice in order to offer a situated narrative of antibiotics and its resistances through the Spanish research carried by women microbiologists during the 1980s–1990s. The transition to democracy from the Franco regime brings changes in an institutional, regulatory, industrial level, but also in the everyday lives of the Spaniards. Women's life histories are shaped by the negotiation of the sociopolitical spaces, including the scientific, but these spaces are shaped back by gender hierarchies. This presentation invites to the situatedness and brings these stories into the history of antibiotics, infections and resistances.

## Crisis in shaping the future: The antibiotic pipeline in Bayer

**BELMA SKENDER[1], LAURA MARTINENGHI[2],** [1]University of Oslo, Norway and [2]University of Copenhagen, Denmark

Antibiotics have been long considered a powerful tool in medicine, carrying an air of scientific breakthroughs and social progress. However, with the increasing use of antibiotics in clinical treatments, a problem emerged: antibiotic resistance. The response to this issue has primarily focused on developing new antibiotics, but the rate of antibiotic drug development has been declining last few decades.

In this study, we investigate the time frame between the 1990s and early 2000s, a period marked by several significant discoveries in the field of biology that also had a significant impact on pharmaceutical research and development. We specifically delve into the history of the German company Bayer, which was a pioneer in the field of antibiotics and had long-standing expertise in researching and developing these medicines. However, in the early 2000s, Bayer's interest in antibiotics began to decline and eventually led to the discontinuation of its activities in this area. This significant turn in Bayer's focus is analyzed, especially concerning the parallel story of the growing need for new antibiotics. We will discuss how antibiotics, once a central focus for the company, gradually lost importance and were no longer a part of its interests or rhetoric. Our research utilizes material from Bayer's archives and interviews with those directly involved during this period to gain a deeper understanding of the transformation of the antibiotic field.

### Plectasin: The story of success and failure

**LAURA DANIELA MARTINENGHI**[1], **BELMA SKENDER**[2], [1]Copenhagen university, Denmark. [2]University of Oslo, Norway

This talk analyzes the emerging problem of a dry antibiotic pipeline through the story of antimicrobial peptides, explicitly following the narrative of Plectasin.

Plectasin was isolated by Novoenzymes from black cup fungi in northern Europe, almost serendipitously. This promising peptide has been shown to be effective against a large number of gram-positive bacteria, viruses, fungi, and protozoa. Plectasin has also demonstrated low cytotoxicity and stability in serum, being safe for human use. The excitement of a new promising candidate to combat clinical infections, including those caused by antimicrobial-resistant bacteria, was intense and contagious at the start of the millennium.

Novozymes, a world leader in industrial enzymes, microbial starters, and probiotics, does not develop pharmaceuticals. Therefore, the business model was always to find a suitable pharmaceutical partner to handle the clinical phase I, II, and III studies. In 2008, plectasin/NZ2114 was out-licensed to Sanofi, who worked on the project for a few years before a change in strategy canceled the deal.

- Why was the development of this peptide stalked?
- What was the contextual timeline of the discovery and development of peptides at the time of Plectasin?
- Can we identify a persistent historical trend that drastically hinders the development of new antibiotics?

This paper argues and analyses the historical and factual story of the success and failure of a recently discovered antibiotic. It will be presented as a map of the scientific results, personal networks, and engagement of public-private collaboration, which emerged due to the plectasin discovery.

## The crisis within the crisis: The practice of isolation between science and faiths

PANEL ORGANIZER
**ISABELLA GAGLIARDI**, University of Florence, Italy

Pandemics are a well-known challenge to human societies. At least since the 13th century, Eurasian communities faced plague and other diseases that crossed continental and cultural borders. This posed scientific, political, and religious challenges parallel to contemporary ones. Awareness of the past can help answer some of them: our panel aims to analyze the relationships between religious or spiritual authorities and people who dealt with the health sciences in Eurasian societies between the 14th and 18th centuries through three (relevant) case studies. The first concerns the management of the isolation of plague patients in 15th-century European society. Isabella Gagliardi will present the debate between doctors and theologians about the religious and ethical problems posed by the isolation of ill people. In the 15th century Latin texts about the practice of therapeutic isolation we can see the emergence of the significant religious problem of predestination. Lorenzo Pubblici will analyze the case of the Mongol siege of Caffa in the years 1345 and 1346 as the origin of the plague pandemic that struck Europe (and Asia) in the 14th century. Through the presentation and analysis of largely unpublished documentation, an attempt will be made to reconstruct the Genoese and Venetian reaction to a danger that, although well known to the people of the time, immediately appeared as lethal and irrepressible. Michele Petrone will analyze Ottoman plague policies in the 17th century from Marsili's (d. 1730) field notes, where the otherness of the Turks is also seen as a resource.

### Near or far? This is the [ethical] question

**ISABELLA GAGLIARDI**, University of Florence, Italy

The debate between doctors and theologians about the religious and ethical problems posed by the isolation of ill people will be presented through a case study. A Sienese jesuat friar and bishop of Foligno, Antonio Bettini (1396–1487), wrote an important treatise entitled Tractatus to counter the advices written by the physician Gentile da Foligno (XIII Cent.-1310) against the plague. Gentile was considered one of the greatest medical authorities of his time and he was well known in Siena, where his works were still read and appreciated in the following centuries. His Consilium against the plague had become very famous, which recommended isolating the sick people and taking refuge in isolated places. Through a number of unpublished manuscript sources, I reconstructed the cultural framework of which the Bettini's Tractatus is an integral part: the opposition between Aristotelian intellectuals and intellectuals closer to Augustine of Hippo. Thus we can get to know the school of medicine in Siena and Bettini's opponents, namely the Aristotelian master Pietro Rossi, but we can also understand that Bettini was questioning the ethics of behaviour during the plague owing to his very strong theological interest in predestination. His manuscript text of Tractatus, in fact, was much criticised by a Dominican friar and inquisitor, who asked him to make some corrections. This is an interesting and highly topical case study because it allows us to see the complexity of the cultural and ethical questions behind the practice of isolating the sick

### Resilient to rage in times of health crisis: Genoa and Venice facing the 1343 crisis in the Mongol Empire

**LORENZO PUBBLICI,** Università di Napoli l'Orientale, Italy

In 1343 a crisis struck the Western communities living in the Mongol territory of the Golden Horde. A brawl between a Venetian citizen and a local nobleman escalated into mass violence, and the Mongol authorities ordered the expulsion of all the Latins from the Empire. Genoa and Venice abandoned Tana but put up a common front to defend Caffa.

The Mongol armies besieged the Crimean city twice and failed both times, but during the second siege (1345–46), plague broke out among both the besieging and besieged. One source version tells of an early example of biowarfare, with the Mongols supposedly catapulting infected corpses over the walls of Caffa to force the defenders to surrender. More likely, the epidemic spread from the city's granaries, as plague outbreaks had already spread across Asia, possibly starting in the Chu Valley. It is known that the Genoese galleys returning from Caffa brought the plague bacteria to the port of Messina, from where it spread throughout Italy and then Europe.

The two cities, traditionally rivals, allied themselves and immediately worked to return to where it all began. The diplomatic activity of the two Italian republics to force the Mongol Khan to sit down and negotiate the return of the Westerners to Tana was intense from the beginning, that is, from the months when the plague raged on the continent.

In this communication, I will focus on the reaction of Genoa and Venice to the political and sanitary crisis, studying its ways and causes.

### The plague and the Turks. Marsili's visions on Ottoman prevention policies

**MICHELE PETRONE,** Università di Napoli l'Orientale, Italy

Luigi Ferdinando Marsili (d. 1730) was a scientist and a military official from Bologna. He travelled to Constantinople on 1679 and 1691 and, in 1683 he assisted to the siege of Vienna from the Ottoman side, as he was captures as coffee slave. He kept annotating all relevant elements of Ottoman culture, form religion to social habits. Late 17th century was still a period of plague in northern Mediterranean and Marsili carefully annotated his observations about how Ottomans dealt with plague, both from the point of view of prevention and from the one of the cures. Despite the religious otherness, Marsili showed an objective interest in how Muslim populations considered plague.

This paper will be based on Marsili's manuscript notes, contextualized using other contemporary sources, both Islamic and European on the plague of the period. The main aim of this research is to show how Marsili's scientific interest pushed him to go beyond religious difference, looking at Ottoman practices as a resource for his fellow Christian Europeans.

## The management of health crisis in Portugal in the 19th and 20th centuries

PANEL ORGANIZERS
**ISABEL AMARAL,** NOVA University of Lisbon, CIUHCT, Portugal and
**ALEXANDRA ESTEVES,** Lab2PT-ICS-UMinho, Portugal

The pandemic of COVID-19, which marks the current agenda of the "global village", demonstrates the relevance of the theme of risk and the need to deepen this reflection from several perspectives: the emergence and experiences of diseases by the various social actors; their consequences, from the economic, social, political and cultural point of view; and the transforming capacity of the solutions defined in the context of public health policies, anticipating processes, closing cycles and stimulating changes. Throughout history, the human strategy for managing public health crises and their challenges has been the global containment of the evolution of diseases, not based on the notion of scientific truth, but on the notion of uncertainty, insecurity and risk, as pointed out by authors such as Andrew Price-Smith or Mark Harrisson.

