

# BSHM Congress 2025

*Open to all interested in the history of  
medicine and healthcare*

10-13 September 2025

Cloth Hall Court

University of Leeds



Conference Programme and Abstracts



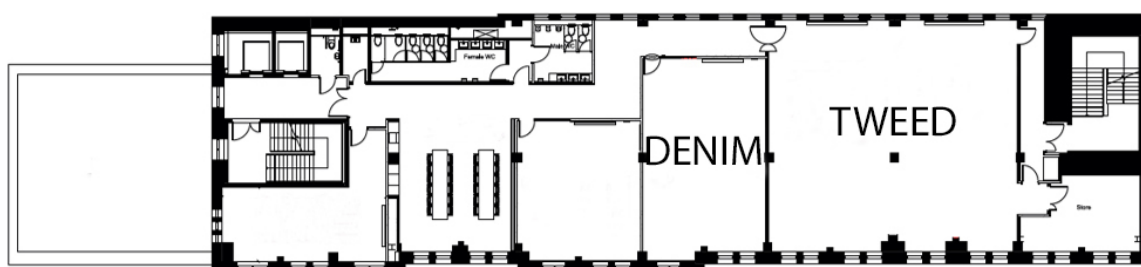
# CLOTH HALL COURT

## FLOOR PLANS

### GROUND FLOOR



### SECOND FLOOR



## General information

### **Congress venue**

Congress sessions will be held at Cloth Hall Court (University of Leeds), Quebec Street, Leeds LS1 2HA, in the heart of Leeds city centre.

### **Parking**

Cloth Hall Court does not have a car park. Nearest car parks are in Wellington St (Qpark) at £16 for 11 hours and Leeds station long stay (Apcoa) at £23 for 24 hours.

### **Public transport/taxis**

Cloth Hall Court is a two-minute walk from Leeds Railway Station, located on City Square, and a 15-minute walk from Leeds Coach Station.

The Leeds CityBus service links Leeds' rail and bus stations, business and shopping districts, the General Infirmary and Universities.

There is a taxi rank at the drop-off and pick-up zone, which is located in Princes Square, outside the Aire Street entrance to Leeds Railway Station.

### **Wi-fi access**

Wi-fi access is available at the Congress venue through the eduroam Wi-fi network. Text (SMS) the keyword 'ClothHall' to phone number +44 114 359 7221. You will immediately receive a return SMS containing your personal Wi-fi username and password. Select the eduroam Wi-fi network on your device and enter your username and password. Please note that access will only be available during the event.

The University of Leeds guest network is also available - just connect and follow instructions on the screen when you open your browser. This will require sharing some personal data with a 3rd party (SKY).

### **Luggage storage**

Luggage storage is available during the congress. However, this area is unsecured and all items are left at the owner's risk.

### **Lanyards and name-badges**

Delegates must always wear their lanyard and name-badge, especially during refreshment and lunch breaks, as only registered participants will be served.

### **Registration**

Open from 8.30am each day from Thursday 11 to Saturday 13 September. For those who have registered to attend the welcome reception, registration will be available from 5pm on Wednesday 10 September.

### **Congress sessions**

Plenary sessions will be held in the Tweed Suite. Parallel sessions will be held in the Tweed Suite and the Denim Room. These are located on the Second Floor of Cloth Hall Court.

Posters will be on display in the Tweed Suite. Delegates are encouraged to view the posters during the refreshment breaks. There will also be a dedicated session for poster viewing and prize-judging at 4.30pm on Friday 12 September.

An exhibition 'Finding Ivy' curated by Dr Helen Atherton will be on display in the business lounge by reception on the ground floor.

Book exhibitors will be based in the breakout area in the corridor of the second floor.

### **Respect for fellow delegates**

The BSHM Congress is intended to facilitate networking and collaboration among both members and non-members interested in all aspects of the history of medicine and healthcare.

The organisers are dedicated to providing an environment in which participants have an enjoyable and fulfilling experience. Accordingly, we request that all attendees treat other delegates, guests and staff with due respect and courtesy at all times. Harassment or disrespect will not be tolerated, and any offender may be asked to leave the congress.

Presenters give their time freely. Many have travelled a considerable distance. Some are very distinguished; some are early researchers, perhaps giving a lecture at this level for the first time. All deserve a fair and polite hearing.

All communications should be sensitive with regard to the audience, which includes people of many backgrounds and with different experience, especially when covering material expressing historical views that have the potential to offend.

### **Catering**

All refreshments will be served in Merchant Hall on the ground floor of Cloth Hall Court. Any specific dietary requirements, allergies or intolerances highlighted on your registration will be accommodated with a separate plate. Please speak to the catering team who will be able to assist you further.

Delegates need to be aware that other meetings will be taking place at Cloth Hall Court during the Congress and so we will need to follow strictly the scheduled timing of breaks.

### **Mobile phones and photography**

Please ensure your phone is in silent mode during all sessions. Photography and recording are permitted only with prior permission by the presenter. BSHM will be taking photographs during conference and social events – if you do not want to appear in images please inform the photographer or organisers.

### **Welcome reception**

5.30 to 7pm Wednesday 10 September.

For those who have prebooked, an opening early evening reception will be held in the Merchant Hall, offering snacks and refreshments sponsored by Jon Baines Tours. A cash bar will also be available.

### **Museum visit**

4.45 to 8pm Thursday 11 September.

For those who have booked in advance, this visit includes transport from Cloth Hall Court to and from the Thackray Museum of Medicine. Please be ready to board the coaches outside the venue promptly at 4.45pm.

Guests will receive a drink and nibbles on arrival, a short curatorial introduction, and adequate time to view the exhibition galleries. We aim to return to central Leeds by 8pm.

### **Congress dinner**

7 to 10pm Friday 12 September.

The Congress dinner will be held at The Queens Hotel, City Square, Leeds. Please note that attendance at the dinner needs to have been booked before arrival at the congress. The evening will begin with a welcome drink at 7pm followed by a 3-course dinner with wine, followed by tea or coffee. Guests will be able to purchase additional wine and drinks during the evening. There will be no seating plans, and the setting will have circular tables that seat 8 diners. The dress code for the dinner will be smart casual.

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## President's welcome



On behalf of the British Society for the History of Medicine, a very warm welcome to our 31st Congress, a meeting open to all who are interested in the history of medicine and healthcare, held on this occasion in the vibrant and historic city of Leeds.

The BSHM organising committee has endeavoured to arrange a varied and interesting academic programme, comprising keynote lectures, oral presentations and posters, which we hope will appeal to a broad range of delegates and both entertain and inspire you.

The congress has three main themes: Herbs, Potions and Magic Bullets; Disability and Rehabilitation; and Medical and Healthcare Learning. There will also be presentations on a range of miscellaneous topics in the history of medicine and healthcare. We trust that the programme will satisfy your personal interests, tempt you to explore unfamiliar topics, and perhaps stimulate new directions to investigate.

A great advantage of our congress is the opportunity to meet colleagues from all walks of life, various professional backgrounds and different parts of the world, each bringing a valuable and unique perspective on the history of medicine and healthcare. Our social programme begins with a welcome reception on Wednesday, kindly sponsored by Jon Baines Tours. On Thursday, we have arranged a visit to the Thackray Museum of Medicine. The traditional Friday congress dinner will be held at the Queens Hotel.

The BSHM is grateful to the John Blair Trust for once more funding prizes for the best undergraduate oral presentation and poster, for making available travel grants to assist medical undergraduates, and for sponsoring the inaugural John Blair Trust Lecture. We are pleased to acknowledge a generous donation from the international endoscopy company Richard Wolf. And we appreciate the support of MN University Presses and the University of Rochester Press who will be exhibiting at the congress, and the advertisers in this programme.

