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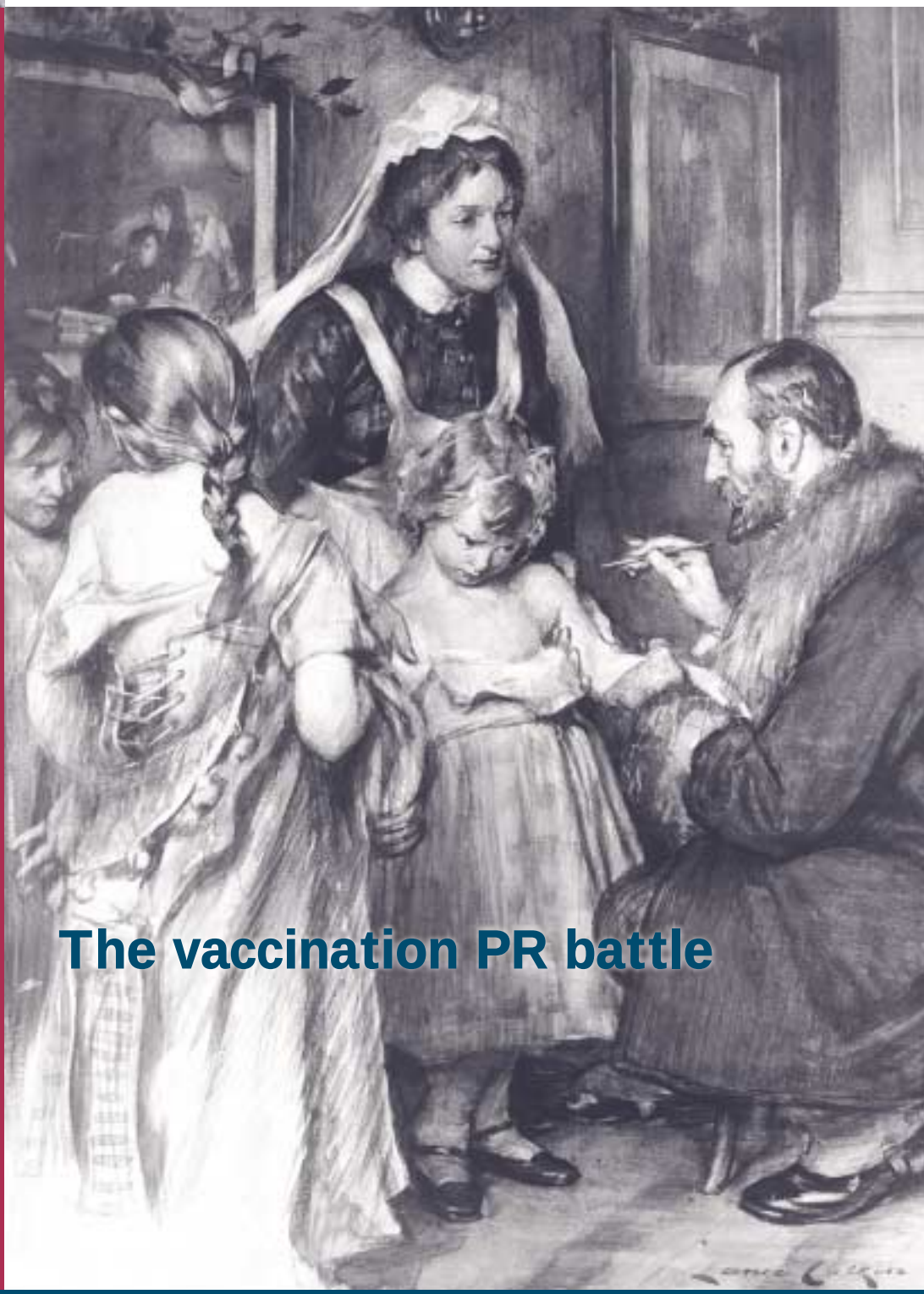


The vaccination PR battle

The Wellcome Trust

Vaccination: Politics, the press and public health

The controversy over MMR (measles, mumps and rubella) vaccine, together with reports of a decline in vaccination rates, has seen science and politics hit the headlines. Using the example of an outbreak of smallpox in Sheffield in the winter of 1926/27 Tim Willis examines how politicians, medical practitioners and the media dealt with a vaccination controversy in the past.

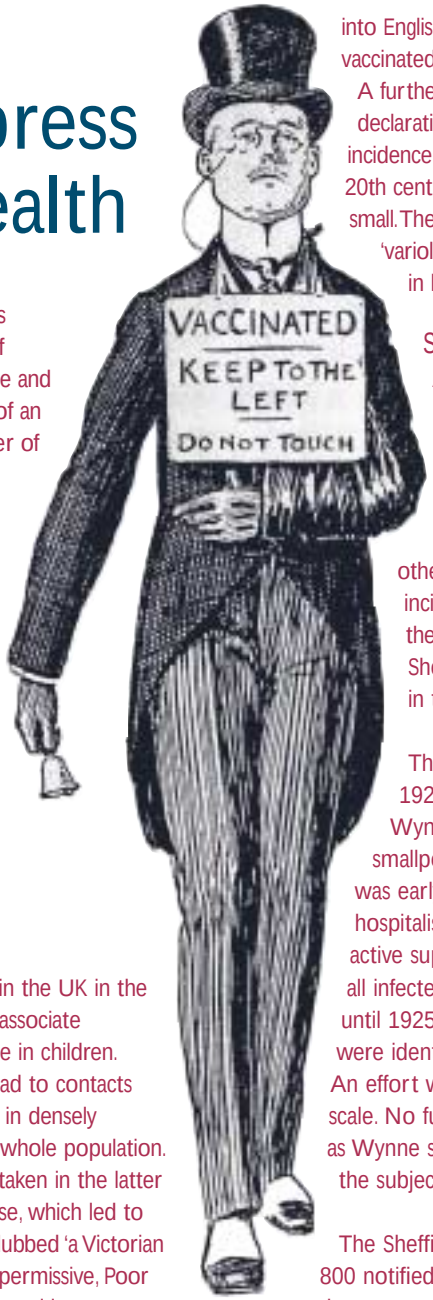
The most obvious historical parallels with the current situation are the debates in the late 19th century over state intervention in strategies for the prevention of smallpox. This history is well known, as are the events that led to the repeal of compulsory smallpox vaccination laws in 1907. Less well known are the public relations methods used by politicians and doctors in vaccination debates in the early 20th century.

Vaccination acts

Serious epidemics of smallpox had occurred in the UK in the 19th century and the disease, so called to disassociate it from 'Great Pox' or syphilis, was most severe in children. A highly infectious disease, smallpox was spread to contacts through the air. It was most commonly found in densely populated districts, but it was a threat to the whole population. Highly unusual statutory measures had been taken in the latter part of the 19th century to control the disease, which led to the development of what one historian has dubbed 'a Victorian NHS'.[1] The first Vaccination Act of 1840 was permissive, Poor Law Guardians were to arrange for medical practitioners to provide vaccination on a request basis.

The 1871 Vaccination Act saw the introduction of compulsory infant vaccination. The Act required every local Board of Guardians to appoint a Vaccination Officer to supervise vaccination of all infants under four months old, to prosecute defaulters under the threat of fines and imprisonment, and to arrange for qualified medical practitioners to carry out vaccinations. The Poor Law was the only national administrative framework available. However, the application of the Vaccination Acts tended to be lax.

The response to compulsory vaccination saw the growth of the antivaccination movement and the election of antivaccinators onto Boards of Guardians in Keighley. In Leicester the Ministry of Health and the City Council were united in a policy of early diagnosis and isolation without recourse to vaccination, a strategy that became known as the 'Leicester Method'.[2] In 1898, the concept of 'conscientious objection' was introduced into English law as parents were allowed to refuse to have their children vaccinated if they presented their objection before two magistrates.[3] A further Act in 1907 allowed conscientious objection on a simple declaration to one magistrate. After the Victorian epidemics the incidence and the virulence of smallpox waned. In the early years of the 20th century the amount of severe smallpox 'variola major' was very small. The Sheffield epidemic of 1926/27 featured the less virulent strain, 'variola minor', yet the lethal potential of smallpox remained in living memory.



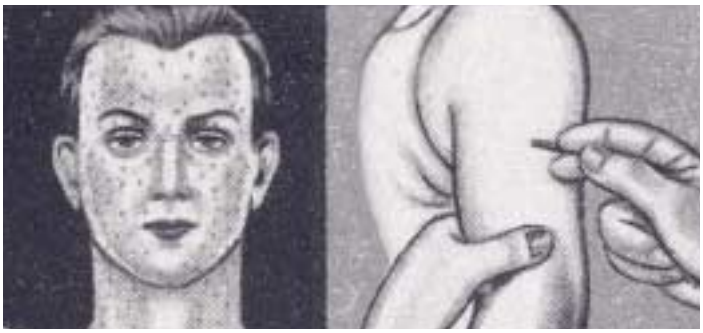
Smallpox in Sheffield

A severe smallpox epidemic occurred in Sheffield in 1871–72 and resulted in 1002 deaths.[4] In 1888 Lodge Moor isolation hospital was constructed on the edge of Sheffield to deal with a smallpox epidemic of 7066 cases, of which 680 were fatal.[5] From 1893 to 1921 Sheffield was free from smallpox, and Lodge Moor hospital was used as an isolation hospital for other infectious diseases. After a period of dormancy the incidence of smallpox began to rise in the north of England in the early 1920s. Eleven cases of the disease were notified in the Sheffield area in 1922.[6] A handful of smallpox cases occurred in the next two years.[7]

The Medical Officer of Health (MOH) for Sheffield in the 1920s, Frederick Wynne, acted as City Vaccination Officer. Wynne described the procedure for handling the incidence of smallpox in Sheffield in the early 1920s: "In all these cases there was early diagnosis, immediate notification, confirmation of diagnosis, hospitalisation of patients, isolation of immediate contacts and very active supervision of remote contacts, disinfection of premises and all infected material".[8] Sheffield remained a largely unvaccinated town until 1925 when two Sheffield boys who had visited Middlesbrough were identified as the source of an outbreak of 44 cases of smallpox. An effort was then made to vaccinate the population on an extensive scale. No further cases were reported until October 1926 when, as Wynne stated "It became at once apparent that this time we were the subject of a massive infection".[9]

The Sheffield smallpox epidemic in the winter of 1926/27 saw over 800 notified cases and one death. The episode was controversial, as there were deeply differing views on vaccination at the head of the public health bureaucracy. The MOH, Frederick Wynne, undertook a public relations campaign emphasizing the serious nature of the disease. Wynne felt that the policy of surveillance–containment had left the city open to infection and had "produced a false sense of security".[10] From 1925, the MOH strenuously promoted the widespread use of vaccination. William Asbury, the Chairman of the Health Committee and Deputy Leader of the Labour City Council (elected in November 1926), was as much against vaccination as Wynne was for it. Asbury saw housing reform and an improvement in living standards as the main priorities for public health. As a prominent Labour leader he was able to place antivaccination material in the Labour press and his comments from the Council Chamber were widely reported. The argument between the two men culminated in a debate at the Annual Conference of the Royal Sanitary Institute in July 1927.