Based on this rationale, we propose to discuss in this panel the concept of crisis management reflecting on the Portuguese case, using the history of diseases and public health in Portugal as a case study. In this context, we will analyse some moments of sanitary and social control or periods of epidemic stress, in a political framework defined between the Monarchy, the Republic and the Dictatorship, framed in the agenda of international public health policies, such as epidemics, infectious diseases, mental health or tropical medicine.

### Tropical medicine and health crises in the Portuguese colonial agenda (20th century)

**ISABEL AMARAL,** NOVA University of Lisbon, CIUHCT, Portugal

Both tropical medicine in Africa in the 20th century and the recent approach to COVID-19 in the 21st-century demand not only a reflection on the tensions between the collective interest and individual rights, but also on the survival strategies of the species and human society and the agendas of globalization, sustainability and the Anthropocene, in which the concept of crisis emerges.

Tropical medicine, as a tool for health, social and territorial control, allows the reflection on the importance of health crisis management and its place in European imperialist agendas.

This paper aims at analysing malaria and sleeping sickness control projects in Africa, to discuss the successes and failures of the implementation of the European model of health control, in which moments of tension and crisis of different origins are evidenced. We chose two distinct diseases which, in different ways, compromised the success of the

Portuguese colonial agenda: sleeping sickness which, being a typically African disease, affected African labour; and malaria which decimated the European population.

We thus intend to discuss the tensions and crises resulting from the implementation of the model of European medicine for the sanitation of Africa in the 20th century, particularly in Angola, Mozambique, Cape Verde and S. Tomé and Príncipe, using the medical press as the main source of research (reports, medical journals, statistics, etc.).

### Risk, fear and health crises in northern Portugal in the 19th century

**ALEXANDRA ESTEVES,** Lab2PT-ICS-UMinho, Portugal

Throughout the 19th century, Portugal was affected by several epidemic outbreaks, which put the population in shock and highlighted the health weaknesses of the country. Cholera, yellow fever, typhus or the bubonic plague were some of these outbreaks, which affected different regions of Portugal in the 19th century, exposing the country's lack of health, which we will try to highlight. The main goal of our work is to characterize these occurrences in the North of Portugal, highlighting the fear they provoked in the populations and the measures taken not only by political authorities and those with health responsibilities, highlighting reforms, legislation and institutions created, but also the actions that were carried out by different entities not only in the fight, but, in some cases, in the prevention of these diseases. In the Portuguese case, particular emphasis was placed on the Misericórdias, assistance institutions, with an important role in the field of health care, being the main managers of hospitals in Portugal until the 20th century. However, in addition to receiving epidemic patients in their hospitals, they helped create temporary hospitals and helped the poorest families affected by epidemic outbreaks. In addition to these, other institutions and individuals mobilized and exposed the fear, the risks and the measures that were taken or believed that they should have been taken. With regard to this last point, doctors stood out, whose articles in medical journals were consulted, as well as the periodical press, sources of organizations with health responsibilities and local charity funds.

### Tackling Rabies – Contribution to study of the fight against rabies in Porto, Portugal

**MONIQUE PALMA,** NOVA University of Lisbon, CIUHCT, Portugal

Portugal has officially eradicated rabies since in the middle of the 20th century, no cases of human rabies have been autochthonous since 1952, a disease that influenced the decision-making within public health policy frameworks. Many actions and players are fundamental for the success of the management of rabies crisis. Public authorities needed medical knowledge to understand and create alternatives to control the scourge that was stunning society.

There is little research on the fight against rabies in Porto, Portugal. In order to improve this lack, this paper aims to analyze the case of physicians in Porto and its Faculty of Medicine of the University of Porto (FMUP) to answer some questions, for instance: What did Porto's physicians understand about the rabies virus and transmission in the 20th century? What did they would recommend as prophylactic measures? Have they improved or stimulated changes in the national framework for the containment of the disease evolution? Our main sources are the final thesis of the newly graduated physicians from the Faculty of Medicine of the University of Porto (FMUP).

The understanding of those physicians will provide data that helps fill the gap that exists in the history of rabies control in Portugal. The research on this topic is relevant to bring about a critical reflection on the controlling of infectious and contagious diseases, such as rabies in crisis periods, to problematize the challenges that threaten the human species on a global scale.

### Nurses and crisis management in Portuguese psychiatric hospitals (1848–1942)

**ANSALISA CANDEIAS[1], LUIS GONÇALVES[2], VÂNIA GARRIDO[3], CRISTINA MARTINS[1],**
[1]University of Minho, Portugal, [2]Hospital de Braga, Portugal, [3]Family Health Unit Eça de Queirós, Portugal

During the 19th century, Portugal witnessed an affirmation of psychiatric science, not only due to the scientific studies carried out by the alienists of the time, but also because it was possible to limit assistance in the scope of psychiatry to concrete and well-defined spaces. Nurses, as assistance's practitioners in these spaces, were those who were in immediate contact with crisis situations, taking into account the specific characteristics related to the manifestation of mental illness. Although surveillance was the most promoted action in these contexts, in order to avoid acute crisis situations, the truth is that nurses often had to resort to certain therapeutic instruments to prevent even more harm of the patients. This study intends to describe and analyze the interventions of nurses in crisis situations within the scope of care provided in portuguese psychiatric hospitals, taking into account the time frame that is limited by the opening of the Hospital de Rilhafoles, in 1848, and the inauguration of the Hospital Júlio de Matos, in 1942, using as sources manuals and regulations that were developed in psychiatric institutions, as well as clinical cases present in those contexts. If, on the one hand, nurses were seen as important for the effective care of the patients at the time under study, on the other hand, they were also prevention agents, with their interventions being considered essential for the anticipation of problems.

# Environmental harm and its biosocial aftermaths

## Tracing the metabolites of history: Studying the toxic aftermath of the1950s Pare-Taveta malaria eradication experiment

**WENZEL GEISSLER[1], RUTH PRINCE[1], JONES KAPELEKA[2], PETER MANGESHO[3], CAROLINE MEIER ZU BIESEN[4], VERA NGOWI[5], LULU TESSUA[6], ANITHA TINGIRA[7],** [1]University of Oslo, Norway, [2]Tropical Pesticides Research Institute, Tanzania, United Republic of Tanzania, [3]National Institute for Medical Research, United Republic of Tanzania, [4]University of Leipzig, Germany, [5]Muhimbili University of Health and Allied sciences, Tanzania, United Republic of Tanzania, [6]University of Nairobi, Kenya. [7]University of Dar es Salaam, Tanzania, United Republic of Tanzania

Pare valley research collective:

Between the 1950s and 60s, the Kenyan-Tanganyikan "Pare-Taveta Scheme" temporarily eradicated malaria in one valley by regularly spraying 10,000's of houses with potent organochloride insecticides (DDT, dieldrin). Implemented by medical entomologists of the East African Malaria Research Institute and chemists of the Colonial Pesticide Research Unit, the experiment became a model for global malaria eradication. In February 2023, we worked in Pare, alongside toxicologists from the Tanzanian Tropical Pesticide Research Institute that had grown from the colonial unit that had conducted the original spraying campaign, to study its material traces and afterlives.

Systematically sampling housing-materials to detect residuals of toxic chemicals deposited 70 years ago, our joint fieldwork led us on to find various other material and narrative, social and political-economic, institutional and affective remains of the colonial and post-colonial scientific past in the landscape. Our movements opened often surprising insights into past medical research and its lasting imprint and legacies, and political-economic and scientific continuities and ruptures that had shaped the present – and our own place in it.

It also brought into view today's acute health problems and scientific uncertainties, and the working conditions of toxicologists in a country that is flooded with agricultural biocides in amounts that dwarf colonial experimentation, and, unlike the latter are deregulated and undocumented. Searching for the echoes of molecules deployed long ago to solve Africa's health and nutritional problems that since have become synonymous with colonial modernism's "slow violence", we found ourselves in raging epistemic and political-economic struggles about the unmeasured lethality of new pesticides and hopes for improved lives invested in them. We therefore expanded our charting of toxic particles to recent pesticides along with legacy ones, acknowledging the chemical synchronicity of asynchronous histories, and putting a century's accrued toxicity into perspective, with the moment when insecticides were introduced three generations ago as vanishing point.