Sponsorship is extremely important to the BSHM as it helps us to encourage undergraduate and postgraduate students to participate in the congress by offering registration at a substantially discounted fee. We are glad these efforts have been rewarded by the many of you who have taken advantage of the lower rate to attend and present at the congress, a wonderful sign that the history of medicine continues to thrive at many levels.

I am delighted to salute the hard work of my colleagues on the organising committee, all the unrecognised individuals who independently reviewed abstract submissions, those who kindly agreed to chair academic sessions, the prize-judging panel, and Anne Wawrzynczak and our registration desk helpers, all contributing vitally to the success of the congress.

Last but not least, I thank the University of Leeds, and especially Jan Bilke and the events staff at Cloth Hall Court, for their assistance in bringing this congress to fruition.

Please enjoy your time with us.

Edward Wawrzynczak

## Student prizes

The John Blair Trust offers prizes (£100 each) for the best oral presentation and best poster presentation by an undergraduate student. All student presentations accepted for the Congress are eligible provided the work has been completed as an undergraduate and the abstract has been submitted no longer than one year after graduation.

In addition, book prizes (worth up to £50 each) for the runners-up in each category are kindly being offered by the University of Rochester Press.

The assessment of the poster or oral presentations will be undertaken by a panel of three judges led by Dr Martin Edwards. The winners of the prizes will be announced at the AGM on Saturday.

## Topics in the History of Medicine

The BSHM's peer-reviewed, open access, online journal *Topics in the History of Medicine* invites presenters of either talks or posters at the Leeds Congress to consider submitting a manuscript based on their presentations. Dr Peter Carpenter has kindly agreed to act as the Guest Editor for the next volume of the journal. Authors should acquaint themselves with the journal's editorial and publication policies and will need to follow the *Guidance for Authors* and *Directions for Manuscript Preparation* which can all be found on the BSHM website at <https://bshm.org.uk/thom/>. Please contact the Editorial Team with any questions at [editorial@bshm.org.uk](mailto:editorial@bshm.org.uk). The deadline for submissions is 31 March 2026.

## Evaluation and feedback form

Feedback from participants is very important in planning future congresses and meetings. The organisers would be very grateful if delegates could take a few minutes to complete both sides of the 'Evaluation and Feedback' form. Completed forms may be left at the registration desk or handed to one of the congress organisers. Thank you.

## Getting involved

The main aim of the BSHM is to ensure that it continues to create opportunities for engagement by all with a shared interest in the history of medicine, which is provided in the form of the Congress, Poynter Lecture, the website with its related social media and the thriving society journal. However, these initiatives are overseen by a relatively small group of organisers who need the support of others to enable these activities. If you are interested in helping the officers of the BSHM please email the president ([president@bshm.org.uk](mailto:president@bshm.org.uk)) after the congress to explore options.

## BSHM organising committee

Peter Carpenter, Treasurer

Lee Coppack, Secretary

Hilary Morris, Vice-President and President Elect

Edward Wawrzynczak, President

## Keynote speakers

### Dr Lara Marks



#### A Quiet Revolution: How Monoclonal Antibodies Transformed Medicine

Lara Marks DPhil (Oxon) FRSB, Visiting Researcher in the Department of Medicine at the University of Cambridge, is a historian of medicine who has published numerous articles and books on a range of subjects, including *The Lock and Key of Medicine: Monoclonal Antibodies and the Transformation of Healthcare*. She is currently managing editor of the charitable online educational resource [WhatIsBiotechnology.org](http://WhatIsBiotechnology.org).

### Dr Simon Jarrett



#### The History of Disability: Myths, the Everyday and Tales of the Unexpected

Simon Jarrett PhD is a Visiting Fellow in the School of Health, Wellbeing and Social Care at the Open University. He is the author of *Those They Called Idiots: The Idea of the Disabled Mind from 1700 to the Present Day* and *A History of Disability in England from the Medieval Period to the Present Day*.

### Mr Iain Macintyre



#### THE JOHN BLAIR TRUST LECTURE

#### John Blair and his Legacy to the History of Medicine

Iain Macintyre MB ChB MD FRCSEd was Vice President of the Royal College of Surgeons of Edinburgh during its 500<sup>th</sup> anniversary celebration and served as surgeon to the Queen in Scotland until he retired in 2004. He now researches, writes and lectures on the history of medicine and has contributed to several books, including *Surgeons' Lives*, *Scottish Medicine – An Illustrated History*, and *Scotland's Contribution to Naval and Military Medicine and Surgery*.

## Finding Ivy exhibition

The 'Finding Ivy' exhibition, which comprises a series of banners, will be staged in the business lounge by reception on the ground floor of Cloth Hall Court.

From 1940 to 1941 around 70,000 adults with mental and physical disabilities living in institutions across Germany and Austria were systematically killed under a Nazi state-led programme called Aktion T4. The victims were deemed to have 'life unworthy of life'.

Dr Helen Atherton, a lecturer and nurse historian based in the at the School of Healthcare at the University of Leeds, together with an international team of researchers, has honoured the British-born victims of the T4 programme in this exhibition.

The 'Finding Ivy' project reconstructed the fascinating lives of some of these people, as well as telling the story of the killing programme in which they were caught up, and its aftermath. Most of them were from the families of German and Austrian immigrants who moved to Britain to work in the early twentieth century before fatefully returning to Germany before the Second World War. Others were from mixed marriages between British and German or Austrian nationals.

The project draws attention to parallel thinking in terms of the perceived societal value of people with disabilities then and now, and how eugenic undertones still pervade contemporary thinking about this group.

<https://medicinehealth.leeds.ac.uk/directories0/dir-record/research-projects/1850/finding-ivy-a-life-worthy-of-life>

# BSHM Congress 2025

## Programme

### Wednesday, 10 September 2025

<b>1:00pm - 2:00pm</b>	THoM Editorial Board meeting (invitation only)
Seamstress Room	<b>Location: Seamstress Room</b>
<b>2:00pm - 3:00pm</b>	John Blair Trustees meeting (invitation only)
Seamstress Room	<b>Location: Seamstress Room</b>
<b>3:00pm - 3:30pm</b>	Tea & Coffee (invitation only)
Seamstress Room	<b>Location: Seamstress Room</b>
<b>3:30pm - 5:00pm</b>	BSHM ORC meeting: BSHM ORC meeting (invitation only)
Seamstress Room	<b>Location: Seamstress Room</b>
<b>5:00pm</b>	Registration open
Reception	<b>Location: Reception</b>
<b>5:30pm - 7:00pm</b>	Welcome reception
Merchant Hall	<b>Location: Merchant Hall</b>