Above: 'A SUGGESTION TO THE VACCINATED' "Mr Lymph's little dodge to safeguard his vaccinated arm in the crowded thoroughfares of the City is to ring a small bell as he walks. The placard on his chest does the rest." A Punch *cartoon, 1901.*



Left: The face of a man with smallpox (left); vaccination against smallpox (right).

Publicity for vaccination

As a published novelist, playwright and former columnist for the *Manchester Guardian*, Wynne was adept at using the press to create a sense of drama in his provaccination campaign. He made a point of thanking the Sheffield newspapers after the epidemic noting that they had "cordially and most warmly co-operated".[11] In January 1927 Wynne declared that there was:

> *The possibility, amounting almost to a certainty, of a severe epidemic of smallpox on a large scale, for the disease has now passed from a mild form to the virulent nature of forty years ago. I fear that the disease may resume its old original virulence and that we may have cases suffering from disfigurement, serious illness and possibly fatal results. The epidemic is affecting persons of all ages and without a general re-vaccination we have no security whatever against an epidemic on a huge scale.*[12]

The *Lancet* saw Wynne's strategy as a product of the lack of a settled national policy over smallpox in the 1920s:

> *All that happens is that when an epidemic of smallpox breaks out the medical officer of health does his best to frighten the public into wholesale vaccination, his success depending partly on his personality and partly on whether the disease itself seems dangerous to the people of the district.*[13]

As the disease in the 1920s was a mild strain, Wynne attempted to convince people that the disease really was smallpox and not chickenpox. He also made an effort to remind people that failure to notify the disease was an offence. In the midst of the epidemic the Sheffield newspapers published 'sensational evidence' of cases brought by the Town Clerk's Department against negligent parents who had allowed their children to mix socially, when they should have notified the authorities and agreed to isolation. In one case a mother and father from the Attercliffe area were each fined for "exposing their children" to the community when suffering from smallpox, and the father was also fined for failing to notify the cases to the MOH.[14]

The result of Wynne's campaign was that 100 000 people, a fifth of the city's population, were vaccinated against smallpox between 1925 and 1927. In January 1927 queues of 400 to 500 people formed outside doctor's surgeries seeking vaccination. The police kept public order as 700 people were reported as vaccinated in one day.[15] Doctors, employed as public vaccinators, opened their surgeries for sessions of 12–14 hours to cope with the demand and calls were made for extra nurses.[16] The largest steel works saw vaccination of the workforce carried out en masse. The recently vaccinated were marked out by displaying red bands or red ribbons on their arm, football matches were cancelled as was all hospital visiting, the city trams and every library book issued were fumigated. The headline of the 14 January 1927 edition of the *Sheffield Independent* declared that there was "NO NEED TO PANIC" as the sense of emergency peaked.[17]

Antivaccination publicity

The MOH sent a Medical Officer, Dr Vernon Shaw, to inspect the arrangements for dealing with the smallpox epidemic. Shaw urged the people of Sheffield to follow the Ministry's advice and seek vaccination. However, in a city that had just witnessed a highly politicized battle for the town hall, stories appeared in the press informing the public that Vernon Shaw had been a volunteer train driver during the General Strike.[18]

Further subtle attempts to undermine the vaccination campaign took place. During a Council debate on the epidemic, Asbury let it be known that he had heard reports of a young woman who had to have her arm amputated following a severe reaction to vaccination. The MOH immediately refuted the notion that vaccination was dangerous. He investigated Asbury's claim with surgeons at the Sheffield Royal Infirmary finding it to be false and stating so in the press the following day.[19] However, the claim was widely reported, it was picked up by the national antivaccination movement and Asbury had achieved his aim of publicity for antivaccinationism.[20]

Fears over the application procedure of vaccination in the 1920s are understandable. This was no swift injection with a hypodermic syringe, but more like a minor operation. Three or four large lesions were made on the patient's leg or arm with a lancet to which calf lymph was applied. Wary of being disfigured, women requested that the vaccinator make scarifications at the back of the knee, with the effect of hiding the scars but rendering them unable to walk. Sheffield employers reported heavy absenteeism due to the after-effects of vaccination, with one firm, Darwin's Safety Razor Works, reporting 250 female staff absent due to vaccination in February 1927.[21]

The organ of the National Anti-Vaccination League, *The Vaccination Inquirer*, ran a long campaign against Frederick Wynne and was pleased to note in January 1927 that the Sheffield Trades and Labour Council had requested information from them on vaccination. The February 1927 edition of *The Sheffield Forward*, the newspaper of the Trades Council,

Below (and cover): 'The Public Vaccinator', by Lance Calkin, c. 1895–1905.

carried a review of *The Marvels of Modern Medicine*, a book by Elliot Fitzgibbon, the reviewer stated that: here we glimpse something of the methods by which commercial interests behind the great fakes of vaccine and other forms of physical dope have made fortunes out of the subjection of the public to the wiles of the modern medicine man. The administration of vaccination and other forms of physical assault have not succeeded in banishing disease, but there is no attention to quite other sanitary conditions. Not until socialism is achieved will we be free of the horrors of commercialised medicine, with its vaccines and vivisection, and all the loathsome practices, some of which are unprintable here in which this pseudo-scientific spirit practices on the bodies of men.[22] The following summer, at the Annual Conference of the Royal Sanitary Institute, Asbury and Wynne were given the opportunity to outline the case for and against vaccination.

Asbury vs Wynne

Wynne and Asbury held differing interpretations over the geographical limitation of the epidemic to the industrial area of Attercliffe. For Wynne this was proof that the vaccination and isolation work of the Health Department and medical practitioners had been effective in containing the disease to one part of the city. Asbury's interpretation was that poverty, overcrowding and bad housing conditions made the inhabitants of Attercliffe more susceptible to the disease. Asbury considered vaccination to be little more than a palliative serving only to direct resources and attention away from the main social problems facing the City Council. He asked:

> *How much longer is this fetish for vaccination to be allowed to continue? Smallpox is a filth disease and like all zymotics [infectious diseases] is amenable to sanitation. Our job is to work for a decent standard of life for the working class, place them in clean and healthy surroundings, and make them fully acquainted with the laws of personal hygiene.*[23]

Asbury believed that vaccination in the 19th century had been a failure as "by passing compulsory vaccination laws Parliament lulled the local authorities into the belief that there would be no more smallpox".[24] He argued that variola minor in the 20th century was an entirely negligible disease and left to itself it would die out. He argued that other diseases such as measles and whooping cough were far bigger killers, but that the Government and the medical profession had an obsession with smallpox.[25] He referred to the work of Professor Ricardo Jorge, Director-General for Public Health in Portugal, who had enquired into postvaccinal encephalitis for the League of Nations. Jorge had brought attention to the work of an unpublicized Ministry of Health Committee under Sir Frederick Andrews, which had reported the occurrence of 62 cases of postvaccinal encephalitis between 1922 and 1924.

Wynne dismissed claims that vaccination led to adverse reaction stating that he had vaccinated 2000 troops in a three-week period in the army "without a single reaction more severe than normal". He noted that "a certain class of patient attributes every ailment among their offspring to vaccination and the children inherit this condition. I once had a case in which a young woman attributed her pregnancy to vaccination".[26] Wynne agreed that universal vaccination was impossible in a modern democracy, but argued that, as with foot and mouth disease, "the Government should have powers in conjunction with smallpox to declare any area an 'infected area' and to prescribe any measures in that area which they believed necessary after consultation with their expert advisors".[27] Wynne saw

Above: Patients and nurses at Hampstead Smallpox Hospital.

antivaccinationist literature as 'pathological material' and 'the rhetoric of the illiterate'. For Wynne the antivaccinators presented "some interesting psychological phenomena of which I am trying to make some study". He concluded that "if it is worth while to protect the nation against smallpox, I am convinced that we cannot do it without vaccination".[28]

Conclusion

Issues of safety, the greater good, access to information and the role of the press all feature in the question of whether to vaccinate or not to vaccinate. In Sheffield in the 1920s, a high-profile publicity campaign undertaken by the MOH promoted the take up of vaccination. The result was that one-fifth of the population sought vaccination against smallpox. Large numbers of people were persuaded by the MOH that contracting the disease would have far worse consequences than the possible effects of the vaccination. Seventy-five years later, following bovine spongiform encephalopathy (BSE) and Creutzfeldt–Jakob disease (CJD), the Government is acutely aware that the public is less willing to accept the reassurance and authority of scientists and medical practitioners.

In terms of public relations and publicity, there has been a deliberately low-key approach taken by the UK Government to the MMR controversy. Pronouncements on the safety of the triple vaccine have been made in Parliament, yet there has been no multimillion-pound advertising campaign fronted by the Chief Medical Officer. Leaflets in clinics and advice from frontline medical staff have been the chosen methods of dissemination. In the 21st century it is felt that raising the profile of the safety of vaccination could have the opposite effect on the public and instead of reassuring them, may serve to arouse parental suspicions and reduce the uptake of the MMR vaccine.