## Asthma and environmental health in the Pittsburgh region: Translational research and its public mission

**ROBIN ROHRER[1], SALLY WENZEL[2],** [1]Seton Hill University, Greensburg, USA, [2]University of Pittsburgh, Pittsburgh, USA

Among the many health crises of today, those resulting from environmental toxicities in modern populations are significant and long standing. Air and water pollution, industrial waste and urban development, have all been increasing problems in western societies. In particular today's environment significantly impacts lung health in children and adults. This impact is strongest in some areas of the United States. Currently, the air quality in the city of Pittsburgh, Pennsylvania, and its suburbs, is one of the worst in the nation. This paper examines the recent history of environmental lung health, particularly asthma, in the Pittsburgh area. It focuses upon the roles of two academic institutions, both committed to community health as well as research, that directly benefit its diverse population. The University of Pittsburgh's Department of Environmental and Occupational Health (EOH) is one institution that since 1949 has been engaged with regional environmental health issues.

In the early 2000s a second institution, with a primary emphasis on asthma and translational research, began with the recruitment of new leadership and the establishment of the University of Pittsburgh Asthma and Environmental Lung Health Institute. Its mission includes a commitment to determine racial disparities in lung health based on cutting edge research, and efforts to build solutions in the community.

This paper examines published and archival material from both institutions and the community organizations with which they have historical ties. Oral interviews also demonstrate the involvement of faculty, students and community leaders in possible preventions and responses in lung health.

## The neglected crisis: Bilharzia (schistosomiasis) in the Bas-Mangoky region, Madagascar, 1960 to the present

**ANDREA GRAF,** University of Basel, Switzerland

Whose attention does it take for a crisis to become one?

There are crises that hardly play a role in international discourse and often take place in remote locations that are far removed from public and political attention, both geographically and epistemically. One of these crises is the neglect of the parasitic worm disease bilharzia (schistosomiasis), about which many people know little or nothing, despite the fact that it now affects nearly 240 million people worldwide.

In this paper, I propose that the history of bilharzia in the remote Bas-Mangoky region in Madagascar serves as a telling example of how a disease came to be «constructed» as a «neglected tropical disease» (NTD) through (re)definition by various external actors:

development aid programs, international research and control interventions, international organisations, pharmaceutical companies and policy makers. Through their projects (such as a vast, European-funded irrigation system) and interventions (such as research and control schemes), these actors have not only drastically increased the prevalence of a disease that was previously not very widespread, but also introduced bilharzia as a tangible, serious entity to the people in the region. However, the operational incompetence of those responsible for the irrigation project, the political instability in the country and the government's short-sightedness in health policy have led to bilharzia being neglected or even ignored there to this day. With this paper I hope to make this neglected crisis visible and ask: who has been neglecting whom since when and why?

## Reproductive justice in historical perspective: Analysing crises of conception, birth control, and infertility in Britain and Canada, 1950s–1980s

PANEL ORGANIZER
**KARISSA PATTON,** University of Edinburgh, United Kingdom

The histories of reproductive health expose a multitude of individual, collective, political crises from 1955–1980s in Britain and Canada. Using a reproductive justice framework, this panel explores several perceived and real reproductive crises, underscoring intersections between reproduction, class, national identities, and political economies. Cook examines access to, and advice given during infertility sessions at Family Planning Associations in Britain between 1955 and 1974. Focusing on infertility counselling for men, her research demonstrates that the advice given at the FPAs framed reproductive matters as women's responsibility. Hay's work challenges narratives about the Sexual Revolution through her analysis of public concerns about what these emergent reproductive rights meant for "Scottish values" in the 1970s. She examines how this perceived moral "crisis" affected access to contraceptive and abortion services in Scotland. Patton investigates how reproductive rights and services were part of broader debates about healthcare in 1970s and 1980s Britain and Canada. Her work comparatively analyses how public deliberations around the utility and cost of reproductive health services shaped notions of reproductive citizenship in both countries. And, Rusterholz offers reflection on these papers as discussant. As feminist historians, we share these histories in response to the ongoing calls for reproductive justice across the globe. While contexts evolve over time, the historical analysis of reproductive healthcare in the second half of the 20th century expose the roots of reproductive racism and classism, poor accessibility to services in certain regions, and the moral and political attacks against reproductive choices persisting today.

### Reacting to reproductive rights: Public debates about reproductive health, economy, citizenship in 1970s and 1980s Canada and the UK

**KARISSA PATTON,** University of Edinburgh, United Kingdom

Legislative changes to reproductive rights in both the United Kingdom and Canada in the late 1960s sparked a number of reactions from activists, medical professionals, politicians, and the public. Economic concerns about the welfare state and moral objections to abortion and contraception full stop framed political debates about legalization and the welfare state; feminist calls for bodily autonomy squared off with some doctors' claims of medical authority; and the public deliberated on the role new reproductive health services played in their communities. This presentation will examine the media coverage of the changing reproductive legislation and health services in the UK and Canada from 1967–1980s. Specifically, this comparative analysis of the reactions to and debates about shifting reproductive politics in both countries underscores the important role newly legal reproductive health services played in the broader debates about healthcare economy during this time period.

An examination of how reactions to reproductive rights intersected with political attitudes – shifting neoliberal thought, in particular – demonstrates how reproductive, economic, and moral "crises" collided in the 1970s and 1980s and in both the UK and Canada. Using a reproductive justice framework, this presentation looks beyond landmark legislation to consider how these public debates about morality, economy, and health shaped concepts of reproductive citizenship. As we witness contemporary calls for the privatization of healthcare and slashing of social service budgets on either side of the Atlantic, this history shines a light on the lasting effect of these 1970s and 1980s arguments about morality, healthcare spending, and reproductive rights.

### Between "moral crisis" and "Sexual Revolution": Accessing contraception and abortion in 1970s Scotland

**KRISTIN HAY,** University of Glasgow, United Kingdom

Between 1967 and 1974, Britain experienced what Audrey Leathard describes as a "rationalisation of family planning provision…from confusion to order" (1980, p. 157). In the space of just seven years, the British state gradually took control of birth control clinics and services and increased access to contraception through progressive legislation. Concurrently, abortion was partially legalised, empowering doctors to perform terminations between the first and twenty-fourth week of pregnancy for both medical and socioeconomic reasons. Towards the end of the 1960s, commentators began to argue that a "relentless social and Sexual Revolution' occurred, which had an irreversible effect on twentieth-century British society.

However, in Scotland these purportedly permissive legislative developments did not lead to a cultural change in attitudes towards sex and family planning. The use of birth control by unmarried women in particular inspired a series of conservative moral panics throughout the 1970s, wherein access to contraception and abortion was deemed a "crisis" of Scottish values. As a result, access to contraception – and more so abortion – remained limited, and Scottish women continued to struggle to assert their reproductive autonomy.

Through oral history testimony and archival evidence, this paper will examine women's experiences of accessing contraception and abortion in 1970s Scotland. In doing so, it highlights a disconnect between the increasing availability of birth control and the lived realities of access for Scottish women. It will also demonstrate how women navigated these tensions and the impact enduring moral attitudes had on their sexual and reproductive lives.

### "It takes two, baby" – Accessing male infertility clinics in Britain during the late c. 1950 to 1974

**VANESSA COOK,** University of Glasgow, United Kingdom

Experiences of infertility have long lurked in the shadows of the success stories of newly available reproductive technologies, and the advocacy for reproductive choices to limit family size during the period of the late 1950s to 1974 in Britain. Yet, this marked an important transitional period for access to infertility clinics and treatments made available through the medicalisation of reproduction. By the mid-1950s, specialised infertility clinics were gradually becoming available through the Family Planning Association who worked as a liaison between general practitioners and infertility specialists. These new clinics also offered "male subfertility clinics". With medical advances in fertility treatments and increased awareness of seminal causes of infertility, men were encouraged by the FPA to attend clinics for advice and examination.

Through the analysis of Family Planning Association records and organisation correspondences, this paper explores married couples' options for infertility support and demonstrates that in many cases this was limited by the financial costs of infertility treatments and regional availability of clinics and specialist consultants. Furthermore, whilst the importance of male infertility was emphasised by medical practitioners, women continued to bear the burden of reproductive responsibility, not only as the primary patient for infertility investigations but also for convincing their husbands to attend specialised clinics once their own investigations had been exhausted. Personal testimonies from newspaper articles during the 1960s to early 1970s reflect on the lonely experiences of female patients as they navigated treatments without adequate emotional support networks.

## Doctors of Letters: Crisis, epistolarity, and the emotional management of the medical self

PANEL ORGANIZER
**ALEXIA MONCRIEFF,** University of Leeds, United Kingdom

Doctors are no strangers to moments of crisis. Their expertise and skills have been harnessed in the midst of pandemics, wars and other crises. However, for the people working in these environments, these moments can also precipitate further crises – crises of identity, of faith, and of professional knowledge and ethics. When presented with unfamiliar symptoms and wounds, how do they seek and share knowledge? When confronted by conflicting priorities amidst the exigencies of war, how do they reconcile their personal and professional ethics? How do they cope with their roles in these moments? To borrow Michael Roper's phrase, how do they ensure their "emotional survival"?