## Thursday, 11 September 2025

8:30am	<b>Registration 1</b>	
-	Location: <b>Reception / Breakout</b>	
9:00am		
9:00am	<b>Keynote Lecture 1: A Quiet Revolution: How Monoclonal Antibodies Transformed</b>	
-	<b>Medicine - Dr Lara Marks</b>	
9:55am	Location: <b>Tweed Suite</b>	
	Chair: <b>Dr. Edward Wawrzynczak</b>	
10:00am	<b>Tea &amp; Coffee 1</b>	
-	Location: <b>Merchant Hall</b>	
10:30am		
10:35am	<b>HP&amp;MB 1: Herbs, Potions &amp; Magic Bullets 1</b>	<b>MISC 1: Miscellaneous 1</b>
-	Location: <b>Tweed Suite</b>	Location: <b>Denim Room</b>
11:55am	Chair: <b>Dr. Edward Wawrzynczak</b>	Chair: <b>Dr. Martin Edwards</b>
	<b>10:35am - 10:55am</b>	<b>10:35am - 10:55am</b>
	<b>The opium of the Quakers: A history of Lancaster and Kendal Black Drop</b>	<b>Charles Ballance and the bullet in the heart</b>
	<b><u>Bryan Rhodes, Nicholas Jones</u></b>	<b><u>Alexander Roger Manché</u></b>
	<b>10:55am - 11:15am</b>	<b>10:55am - 11:15am</b>
	<b>The history of myrrh and saffron as abortifacients and how Giacomo Casanova(1725-1798) used them.</b>	<b>The first prosthetic valve implantation in the UK?</b>
	<b><u>Lisetta Marianne Lovett</u></b>	<b><u>William Parker</u></b>
	<b>11:15am - 11:35am</b>	<b>11:15am - 11:35am</b>
	<b>Thomas Airey c1826–1900: botanist, bigamist and litigant</b>	<b>Rewriting the natural history: ACHD and the transformation of cardiac care</b>
	<b><u>Sylvia Theresa Valentine</u></b>	<b><u>Elen Hanna Hughes</u></b>
	<b>11:35am - 11:55am</b>	<b>11:35am - 11:55am</b>
	<b>Dr Josiah Oldfield, vegetarianism and Bromley's Lady Margaret Hospital.</b>	<b>A deadly coexistence: antibiotics, hospital ecologies, and C diff infection in Britain, 1980-2020</b>
	<b><u>Adrian Thomas</u></b>	<b><u>Emily Webster</u></b>
12:00pm	<b>Lunch 1</b>	
-	Location: <b>Merchant Hall</b>	
1:00pm		
1:05pm	<b>HP&amp;MB 2: Herbs, Potions &amp; Magic Bullets 2</b>	<b>MISC 2: Miscellaneous 2</b>
-	Location: <b>Tweed Suite</b>	Location: <b>Denim Room</b>
2:25pm	Chair: <b>Bryan Rhodes</b>	Chair: <b>David Vassallo</b>
	<b>1:05pm - 1:25pm</b>	<b>1:05pm - 1:25pm</b>
	<b>Gentian violet: from medical dye to Irish folk healing</b>	<b>'It turned us yellow all over.' Health care provision for munition workers during the First World War</b>
	<b><u>William Dibb</u></b>	<b><u>Claire Susan Chatterton</u></b>
	<b>1:25pm - 1:45pm</b>	<b>1:25pm - 1:45pm</b>
	<b>Cholera at Newcastle-upon-Tyne, 1853: the herbalists' response</b>	<b>Doctor-PoWs of the Japanese held in Taiwan in the Second World War</b>
	<b><u>Alison Denham</u></b>	<b><u>Katherine M Venables</u></b>

	<p><b>1:45pm - 2:05pm</b></p> <p><b>Substitutes for medical attendance in the Highlands and Islands of Scotland, 1880-1912</b></p> <p><u>Patricia Kelleher</u></p>	<p><b>1:45pm - 2:05pm</b></p> <p><b>Nurse suicide in late nineteenth- and early twentieth-century Britain</b></p> <p><u>Elizabeth Evens</u></p>
	<p><b>2:05pm - 2:25pm</b></p> <p><b>David Rorie's 1908 Edinburgh MD thesis on Scottish folk medicine</b></p> <p><u>David Wright</u></p>	<p><b>2:05pm - 2:25pm</b></p> <p><b>Patient blacklists and the BMA: 1927-1954</b></p> <p><u>Sarah Wieten</u></p>
2:30pm - 3:00pm	<p><b>Tea &amp; Coffee 2</b> Location: <b>Merchant Hall</b></p>	
3:05pm - 4:25pm	<p><b>HP&amp;MB 3: Herbs, Potions &amp; Magic Bullets 3</b> Location: <b>Tweed Suite</b> Chair: <b>Lee Coppack</b></p>	<p><b>HP&amp;MB 4: Herbs, Potions &amp; Magic Bullets 4</b> Location: <b>Denim Room</b> Chair: <b>Dr William Dibb</b></p>
	<p><b>3:05pm - 3:25pm</b></p> <p><b>Smedley's hydropathy: water as a cure-all?</b></p> <p><u>William Parker</u></p>	<p><b>3:05pm - 3:25pm</b></p> <p><b>A history of immunotoxins: harnessing nature's toxins to treat cancer</b></p> <p><u>Edward Wawrzynczak</u></p>
	<p><b>3:25pm - 3:45pm</b></p> <p><b>Exporting elixirs: seventeenth-century quackery or the dawn of global pharmaceutical companies?</b></p> <p><u>Anita Hoffmann</u></p>	<p><b>3:25pm - 3:45pm</b></p> <p><b>The introduction of a diphtheria immunisation programme during a time of war</b></p> <p><u>Tony Hollingworth</u></p>
	<p><b>3:45pm - 4:05pm</b></p> <p><b>Psychedelics and psychosis: historical perspectives on mescaline, schizophrenia, and art</b></p> <p><u>Irina Terekhova</u></p>	<p><b>3:45pm - 4:05pm</b></p> <p><b>How monoclonal antibodies have transformed cellular pathology: my experience</b></p> <p><u>Tina Jane Matthews</u></p>
	<p><b>4:05pm - 4:25pm</b></p> <p><b>Pharmaceutical networks in transition: demographic shifts and the evolution of pharmacies in Poland's Recovered Territories after 1945</b></p> <p><u>Kacper Mikołaj Rosner-Leszczyński</u></p>	
4:30pm	<p><b>Thursday Close</b></p>	
4:45pm - 8:00pm	<p><b>Visit: Thackray Museum of Medicine for those who have pre-booked</b> Location: <b>Reception</b></p>	

## Friday, 12 September 2025

8:30am	<b>Registration 2</b>	
-	Location: <b>Reception / Breakout</b>	
9:00am		
9:00am	<b>Keynote Lecture 2: The History of Disability: Myths, the Everyday and Tales of the Unexpected - Dr Simon Jarrett</b>	
-		
9:55am	Location: <b>Tweed Suite</b>	
	Chair: <b>Dr. Peter Carpenter</b>	
10:00am	<b>Tea &amp; Coffee 3</b>	
-	Location: <b>Merchant Hall</b>	
10:30am		
10:35am	<b>D&amp;R 1: Disability and Rehabilitation 1</b>	<b>MISC 3: Miscellaneous 3</b>
-	Location: <b>Tweed Suite</b>	Location: <b>Denim Room</b>
11:55am	Chair: <b>Dr. Peter Carpenter</b>	Chair: <b>Dr John Ford</b>
	<b>10:35am - 10:55am</b>	<b>10:35am - 10:55am</b>
	<b>The Scottish Women's Hospitals' Girton and Newnham Unit in Belgrade: treatment and rehabilitation 1919-1920.</b>	<b>Al-Zahrawi's ophthalmic instruments and their significance in medieval cataract surgery</b>
	<u>Elaine Morrison</u> , Carol Parry	<u>Mubeen Hasan Hasan</u> , Noor Al-Antary, Nidal Al Athamneh, John Delieu, Graham Kyle, Sami A. Al-Ani
	<b>10:55am - 11:15am</b>	<b>10:55am - 11:15am</b>
	<b>Gloriously mutilated: disabled Spanish Civil War veterans and the veneration of Christ the amputee</b>	<b>William Rosewell c1603–c1680: apothecary and soldier in Stuart and Interregnum England</b>
	<u>Jonathan Sebastian Browne</u>	<u>Michael John Coutts Davidson</u>
	<b>11:15am - 11:35am</b>	<b>11:15am - 11:35am</b>
	<b>Cycling as therapy</b>	<b>Surgeons and barber surgeons of the North-East of England 1616-1751</b>
	<u>Selina Hurley</u>	<u>Ursula Mulcahy</u>
	<b>11:35am - 11:55am</b>	<b>11:35am - 11:55am</b>
	<b>Remains to be seen: exploring disability representation in medical museums</b>	<b>A history of paediatric surgery at the Jenny Lind Children's Hospital in Norwich</b>
	<u>Jasper Rodriguez</u>	<u>Richard England</u>
12:00pm	<b>Lunch 2</b>	
-	Location: <b>Merchant Hall</b>	
1:00pm		
1:05pm	<b>D&amp;R 2: Disability and Rehabilitation 2</b>	<b>MISC 4: Miscellaneous 4</b>
-	Location: <b>Tweed Suite</b>	Location: <b>Denim Room</b>
2:25pm	Chair: <b>Dr. Edward Wawrzynczak</b>	Chair: <b>Michael Davidson</b>
	<b>1:05pm - 1:25pm</b>	<b>1:05pm - 1:25pm</b>
	<b>Stammering – it's how we talk: speech disorder or difference?</b>	<b>Work-related fatal accidents in Leeds and Sheffield 1900: A tale of two cities</b>
	<u>Jois Stansfield</u>	<u>Michael C Collins</u>