The Sheffield episode illustrates the controversy that inevitably arises when human nature, and the fundamental primitive instinct not to harm children, has to be weighed against the need to protect them from disease. In 2002, as boroughs in south London report an increase in the number of cases of measles and a concurrent decline in vaccination rates, politics and public health are once again in the news. One of the functions of the press is to deal with political disputes. When coverage of vaccination becomes part of the mix of scandal, scares and intrigue it raises the question of whether the public is more informed, or more confused when questions of public health hit the headlines.

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World War II and venereal disease in India

The two World Wars are associated with epidemiological disasters, especially a high rate of disease mortality among soldiers. In my ongoing research on World War II and the famine of 1943 in Bengal, I am exploring the sociological dimensions of increased troop movement in Calcutta and the interiors of Bengal, and the high incidence of venereal disease among soldiers and sections of the civilian population. The reports on the health of the army in India highlight the steady increase in the incidence of venereal diseases from 1938 to 1944. While malaria still took a greater toll, the debate on it has remained focused on aspects of ecology and impact of colonial development policies. The discussion on venereal disease on the other hand had to be human-centric since humans are the only known natural host of the disease. We are told that in 16th- and 17th-century India syphilis, a type of venereal disease, was known as *firangi roga* or the European disease – it was associated with sexual contact with the Europeans in India.

In 1939, a government document called 'Hints on Health in India' had observed that microbes that were ordinarily conveyed by irregular (perhaps meaning indiscriminate) sexual intercourse caused syphilis and gonorrhoea. The concern sprung from a concern for the health of the British troops in India. The underlying eugenic concern could also be related to the racial and class prejudices associated with sexual promiscuity. It was pointed out that British and Indian 'other ranks' or subaltern soldiers fell victims to venereal disease and not the officers. It was particularly high in the army of the Eastern command with Calcutta rating as a 'hot spot' for it.

As the war drew closer and the military moved into the interiors, especially of eastern Bengal, there were reports of still higher rates of venereal disease. The incidence of these diseases, mainly gonorrhoea, syphilis and chancre, increased steadily from 1938 to 1942. It was higher among British than Indian troops – confirmed by Table 1, drawn from the health reports of the army.

Table 1 Incidence of venereal diseases among British and Indian troops (ratio per 1000 soldiers)

Year	British troops	Indian troops
1938	43.5	7.5
1939	52.4	8.5
1940	58.1	18.9
1941	64.5	27.9
1942	69.6	42.5

As prevention of venereal disease was considered to be the responsibility of the soldier its high incidence triggered concern for lack of discipline and morale among the troops. One of the reasons for this, according to officials, was the easy availability of 'cheap sexual intercourse' in Calcutta and other towns. The military

Above and right: Details from a poster 'Just another "Claptrap". You can ruin your future with VD'. This poster was aimed at Allied troops in Italy (1943–44) but is of similar tone to ones used in India.

authorities felt that the British soldiers felt emboldened by the relative anonymity that India offered and were less inhibited by the feeling of shame upon contracting the disease. Increased sexual proclivity according to them was also some kind of a response to severe climatic conditions. This was a view that was perhaps based on the notion that the tropics encouraged sexual promiscuity.

It was observed that the British soldier, the 'magnificent specimen of clean living fit young manhood', had been replaced gradually, by about 1942, by citizen soldiers who were not so fastidious in their 'tastes' or so 'moral' in their habits as the former. Moreover, the introduction of a measure that soldiers had to spend a four-year period of service abroad had caused considerable loneliness. Thus apart from moral depravity, loneliness due to lack of social amenities and amusements outside the barracks, and the absence of female companionship 'of their own class', were considered some of the reasons for men succumbing to 'temptations'.

The military and medical establishment recognized the role of preventive measures. In publications of the Indian Medical Directorate, such as the Venereal Disease Diagnosis and Treatment (1941), Regimental Medical Officers were asked to lecture on prevention of venereal disease among troops. They were asked to emphasize more on the individual responsibility of soldiers towards themselves, their units, families and their country particularly during wartime.

A short and simple description of VD was to be provided to the soldiers. The patients and their wives and families were to be informed about its after-effects. The soldiers were to be told that brothels were dangerous places and "women of loose morals, although not prostitutes, are equally dangerous, in fact more so, than professional prostitutes". The rhetoric was similar to references to certain sections of women in wartime England as 'good-time girls'. These women were condemned in official discourse due to their liaisons with American, especially black American, soldiers. They were considered the most dangerous source of infection of VD.

In India the medical officers were warned that such lectures had to be infrequent and not too explicit! It was feared that detailed discussions of the anatomy and physiology of the reproductive process in the female, although intended to be instructive, could convey wrong signals to the soldiers. In that eventuality such lectures would be 'merely pornographic and harmful'. Colonial situation or rather imperial security was thus also about imparting instructions on control over unruly drives and desires, but in a guarded manner. Practical as the army was prevention also meant introduction of 'preventive ablution rooms' in all units – where soldiers could clean themselves immediately after their indulgences!

There was hardly any reference in such discourse to the connection between increased troop movement and almost simultaneous increase in prostitution in Bengal. This was particularly true of Midnapore, the Sunderbans, Chittagong and many parts of Calcutta. With obvious reference to prostitution local newspapers like the *Forward* had pointed out in 1940 that dislocation caused by war could lead to recurrence of the problem similar to the situation during World War I.

Subsequently, the worsening economic scenario, especially the famine of 1943, hunger and humiliation due to cloth shortage, abandonment by male members of the family and destitution pushed many women into a network already created by the military contractors and personnel.

According to one estimate nearly 30 000 of the 125 000 destitute women in Calcutta were in brothels. It was common knowledge that these brothels were mainly patronized by the police, military, contractors and black-marketeers. They were associated with money, power and lax behaviour during the war. It was alleged that in Lalmanirhat (east Bengal) about 800 women, who were being fed in the government relief kitchens, had walked to the nearby army camp and 'sold their bodies'. Paul Greenough in his book *Poverty and Prosperity in Modern Bengal* (1983) has interviews with women who were forced into prostitution at the time of war and famine. A majority of these women had become afflicted with venereal disease with neither family nor resources to fall back on.

From late 1943, many non-official bodies such as the All Bengal Women's Defence Committee, the All India Women's Conference and the Nari Sewa Samiti, reported an increase in sexually transmitted diseases. In the estimate of local medical practitioners nearly 5–10 per cent of the village population in the famine-affected regions was suffering from them. The government clinics registered a massive jump in the number of VD patients between January to August 1944. Reports from the interiors of Bengal highlighted the intensity of the problem. Treatment for the disease was not readily available. Local doctors complained about the absence of medical centres in the remote districts. However, the government did not lag behind in propaganda work. Major newspapers of Calcutta advertised that the government had opened VD clinics in leading hospitals. People were asked to procure information from the office of the Director of VD clinics, Government of Bengal.

The reality was vastly different. A larger number of people either succumbed to the diseases or took recourse to faith healing. Even when the Government drew up a 20-year plan of post-war reconstruction in 1944 and planned antimalaria drives and resettlement of demobilized personnel, it ignored problems related to venereal diseases. The administration and its agencies were more concerned about public disapproval and outcry in England and the USA. In January 1945 when *The Statesman* (Calcutta) published a letter that accused the American soldiers of being VD ridden and 'seducers of young women', the editor was promptly warned by the Provincial Press Adviser. It was extremely frustrating to note the unwillingness of the authorities to acknowledge the obvious connection between the war and the proliferation of brothels and the increase in sexually transmitted diseases. This was contrary to the position undertaken by some of the women's organizations. For instance, the All India Women's Conference pointed out in 1944 that the Government should protect and rehabilitate the prostitutes, and take strong executive and legislative measures to prevent exploitation of women.

The discrepancy in approach of the two – the Government and the women's organizations – was glaring. It could be explained by rearticulating the point of India's colonial subordination by Britain. I am finding it useful to begin from this perspective. At the same time I have found it equally useful to draw upon the work of scholars who have grappled with the complex problem of empire and sexuality by probing into racial, class and gender prejudices that governed attitudes and policies on social hygiene and health.

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The brave new world of Diamang

Portuguese expansion started in 1425 with the conquest of Ceuta and ended in 1975 – it is amazing that a small nation managed to sustain a colonial project, ranging over several continents, over 500 years. My study concentrates on the period roughly between 1920 and 1975, during the period of the third Portuguese Empire (1825–1975). I use the health archives of Diamang, in Portuguese Angola to assess and understand colonial activities.

Health as one of the most pervasive and paramount aspects of our lives was integrated in the colonial blueprint. But, it is important to remember that a myriad of different systems deliver healthcare, and they are determined not only by culture, but also by economic, geographic and historical factors. These complexities are examined through the case study of the health service of Companhia de Diamantes de Angola Diamang, which was a 'colonial-chartered' diamond company operating in north-eastern Angola. The main research resources for this study are the health services archives, colonial government archives and interviews conducted with ex-workers of the government health services and the company.

Several factors influence the situation in Diamang: the germ theory paradigm, and the company's economic and cultural activities. The politics of the colonial context of which Diamang was a part also influenced the way of using medicine. It had been decided after the Berlin conference (1884/85) that each colonial power would have to administer its colonial territories effectively and treat the native population in an 'appropriate manner'. These statements had a bearing on medical policy – the emergent field of tropical medicine was expected to help improve health of both the colonizers and the colonized. Portugal, an economically debilitated country, decided to effect this decision by signing contracts with several big companies, who were given the responsibility of managing big portions of colonial territory.

Diamang was one of these companies and its contract with the colonial government allowed it to control a large part of the Lunda district. This contract with the colonial state rendered the company majestic powers over this territory, allowing it to become a sort of a state within a state.

The nature of the company's activity, of course, played a part in the nature of medical infrastructure deployed. The level of health hazards existing in the diamond mines were not inconsiderable and, therefore, medical practitioners employed by the company were urged to remain vigilant about minimizing workplace injuries. They were also asked to ensure carefully the recruitment of strong and healthy workers. In addition, other significant measures, such as the provision of health treatments to workers' families and strangers within the company's area, including the provision of comprehensive vaccination coverage, reduced the possibility of epidemic outbreaks of infectious disease. The concerted support for the idea of a hygienic area, although never overtly reiterated in official publicity and correspondence, underlined the sanitary occupation of those in charge of policy design and implementation. These considerations did, of course, carry with them humanistic/Christian-civilizing elements, which were, in turn, reflected in daily medical practices.