This panel uses letters written by doctors to examine how they communicated and made sense of their experiences in moments of crisis. Letters have long been key sources used by historians to understand past events. By bringing together scholars working on different periods, places, and crises, this panel will analyse the role of correspondence in facilitating doctors' wellbeing.

### Jack and the beans talk: Letter writing and the emotional survival of medical personnel in the First World War

**ALEXIA MONCRIEFF,** University of Leeds, United Kingdom

Studies of trauma and resilience in wartime military personnel, particularly in the First World War, have recently sought to show how individuals both suffered from and coped with their wartime experiences, including those who were also providers of medical care (van Bergen & Vermetten, 2020; Meyer, 2019; Acton & Potter, 2015). This paper considers the role of letter writing in that process through a close examination of the correspondence of Dr John Willoughby Butler (Jack) Bean. Jack Bean was an Australian doctor who, during nearly five years of service in the Australian Army Medical Corps, wrote over two hundred letters to his parents in Tasmania. Bean's extraordinary archive offers intimate insight into his experiences as a Medical Officer, his confrontation with wounding and rehabilitation, his struggles with his professional identity and ethics in the face of modern war, and the questioning of his religious faith. Given the accentuated role of correspondence in maintaining emotional ties over time and distance (Damousi, 1999; Roper 2009; Ziino 2020), an Australian study offers much to this field. This paper will analyse how Bean made sense of his experiences and ensured his emotional survival in the crisis that was the First World War.

### Communicating in crisis: Doctors and plague in seventeenth century Italy

**MARIE-LOUISE LEONARD,** Ca'Foscari University of Venice, Italy

Plague epidemics were an ever-present threat in the early modern period. By the seventeenth century, outbreaks were less frequent but could have more severe consequences, such as the epidemic of 1630-3 immortalised in Alessandro Mazoni's *The Betrothed*. During epidemics doctors had a significant role to play: they identified cases of the disease, participated in discussions about the nature of plague, contributed to shaping public health response, and treated patients. In doing so they put their health at risk, and were expected to do so for the sake of public health, by entering into environments replete with sensory dangers. Their professional knowledge was a source of help for the plague stricken, and was also expected to keep them safe while working in various capacities for the state. Using letters written by doctors involved in responding to plague outbreaks, this paper considers two related themes. First, it explores how doctors wrote about and reflected on their role during epidemics. Second, it will examine how doctors used their professional medical expertise to advise the state in times of crisis. In doing so it offers an analysis of how doctors viewed their profession and use of their professional expertise in times of crisis.

### "I shall regret it as long as i live": Emotional crisis and the limits of expression in romantic surgery

**MICHAEL BROWN,** Lancaster University, United Kingdom

It is now fashionable for surgeons to frame their reflections on professional life in emotional terms. Henry Marsh's memoir Do No Harm (2014) does this, as does Stephen Westaby's The Knife's Edge (2019). Even so, surgeons have a generally poor reputation for "emotional intelligence". They are frequently represented not only as dedicated, driven and heroic, but also as arrogant, aloof, and high-handed, more concerned with "fixing" bodies than managing feelings. Rather than challenging such stereotypes, many surgeons reinforce them. Indeed, regardless of the framing device of his memoir, Westaby has claimed "You've got to have the characteristics of a psychopath to make a good surgeon".

If such associations attach to contemporary surgery, they are even more pronounced in relation to the pre-anaesthetic era. Since the later nineteenth century, it has been a commonplace of historical and professional discourse that pre-anaesthetic surgeons were emotionally desensitised to suffering, pain, and death, and that, in the words of Frederick Treves (1853–1923), they were "rough almost to brutality". As this paper will demonstrate, however, this war far from the case; emotional expression and self-reflection were in fact central to the cultures of what I call "Romantic surgery". As I show, however, there were limits to this expression. Surgeons of the period had to balance emotional reflexivity against their public reputations for competence. As such, letter writing could perform an important function in the management of emotional crisis as well as both personal and professional identities.

## Healthcare personnel in war

### The Portuguese parachutist nurses in the colonial war: The origins of the project (20th century)

**LUÍS GONÇALVES[1,2], ANALISA CANDEIAS[3,4,5,6], VÂNIA GARRIDO[7], CRISTINA MARTINS[3,4,5],** [1]Hospital de Braga, Portugal, [2]Universidade Católica Portuguesa, Portugal, [3]University of Minho, Portugal, [4]Health Sciences Research Unit: Nursing, Portugal, [5]Center for Research in Nursing (CIEnf), Portugal, [6]Portuguese Society of Nursing History, Portugal, 7Family Health Unit Eça de Queirós, Portugal

In times of war and catastrophe, health is developed exponentially, taking as an example the latest expansions in this scope regarding the responses given to the latest pandemic issues. Military action is related to these situations, including to leverage social order and population control, which is often necessary in a context of great instability. This same action was opened to the participation of women only in more recent years, and although nowadays the female presence is considered an asset for the evolution of military thought, the truth is that this has not always happened. This work intends to describe and analyze the origins of the training project for parachutist nurses in Portugal, which had Isabel Bandeira de Mello as its main promoter, who was the first female parachutist in Portugal; if her situation was one of great innovation, her action was bold and transformative. Portuguese parachutist nurses were women incorporated into military life even when there was no female presence in the country's Armed Forces, and, for that, were considered pioneers. Their participation in the Colonial War in the 1960s was fundamental, not only because they managed to reach people in crisis situations that it would be difficult to reach by land, but also because they came to leverage a change in the military thought, and in general thought, regarding the role of those who provided first aid.

### Nursing in wartime: Perspectives from Southeast Europe (1878–1918)

**EVGUENIA DAVIDOVA,** Portland State University, USA

This paper examines the provision of nursing services by both professional nurses and volunteers since the 1870s. The Berlin Congress (1878) withdrew the map of the region and established a mosaic of independent and autonomous states. Inevitably, these changes created begrudging neighbors with claims on the shrinking Ottoman territories that challenged the new borders. Consequently, wars served as the main instrument for territorial redistribution and within a period of about half a century the Balkans saw eight wars in tandem with the spread of epidemics.

Grounded in archival materials, this paper seeks to offer comparative insights into the social history of nurses in wartime. It addresses the following set of questions: What was the social composition and what were the tensions between the two categories of nurses? How did non-governmental institutions, such as the Red Cross Societies and women's associations, participate in the process of militarization of public health? How were gender and nationalism entwined?

Through an analysis that intertwines gender, class, and nationality, I would suggest that wars contributed to both establishing professional nurse training and maintaining patriarchal regimes. Moreover, even though women became more visible as nurses and thus blurring the boundaries between home front and battleground, the class distinctions continued to exclude women from humble origin.

### Getting ready for military crisis in Eastern Europe: Between Scylla and Charybdis

**AISTIS ŽALNORA**, Vilnius University, Lithuania

In the 1940s, a lingering sense of eventual war in Europe forced the states to think about responding to hostile military actions. Vilnius city, as a border region with Soviet Russia, was perceived to become almost the first target in case of war. Fortifications were built on the eastern outskirts of the city. The medical students at the University of Stephen Bathory received military training. At the beginning of the 1940s, courses "Protection against gas attacks" and "Red Cross sanitary rescue courses" were held. Similarly, Kaunas the Vytautas Magnus university staff were also prepared for possible attacks.

Another border city – Szczecin - faced similar reality. Realizing the threat of an attack from Nazi Germany, in 1939, special instructions for protection against gas and airplane attacks were organized. Further historical events showed that some of the strategies worked, while others became useless because of the changed circumstances. The first military actions, contrary to expectations, began in the Western part of Poland. Instead of poisonous gas, new, much more dangerous weapons were created. However, the instructions given to the military doctors and civilians of that time remain as an interesting monument of the history of military medicine of that time.

## Community health and the Cold War: Reframing socialism, collectivity and solidarity

PANEL ORGANIZER
**SEBASTIAN FONSECA**, University of Exeter, United Kingdom

This panel re-imagines the politics of "Community Health" in medical humanities, development, and global health to problematise the historical appropriation and mobilization of the concept by state, non-state and international actors.

During the Cold War, community-based approaches emerging from the NGOisation of development, the deployment of the state apparatus, and the assistance programs by international health organisations and philanthrocapitalist endeavours yielded rationale and practices largely reliant on technocratic expertise, magic-bullet innovations, and foreign aid along the lines of U.S. and Eurocentric humanitarian narratives of healthcare. In contrast, we take the term "Community Health" at face value and explore the collective knowledge, agency, and challenges encountered in Latin American communities that have often been neglected as a result of the ideological struggles of past decades. Through the panel, we explore community health as the co-construction between international, regional and national programs in relation to local initiatives with their own agenda, making visible how the cases expose the connection between internationalised ideas (capitalist or socialist) and their local interpretation. In so doing, we unravel the nuances associated with common global health dichotomies on the topic, including top-down vs bottom-up, vertical vs horizontal programs, curative vs preventive approaches, amongst others.