	<p><b>1:25pm - 1:45pm</b>  <b>Did the Spanish Flu give us ADHD? Encephalitis lethargica and the history of neurodevelopmental disorders</b>  <u>Timothy Apthorp</u></p>	<p><b>1:25pm - 1:45pm</b>  <b>The Keighley martyrs: heroes or villains?</b>  <u>Sylvia Theresa Valentine</u></p>
	<p><b>1:45pm - 2:05pm</b>  <b>Unassisted living: how assisted dying fails people with disabilities</b>  <u>Tom Mackie</u></p>	<p><b>1:45pm - 2:05pm</b>  <b>Florence Matilda Saunders (1855-1904): pioneer of district nursing in the City of Peterborough</b>  <u>Martyn Geoffry Thomas</u></p>
	<p><b>2:05pm - 2:25pm</b>  <b>Are PTSD and shell-shock one and the same?</b>  <u>Layla Yasmin Zohar</u></p>	<p><b>2:05pm - 2:25pm</b>  <b>From Clerks Well to Sadlers Wells: a history of health and well-being in Clerkenwell</b>  <u>Carolyn Paul</u></p>
2:30pm - 3:00pm	<p><b>Tea/Coffee 4</b>  Location: <b>Merchant Hall</b></p>	
3:05pm - 4:25pm	<p><b>D&amp;R 3: Disability and Rehabilitation 3</b>  Location: <b>Tweed Suite</b>  Chair: <b>Dr. Lisetta Lovett</b></p>	<p><b>MISC 5: Miscellaneous 5</b>  Location: <b>Denim Room</b>  Chair: <b>Dr. Michael C Collins</b></p>
	<p><b>3:05pm - 3:25pm</b>  <b>The Farleigh enquiry and its Bristol aftermath</b>  <u>Peter Carpenter</u></p>	<p><b>3:05pm - 3:25pm</b>  <b>"The past is a foreign country. They do things differently there". The challenges of researching ancient medicine</b>  <u>Nicholas Summerton</u></p>
	<p><b>3:25pm - 3:45pm</b>  <b>Meanwood Park Hospital</b>  <u>Danial Rostami-Hochaghan</u></p>	<p><b>3:25pm - 3:45pm</b>  <b>Philip Hench's legacy beyond the glucocorticoid discovery</b>  <u>Bela Szebenyi</u></p>
	<p><b>3:45pm - 4:05pm</b>  <b>Kingsley Hall and the Mental Health Bill 2025: evaluating R.D. Laing's legacy in psychiatric ethics</b>  <u>Sabrina Zahra Choudary</u></p>	<p><b>3:45pm - 4:05pm</b>  <b>How to keep a woman in bed: lessons from the rest cure doctors.</b>  <u>Martin Edwards</u></p>
	<p><b>4:05pm - 4:25pm</b>  <b>Clinical narratives within case histories from New Catherine Hospital in Moscow (1850s - 1880s)</b>  <u>Polina Kosaretskaia</u></p>	<p><b>4:05pm - 4:25pm</b>  <b>"Improvising" ethics: The history of ethics in clinical trials in socialist Vietnam</b>  <u>Thuong Nguyen</u></p>
4:30pm - 5:20pm	<p><b>Poster Presentations: Viewing and Judging</b>  Location: <b>Tweed Suite</b></p>	
5:30pm	<p><b>Friday Close</b></p>	
7:00pm	<p><b>Congress Dinner: Reception and dinner for those who have pre-booked</b>  Location: <b>Queens Hotel</b></p>	

## Saturday, 13 September 2025

8:30am	<b>Registration 3</b>	
-	Location: <b>Reception / Breakout</b>	
9:00am		
9:00am	<b>Keynote Lecture 3: John Blair and his Legacy to the History of Medicine - Mr Iain Macintyre (THE JOHN BLAIR TRUST LECTURE)</b>	
-		
9:55am	Location: <b>Tweed Suite</b>	
	Chair: <b>Dr. Michael C Collins</b>	
10:00am	<b>Tea &amp; Coffee 5</b>	
-	Location: <b>Merchant Hall</b>	
10:30am		
10:35am	<b>M&amp;HL 1: Medical &amp; Healthcare Learning 1</b>	<b>M&amp;HL 2: Medical &amp; Healthcare Learning 2</b>
-	Location: <b>Tweed Suite</b>	Location: <b>Denim Room</b>
11:55am	Chair: <b>Dr. Tina Matthews</b>	Chair: <b>Dr. David Wright</b>
	<b>10:35am - 10:55am</b>	<b>10:35am - 10:55am</b>
	<b>'Sex in mind and education': correspondence between Dr Henry Maudsley and Dr Elizabeth Garrett Anderson.</b>	<b>Noah Webster, proto epidemiologist: pedant, pestilence, and politics. The publication of "A Brief History of Epidemic and Pestilential Diseases" (1799)</b>
	<b><u>Ellie Hotopf</u></b>	<b><u>Richard Kahn</u></b>
	<b>10:55am - 11:15am</b>	<b>10:55am - 11:15am</b>
	<b>Picturing contagion: gender, disease, and the cultural imagination of syphilis, 1730- 1950</b>	<b>Scottish medical explorers in the British imperial century</b>
	<b><u>Sophie Wenqing Ma</u></b>	<b><u>Wendell McConnaha</u></b>
	<b>11:15am - 11:35am</b>	<b>11:15am - 11:35am</b>
	<b>Navigating empire and tradition: colonial dynamics and the emergence of Indian women in medical education</b>	<b>The Scottish medical education of James McCune Smith: influence on practice and publications</b>
	<b><u>Shreya Pal</u></b>	<b><u>Ian Bone</u></b>
	<b>11:35am - 11:55am</b>	<b>11:35am - 11:55am</b>
	<b>Jane Sharp, Maggie O'Farrell, and the transmission of obstetric knowledge</b>	<b>Dr D.W. Hoodless: a legacy in the South Pacific</b>
	<b><u>Sabina Dosani</u></b>	<b><u>Hannah Court</u></b>
12:00pm	<b>Lunch 3</b>	
-	Location: <b>Merchant Hall</b>	
1:00pm		
1:05pm	<b>M&amp;HL 3: Medical &amp; Healthcare Learning 3</b>	<b>M&amp;HL 4: Medical &amp; Healthcare Learning 4</b>
-	Location: <b>Tweed Suite</b>	Location: <b>Denim Room</b>
2:25pm	Chair: <b>Graham Kyle</b>	Chair: <b>Lee Coppack</b>
	<b>1:05pm - 1:25pm</b>	<b>1:05pm - 1:25pm</b>
	<b>'The Grand Gesture': British Journal of Anaesthesia's Educational Supplement and the commercialisation of journal publishing</b>	<b>Origins of mental healthcare in the Islamic Golden Age: development of psychiatric care</b>
	<b><u>Eleanor Rose Shaw</u></b>	<b><u>Iman Akhter</u></b>