> The politics of the colonial context of which Diamang was a part influenced the way of using medicine

While I am still in the process of developing the structure of my doctoral research, I have already identified certain important themes that are certain to become important components of my thesis. These include the trypanosomiaisis, leprosy and tuberculosis control campaigns run by mobile units, the structures of pre- and postnatal care and occupational health, and not least the bases of bio-anthropo-medical constructions of ethnic groups represented in the labour force.

The mobile health campaigns present interesting insights into the ethos of Diamang's health service. They were used to conduct a census of the population, which helped generate knowledge about the area under concession. This provides valuable information regarding the conception and practice of medicine in a colonial community, and the political/ideological nature of this science.

The provision of pre- and postnatal care is another interesting topic, as it allows examination of a curious aspect of colonial labour management – the attention given by a colonial company to the reproduction of settled labour, who were seen as an important economic resource. Pregnant women and small infants were targeted by the health services, and maternity clinics and nurseries were constructed, midwives hired and monitored babies' development with the assistance of travelling company doctors.

The systematic attention accorded to occupational health by the company highlights the economic basis of this concern. Mine workers were routinely examined and received immediate treatment when necessary, thereby avoiding the loss of workdays. Mines were classified under a system where health parameters would have major relevance. Prior to being incorporated into mine work, individuals underwent medical examinations where they were classified according to a variety of formulas that claimed to hold answers for the physical needs of the harsh mine work. Through these, the individuality of the workers was downplayed, and they tended to be dealt with as a member of a generalized ethnic category, whose members were seen to share biological, psychological, cultural and even moral characteristics and needs.

> The mobile health campaigns present interesting insights into the ethos of Diamang's health service.

The region where Diamang operated – Lunda – was poorly populated, and the supply of migrant workers was not as abundant as in South Africa. Therefore, the employment of a fit and big workforce took on great significance for the company managers, and this caused great emphasis to be given to medical surveillance, prevention through vaccination and quick curative medicine. Parallel to this concern ran the constantly reiterated worry, especially by the health services, of the reduction of lost workdays due to illness. Thus, mine inspections, recruitment exams and mobile health campaigns, all fitted, directly or

indirectly, into the measures intended to enable better performances and economic gains.

The role played by certain individuals in the company will also be examined. Commandant Vilhena (the company's administrator), Dr Picoto and Dr Santos David played an important part in the construction of a highly efficient medical service in Diamang. Vilhena's vision for a colonial project was one of scientific colonialism – a meticulous, measurable, controllable and predictable endeavour put in practice at different levels of the company administration. Usually, health practice in colonial situations did not live up to its rhetoric. However, this was not the case in Diamang, where comprehensive health facilities were put into place and maintained over time. The rationale behind this will be studied in detail. In addition, a number of other important themes will be examined. For instance, how did this sanitary and medical strategy contribute to the company's capitalistic and Christian/civilizational goals? Was Diamang under the umbrella of the Portuguese colonizing ethos, or is the development of a comprehensive medical infrastructure explicable only through the capitalistic ethos of profit maximization? Why was medicine so pervasive in this company? Why did doctors choose to go and work for Diamang – were they pushed out of Portugal or pulled to Africa? When did women make an impact on the health services of the company, and in what function of the services were the colonial and gender divides merely reproduced?

> Mine workers were routinely examined and received immediate treatment when necessary, thereby avoiding the loss of workdays.

The economic and political-historical context of the metropole and the colony will have to be considered, as will the effects of these trends on the company's politics. Such a study would, thus, cast some new light onto the nature of the third Portuguese empire. Also, this study will allow us to focus on the evolution of treatments, medical knowledge and practices, often through the deployment of trials of new drugs to treat certain illnesses.

Although academic studies on Portuguese colonialism are not abundant, the studies prepared by Hammond, Castro, Péléssier, Clarence-Smith and Bender have been influential. However, some of these perspectives – for example Hammond's reference to a 'prestige empire' and even Castro's characterization of empire as an economic burden – are currently under re-evaluation and simultaneously new areas of research are being opened up by scholars from different areas of knowledge. Alexandre Valentim, Fernando Rosas, Omar Thomaz, Tello and Pinto belong to the first group. The latter, representing the focus on medical trends within the Portuguese colonial setting, is being scrutinized by a number of scholars like Cristiana Bastos, Nuno Porto, Monica Saavedra and Ricardo Roque. With its focus on health services, my study will contribute to this growing body of knowledge on Portuguese colonialism

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History of medicine funding news from the Trust

At our History of Medicine policy meeting in March several new ideas for additions to our funding portfolio were discussed and I am now in a position to announce these changes. Firstly, two new schemes, the Strategic Awards and Enhancement Awards, have been created. The purpose of these schemes is to provide core support for groupings of historians of medicine within UK universities with the intention of, over time, replacing the history of medicine units and providing a open competition for all those institutions with a demonstrable commitment to the subject.

Strategic Awards are intended for established groupings of researchers to exploit and pursue research around a designated theme or related themes within the field and to expand a critical mass of expertise in the field which is sustainable in the long term. Enhancement Awards will be smaller grants made to groups of individuals to expand the research capacity of existing staff and provide further opportunities for PhD studentships. Unlike Strategic Awards they do not need to be focused on a specialized theme but it is hoped that these awards will enhance research capacity with the emphasis on developing national/international collaborative links and outreach.

Secondly, I am delighted to announce a new international scheme, Collaborative Research Initiative Grants in History of Medicine (CRIGs). The purpose of this scheme is to enable established historians of medicine based in developing or restructuring countries (e.g. countries in South-East Asia, Africa and eastern Europe) to undertake a research programme in their home institution, in conjunction with a collaborating department in the UK. The Trust currently funds biomedical science internationally, with a major focus on the developing world and the diseases that impact on its populations, such as malaria, typhoid, tuberculosis and AIDS. It is recognized that epidemics of such diseases can only be understood properly if viewed in their historical perspective. Further, important studies in the history of medicine made in one country are often ignored outside its national context and it is hoped that this scheme will address these issues. The collaborative nature of the proposals should help with assessing the impact of Western medicine on the traditional healthcare systems of developing regions.

Thirdly, in order to further our public engagement thrust, a fellowship scheme for medical journalists will be introduced from 1 October.

The scheme will enable journalists to undertake a short-term period of full-time research at an institution with a recognized interest in the field of medical history. It is aimed at journalists with an interest in addressing contemporary issues in medicine or biomedical research from a historical perspective. It is expected that an article based on the research will be published by the journalists' employers at the end of the study period.

Last but not least, the Research Resources in Medical History scheme, which provides funding for preserving and improving access to important medical archives (administered previously by the British Library), will be extended for a further, final two years. The Trust will take over the administration of the scheme from October 2002. Details of all the Trust's new history of medicine funding schemes are available on the website at www.wellcome.ac.uk/hom.

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Remembering Roy Porter

Right: Roy's Memorial was held at St Pancras Parish Church, London.

A memorial service for Roy Porter, whose untimely death at the age of 55 left a huge gap in the world of history, was held on 22 April 2002 at St Pancras Parish Church on Euston Road, London. Estimates vary but there were probably between 600 and 800 family, friends and colleagues at the event, many of whom had travelled from all over the world.

A jazz band played in between a series of readings and personal tributes from Roy's friends. Given that almost every obituary or tribute mentioned Roy's passion for *Tristram Shandy*, it was appropriate that one of the readings was an extract from the Sterne classic. Other readings included James Boswell on the afterlife from his *Journal in Scotland and England* (read by Struan Rodger); Samuel Johnson on readers and writers from *The Adventurer* (read by Luke Davidson); verses from Erasmus Darwin's *The Temple of Nature* (read by Michael Neve) and Byron's 'So We'll Go No More a Roving' (read by Hugh Haughton). The final reading was a moving extract from his preface of *London: A social history* (1994) recounting his personal memories of growing up in south London after the war.

As well as personal tributes from both his Cambridge and Wellcome days were his literary agent, Gill Coleridge, and Simon Winder from Penguin. Both reminded everyone that Roy was a publisher's dream, in terms of productivity, speed and his meeting of deadlines. Bill Bynum's tribute emphasized Roy's efficiency by saying, "Had Roy been here today, he would have arrived promptly, sat near the back, and would have left ten minutes ago!" This was so true. And as his research assistants we knew that had he stayed he would almost certainly have corrected a set of proofs while he was there!

Sharon Messenger and Caroline Overy
Research Assistants
Wellcome Trust Centre for the History of Medicine at UCL
24 Eversholt Street, London NW1 1AD

Libraries and archives awards

Royal Colleges, archives services and university libraries are among those who will benefit from over £275 000 worth of awards granted in the latest Research Resources in Medical History funding round. The total amount awarded by the Wellcome Trust-funded scheme since it was launched in January 2001 now stands at almost £900 000.

The 11 successful projects will support the aims of the scheme by opening up access to important documentary resources in medical history, or by helping to conserve them. Research Resources in Medical History focuses on the history of medicine and any collections associated with this field. Projects that have a wide and lasting application for study and research are encouraged, and access and preservation proposals that centre on cataloguing from source materials, converting catalogues to electronic formats, creating new gateways to collections, or the digitization of original materials can be considered for support.

The scheme supports a broad range of material types and approaches. An example of a successful project is one led by the Royal College of Nursing to convert into electronic format of the *Nursing Record/British Journal of Nursing* which will be made available on the Internet.

Full details of further successful projects can be found at www.bl.uk/concord.

For more information about Research Resources in Medical History, including the Annual Report 2001, please see www.bl.uk/concord or contact Anna Grundy (Tel: 020 7412 7052; E-mail: medical-history@bl.uk).

Historical and Philosophical Perspectives on Biomedical Ethics: From paternalism to autonomy?