The panel seeks to address how community health is understood, imagined and performed by communities at the local level that operated outside of (yet not removed from) the epistemological coordinates set by foreign and state actors, the latter largely invested in objectives underpinned by a western, liberal and market-driven emphasis.

### The contested politics of Pioneering Community Health program in Candelaria, Colombia (1957–1978)

**SEBASTIAN FONSECA**[1], **ERICA NELSON**[2], [1]University of Exeter, United Kingdom, University of Sussex, United Kingdom

This paper considers the history of one of Colombia's first community public health programs in Candelaria, Valle del Cauca. It linked the development of a new cadre of health professionals ("promotoras de salud" or Health Promoters) and hands-on training for University del Valle medical school students with the provision of hospital-based care in a rural setting.

First launched in 1957, the Candelaria Programme was envisioned as "new system of health" by its primary international funders, the Rockefeller Foundation, and a model that other developing countries were encouraged to follow. Favoured by the period of "détente" of military dictator Gustavo Rojas Pinilla, the program involved a diverse group of physicians, nurses, epidemiologists, nutritionists and sanitation engineers that aimed at making the most out of international donor opportunities. While the Candelaria centre ended in 1972, the "experience" informed further rural, peri-urban and urban community health programmes globally that borrowed from two decades of adaptation, transformation, and co-creation. The negotiation between top-down, bottom-up and intermediaries positioned between the "local" and "international" is considered typical of contemporary multilateral health programs, but the history of the Candelaria programme sharply diverges from the more commonly assumed dichotomies between "social medicine" and instrumentalist forms of internationally-funded interventionism.

Drawing from oral histories of Health Promoters and associated staff, the paper critically examines the trajectory of the community health program as it developed from key actors such as Dr Gabriel Velazquez Palau, Dr Santiago Rengifo, Dr Alfredo Aguirre, and the UniValle in Cali.

### Mothers' bodies. Reproduction, education, and control in Guayaquil's vulnerable urban communities between 1965–1985

**ANDREA ESPINOZA CARVAJAL,** University of Exeter, United Kingdom

This paper aims to reflect on the appearance of family planning programmes in the Ecuadorian coastal city of Guayaquil and the communities' responses to these new privately funded initiatives. The analysis will focus on the work of APROFE (Association for the welfare of the Ecuadorian family), one of the two USAID-funded NGOs working in Ecuador at the time. This organisation started to work in Guayaquil before the Ecuadorian state unified its policies about reproductive health and family planning. Initially, these interventions were targeted at poor urban vulnerable populations and were deeply influenced by the demography concerns of overpopulation and development approaches that linked poverty to high reproductive rates. In that sense, this research aims to discuss how these organisations viewed and defined the communities they served, how they depicted the role of women, and how communities interacted with an unknown service that contrasted with culturally valued ideas of family, fertility and motherhood. This paper pays particular attention to the materials used to approach these communities, such as pamphlets, and the bonds created between health professionals like nurses and service users.

### The challenging necessity of framing coca growers and harvesters as a community of care in post-conflict Colombia

**LINA PINTO[1,2], JAVIER LEUZANE[2],** [1]Universidad de los Andes, Colombia.
[2]University of Oxford, United Kingdom

The litany of negative effects caused by the War on Drugs seems endless. While several of the problems associated with drug use have been addressed as a public health issue, this is far from being the case for those who produce coca leaves. In Colombia, this group of people continues to be stigmatized, criminalized, and marginalized by the state, the multiple forms of bodily deterioration associated with this labor obscured in the framing of cocaine production as a "security" problem. In this paper, we advocate for and grapple with the need to recognize coca farmers not only as a social movement legitimately struggling for their rights, but as a community in need of care, whose experiences of illness are profoundly shaped by the socio-environmental dynamics of the War on Drugs and the armed conflict in Colombia. Yet, how should we define "community" in a context where violence, illegal armed groups, and militarized state presence are so prevalent? What does "community health' look like when the state fails to account for coca peasants' health problems and, at the same time, criminalizes them? We use the example of leishmaniasis—a vector-borne, parasitic skin disease—to explore embodied forms of violence and inequity among coca growers and harvesters, as well as the ways in which human and environmental health are deeply entangled. Exploring the contrast with policies towards drug users, we discuss the implications, in terms of public health and peacebuilding, of interpreting the experience of coca workers through the lens of "community."

### The Inter-American Cooperative Service and the Latin American origins of community development in the 1950's

**STEFAN POHL VALERO,** Universidad del Rosario, Colombia and Universitat Autonoma de Barcelona, Spain

In the context of World War II, the Institute of Inter-American Affairs organized a technical assistance program in health, agriculture, and education called Servicios. Each Servico was the product of a bilateral agreement between USA and a Latin American country. It was jointly financed by both parties and operated as a semiautonomous agency established within a specific ministry of the host government. The idea was that foreign and local experts worked together and that, through specific projects, they gained a deeper insight of local problems and customs. In this paper, I want to explore the health and agricultural Servicios deployed in Colombia during the decade of 1950. By analyzing local and international archives, and by considering projects of related to nutrition, food assistance, and rural extension, I want to elaborate 3 main arguments. 1. The Servicios did not arrive to Colombia in a context of institutional and epistemic vacuum for rural development. Previous experiences of local experts and grassroot workers, in the institutional context of an incipient developmental and welfare State, were central in shaping and operating the Servicios. 2. The Servicios can be seen as a hemispheric co-construction of "community development" based, not in High Modernism interventions, but on small-scale projects implemented on a demonstration basis and targeting social and cultural change (thus, these projects attracted a whole series of social scientists). 3. The local experiences of the Servicios represent an important and unexplored antecedent of community health and primary health care programs of the following decades.

## Crises of consciousness? Alcohol and drug use in contemporary Britain

PANEL ORGANIZER
**STEVEN TAYLOR**, University College Dublin, Ireland

Intoxication, addiction and "coming down" are used as prisms in this panel to examine the multitude of ways in which the use of drugs, both licit and illicit, can be framed as crises at personal, community, and national levels. By doing so, the papers explore the perceived challenges posed to public health and public order by alcohol and drug use among discreet subgroups in contemporary British history, as well as perceived threats to national and/or ethnic identity.

To do so three case studies will be deployed (i) drunk and disorderly behaviour among the Irish in mid-twentieth-century London; (ii) community responses to recreational drug use in the Irish in London, 1970–2000; (iii) and the personal and public health crises of benzodiazepine, and reportedly, heroin use among ecstasy ravers in late twentieth-century Scotland.

### "Why should the English public put up with you – a drunken Irishman?" Exploring responses to Irish migrants in mid-twentieth century London.

**STEVEN TAYLOR**, University College Dublin, Ireland

Press reports of alcohol-fuelled crime amongst predominantly Irish men seemed to be signalling developing public health and public order crises in mid-twentieth century London. In 1964, Judge Michael Lee, presiding over the case of James Grogan asked the defendant "why should the English public put up with you – a drunken Irishman?" Grogan was said to drink a bottle of whiskey a day and was charged with being drunk and disorderly in a public place. Nine months previously he had been deported on similar charges, a fate that he experienced again at the outcome of this trial. This paper examines how anxieties about Irish alcohol consumption fed into public health discourses at the time and whether these concerns can be traced into broader conversations about the Irish, alcohol, and health. The reception of these ideas in Ireland is also important with the *Cork Examiner* lamenting "a special prejudice against the Irish" in England a decade prior to the Grogan case. Using the records of the Ministry of Health, Medical Officers of Health, London magistrates' courts, and British and Irish newspapers, this paper examines the nature of the "drunken" Irish stereotype in mid-twentieth century London and how it penetrated public health discourse. Through the consideration of source material from both sides of the Irish Sea it is possible to glean a nuanced understanding of ideas about Irish migration, the policing of this community, and perceived crises in public health and public order that existed amongst this group in mid-twentieth century London.

### "Jelly time", or, a cultural history of the come-down

**PEDER CLARK**, University of Strathclyde, United Kingdom

What goes up, must come down. Consumers of the psychoactive substance Ecstasy (3,4-methylenedioxymethamphetamine or MDMA) discovered this to their cost in the 1990s. While the ecstatic high of the drug was seemingly a perfect accompaniment to a night dancing in nightclubs to house music, this euphoria was matched by a corresponding low when its effects began to wear off. Analogous to an alcoholic hangover, a culture industry developed to help consumers through this "come-down". "Chill-out" rooms in clubs, television in the early hours to soothe and amuse the exhausted viewer, and numerous compilation albums of ambient music were just a few of the balms available for those coming down. Of course, some consumers also sought out pharmaceutical palliatives for their condition. In Scotland, it became popular for clubbers to attenuate their Ecstasy come-downs with depressants such as temazepam ("jellies") and other benzodiazepines, as well as, reportedly, heroin.