	1:25pm - 1:45pm <b>The Association of Medical Officers for Hospitals of the Insane</b> <u>Peter Carpenter</u>	1:25pm - 1:45pm <b>Popular science and the birth of hygiene education in unified Italy</b> <u>Elena Badanai</u>
	1:45pm - 2:05pm <b>The British Cardiovascular Society's 100 voices project</b> <u>Caroline Coats</u> , <u>Elen Hughes</u> , <u>William Parker</u> , <u>Nicholas Boon</u> , <u>Iain Simpson</u>	1:45pm - 2:05pm <b>Hansen's Disease in Greece - a political history (1904-1981)</b> <u>Athanasios Barlagiannis</u>
	2:05pm - 2:25pm <b>Norwich Medico-Chirurgical Society – illustrious past, uncertain future.</b> <u>Stephen Gillam</u>	2:05pm – 2:25pm <b>Old and new: patient and doctor beliefs in the emergency department</b> <u>Catarina Janeiro</u> , <u>José Paulo Andrade</u>
2:30pm - 3:00pm	Tea & Coffee 6 Location: Merchant Hall	
3:05pm - 4:25pm	M&HL 5: Medical & Healthcare Learning 5 Location: Tweed Suite Chair: <u>Dr. Hilary Morris</u>	M&HL 6: Medical & Healthcare Learning 6 Location: Denim Room Chair: <u>Dr. Adrian Thomas</u>
	3:05pm - 3:25pm <b>Medical schools as acultural landscapes: Flexner, accreditation, and exclusion</b> <u>Susan Lamb</u>	3:05pm - 3:25pm <b>Making doctors, making subjects: The history of medicine in nineteenth-century British India</b> <u>Edmund Joseph</u>
	3:25pm - 3:45pm <b>John Keats' lessons in clinical entrepreneurship</b> <u>Tamsin Mary Holland Brown</u>	3:25pm - 3:45pm <b>Nursing and modernity: institutionalization and professionalization of nursing in the Madras Presidency of colonial India.</b> <u>Preethi Mariam George</u> , <u>John Bosco Lourdusamy</u>
	3:45pm - 4:05pm <b>The easy way to pass exams ... 1850s style</b> <u>Graham Miller Kyle</u>	3:45pm - 4:05pm <b>Leprosy, India, and Louisiana: Two surgeons who made a difference</b> <u>Michael Trotter</u>
	4:05pm - 4:25pm <b>Learning on the job? Medical officers in naval hospital ships during World War One</b> <u>Edward Wawrzynczak</u> , <u>Jane Wickenden</u>	4:05pm - 4:25pm <b>From ayurveda to anatomy: colonial legacies in indian medical education</b> <u>Shreya Pal</u>
4:30pm - 5:00pm	BSHM AGM: BSHM Annual General Meeting Location: Tweed Suite	
5:00pm	Saturday Close: End of Congress	

## Abstracts

### THURSDAY KEYNOTE LECTURE

*Time:* Thursday, 11/Sept/2025: 9.00am - 9:55am · *Location:* Tweed Suite

#### **A Quiet Revolution: How Monoclonal Antibodies Transformed Medicine**

**Dr Lara Marks**, Visiting Researcher, Department of Medicine, University of Cambridge

Everyday small invisible 'magic bullets' called monoclonal antibodies (mabs) are quietly shaping the lives of millions of patients around the world. This year marks 50 years since the technique for producing mabs was first published. In the years that have passed since then mabs have radically reshaped medicine and spawned a whole new industry. Today mabs are not only indispensable to unravelling the pathways of disease but also to the diagnosis and treatment of disease. Despite their importance, few people are aware of where they have come from and ways they have changed healthcare.

As this presentation will show, Mabs have improved the accuracy and speed of diagnostics which proved crucial in the COVID-19 pandemic. They have also revolutionised the effectiveness of drugs. Since their first development more than 100 mab therapies have been approved for multiple conditions and their rate of approvals is rapidly increasing. Where mab drugs have had the most profound impact has been in the case of cancer where they have helped to transform certain cancers from being a terminal disease into a chronic condition. Mab drugs have also radically altered the treatment of inflammatory and autoimmune disorders like rheumatoid arthritis and multiple sclerosis, moving away from merely relieving symptoms to targeting and disrupting their cause.

Today mab drugs are used to treat over 50 other major diseases. Applications include treatment for heart disease, prevention of organ rejection after transplants, allergic conditions such as asthma, osteoporosis, migraines and Alzheimer's disease. They also have major potential as a weapon against infectious disease, being seen as a tool in the fight against antimicrobial resistance.

### HP&MB 1: Herbs, Potions and Magic Bullets 1

*Time:* Thursday, 11/Sept/2025: 10:35am - 11:55am · *Location:* Tweed Suite

*Session Chair:* Edward Wawrzynczak

**10:35am - 10:55am**

#### **The opium of the Quakers: A history of Lancaster and Kendal Black Drop**

**Bryan Rhodes<sup>1</sup>, Nicholas Jones<sup>2</sup>**

<sup>1</sup>Lancaster Health and Medical Museum Collection, United Kingdom; <sup>2</sup>School of Biological Sciences, University of Manchester, UK

In 1801 a newspaper advertisement appeared in Edinburgh for 'The Genuine Black Drop', a sweetened opium preparation made by the Lancaster surgeon and Quaker, John Ayrey Brathwaite MRCS. The following year Brathwaite advertised in Lancaster, 'Lancaster Black Drop', claiming that he had perfected the recipe, that it was free from side-effects and more potent than laudanum. He established a wide network of suppliers but provoked a counter-claim from Ann Todd, Kendal Quakeress, who announced that her recipe was the original one for Black Drop and that her 'Kendal Black Drop' had been made locally for many years. Based on new research including analysis of a recently discovered ledger used by one of the Kendal Black Drop producers from the 1820s, we will show that, for most of the 19<sup>th</sup> century, Black Drop was made almost exclusively by Quakers, mainly in Kendal, Westmorland. Our research suggests that the original recipe was invented by Dr Edward Tostall in Bishop Auckland in 1678 and passed down through various Quaker families in the north of England. Black Drop became a very commercially successful product and secrecy, competition and trade networks were all features of the Black Drop story.

Our presentation will trace the interesting history of laudanum and Black Drop from Paracelsus in the 1520s through to the end of the 19<sup>th</sup> century when legal restrictions on opium products came into force. We will also discuss how Quakers in north England subsequently took a leading role in British efforts to suppress the opium trade.

10:55am - 11:15am

**The history of myrrh and saffron as abortifacients and how Giacomo Casanova<sup>†</sup> (1725-1798) used them.**

**Lisetta Marianne Lovett**

Keele University, United Kingdom

In 1758 Giustiniana, a young Venetian aristocrat, turns in desperation to Casanova for help to procure an abortion because she is four months' pregnant by her lover who had deserted her. He refuses declaring this is a crime, to which Giustiniana replies, 'abortion is no worse than suicide'; both were against Canon law. She has made plans for the latter should she fail to abort. Casanova relents but after various failed remedies consults a trusted French aristocratic lady who recommends the arophi of Paracelsus, a combination of myrrh and saffron.

This paper examines the history of these two abortifacients from antiquity, and reviews recent research evidence about their efficacy. It will contextualise their use by briefly reviewing attitudes towards and knowledge of anti-fertility agents in the ancient Greek and Roman eras before considering the variable stance of the Christian church up to the 18th century, particularly regarding the timing of ensoulment. Married women as well as those out of wedlock were often too desperate to heed the Church's views. For hundreds of years, they turned to other women and especially midwives for help. The advent of a cheap print culture meant they could consult herbal guides. These as well as advertisements in newspapers used euphemisms such as agents that move the courses.