This edited volume forms part of Ashgate's 'Studies in Applied Ethics' series and was inspired by the conference 'From Medical Ethics to Bioethics' – an event funded by the Wellcome Trust and held at the University of Durham in 1998. As the subtitle indicates, the Editors ask if it is "justified to assume a historical shift from medical paternalism to patient autonomy". The contributions imply that such an assumption is warranted.

However, by using paternalism and autonomy as 'heuristic tools', the volume allows the reader to see that medical decision making has never been a black-and-white affair. Patients have rarely been powerless, even prior to the birth of autonomy. At the very least, people were able to choose their physician from a crowded marketplace of doctors and alternative healers. Moreover, patient autonomy has never been interpreted as making decisions without any influence from others, above all medical professionals. These selections successfully illustrate the uneasy relationship between doctors and patients by focusing on events in 19th- and 20th-century Germany and Britain.

The volume also poignantly illustrates the asymmetrical development in the establishment of ethical requirements. Cay-Ruediger Pruell and Marianne Sinn write about German surgery and pathology in the first third of the 20th century. They show that whether medicine tackled the issue of consent or not depended on the specialism involved. Surgeons, for instance, felt that the considerable success of their field in terms of medical intervention allowed them to largely ignore patients' desires for information. In 1930, for example, Hugo Stettiner advised fellow surgeons that "the problem of the patient's psyche could be circumvented with certain drugs" and by misleading them regarding the precise day and hour of an operation. Pathologists, on the other hand, were concerned for the future of autopsy in the face of public protests against violating deceased bodies. Compared to surgeons, pathologists were more willing to share information with relatives as a means of obtaining consent.

While neither specialism openly embraced change, each medical specialty seems to have developed separate approaches to the issue of informed consent. What becomes clear is that the overriding concern was the success and survival of the specialism involved. In short, there has not been a uniform development across medicine in the name of ethical progress.

Contributions from Andrew Morrice and Holger Maehle touch on similar themes. Both chapters remind us that late 19th-century British and German medical ethics sought to limit competition within the profession, and to promote the honour and status of doctors above that of alternative healers. Thus, key ethical issues involved rules for advertising and consultation with other practitioners. Morrice focuses on the work of the Central Ethical Committee of the British Medical Association between 1902 and 1948. (Interestingly, he defines medical ethics as "setting standards for, and adjudicating between right and wrong medical behaviour, where this is not defined by law". Under such a definition, 'bioethics' seems no different from 'medical ethics'.) Maehle's chapter is useful for pointing to the dichotomy between prescription and practice. For instance, in 1931 the German Ministry of Interior issued legally binding guidelines for human research. These guidelines addressed questions of consent, research design and special protection for vulnerable subjects. In retrospect, it is ironic that these regulations contained provisions no less stringent than the Nuremberg Code, which is often regarded as the first major document to deal with human experimentation.

The usefulness of national and international codes, such as Nuremberg, is the subject of Urlich Troehler's piece. This is a useful descriptive chapter, though it illustrates a weakness in most of the volume. Although the Editors assert that "ethics in medicine has been highly dependent on social contexts", the definition of context seems to be limited to "courts of law, health insurance schemes, governmental organizations, and the biotechnological industry". Troehler does claim to explain the rise of international codes by referring to 'external socio-cultural reasons', but the overall focus remains predominately on events within medicine.

Lutz Sauerteig's contribution on German sickness insurance schemes highlights that 'ethics' involve more than just the doctor–patient relationship. He asks how rising healthcare costs and private insurance schemes have compromised patient autonomy. In this case, the German sickness insurance system, which relies on contributions from both employers and employees, became increasingly dominated in the 1970s by an economic discourse, rather than ideals of social progress and solidarity. The 'economization' of healthcare led the sickness insurance scheme to be seen as a burden, which threatened to undermine economic stability and bankrupt the state. This chapter highlights how issues of resource allocation and spiralling healthcare costs can impinge upon ethical ideals.

In the final three chapters, the book shifts in focus from historical to philosophical perspectives on medical ethics. Contributions by Bryan Jennett and Susan Lowe both explore the tension between paternalism and autonomy through end-of-life debates. Jennet argues in support of advance directives and consultation with close family and friends when the desired decision of the patient is in some doubt. He reminds us that clinical and familial decisions are often made in the face of great uncertainty. Lowe argues that voluntary euthanasia and physician-assisted suicide cannot be justified by strict appeals to autonomy. Finding faults in the logic of how the concept of patient autonomy is used, she bases her argument on the distinction between *legally permissible acts and rights*.

The last selection, by David Cooper, is concerned with the broader moral psychology behind reactions to genetic engineering and biotechnology. Cooper argues against those who dismiss fears of biotech as 'Luddite nostalgia' or 'irrational taboos'. He believes that to trivialize the so-called 'yuk' factor is to miss the legitimate and immediate horror people fear in regard to any attempt to intervene in the generative process of human life. Such fears are based not on the *results* of intervention, but on a general hostility towards the worldview of biological reductionism. According to Cooper, reductionism represents a parochial vision of life that conflates the person with the gene, the 'lived' body with the biological.

As a single volume, this book is an eclectic mix. Nonetheless, it is useful for anyone wanting to compare specific developments within German and British biomedical ethics. The Editors may promise too much by writing that the volume considers how medicine and science relate to "the way we form how we live together". But for an analysis of events within medicine, I recommend this title as a contribution towards understanding recent changes in medical decision making.

Andreas-Holger Maehle and Johanna Geyer-Kordesch (eds) (2002) *Historical and Philosophical Perspectives on Biomedical Ethics: From paternalism to autonomy?* Aldershot: Ashgate Publishing Limited. ISBN 0 754615 29 4, 159pp.

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FORTHCOMING EVENTS

Body Modification: Changing bodies, changing selves

Calls for papers are invited for an international conference to be held at Macquarie University, Sydney, Australia, on 24–26 April 2003. Abstracts should be 300–500 words and should be forwarded to Dr Nikki Sullivan at the address given below. Proposals for panels and for performance pieces are welcomed.

The aim of this conference is explore the many and varied ways in which bodies are modified, selves are formed and transformed, and culturally specific knowledges and practices are mediated and transfigured. We hope to include a wide range of interdisciplinary approaches to the question of what constitutes body modification, as well as performative and visual presentations.

Possible topics

- 'Non-mainstream' body modification (tattooing, piercing, scarification, branding, etc.).
- Body sculpting (corsetry, dieting, body-building, binding, constriction, negation, elongation, etc.).
- Performance art.
- Body politics.
- Transformative rituals.
- Body modification in non-Western cultures and/or in other historical epochs.
- Transgender and/or transsexualism; intersex.
- Cosmetic surgery.
- Fatness; anorexia; eating.
- Technology and the body (cyborgs, nanotechnology, reproductive technologies, transplants, implants, cloning, ethics, etc.).
- Virtual bodies.
- 'Self-mutilation'.
- Fashion.
- Illness; pain.
- Sadomasochism; fetishes; bodies and pleasures.
- Pregnant embodiment.
- Racialization of the body; hybrid bodies.
- Monstrosity; the normalization of 'deformed' bodies.
- Ageing.
- Addiction.
- Reading/writing the body.
- Intercorporeality.
- War; violence; torture; terrorism.

Deadline for abstracts: 30 November 2002

Invited speakers

Del la Grace Volcano
Rosalyn Diprose
Victoria Pitts

Further information

Body Modification Conference Committee
Department of Critical and Cultural Studies
Macquarie University
North Ryde, New South Wales 2109, Australia
E-mail: bodmod@scmp.mq.edu.au
Tel: + 61 (0)2 9850 8760
Web: www.ccs.mq.edu.au/bodmod

Right: Male body builder, 1904.

Space, Psyche and Psychiatry: Mental health/illness and the construction and experience of space, *c.* 1600–2000

Oxford Brookes University, Oxford, UK, 13–15 December 2002

Organized under the auspices of the Centre for Health, Medicine and Society: Past and Present, Oxford Brookes University, and sponsored by the Wellcome Trust and the British Academy. Speakers include: Prof. Andrew T Scull, Prof. Sylvia Lavin, Prof. Chris Philo, Diana Gittins.

Main themes

- The intentions and ideologies behind the design, planning, geographical siting, architecture and construction of psychiatric/mental health-oriented spaces.
- The role of professional and lay actors in the arbitration of such spaces.
- How space was experienced/mediated by patients/users; how ownership of space was established, asserted and contested.
- Others' (e.g. asylum staff's) views/experiences and manipulations of 'psychiatric space'.
- Psychiatrically influenced space outside of (as well as inside) institutions.
- The representation of psychiatric space in the visual arts and media.
- Movements into, through, between and out of psychiatric/mental health-oriented spaces.
- The explanation and rationales for broad changes over time in any of the above areas.

NB Numbers attending this conference are limited to 50, including 17 speakers. So book early to guarantee a 'space' (closing date 1 November 2002).

Further information is available at www.brookes.ac.uk/schools/humanities/medicine.html#conf. Alternatively, contact the conference co-organizers:
Leslie Topp
E-mail: ltopp@brookes.ac.uk
Tel: 01865 483573
Jonathan Andrews
E-mail: jandrews@brookes.ac.uk
Tel: 01865 483484

Call for papers: 'Form and Function: The hospital' McGill University, Montreal, 19–21 June 2003

The International Network for the History of Hospitals will hold its first international conference in North America at McGill University in Montreal in June 2003. The conference seeks to examine the relationship between the form and function of healthcare institutions as it has developed over time, place, and institution from the medieval to the modern period in different local and national contexts. How have medical ideas and functions shape design? How did different patient populations experience the hospital and contribute to its formal development? How is the hospital imagined and portrayed? How has the hospital formed a medical and social space? To explore these issues, 'Form and Function' will be divided into four interrelated sessions. These will address:

- the visual and built form of the hospital;
- the hospital's social form;
- utopian hospitals: theory, image, and reality;
- the hospital's medical form and functions.

The focus, however, will not be limited to hospitals. The conference seeks to address how these issues relate to other healthcare institutions – for example the asylum, the dispensary, the nursing or convalescent home – many of which were connected to the hospital or formed part of institutional healthcare systems. At the conference, there will also be a forum to display and discuss posters detailing research projects.