This paper explores the burgeoning public health crisis that the addiction and overdoses associated with the widespread use of these drugs constituted. It does so using the archives of Crew 2000, a harm reduction charity based in Edinburgh who produced leaflets aimed at educating clubbers about the risks of come-down practices, or what they termed "jelly time". Expanding from this fine-grained social history is a broader consideration of the personal crisis that the come-down represented, as well as the wider cultural ripples of "chilling-out" that extended far beyond clubbing or drug cultures to everyday life in late twentieth-century Britain.

### “Drifters” and “drunks”: Community responses to alcohol and drug use in Irish youths in London, c. 1970–2000

**ALICE MAUGER**, University College Dublin, Ireland

In 1970, the chairman of the Society for the Aid of Irish Youth in London, R.J. Reid, estimated that “thirty per cent of London’s drug addicts and forty per cent of its alcoholics came from Ireland’. In the decade that followed, services specifically dedicated to the welfare of the Irish community became increasingly alarmed by alcohol and drug use in this cohort, especially among the large number of young Irish people “drifting” to the West End of London, often completely unprepared, from the cities and large towns of Ireland. This led to the setting up of the Action Group for Irish Youth (AGIY), based at the London Irish Centre in Camden in 1983, whose immediate aim was to make contact with and educate these young people, who reputedly included “punks”, “rockers” and “skinheads”.

Using annual reports, guidebooks, advice leaflets and other paraphernalia from the AGIY and similar welfare initiatives, this paper explores community level responses to alcohol, and increasingly, drug use among “emigrant Irish youths” in London from c. 1970 to 2000. In particular, the paper reflects on the ways in which welfare charities framed the problems faced as peculiarly “Irish”, due to contrasting “social traditions and value systems” and “media, institutional and personal stereotypes of young Irish people as drunk, stupid and violent”.

## Antibiotics in crisis II

PANEL ORGANIZER
**CHRISTOPH GRADMANN**, University of Oslo, Norway

Antibiotics are a medical technology in crisis. Between 1940–1970 this class of drug was constantly innovated and became an embodiment for the vigorous growth that pharmaceutical industries expected. However, there have been very few novel antibiotics developed in the years since. Our panel will present papers that investigate what we are to think of as a pipeline, looking at its science, policies and gender structure. It will also investigate how antibiotic drug development dried up after 1970, and how this “empty pipeline” became an important facet of the crisis of antibiotics in modern medicine, agriculture, and public health.

Our session is populated in part by work done within a Research Council of Norway funded project of the history of antibiotic drug development: https://www.emptypipeline.org/start

This is the second of two sessions with 7 papers in total plus a discussant .

### The emergence of the (empty) antimicrobial pipeline

**MIRZA ALAS PORTILLO**, University College Dublin, Ireland

The world relies on antimicrobial drugs to treat infections in humans, animals, and plants. However, the more antimicrobial drugs are used, the more microorganisms adapt to resist their effects. Over time, many antimicrobial treatments have become ineffective. Unfortunately, the pipeline for discovering and developing new classes of antimicrobials has dried up since the 1980s. This paper aims to analyse the emergence of the narrative of the “empty pipeline” and some of the critical explanations that have been put forward for why it has run dry. One explanatory narrative centres on the scientific challenges of discovery. A second, more prominent explanation for the empty pipeline looks to the market for answers. It claims that the problem with antibiotic innovation is that antibiotics do not pay – or not enough and therefore, public investment needs to stimulate private innovation.

But are the explanations of market and innovation failure to stimulate for-profit development correct? Did the antibiotic pipeline really stall because of needing more economic viability, and can identify scientific challenges really be overcome with market stimuli? Or are we too uncritical in accepting a potentially selective and historical diagnosis of a far more complex problem involving the market-based supply of a public good like antibiotics? While there is a clear indication that antibiotic research and development (R&D) began to stall from the 1980s onwards, a critical historical and social sciences-informed approach can help us appraise both the origins and robustness of the “dry pipeline” explanations.

### The antibiogram technique: Standardising categories of antimicrobial resistance in Spanish clinical microbiology in the early 1970s

**CRISTINA MORENO LOZANO**, University of Edinburgh, United Kingdom

Antibiotic drug development in the 1970s went hand in hand with the design, standardisation, and commercialisation of laboratory tools to diagnose the mechanisms of antimicrobial resistance. Often known as “antibiotic sensitivity testing” or “antibiogram”, tools such as antibiotic-impregnated discs or sticks were designed to be used in hospital laboratories to this end, not without steering debates among clinicians and microbiologists as to how to standardise these then new testing methods. Characterising the sensitivity or resistance profiles by testing specific microbial strains’ sensitivity to certain antibiotics served to provide clinical diagnostic information for practitioners to use with ill patients as well as to contribute to emerging lines of research and development of new antibiotic drugs. This paper will focus on the debates around the standardisation of antibiograms, which arose in Spain in the early 1970s. These sources provide an analogue, complimentary account of debates at the time elsewhere (e.g., Lie 2014; Gradmann 2013). And yet the Spanish professional debates around “la técnica del antibiograma”(the antibiogram technique) also testify to a series of emerging ideas about standardisation that go beyond laboratory practices or tools. As I will show, practitioners deliberated extensively about how to rationalise their own interpretation of laboratory results as well as the subsequent inscription of categories to these microorganisms (e.g., the "resistant", "intermediate", "sensitive"). I will argue that rationalising and inscribing these categories into diagnostic forms, patient records, listings, diagrams and tables for clinical or scientific use also played a crucial role in producing knowledge of antimicrobial resistance.

### Dependency and its reverse: History of Chinese antibiotic manufacturing

**MINGYUAN ZHANG,** University of Oslo, Norway

Since the early 2000s, countries in North America and West Europe have lost the manufacturing capacity of large-scale fermentation essential in industrial antibiotic production. Consequently, the world's antibiotic supply today is heavily dependent on APIs manufactured in China - a phenomenon that has raised serious concerns, particularly since the COVID-19 pandemic exposed the fragility of the global pharmaceutical supply chain. However, China's antibiotic manufacturing efforts started from the 1940s during WWII with American influence and help, developed in the 1950s with aids and technology transfer from the former Soviet Union, and then sought an "independent" path towards self-reliance in antibiotic manufacturing after the 1960s. Since China's economic reform in the late 1970s, Western pharmaceutical industry shifted their labor-intensive and environmentally costly operations to Asia, creating new sites of offshored manufacturing and antibiotic API production in China. This paper traces the historical transitions of China's role in the global pharmaceutical industry and sheds light on the historical continuities and contingencies that render Chinese-manufactured antibiotics pharmaceutical, political, and historical products simultaneously.

# 03

# Roundtables

## Sámi health (research): Histories + Futures

ROUNDTABLE ORGANIZER
**ANNIKKI HERRANEN-TABIBI,** Harvard University, USA

This roundtable attends to the complex histories of medical institutions and health research in Sápmi, the transborder homeland of the Indigenous Sámi people. It explores the ways in which those histories are intertwined with settler and welfare colonialism, scientific racism – including physical anthropology and race biology – and nationalism (Paine, 1977; Herranen-Tabibi, 2022; Sikku and Griffin, 2020; Keane, 1886; Mattson, 2014; Lehtola, 2012). It examines the significance of social and scholarly mobilizations for decolonization, resistance, and Indigenous resurgence for health and health research in Sápmi, including with respect to the development of guidelines for ethical and socially responsible research in Sápmi (Sámediggi, 2017; Heikkilä, 2016; University of Lapland, 2023). Crucially, it foregrounds the interconnectedness of health and the environment in Sápmi, historically and in the future. In so doing, it considers the growing global concern over the health effects of the climate crisis and growing environmental contamination; discussion surrounding the specific vulnerability, resilience, and adaptive capacity of Arctic Indigenous populations; and the significance of connection to land, water, and livelihoods for health and well-being in Sápmi (e.g. Willox et al, 2015; Middleton et al, 2020; Stoor et al, 2015; Heikkilä, 2014; Jaakkola et al, 2018).

The roundtable participants will bring into conversation historical and ethnographic scholarship, lived experience, and multiple forms of praxis with present-day, Indigenous-led initiatives in health research and healthcare delivery. Annikki Herranen-Tabibi and Britt Kramvig will chair the roundtable.