Giustiniana's consultation with a midwife and eventual fate conclude the paper.

<sup>†</sup>This year is the tricentennial of Casanova's birth

11:15am - 11:35am

**Thomas Airey c1826–1900: botanist, bigamist and litigant**

**Sylvia Theresa Valentine**

University of Dundee

In 1859, Thomas Airey was prosecuted in Bristol under the Medical Registration Act. Airey described himself as Dr. Airey, M.B., M.R.C.S. and M.R.C.P. Writing in the *Journal Medical History* in 1982, author P.S. Brown suggested in his article Herbalists and medical botanists in mid-nineteenth-century Britain, that Airey was presumably an American, as he claimed he held membership of the Reformed Colleges of Surgery and Medicine of New York.

However, research into Thomas Airey life demonstrates not only that he was born near Lancaster around 1826, but as a young man worked as a wool comber in Glasgow, Darlington and later in Bradford in the West Riding of Yorkshire before turning his hand to treating patients as a medical botanist.

This presentation explores the colourful and litigious life of Thomas Airey, from textile worker to a very successful, albeit unqualified, medical botanist.

11:35am - 11:55am

**Dr Josiah Oldfield, vegetarianism and Bromley's Lady Margaret Hospital.**

**Adrian Thomas**

Historical Medical Equipment Society, United Kingdom; British Society for the History of Radiology; Osler Club of London

The only fruitarian hospital in England was founded in Bromley, Kent by Dr Josiah Oldfield (1863-1953). Oldfield was a physician, dietetic specialist, philosopher, author, and penal reformer. He was deeply influential, and a major figure in the history of vegetarianism, publishing widely.

Oldfield was a friend of Mahatma Gandhi and was instrumental in persuading him to become a vegetarian. Together, while at Oxford University, they founded The Fruitarian Society to promote vegetarianism.

The Lady Margaret (Fruitarian) Hospital opened in Bromley in 1903. Both medical and surgical cases were treated. Diet replaced drug treatment and preference was given to patients suffering from digestive disorders. The patients - nearly all of whom were meat-eaters before admission - were only allowed a fruit and vegetable diet. No fish, meat, or alcohol was permitted. Instead of animal fats, a substance called Darlene (pure coconut fat), vegetable oils and malted nuts were used.

The hospital investigated:

- The value of air and sunlight in the treatment of disease.
- The value of a fruitarian dietary in the treatment of disease.
- The feasibility of having the out-patient department of a hospital in London, and an in-patient department in the country.

In 1921 the hospital relocated to the site at Lady Margaret Manor in Kent.

The values of Oldfield remain important today. Vegetarianism is increasingly popular, and we are more aware of the links between diet and health and the risks of processed foods, as shown in the life and work of Dennis Burkitt.

## **MISC 1: Miscellaneous 1**

*Time:* Thursday, 11/Sept/2025: 10:35am - 11:55am · *Location:* Denim Room

*Session Chair:* Martin Edwards

**10:35am - 10:55am**

### **Charles Ballance and the bullet in the heart**

**Alexander Roger Manché**

University of Malta, Malta

British Expeditionary Forces Colonel Sir Charles Ballance, an eminent Ear, Nose and Throat surgeon stationed in Malta during World War I, removed a bullet from the heart on the 16<sup>th</sup> February 1918 at St Elmo Hospital, inaugurating cardiac surgery in Malta. It happened within a year of the first ever-recorded such intervention, and was possibly the third worldwide. The patient died of sepsis one month later.

This presentation explores the circumstances that enabled major complex surgery to be performed in a small island state, well before its time, focusing on the dissemination of knowledge in the pre-information era and the rudimentary support services then available. It also delves into the multiple facets of a surgeon's career at the turn of the century, encompassing general surgery, Ear, Nose and Throat surgery, neurosurgery, cardiac surgery and research. The hypothesis is propositioned that the persona of the surgeon and his audacity were major factors making this pioneering surgery possible.

This singular operation was momentous and represented a quantum leap forward when compared with prevalent surgery. Cardiac surgery has often progressed rapidly, thanks to bold surgeons and brave patients.

**10:55am - 11:15am**

### **The first prosthetic valve implantation in the UK?**

**William Parker**

University of Sheffield, United Kingdom

Valve prostheses revolutionised the treatment of heart disease. The first human prosthetic valve was implanted in September 1952 by Charles Hufnagel (1916-1989) of Washington DC in the United States. Hufnagel's design of a ball inside a Perspex tube was implanted into the descending aorta to partially treat aortic valve regurgitation, with the advantage in a pre-cardiopulmonary bypass era of not needing to stop the heart to perform the procedure.

In the United Kingdom, the Hufnagel approach received relatively little attention and it is generally held that prosthetic valve implantation was not performed until the 1960s, though Judson Chesterman (1903-1987) of Sheffield had attempted mitral valve replacement in November 1955. However, predating this Alan Wordsworth Fawcett (1896-1969) carried out four Hufnagel procedures at the Sheffield Royal Infirmary, which appear to represent the first cases of prosthetic valve implantation in the UK.

Intrigued by the developments in Washington, Fawcett contacted Hufnagel directly and was invited to visit him, which he did in around 1952, travelling on the RMS Queen Mary. With valves supplied by Hufnagel, he undertook the four cases in Sheffield between April 1955 and November 1956. The longest post-operative survival time was four months. The case series was written up and published in the Postgraduate Medical Journal.

This paper will explore the background to these cases, their place in the story of cardiac surgery, the technical complications that developed and the ethics around how they came about.

11:15am - 11:35am

### Rewriting the natural history: ACHD and the transformation of cardiac care

Elen Hanna Hughes

Liverpool Heart and Chest Hospital, United Kingdom

The field of adult congenital heart disease (ACHD) represents a striking example of how medical progress reshapes patient populations and redefines clinical specialities. Today, adults with congenital heart disease outnumber children, a reversal which would have been inconceivable a century ago<sup>1</sup>. This work examines the historical emergence of ACHD care in the UK, situating it within broader shifts in surgical innovation, the integration of paediatric and adult care, and long-term survivorship.

Before 1938, no successful operations had occurred for congenital heart defects, and they were deemed largely untreatable<sup>2</sup>. Often, they were seen as medical curiosities. The mid-20<sup>th</sup> century saw rapid developments in open-heart surgery and cardiopulmonary bypass, enabling unprecedented patient survival into adulthood. This survival posed new questions: who would care for these patients, and what did it mean to live with a 'childhood' condition for life?

Using medical literature, archives and biographical accounts, the evolution of ACHD can be reconstructed, including the shifting identities of both patients and cardiologists.

This work traces the formation of ACHD as a speciality, embracing the pioneering work of Jane Somerville and Paul Wood. It explores how paediatric and adult cardiologists navigated the handover of care, how institutions adapted – or resisted – the emergence of this novel cohort of patients, and the evolving medical, professional and societal understanding of ACHD.

1. Brida M, Gatzoulis M. Adult congenital heart disease: past, present, future. *International Journal of Cardiology Congenital Heart Disease*. 2020;1:e10052.
2. Silverman ME et al. *British Cardiology in the 20<sup>th</sup> Century*. 1<sup>st</sup> Edition. London; 2000.