Papers are invited for the conference and all four sessions. All papers and posters should represent original research. Contributions are invited from scholars working in the widest possible range of disciplines, including historians of art, architecture, and medicine as well as from architects. Submissions from younger scholars will be particularly welcomed. Enquiries and abstracts should be directed to:

Dr Keir Waddington
School of History and Archaeology
Cardiff University
PO BOX 909, Cardiff CF10 3X, UK
E-mail: waddingtonk@cardiff.ac.uk
Fax: +44 (0)29 20874929

Professor Annmarie Adams
McGill University
815 Sherbrooke St. West
Montreal, Quebec
Canada H3A 2K6
E-mail: aadams4@po-box.mcgill.ca

- When submitting abstracts (*c.* 500 words) please provide your name, preferred mailing address, work and home telephone numbers, present institutional affiliation, and academic degrees.
- Abstracts must be received by 15 November 2002 and will be discussed by the Network's Advisory Board in December 2002.

International Health Programmes in South Asia: A reappraisal

Wellcome Trust Centre for the History of Medicine at University College London, 7 March 2003

Apart from aiming to advertise the Asian studies interest developed within the Wellcome Trust Centre for the History of Medicine at University College London, the symposium will showcase some original work being conducted by a variety of established scholars. The history of the deployment of internationally funded health campaigns in South Asia during the 20th century is a relatively neglected area of enquiry.

The symposium seeks to highlight the work of some the pioneers in the field as well as to present some of the exciting new work. The significance of all these studies lies in the fact that they have forced major historiographic reassessments, and allowed other historians to deploy new analytical categories. Among other things, they have allowed an assessment of the continuities between the colonial and postcolonial periods, and forced us to question teleological descriptions of the success of national and international health programmes in developing countries. All these works have also forced scholars to look at increasingly the important role played by patient choice, local medical officials and vaccinal/medicinal safety in determining the success – and the final profile – of health campaigns.

The significance of these issues has tended to be downplayed by some influential studies that highlight cultural factors in fomenting resistance to state-sponsored schemes of preventive medicine. While the theme of culturally based opposition to state medicine is an important one, it has tended, in recent years, to oversimplify analyses of complex social attitudes and ignore the undoubted contributions made by technological developments.

The scholars involved in this symposium have consistently provided more wholesome assessments of the international health campaigns launched in South Asia. Their analyses have been useful in many ways. At one level, they have forced social scientists to acknowledge the dangers of making broad generalizations about the nature of colonial and postcolonial medical administration and governance. At another, their work underlines the necessity of acknowledging the important role played by local medical and public health officials in pushing through policies prescribed by central government and international agencies. And at yet another level, their research suggests the need for more nuanced studies of vaccine and drug trials, and the co-relation between the safety of prophylactics and the popularity of public health drives. This meeting is, therefore, expected to be useful from both a public policy, as well as an academic, perspective. Speakers include: Prof. Kalinga Tudor Silva, Prof. Michael Worboys, Dr Sanjoy Bhattacharya, Prof. Paul Greenough, Dr Niels Brimnes, Ms Sunniva Engh and Prof. Pieter Streefland.

Note

Registration details can be requested from (after 15 January 2003):
Ms Sally Bragg, Programmes Administrator
Wellcome Trust Centre for the History of Medicine at UCL
Euston House, 24 Eversholt Street, London NW1 1AD
E-mail: s.bragg@ucl.ac.uk
Other queries can be directed to the symposium organizer: sanjoy.bhattacharya@ucl.ac.uk.

The 'Freudian Century'? The impact of psychoanalysis on intellectual life in Britain

The British Psycho-analytical Society, London, 16–17 May 2003

The conference will explore the history of the relationship between psychoanalysis, culture and the human sciences in 20th-century Britain. Speakers will examine the reception of 'the unconscious' in disciplines ranging from anthropology to film studies, biography to medicine, history to literary criticism, philosophy to psychiatry. Participants will also be able to visit a specially mounted display of documents, rare images, tapes and other artefacts relating to the history of psychoanalysis in Britain. The exhibition will be introduced by Ken Robinson, on behalf of the BPAS Archives Committee.

Contributors will include:

Sally Alexander Roger Kennedy Steve Connor *contd* ▸

Jonathan Lear
Nadia Fusini
Daniel Pick
Charles Stewart

John Forrester
Laura Mulvey
Michael Holroyd

Juliet Mitchell
Fred Halliday
Suzanne Raitt

Full price: £100
Concessions (students, unwaged): £50

Ticket price includes cost of refreshments and conference reception.

For further details please contact:
Linda Carter Jackson
British Psycho-analytical Society
112A–114 Shirland Road, London W9 2EQ
Tel: 020 7563 5010; E-mail: bulletin@compuserve.com

CONFERENCE REPORT

David Hardiman

Medical Missions in Asia and Africa

A two-day conference on the history of medical missions in Asia and Africa was held at the Centre for the History of Medicine, in the Department of History at the Warwick University. The Centre for the History of Medicine at Warwick funded the conference jointly with the Wellcome Unit for the History of Medicine in Oxford and the Wellcome Trust in London. There were 14 papers and about 35 people attended in all, many of whom are leading figures in the fields of medical history for Asia and Africa, and medical sociology and anthropology. The papers were precirculated.

In his introductory address, David Hardiman noted that mission medicine was at its height during the period of high European imperialism – from the 1880s to the post-World War II period. The colonial rulers were not prepared to engage in major spending on medical facilities for the masses, and in practice the main purveyors of Western medicine at the local level were often missionaries. As a result, the mission records provide a superb archive on the coming of such medicine to Asia and Africa. He also argued that in the late 19th century missionaries generally saw their medical work as a means towards Christian evangelism, rather than as good work carried out for its own sake. It was believed that medical work broke down barriers and put people in a receptive frame of mind. The mission dispensary and hospital was seen to act like a 'magnet', drawing people from near and far to the missionaries.

Work was not necessarily carried out where the need was greatest, but where most converts could be won. This began to change in the course of the 20th century, as the emphasis shifted towards seeing such work as intrinsically worthwhile whether or not there were conversions. Although there has been some excellent work on medical missionaries in Africa, the subject has been neglected so far as Asia is concerned, even though India and China were the most important of the medical mission fields. The aim of the conference was to bring together specialists on Africa and Asia so that new perspectives might be gained on the topic.

The first four papers were on China:

- Michael Lazich talked about the inauguration of mission medicine in the 1830s and 1840s;
- Timothy Man-Kong Wong on the indigenization of such work in Hong Kong in the late 19th century;
- Bridie Andrews on the perceptions of the medical missionaries by the Chinese elites;
- John Stanley on the growing professionalization of such medicine in the early 20th century.

The three papers that followed were on India. Those by Maneesha Lal and Rosemary Fitzgerald were on what was known in the mission medicine field as 'women's work for women', in which female medical missionaries worked primarily with Indian women patients who were unwilling to be treated by European male doctors. The work brought career opportunities and responsibilities for European and American women medical practitioners of a sort routinely denied them in their home countries. David Hardiman examined the work of medical missionaries amongst the adivasis, or so-called 'tribal' peoples of western India.

In the first paper on the second day Deborah Gaitskell compared female medical missions in Africa and Asia. The papers by Shula Marks and Michael Jennings provide case studies of such work for women, in Cape Town and in Tanzania. Linda Beer Kumwenda looked at the biographies of some African medical subordinate staff in Zambia, and Uoldelul Chelati Dirar spoke on the work of Italian Capuchin missionaries in Eritrea. The final two papers were on Nigeria, with Murray Last on his own vivid experiences in the north, and John Manton on Irish missionary work among leprosy patients in Ogoja Province.

Some of the major themes that were discussed were: the differences between state-sponsored colonial medicine and mission medicine; areas of

Left: Missionaries in China, 1909.

particular therapeutic strength such as in surgery; changes in emphasis of the role of the medical missionary within missionary organizations over time; the pioneering role of women doctors and medical workers in mission enterprises; struggles by indigenous Christian medical practitioners to gain positions of responsibility and influence within mission organizations; the relationship between Christianity and healing, including faith healing; the frequent shortcomings of mission medicine as a means for Christian evangelism; struggles for power and influence at the local level between mission doctors and indigenous healers and exorcists; and the importance of the medical mission model in the evolution of healthcare systems in postcolonial states.

The conference ended with a general discussion, and the organizer, David Hardiman, was strongly encouraged to publish the papers in an edited volume.

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History of medicine at Oxford Brookes University

The Centre for Health, Medicine and Society: Past and present at Oxford Brookes provides a focus for researchers and teachers in the history of medicine. Based in the first instance in the Department of History – history of medicine has been acknowledged as central to the Department's five-star rating at the recent Research Assessment Exercise – the Centre nonetheless brings together colleagues from throughout the university. Judy Slinn and Viviane Quirke, for example, are based in the School of Business and have important and ongoing work in pharmaceutical history. In the Department of Social Policy Stephen Peckham works on contemporary healthcare and health policy, while in History of Art Leslie Topp researches the architecture of asylums. Leslie is one of the coorganizers, with Jonathan Andrews, of the forthcoming conference 'Space, Psyche and Psychiatry' (see p. 16) which takes place at Oxford Brookes later this year. A member of the French Department, Valerie Worth, has a major research project underway on medical texts, literary representations of childbirth and pregnancy, and the transmission of medical knowledge in early modern France.

Within the Department of History itself Anne Digby's work on South African medicine proceeds apace: a paper on this particular part of Anne's work was given at UCL in January 2002 while others are scheduled for the University of Cape Town in August 2002 and January 2003. Steven King has branched into such vexed areas as doctor–patient relationships in early modern England, part of a larger project on the medical history of the north of England. We have recently seen the publication of Jonathan Andrews's book on the 18th-century psychiatrist John Monro (see below for some recent publications) and Jonathan has recently finished a companion volume, again with Andrew Scull of the University of California. Paul Weindling's multi-faceted research and publication programme continues, with ongoing work on medical refugees – a significant database already exists here at Brookes – and the Nuremberg Medical Trial. The Centre's administrator, Cassie Watson, is hard at work on her book on Victorian poisoning crimes. Finally John Stewart will, in the near future, be starting work on a project on municipal medicine in inter-war England funded by the Wellcome Trustand carried out jointly with Martin Powell, University of Bath, and hopes to continue his work on the National Health Service in Scotland.