ROUNDTABLE PARTICIPANTS
**Heidi Eriksen,** Utsjoki Health Centre, Finland
**Ketil Lenert Hansen,** The Arctic University of Norway, Tromsø, Norway
**Nina Hermansen,** The Arctic University of Norway, Tromsø, Norway
**Britt Kramvig,** The Arctic University of Norway, Tromsø, Norway
**Christina Storm Mienna,** Umeå University, Sweden
**Annikki Herranen-Tabibi,** Harvard University, USA

## Clio in a crisis: Reflections on the roles and responsiblities of the historian in a pandemic

ROUNDTABLE ORGANIZER
**MICHAEL BRESALIER,** Swansea University, United Kingdom

Covid-19 generated remarkable demand for historical expertise to contextualise and analyse responses to the pandemic, to forecast its possible pathways and impacts, to explain why it preyed upon or exacerbated inequalities, to advise on post-pandemic plans, and more. While the scale of the demand was unprecedented, this was not the first time historians have been called upon to respond to a pandemic. Many drew upon experiences of engaging with or intervening in HIV/AIDS, SARS, Swine and avian influenza, Ebola, and other emerging diseases. Many more drew upon expertise of other epidemics in the longer term. The capacity to readily supply wide-ranging insights and analysis in 2020 was testament to the growth of medical, public health, and disease history as academic fields. Yet, at the same, the pandemic raised important questions about the nature and role of historical analysis, and the roles and responsibilities of historians in a global health crisis.

This roundtable brings together historians with a diverse range of backgrounds and experiences to share their relfections on these and other urgent questions: how have historians conceived of their roles and responsibilities in epidemics of the recent past? How have these been shaped by social, political, or ethical concerns? In what ways do the specificities of an epidemic or pandemic (i.e., HIV/AIDS, Covid-19) shape the nature and role of historical analysis and role of the historian? And what should be the purpose of history in a pandemic?

ROUNDTABLE PARTICIPANTS
**Michael Bresalier,** Swansea University, United Kingdom
**Warwick Anderson,** University of Sydney, Australia
**Virginia Berridge,** London School of Hygiene and Tropical Medicine, United Kingdom
**Jeremy Greene,** Johns Hopkins University, USA
**Guillaume Lachenal,** Sciences Po, France
**Laurence Monnais,** Université de Montréal, Canada
**Dora Vargha,** University of Exeter, United Kingdom
**Christoph Gradmann,** University of Oslo, Norway

## How to publish your book manuscript

ROUNDTABLE ORGANIZER
**DAVID CANTOR,** Centro de Investigaciones Sociales (CIS) / Instituto de Desarrollo Económico y Social (IDES), Argentina

This hybrid roundtable brings together editors from different book series in the history of medicine to discuss the publication process. It is intended as a conversation between the editors and the audience, an opportunity to ask questions, and maybe approach an editor. Audience members may be wondering what they should consider when choosing a publisher? What do publishers want in a proposal? How do they evaluate them? Why are some rejected? What does revise and resubmit mean? What costs to expect? And perhaps you, the audience, have other questions…. The session will begin with some introductory remarks by the editors, after which the floor will be open for questions.

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.

ROUNDTABLE PARTICIPANTS
**David Cantor,** Centro de Investigaciones Sociales (CIS) / Instituto de Desarrollo Económico y Social (IDES), Argentina
**Anne Hanley,** University of Birmingham, United Kingdom
**Jonathan Reinarz,** University of Birmingham, United Kingdom
**Frank Huisman,** University Medical Center Utrecht / Medical Humanities, Netherlands
**Meredith Carroll,** Manchester University Press, United Kingdom
**Peregrine Horden,** All Souls College, Oxford, United Kingdom
**Ahmed Ragab,** Johns Hopkins University, USA
**Michael Worboys,** University of Manchester, United Kingdom
**Carsten Timmermann,** University of Manchester, United Kingdom
**Elaine Leong,** University College London, United Kingdom

## Are Crises good for health and who is doing this?

ROUNDTABLE ORGANIZER
**IRIS BOROWY,** Shanghai University, China

Public health experts and historians have long discussed the counter-intuitive finding that population health tends to improve during times of crisis. However, health is better in high than in low income countries so that, in the long run, economic growth benefited societies experiencing it. Those findings Indicate the complex nature of health, influenced by many factors beyond time and space. But who creates those factors? Whose agency leads to the short- and long-term determinants of health?

Based on the project about Doing Europe, we will discuss which people and groups have "done" health by shaping the physical and social environments that, in turn, have influenced the health of their contemporaries and subsequent generations. We will assess the impact of, for instance, policy makers who decided about war and peace, the industrialists that produced life-saving drugs and toxic waste or the teachers who educated women. In a debate, we will explore how different agents are connected in interlocking networks of causes and effects and how this perspective affects the concept of "crisis".

In addition to a discussion between members of the panel, we will welcome comments and considerations from the audience.

ROUNDTABLE PARTICIPANTS
**Iris Borowy,** Shanghai University, China
**Frank Huisman,** Maastricht University, Netherlands
**Kalle Kappner,** Ludwig-Maximilian Universität Munich, Germany

## Applied medical history

ROUNDTABLE ORGANIZER
**LISA HAUSHOFER,** University of Zurich, Switzerland

This roundtable explores new directions in "Applied Medical History," highlighting recent historical and interdisciplinary perspectives that foreground active engagement in areas such as clinical healthcare, health policy, transgender health, social sciences research, and the social, racial, and economic determinants of health. Historians of medicine have previously articulated the relevance of history in medical education, intervened as expert witnesses in health-related litigation, and composed exposés of past wrongdoings that informed public apologies to harmed communities. Recent historical events, such as the Covid 19 pandemic, the murder of George Floyd, the dismantling of reproductive health rights, increasing attacks on transgender rights, and reports of growing health inequities among migrant and refugee populations as well as people of color and indigenous people, have provided a new urgency to not only expose historically entrenched structures of health-related disparities, discrimination, and systemic harm, but to work actively towards their dismantling. This roundtable will build on existing efforts to apply history to medical education, occupational health, public health, and health policy and explore new ways of thinking about medical history as an applied discipline. Panelists will describe their ongoing efforts to translate insights from their scholarship and activism into tangible interventions addressing pressing medical and societal challenges and stretching the boundaries of the histories of medicine, nursing, and public health. Lukas Engelmann will report on his experience collaborating with social sciences scholars and rethinking existing methodologies in history of medicine; Beatrix Hoffman will discuss how she seeks to engage health policy makers and activists through her historical research on undocumented immigrants and the right to health care; Kirsten Moore-Sheeley will describe new schemes for engaging medical practitioners actively involved in clinical practice in the study of history, extending the existing focus on medical schools; Kylie Smith will reflect on her efforts to merge history and policy and teach the history of race and healthcare in a school of nursing; and Jacob Moses will examine new directions in the history of transgender health and address his collaborations with health policy scholars in this area. Together, the panelists will argue for a broadly conceived "applied" medical history that actively intervenes in pressing contemporary health challenges.

ROUNDTABLE PARTICIPANTS
**Lisa Haushofer,** University of Zurich, Switzerland
**Lukas Engelmann,** Edinburgh University, United Kingdom
**Beatrix Hoffman,** Northern Illinois University, USA
**Kirsten Moore-Sheeley,** Cedars-Sinai, USA
**Jacob Moses,** University of Texas Medical Branch at Galveston, USA
**Kylie Smith,** Emory University, USA

# 04

# Artist in Residence performance & Poster and mixed media session

## Artist in Residence performance

**JOHN MANTON,** London School of Hygiene and Tropical Medicine, United Kingdom

In my work as an artist, I am interested in how we make sense of the records of our past, how we build, share, and contest histories, how we understand the hold that storytelling has on us, and how we shake it loose, even if only for a moment. To help shake the hold of narrative, and maybe look at its components with a fresh eye, I make art across a variety of media, including video and sound work, painting and drawing, sculpture, and photography. My works layer and braid audio and visual archival material, together with the marks made over years of drawing, the offcuts of an academic career as a historian and anthropologist, and photos from homes I've lived in and from fieldwork in the history of global health.

I've attended EAHMH as a historian many times, and I carried out historical and anthropological research on disease control and scientific research in Nigeria and Cameroon, and on health systems and development in Africa and Southeast Asia based at several universities in the UK. At EAHMH 2023, I invoke some of this work – on moments of crisis in personal, institutional, and national histories of health and wellbeing – in a series of exhibited pieces, a performance, and a workshop. The exhibition pieces can be encountered in central conference spaces, and will include video works: the displayed and linked works all draw on our relation with archives of medical and humanitarian responses to crises.

The performance and workshop bring out different aspects of "making with archives". In the performance, I will interact with prepared video, textual, and photographic material available in the exhibition, to consider relations between narrative and historical meaning-making. Participants in the workshop (which may be limited by space) are encouraged to bring copies – not originals! – of archival documents or photos with them, to develop new ways of looking at materials with which we are too familiar.