11:35am - 11:55am

### A deadly coexistence: antibiotics, hospital ecologies, and *C diff* infection in Britain, 1980-2020

Emily Webster

Durham University, United Kingdom

*Clostridioides difficile* (formerly known as *Clostridium difficile*), has long been identified as a common bacterium of the human gut (Hallan & O'Toole, 1930); however, an overgrowth of the bacteria, usually mediated by antibiotic use, has led to a worrying number of Hospital Acquired Infections in the late 20<sup>th</sup> and early 21<sup>st</sup> centuries. In the United Kingdom, *C diff* infection first gained recognition in 2006, when a series of high-profile hospital epidemics led to the deaths of over 8000 people across the NHS (ONS, 2025). This talk will explore the transformation of *C diff* from benign gut bacteria into serious nosocomial and community-acquired illness. Drawing on inquiry records, reports, contemporary scientific research, and patient and doctor testimony, I will examine the origins of three high-profile *C. diff* outbreaks across the NHS at Maidstone and Tunbridge Wells, Birmingham, and Stoke Mandeville Hospitals. I will argue that the trend of increasing mortality and outbreaks relies on a number of historically-specific features both internal and external to the hospital, including ways that different care systems and pharmacological interventions developed; changing access to resources for treatment, monitoring, and surveillance; and shifting access to care in response to changes in economic and social policy. To understand the risk factors and historical circumstances that allowed for this deadly transformation, I argue, we must consider the unique ecology of the microbe both within the human gut and within the broader environment – and how seemingly small changes in the hospital ecosystem allowed it to carve out a deadly niche.

## HP&MB 2: Herbs, Potions and Magic Bullets 2

Time: Thursday, 11/Sept/2025: 1:05pm - 2:25pm · Location: Tweed Suite

Session Chair: Bryan Rhodes

**1:05pm - 1:25pm**

### Gentian violet: from medical dye to Irish folk healing

**William Dobb**

Infection Control International, Ireland

Gentian violet (GV), a synthetic aniline dye first synthesised in 1861, became a ubiquitous medical, veterinary and dental agent, treating wounds and infections ranging from thrush to leprosy. GV's role in Gram staining aided bacteriological taxonomy and diagnosis. Its affordability sustained its use in global health. GV is largely replaced by newer potent antibiotics and antiseptics due to staining concerns and carcinogenicity debates. However, GV has seen renewed interest in parasitic, viral, and neoplastic research recently.

This presentation explores GV's unique intersection with Irish folk medicine, where it may underlie a "magical" ringworm cure. Rural healers inscribed the patient's name in ink around lesions, purportedly halting their spread. Given the ringworm fungus peripheral growth pattern and the presence of GV in early inks, this practice, though framed as ritual, likely had empirical efficacy. Unlike many traditional remedies, GV was a synthetic chemical repurposed within a mystical framework, blending biomedicine and belief.

The case of GV illustrates how scientific and folk healing traditions converged, challenging rigid distinctions between "rational" and "magical" therapeutics. By contextualizing GV's medical history alongside its folkloric adoption, this analysis highlights the dynamic interplay between innovation, tradition, and cultural reinterpretation

**1:25pm - 1:45pm**

### Cholera at Newcastle-upon-Tyne, 1853: the herbalists' response

**Alison Denham**

Retired, University of Central Lancashire, United Kingdom

On 2<sup>nd</sup> September 1853, Dr George Robinson (1821-1875) notified the General Board of Health of cases of cholera at Newcastle. The outbreak was well-documented in the General Board of Health Report which blamed the Water Company and the Town Council and stated that 15,000 people died over the next nine weeks.

As reported in a letter of 25<sup>th</sup> September 1853, several herbalists in Newcastle treated people with symptoms of cholera using 'Anti-Cholera Powder' with Directions for Use supplied by John Skelton (1805-1880).

In November 1853, Skelton published his methods in a pamphlet entitled *An Examination of the Pathology of Cholera, Revelations of Past and Present Modes of Treatment, Therapeutic Method of Cure* (London: J. Watson, 1853). Skelton had experience of caring for people with symptoms of cholera in Manchester in 1848, but the pamphlet was written in Leeds where he practised herbal medicine at 11 East Parade - around the corner from Cloth Hall Court.

The rationale for treatment, methods of care at different stages, herbal ingredients and dosage were given in detail as Skelton remained an advocate of personal responsibility in healthcare throughout his life. The herbs in the formula remain of interest today and it has been possible to prepare a version of the preparation.

Wikipedia page which I authored: [https://en.wikipedia.org/wiki/John\\_Skelton\\_\(herbalist\)](https://en.wikipedia.org/wiki/John_Skelton_(herbalist))

**1:45pm - 2:05pm**

### Substitutes for medical attendance in the Highlands and Islands of Scotland, 1880-1912

**Patricia Kelleher**

University of Dundee, United Kingdom

This presentation will address difficulties in the provision of medical care in the rural Highlands and Islands of Scotland. It will investigate the resultant methods adopted by patients to ameliorate the lack of effective medical provision during the period leading to the establishment of the Highlands and Islands Medical Service in 1913.

Despite significant improvements during the nineteenth century, including increased knowledge of germ theory and the cause of disease, vaccines and surgery, supported by improved sanitation during the development of public health, the use of traditional folk medicine continued throughout the Highlands.

The use of folk healers and others was sustained by difficulties inherent in remote areas: topography, isolation, distance, insular communities with a sustained belief in tradition. It was also compounded by poorly organised medical care. Doctors were of varied competence, not numerous and often in very remote areas or clustered close to towns. Many doctors had to travel great distances – often with rough sea crossings – to visit patients. A significant number of unqualified nurses existed, often in locations with no doctors. The poverty of many patients and the absence of a cash economy increased the resistance to formal medical care, and the use of traditional healers and other strategies continued into the twentieth century.

**2:05pm - 2:25pm**

**David Rorie's 1908 Edinburgh MD thesis on Scottish folk medicine**

**David Wright**

Retired

David Rorie, (1867-1946), was a Scottish doctor, poet and folklorist. Born in Edinburgh and brought up in Aberdeen, he graduated in medicine at Edinburgh in 1890. In 1894 he was appointed as medical superintendent of a group of collieries in Fife. In 1905 he moved to Cults in Aberdeenshire as a general practitioner. Apart from distinguished military service during World War One, he remained at Cults until retirement, because of ill health in 1933. He had many interests and talents, including poetry and song writing, often in Scots.

He had a particular interest in folk traditions and folk medicine, collecting material, systematically and sympathetically over many years, often from patients, and in 1908 was awarded an Edinburgh MD for his thesis on Scottish Folk Medicine. The thesis was not published as such, but a series of nine articles based on its material appeared in the *Caledonian Medical Journal* between 1926-28 and 1929-31.

In 1994 these articles were re-published, in *Folk Tradition and Folk Medicine in Scotland*, a comprehensive and scholarly collection of Rorie's writings, edited by David Buchan.

In 2016 Edinburgh University made available online David Rorie's 1908 thesis and a copy, written in Rorie's copperplate hand, can be downloaded.

This paper looks briefly at Rorie's life and, using the articles from the *Caledonian Medical Journal* and the original MD thesis, provides an overview of Rorie's distinctive writing on Scottish Folk Medicine, with some illustrative examples.

## **MISC 2: Miscellaneous 2**

*Time:* Thursday, 11/Sept/2025: 1:05pm - 2:25pm · *Location:* Denim Room

*Session Chair:* David Vassallo

**1:05pm - 1:25pm**

**'It turned us yellow all over.' Health care provision for munition workers during the First World War**

**Claire Susan Chatterton**

University of Chichester, United Kingdom

Just after 10pm on Tuesday 5 December 1916, around 170 women and girls started their shift in room 42 at the Number One Shell Filling Factory (commonly known as Barnbow) in Leeds. At 10:27pm, a violent explosion suddenly rocked the room. 35 women were killed outright, and many more were maimed and injured. Many of the dead were only identifiable by the identity disks they wore around their necks. This highlights very clearly the potential danger that those who worked in British munitions factories in the First World War were exposed to.