Above: Caricature of Dr James Monro and Charles James Fox.

Our research students continue to provide intellectual stimulation even at the busiest times of the academic year. Within the last few months Kerry Davies was successful in gaining her doctorate entitled 'Narratives beyond the walls: Patients' experiences of mental health and illness in Oxfordshire since 1948', the external examiner for which was Dr Peter Barham, London. Kerry was successful in gaining funding for her research from the AHRB and the Institute of Historical Research. Other graduate students are working on such varied topics as apothecaries and surgeons in pre-Revolutionary Bordeaux, gerontology in 20th-century Oxford, and the English Anatomy Act and Medical Education. Research activity on the part of both staff and graduate students is further enhanced by our series of conferences and seminars. Mention has already been made of the conference being organised by Leslie Topp and Jonathan Andrews. A very successful seminar series under the broad title 'Doctoring the Environment in Early Modern and Modern Times' took place in 2001/02; our programme for 2002/03 is entitled 'Regional Medical Cultures in Early Modern Europe' and further details can be obtained from the e-mail addresses given below; or from the latest edition of our newsletter.

Finally, the History of Medicine Centre has been asked to give the Oxford Brookes Christmas lectures for 2002. The daytime lectures, aimed at local GCSE schoolchildren as part of our widening participation programme, will be on public health in Britain in the 19th

and 20th centuries and will be given by John Stewart. The evening lectures will be on Nazi medicine and given by Paul Weindling. The second of the evening lectures will be followed by the official opening of the Centre and this reception will be hosted by the Vice-Chancellor of Oxford Brookes, Professor Graham Upton.

As is hopefully apparent, the history of medicine, in all its diversity, is alive and well at Oxford Brookes. Colleagues are invited to contact the Centre's Director, John Stewart – jwstewart@brookes.ac.uk or the Centre's administrator, Cassie Watson, kwatson@brookes.ac.uk for further information. We look forward to hearing from you!

Selected recent/forthcoming publications

Jonathan Andrews and Andrew Scull, *Undertaker of the Mind: John Monro and Mad-Doctoring in Eighteenth Century England* (2001)

Anne Digby, 'A human face to medicine? Encounters between patients and general practitioners in Britain, 1850–1950', *Medizin* (forthcoming)
Steven King, *A Fylde Country Practice: Medicine and Society in Lancashire, ca. 1760–1840* (Lancaster, 2001)

John Stewart, 'The National Health Service in Scotland 1947–1974. Scottish or British?', *Historical Research* (forthcoming)
Paul Weindling, 'The origins of informed consent: The International Commission for the Investigation of Medical War Crimes, and the Nuremburg Code', *Bulletin of the History of Medicine* (2001)

John Stewart
Director, Centre for Health, Medicine and Society: Past and Present
Oxford Brookes University

Visitors to the Wellcome Trust Centre

Dr Mhdulika Bannerjee (Delhi University) has been awarded a Wellcome Trust travel grant to work on a comparison of the experiences of Ayurveda in India and the complementary systems in Britain, in terms of the policy and politics in the respective countries over the last two centuries.

Dr Pascale Bernède began work as Dominik Wujastyk's Research Assistant. She will be at the Wellcome Trust Centre until the end of December 2002.

Dr Maria Betancor Gómez (University of Las Palmas at Grand Canaria) is working on Public health and epidemics, together with medical historiography and medical education.

Stefano Canali (La Sapienza, Rome) arrived to work on his PhD thesis on the history and philosophy of thalassaemias.

Dr Elise Chenier (McGill University) has been awarded this year's Hannah/AMS Fellowship to work on the criminal sexual psychopath, with particular reference to 'The Wolfenden Report'.

Dr Ahmed El-Kady has been awarded a WT Travel Grant to conduct a study on the medical Thoughts of Ali Ibn Ridwan.

Prof. Ali Foruhi (Tehran) worked on a critical edition of Tanksug-Nameh (Tibb Ahl Khata) compiled by Rasid- al-Din Fazlollah.

Dr John Henderson (Cambridge HPS) is working on the medical world of early modern Tuscany.

Dr Pilar Leon (University of Navarra) is working on the development of medical ethics and professional codes as an academic discipline in the English-speaking world until the end of December 2002.

Dr Efraim Lev (Haifa University) returned to continue his research into Medieval materia medica of the Jewish community in the Levant according to the Genizah fragments.

Dr Shang-Jen Li (Academia Sineca, Taipei) returned to work on *Healing Bodies, Saving Souls: Medical missions to nineteenth-century* China.

Dr Teresa Ortiz Gómez (University of Granada) came to work on recent feminist historiography, focusing especially on medical institutions, doctors and patients, and the uses of medical history.

Dr Tanya Pollard (Macalester College, USA) returned to continue work on her book manuscript, *Dangerous Remedies: Drugs, poisons and theater in Shakespeare's England.*

Dr Esteban Rodríguez-Ocaña (University of Granada) worked on the history of infant and child medical care during the 20th century.

Dr Kevin Siena (Trent University, Peterborough, Canada) was awarded last year's Hannah/AMS Fellowship to work on a history of workhouse infirmaries in 18th-century London.

Dr Florian Steger (Institute for Medical History and Ethics, Erlangen) has been awarded a WT travel grant to work on *The cultural transfer of medical theory in the Middle Ages: the debates in medical humanism.*

Other news

- At the last meeting of the Research and Postgraduate Committee it was decided that a new class of visitor should be introduced to the Affiliation Scheme. As 'Guests', these people will have access to the Wellcome Trust Centre during normal working hours to enable them to attend seminars etc., to meet with Wellcome Trust Centre members, and to enjoy a cup of coffee and a newspaper in the common room. The first of these was Dr Andrew Makarov (Institute of Social Education, Saratov, Russia). He was awarded a Wellcome Trust travel grant to work on the medieval history of hospitals of 12th- to 16th-century London of: socioeconomic and cultural life.

Sally Bragg, Wellcome Trust Centre at UCL

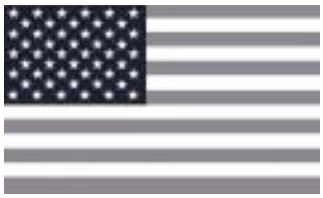
History of medicine collections in the USA

The Centers of Disease Control and Prevention (CDC) in the USA (headquarters based in Atlanta) has, of course, played prominent part in several internationally significant health campaigns. Notable in this regard was its participation in the worldwide smallpox eradication campaign, particularly in Africa and Asia. Many of the CDC's papers relating to this programme have now been transferred to the Regional Archives Branch of the National Archives.[1]

The CDC papers can only be received with official clearance – researchers are advised to call the Regional Archives office [(+404) 7637477] to arrange clearance and make an appointment to view the archives. It is recommended to request lists of holdings in advance, mark out what one would like to see and post these details back to the contact within the archives. In the long run, this policy can save time, as it allows archive officials to set aside large amounts of material for inspection by the CDC.

The archive is quite well connected by public transport – take the metro rail to East Point station, which has a major bus stop. There are several buses to St Joseph Avenue every hour – the bus timetables are prominently displayed. The archives are open Monday to Friday, from 7.30a.m. to 4.30p.m. (the facilities are also important every second Saturday of a month, between 9.00a.m. and 5.00p.m.).

These archives also hold a variety of other fascinating records dealing with the history of Europe, North America and Asia, which may be of use indirectly to historians of medicine. Some of the microfilmed collections available for research are as follows:



- Papers of the Continental Congress, 1774–89: Record group 360/M-247 (204 rolls).
- Foreign letters of the Continental Congress and the Department of State, 1785–90: Record group 59/M-61 (one roll).
- Domestic letters of the Department of State, 1784–1906: Record group 59/M-40 (171 rolls).
- Diplomatic and consular instructions of the Department of State, 1791–1801: Record group 59/M-28 (five rolls).
- Despatches of US Ministers abroad, to 1906: Record group 59.
- Great Britain, 1791–1906: M-30 (200 rolls).
- France, 1789–1906: M-34 (128 rolls).
- German States and Germany, 1799–1906: M-44 (107 rolls).
- States surveying expedition to the North Pacific, 1852–63: Record group 45/M-88 (27 rolls).
- Letters received by the Secretary of the Navy from Commanding Officers of Squadrons, 1841–86: Record group 45/M-89 (300 rolls).

1 Regional Archives Branch of the National Archives are based at 1557 St Joseph Avenue, East Point, Georgia 30344, USA

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History of science and medicine website

It is hoped that forthcoming issues of *Wellcome History* will include short reviews of websites related to the history of science and medicine. This issue's featured web page is: www.lamarck.net.

Professor Pietro Corsi (Université Paris I, Panthéon-Sorbonne and EHESS, Director of the CRHST at the Cité des sciences et de l'industrie, Paris) has developed this page, and he came to give a lively talk and demonstration on the development of the resource to staff at the Wellcome Trust Centre for the History of Medicine at UCL on the 15 May.

The site is devoted to the life and work of Jean Baptiste Pierre Antoine de Monet de Lamarck (1744–1829). Lamarck was a French naturalist whose scientific theories were largely ignored or attacked during his lifetime.

Corsi is one of the leading authorities on Lamarck and is the author of *The Age of Lamarck: Evolutionary theories in France 1790–1830* (Berkeley: University of California Press, 1988). The project began in 1994 and in part of a wider research project on the life and works of Lamarck. The text version of the site is available in both French and English.

Although still under construction the aim of the website is to provide a starting place for the understanding of Lamarck's life and times. It contains a biography of Lamarck (left), highlighting the main phases of Lamarck's life as well as an account of the his works, including a complete bibliography of his scientific work and a detailed section on the 973 students attending Lamarck's lectures from 1795 through 1823. The list of students is available on a prosopographic database.

The key feature that will make this site invaluable to scholars of Lamarck is that it contains a wealth of unpublished or little known biographical documents. Some of the works contained on this web page are edited for the first time since their publication more than 200 years ago. This searchable resource amounts to some 7400 pages (mostly in French).