## Divin´ worry mams! Navigating mixed messages during pregnancy

**KATE ERRINGTON,** Birkbeck, University of London & the London School of Hygiene and Tropical Medicine, United Kingdom

Numerous recent reports have shown that UK maternity services are in crisis (Ockenden 2022; Kirkup 2022; MBRRACE-UK 2021; Royal College of Obstetricians and Gynaecology 2019). As well as highlighting the staggering racial disparities in the UK health outcomes, the MBRRACE-UK report emphasises the widening healthcare inequalities for pregnant women living in disadvantaged areas. These women are more likely to suffer complications, infant or maternal death.

"Divin' Worry Mams! Navigating mixed messages during pregnancy" is a Wellcome ISSF funded public engagement project that supports research into social inequalities during pregnancy. Using innovative methods that combine archival research with public engagement, this project uses historical material as a catalyst for conversation with a patient group. Discussing historical material provides a theoretical distance from the topic, creating a safe space for conversation with comparisons and reflections on contemporary experience. By focusing on topics such as the navigation of risk and maternal decision-making, in a comparatively deprived geographic area, this project gives us a greater insight into the health challenges faced by this demographic.

This Poster and Mixed Media Session reflects on the process of organising and facilitating this workshop, as well as discussing some of its key findings. Finally, this session will present the visual outcomes of the workshop which include a poster, video, and photographs.

## The history of HIV and tuberculosis co-epidemic in Tanzania, 1976–1997

**NIKLAS FEIX,** Heinrich-Heine-University, Germany

HIV and tuberculosis are two of the deadliest infectious diseases worldwide. The WHO's dream of creating successful National Tuberculosis Programs was shattered by the arrival of HIV in the 1980s, throwing Africa in an ongoing crisis of a violent co-epidemic of HIV and tuberculosis.

This dissertation project by Niklas Feix, medical student, under the supervision of Prof Dr Christoph Gradmann and PD Dr Nils Hansson at the University of Düsseldorf aims to write a historical account of the HIV and tuberculosis co-epidemic in Tanzania from 1976 to 1997. Furthermore it traces HIVs spread in synergy with tuberculosis searching its enabling cultural, social and economic factors.

Tanzania was known for establishing Africa's most successful National Tuberculosis Program with the help of the International Union Against Tuberculosis and Lung Disease (IUATLD). The reports and internal correspondences of the IUATLD offer an unique and so far unstudied insight in the arrival of HIV.

A qualitative content analysis of IUATLD papers according to Mayring et al. is conducted. Findings are compared to the WHO archives and further existing literature on HIV and tuberculosis.

In the first half of 2023 literature search and analysis will be completed. Conclusions can be presented on a poster (DIN A0) in Oslo. Finally one publication is planned for 2024.

## Preventive health practices and the quarantine system in the Indian ocean

**ALESSANDRA CIANCIOSI[1], CLARA JO[2],** [1]University of Amsterdam, Netherlands, [2]Art Explora, France

In this visual performance we present an excerpt of a film realized during archaeological fieldwork conducted in July 2022 at Flat Island, a small islet north of Mauritius that was designed and used as a permanent quarantine station against cholera.

Mauritius had a dense colonial history between the seventeenth and the nineteenth centuries, initially occupied by the Dutch, then the French, and finally the British Empire. This archaeological project focuses on the implementation and spread of preventive surveillance and disinfection practices to tackle epidemic disease outbreaks during the nineteenth century in the Indian Ocean. Through the lens of historical archaeology, we analyzed the material culture and the spatial and functional topography of quarantine stations, viewing them as the materialization of how medicine reinforced and challenged social hierarchies of different kinds.

The combination of archival and archaeological sources highlights the segregation of some social groups, especially enslaved people and indentured workers, and the imbalance of sanitary measures applied to them. Comparison with documents and materials from earlier and coeval sites triggers a reflection on how the practice and meaning of quarantine were dramatically transfigured from their original purpose during the nineteenth century in the Indian Ocean.

The film addresses the trans-generational effects of disappearance, bondage, and historical erasures within the practice of quarantine. Through an artistic lens, we offer an alternative reading of the terrain by locating deep erasures and geological scars that become more pronounced during moments of epidemiological crisis.

## "Archive Fever": Practical archival skills sessions with The National Archives, UK

**CHRIS DAY, EUAN ROGER,** The National Archives UK, United Kingdom

For all historians the ability to locate, read, and understand archival sources is fundamental to their research whatever their discipline and career stage. The National Archives of the United Kingdom (TNA) holds one of the world's largest and most important collections of health and medical records from the 11th to the 21st century.

However, finding, using, and interpreting the rich diversity of material is not always straightforward. These four sessions will offer an introduction to TNA, show scholars how to begin their research into its collections, and access research support. Using facsimiles of original documents, they will also provide strategies for getting more out of archives generally.

Sessions will be divided by time-period, giving practical advice on using medieval (c.1086-c.1547), early modern (c.1547-1782), modern (c.1782-1948), and contemporary (post-1948) collections. Using records of pre-modern quarantine measures, papers relating to domestic, imperial, and foreign epidemics, as well as the post-war National Health Service, attendees will be equipped with skills to think laterally across collections at TNA and in other archives. Each session will explore the international and colonial context for TNA's extensive collections and the challenges this context presents.

These sessions seek to foster conversations between record specialists and researchers, enabling collaborative skills and knowledge exchange.

### Material heritage and the historicization of the present

**JON RØYNE KYLLINGSTAD, ANNE VAALUND, HÅKON AAMOT CASPERSEN,** University of Oslo, Norway

The exhibition "Inside the box? Over 100 years of measuring intelligence" shows a selection of psychometric tests. Such tests have been used as a diagnostic tool in the healthcare system, in forensic psychiatric assessments, in medical and psychological research as well as in the military, and the education system. Their long history connects them to debates over the role of heredity and environment, the politics of segregation and integration, and policies related to sorting and accommodation.

The exhibition is based on the research project "Historicizing intelligence" which explores the long history of IQ-testing and "intelligence" in Norway. But neither the research project, nor the exhibition would have been possible without historical sources. Such historical sources - the historical heritage of universities - are often in a state of continuous crisis. Universities seldom prioritize material heritage and its preservation is often a matter of an emergency operation. Using this exhibition and the process of making it as starting point, this session will discuss how university material heritage is not only an indispensable resource for research, but also an important moment for institutions and disciplinary communities to reflect on their history, practices and social role.

The session includes a guided tour of the exhibition and an open discussion with the curators and researchers.

### Cod liver oil crisis in Germany after World War I: Kurt Huldschinsky (1883–1940) and his work towards an innovative therapy against rickets

**BENJAMIN KUNTZ,** Robert Koch Institute, Germany

Kurt Huldschinsky was a German pediatrician who was one of the international leaders in the field of rickets research between 1918 and 1940. After his medical studies, he served at the Kaiserin-Auguste-Victoria-Haus in Berlin and at the University Children's Hospital in Vienna, among other places. After World War I, he worked with the famous orthopedist Konrad Biesalski at the Oskar-Helene-Heim for the healing and education of frail children in Berlin. At that time, many children suffered from rickets, which is – as we know today – mostly caused by vitamin D deficiency due to malnutrition and lack of light. Children in poor families who lived in cities were affected the most. In the post-war period, conventional remedies such as cod liver oil were hardly available. In this crisis situation, Huldschinsky was the first to prove that exposure to ultraviolet (UV) radiation from mercury vapor lamps ("artificial sunlight") could cure rickets in young children. For this groundbreaking scientific achievement and his further research into the prevention and treatment of rickets, Huldschinsky was awarded the Otto Heubner Prize of the German Association of Pediatrics in 1926. He was even nominated for the Nobel Prize in Medicine. As a Jew, however, he had to flee Germany from the National Socialists in 1933/34. Together with his wife and daughter, he emigrated to Egypt, where he died in Alexandria on October 31, 1940. The intended poster commemorates the life and work of a distinguished, but almost forgotten medical doctor and scientist.

### Water and waste: Excremental exigency in French colonial Tunisia (1900–1910)

**GENEVIEVE DALLY-WATKINS,** The University of Sydney, Australia

This poster uses Charles Nicolle's bacteriological work on water and a 1905 commission to explore water supply issues and excremental exigencies in French colonial Tunisia. Sanitising drinking water and sewage were essential to successful colonisation and minimisation of disease. From the 1880s, Hippocratic fears of European incompatibility with hot climates were displaced by research on the danger of germs and parasites lurking in Tunisians and their waste. Waste and water highlight how colonial crises could simultaneously appear urgent and enduring. On the one hand, the supply of sanitary water for Tunis' crops and inhabitants presented a pressing concern for locals and authorities. On the other, public health investigations into the mismanagement of waste and the contamination of drinking water fuelled longstanding fears that European health was compromised by toxic tropical environments and novel notions of Tunisians' contagious qualities. Ultimately, this poster uses water and waste to reveal how crises could feed into pressing and long-term concerns around health, race, and infrastructure.

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