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MedHist: The history of medicine Internet gateway

The end of July saw the launch of the MedHist gateway, a web-based research tool to assist scholars in locating Internet resources in the history of health and medicine. MedHist contains detailed descriptions of high-quality history of medicine websites and other Internet resources. It is available at http://medhist.ac.uk.

MedHist has been developed by staff at the Wellcome Trust Library for the History and Understanding of Medicine. Its principal aim is to locate relevant history of medicine Internet resources and evaluate them against strict criteria to assess their authority, coverage and currency. Following this they are catalogued onto MedHist's database. The information recorded includes title of the resource, Internet address (URL) of the resource, and details of the site's creator and publisher. Each resource record also has a descriptive paragraph of text drawing attention to the purpose and scope of the resource as well as any specialist noteworthy features it may have. Key words are assigned to resource records using terms from the Medical Subject Headings (MeSH) thesaurus, developed by the National Library of Medicine.

The types of resources described on MedHist are various and reflect the way scholars and others are using the Internet to publish research and aids to research. There are electronic versions of historic texts that have been digitized, websites of specialist projects, searchable online datasets of information relating to health and sickness, online discussion groups, exhibitions featuring rare materials from university libraries and archives, in addition to the websites of academic departments offering courses in the history of medicine.

These resources cover a range of subject areas within the history of medicine, from the history of diseases and individual medical specialities such as nursing or surgery to more peripheral, but still relevant, areas such as witchcraft and alchemy.

What all resources have in common is that they have been all been assessed against MedHist's evaluation guidelines before inclusion on the gateway. These guidelines were developed in consultation with MedHist's advisory group of academics and subject specialists to ensure that only resources of the highest quality are included. Additionally every attempt has been made to include resources that reflect a variety of opinions and languages.

MedHist may be searched using a powerful search engine that allows for key word or phrase searching, and the ability to limit searches to particular resource types or by historical period. Additionally, browse functions allow searchers to locate information by following subject headings from MedHist's home page. Users may drill down through a series of headings, starting with more general concepts and ending with specific subjects. For instance following the heading 'Diseases' will lead the searcher onto another heading listing individual diseases. From here it would be possible, for example, to list all the resources in MedHist relating to tuberculosis.

MedHist is affiliated to the BIOME hub, a collection of health and life sciences Internet gateways. As a result MedHist's records are also available to searchers using the BIOME website (http://biome.ac.uk). There are also plans to share MedHist's records with other related subject gateways, such as the Humbul Humanities Hub (http://humbul.ac.uk) and the Social Science gateway, SOSIG (http://sosig.ac.uk)

The MedHist editorial team can be contacted via e-mail at:
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E-mail: d.little@wellcome.ac.uk

Orthotics and prosthetics awareness

The O&P Awareness Initiative of the Orthotic and Prosthetic Assistance Fund (OPAF) offers educational resources to individuals who are interested in teaching others about the past, present and future of the fields of orthotics and prosthetics. It is part of OPAF's larger mission to raise public awareness of the fields of orthotics and prosthetics as well as the benefits that individuals receive from using prostheses and orthoses. The Initiative is located within the OPAF website (www.opfund.org) at www.opfund.org/programs/awarenessintro.htm.

We are seeking contributions to enhance all of the Initiative's three sections, in particular 'O&P in the Past', which is located at www.opfund.org/programs/awarenesspast.htm.

We especially welcome scholarly contributions from anthropologists, historians, sociologists, and literary scholars. We also welcome articles from journalists that address the role of orthoses and prostheses in the lives of individuals who choose to use these technologies.

Examples of the kinds of resources we are seeking to highlight in the project include:

- abstracts of O&P-related anthropological, historical, sociological, and literary research in progress;

- additions to the online bibliographies;
- newspaper articles addressing aspects of O&P history and/or experiences using orthoses/prostheses;
- descriptions/images of relevant museum collections;
- public lectures;
- online essays and images relating to the past, present, and future of O&P in different regions, cultures, and time periods.

If you have a contribution to offer, please contact Jeffrey S Reznick PhD, OPAF Director and Senior Research Fellow (E-mail: jsr@opfund.org).

All resources included in the Initiative are intended for educational use only and not as an endorsement by OPAF. OPAF reserves the right to review and approve all recommendations.

Jeffrey S Reznick
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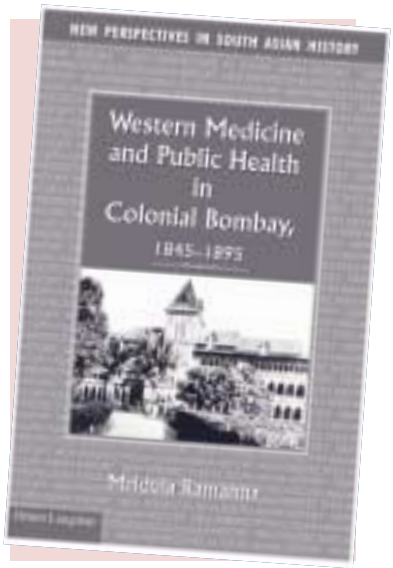
NEW PUBLICATION

Western Medicine and Public Health in Colonial Bombay, 1845–1895



Western Medicine and Public Health in Colonial Bombay maps a crucial area in the medical history of India, otherwise marked by competing claims of dominance by, and submission to, a colonial regime. Mridula Ramanna has researched the impact of Western medical thinking and practices on the early institutions of rest and cure in mid-19th-century Bombay.

Among the major themes she addresses here are: British medical reformist policies and the Indian reactions they evoked; complex interrelations between power; politics and people in the domain of public health and civic amenities; and colonial and indigenous paradigms of medical practice and practitioners that sometimes bordered on medical activism.

Of special interest to generalists is Ramanna's re-evaluation of the alleged neglect by British colonial authorities of the Indian quarter of the city. The author corrects inconsistencies and errors of judgement in laying the blame entirely on the colonial regime.

Earnestly detailed and meticulous, Ramanna's historical account is by far the best we have of the hospitals and dispensaries of a city of such historical, strategic, and commercial importance as Bombay.

Further information is available at www.orientlongman.com or contact Ms Veenu Luthria (E-mail: editor@pol.net.in).

Mridula Ramanna (2002) *Western Medicine and Public Health in Colonial Bombay, 1845–1895* ('New Perspectives in South Asian History' series). Hyderabad: Orient Longman. ISBN 0 863118 62 3, £29.95.

SUBMISSIONS TO WELLCOME HISTORY

The next issue of *Wellcome History* is due out in spring 2003. Please send your contributions to Sanjoy Bhattacharya at the address shown. Preferably, contributions should be pasted into an e-mail and sent to the Editor (sanjoy.bhattacharya@ucl.ac.uk). Alternatively send the Editor a disk with a paper copy of the article. For more detailed instructions, visit the *Wellcome History* web pages at www.wellcome.ac.uk/wellcomehistory.

DEADLINE FOR SUBMISSIONS: 2 DECEMBER 2002

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CALENDAR OF EVENTS

To add an event to the calendar page, please send details to the Editor (sanjoy.bhattacharya@ucl.ac.uk).

October 2002

10 Evidence, Health and History seminar series: Improving the Nation's health: British pharmaceutical companies and the assault on chronic diseases, 1948–78 (Dr Viviane Quirke, Oxford Brookes University)
London School of Hygiene and Tropical Medicine, 5.15p.m.
Contact: kelly.loughlin@lshtm.ac.uk

11–12 Birthing and Bureaucracy: The history of childbirth and midwifery
University of Sheffield
Contact: j.durell@sheffield.ac.uk

November 2002

7 Evidence, Health and History seminar series: The History of Narcotic Culture in China, 1700–1950 (Dr Frank Dikotter, SOAS)
London School of Hygiene and Tropical Medicine, 5.15p.m.
Contact: kelly.loughlin@lshtm.ac.uk

8–9 Creating Hospitals: Architecture in historical context, 1700–2000
Sainsbury Centre for Visual Arts, UEA, Norwich
Contact: wellcome@uea.ac.uk

December 2002

5 Evidence, Health and History seminar series: The Epidemiology of the Black Death: Europe, 1348–1450 (Prof. Samuel K Cohn, University of Glasgow)
London School of Hygiene and Tropical Medicine, 5.15p.m.
Contact: kelly.loughlin@lshtm.ac.uk

13–15 Space, Psyche and Psychiatry: Mental health/illness and the construction and experience of space, c. 1600–2000
Oxford Brookes University
Contact: l.top@brookes.ac.uk, jandrews@brookes.ac.uk

March 2003

7 International Health Programmes in South Asia: A reappraisal
Wellcome Trust Centre for the History of Medicine at UCL
Contact: s.bhattacharya@ucl.ac.uk

12 Public lecture: The Medicalization of Social Problems in Sri Lanka: The British colonial experience (given by Prof. K T Silva)
Wellcome Trust Centre for the History of Medicine at UCL
Contact: s.bragg@ucl.ac.uk

April 2003

24–26 Body Modification: Changing bodies, changing selves
Macquarie University, Sydney, Australia
Contact: bodmod@scmp.mq.edu.au;
www.ccs.mq.edu.au/bodmod

May 2003

16–17 The 'Freudian Century'? The impact of psychoanalysis on intellectual life in Britain
British Psychoanalytical Society, London
Contact: bulletin@compuserve.com

June 2003

19–21 Form and Function: The hospital (Third International Network for the History of Hospitals Conference)
McGill University, Montreal, Canada
Contact: waddingtonk@cardiff.ac.uk or aadams4@po-box.mcgill.ca

July 2003

11–13 Innovating Medicine: Medical technologies in historical perspective (Society for the Social History of Medicine Summer Conference)
University of Manchester
Contact: julie.anderson@man.ac.uk or carsten.timmermann@man.ac.uk

September 2003

4–7 20th Congress of the British Society for the History of Medicine
Whiteknights Hall, University of Reading
Contact: Dermot@ouvip.com

ROY PORTER MEMORIAL FUND PRIZE DRAW

The winner of the framed cartoon is Marian Richer of the Wellcome Trust.

Congratulations to Marian and thanks to all those who supported this draw, and of course to Klif Fuller who donated his work.