This paper aims to discuss the health care provision made for munition workers during World War One and to what extent nursing and medical staff were able to ameliorate the health problems they encountered. It will also consider the extent to which these health issues were recognised at the time and the government's response to them.

Although much has been written about the vital role played by both women and men in producing munitions and the impact that this had on their health, less is known about the provision of medical and nursing care to this workforce. This research aims to increase understanding of the ways in which health care was provided for those working in the munition factories and the contribution that medical and nursing staff made to this.

**1:25pm - 1:45pm**

### **Doctor-PoWs of the Japanese held in Taiwan in the Second World War**

**Katherine M Venables**

University of Oxford, United Kingdom

Forty-five Allied military doctors were identified who spent at least part of their captivity as prisoners-of-war (PoWs) of the Japanese in Taiwan in the Second World War: 4 Australian, 5 Dutch, 14 in the British forces, and 22 in the American.

Of the 45, 21 (47%) held the rank of colonel or above. This curiously skewed distribution is explained by the Japanese decision to incarcerate all captured senior military commanders and colonial governors, of any nationality, in Taiwan, until 1944 when the Allied bombing threat became serious. Senior doctors, as medical administrators, were included in this group. A further 16 Americans and one RAMC doctor, 17/45 (38%), were transferred to Taiwan from Manila in November 1944, and 15 sent further north to Japan, Korea, or Manchuria two months later.

For most of Taiwan's life as a PoW destination, therefore, medical care for the population of c 2,000 PoWs was provided by only seven doctors: four from the Royal Army Medical Corps, two the Indian Medical Service, and one the Australian Army Medical Corps. For all seven, there is some evidence for their work as PoW doctors, and three are well-documented.

This paper will describe these doctors and their work, and point to the sources used in the project. Further information is at: *Medical History* 2025: 10.1017/mdh.2024.41 and *Journal of Medical Biography* 2024: 10.1177/09677720241266313.

**1:45pm - 2:05pm**

### **Nurse suicide in late nineteenth- and early twentieth-century Britain**

**Elizabeth Evens**

Newcastle University, United Kingdom

Suicide was seen as an occupational hazard for nurses working in Britain in the late nineteenth and early twentieth centuries. It was also an experience with profound consequences for the suicidal individual, their loved ones, and their colleagues. My paper draws upon histories of emotions, space, and suicide to explore the relational nature of suicide and its impacts, particularly when nurses died at the hospital where they lived, worked, and resided.

Using a range of sources—including newspaper reports, hospital records, and letters from nurses and their families—I explore how nursing leaders and nurses themselves understood and explained nurse suicide. I argue that, informed by professionalising ambitions, leaders typically attributed nurses' deaths to individual weaknesses and proposed stricter recruitment tests, as opposed to examining working conditions, conduct of female nursing managers, or institutional pressures.

This research complicates existing studies of Victorian and Edwardian suicide, which argued that women's suicides were mainly due to romantic or domestic troubles and men's suicides were due to work or economic factors. It also adds to the history of nursing by highlighting challenges following the professionalisation of the hospital nurse, particularly on a nurse's physical and mental health. In addition, I engage with scholarship on the "patient's view", attending to historical healthcare workers' experiences as both professionals and patients, with their own health needs.

This paper offers the first historical study of nurse suicide, which remains an urgent societal issue today as the suicide rate among nurses is 23% higher than among women in other professions.

**2:05pm - 2:25pm**

**Patient blacklists and the BMA: 1927-1954**

**Sarah Wieten**

Durham University, United Kingdom

Between 1927 and 1954 the Ethics Committee of the British Medical Association responded to a variety of attempts to put in place patient blacklists; that is, collaborative efforts of physicians to exchange information about patients to be barred from treatment not only in their own individual practices, but from the attentions of all in the medical profession in Britain. These patient blacklists were organized around two different kinds of “undesirable” patients. The first type was patients who had unpaid medical debts. The second was patients who were “unreasonable.”

While all of these efforts were rebuffed at the national level of the BMA Ethics committee, the persistent attempts by physicians to create patient blacklists provides important insights into economic pressures on medical professionals, norms of “reasonable” patient behaviour, and the concept of medicine as a public good or private service.

This presentation will describe several attempted patient blacklists, focusing on the early 20<sup>th</sup> century, analyse the relationship between the creators of these lists and the larger national BMA infrastructure, suggest that the legal reasons given by the BMA for condemning patient blacklists were on shakier ground than the Ethics Committee took them to be, and, because the author is a philosopher of medicine, suggest that this historical work highlights an ongoing conceptual dispute about the nature of medicine itself.

**HP&MB 3: Herbs, Potions and Magic Bullets 3**

*Time: Thursday, 11/Sept/2025: 3:05pm - 4:25pm · Location: Tweed Suite  
Session Chair: Lee Coppack*

**3:05pm - 3:25pm**

**Smedley's hydropathy: water as a cure-all?**

**William Parker**

University of Sheffield, United Kingdom

The health-giving properties of water have been explored since antiquity. In the 19th century, the hydropathic movement brought this long-standing fascination into contact with emerging ideas about health and disease, producing a popular, if ultimately discredited, therapeutic approach.

This paper focuses on the hydropathic exploits of John Smedley (1803–1874), a wealthy mill-owner from Matlock, Derbyshire. After experiencing a bout of depression, Smedley found restoration at a hydropathic institution and subsequently established his own. By the turn of the 20th century, this had grown to accommodate over 400 inpatients. His book, ‘Smedley's Practical Hydropathy’, a chaotic collection of sermons, anecdotes, and prescriptions, ran to many editions and outlined detailed regimens of baths, bandages, sponging, and spa treatments tailored to specific diseases.

Critically appraising Smedley's method reveals serious limitations: it lacked empirical evidence, he had no formal medical or scientific training, he promoted anti-vaccination views, and claims that he could cure diseases such as tuberculosis or cancer were fanciful.

Yet, Smedley did engage with the medical profession and employed trained physicians at his institution. Contextually, many conventional medical treatments of the period were themselves harmful, a charge that cannot easily be levelled at hydropathy, and the proposed scientific basis was arguably more sound than for some therapies that have persisted to the present day. Hydropathy's emphasis on hygiene, temperance, fresh air, and what might now be called mindfulness suggests that its practical utility in its historical context should not be underestimated.

**3:25pm - 3:45pm**

**Exporting elixirs: seventeenth-century quackery or the dawn of global pharmaceutical companies?**

**Anita Hoffmann**

University of York, United Kingdom

From the late sixteenth century, England increasingly imported exotic ingredients and learned and lay medicine makers used them in their remedies. By the eighteenth century, 'patent' medicine makers had wide-reaching global vendor networks and substantial manufacturing operations. A historiographic gap exists for the seventeenth century before these fully-fledged patent medicine businesses existed, but foreign *materia medica* arrived in England in large quantities.

Studying the recipes and marketing strategies of famous 'Quack's' nostrums, this paper shows that England first absorbed the new medical ingredients from its international interconnections, sating consumers' thirst for novelties. However, as global trade and settlement grew, proprietary medicine producers began exporting their 'branded' medicines worldwide for use on ships and for settlers to have trusted medical remedies from home in a foreign environment.

These seventeenth-century 'branded' proprietary medicines, which included numerous imported ingredients, were a testament to the entrepreneurial spirit of these early medical pioneers. Mutually beneficial interconnections allowed them to lay the foundation for an early form of global 'pharmaceutical companies'.

**3:45pm - 4:05pm**

**Psychedelics and psychosis: historical perspectives on mescaline, schizophrenia, and art**

**Irina Terekhova**

University of Lausanne, Switzerland

As early as the mid-nineteenth century, scientists hypothesized that psychedelics could serve as models for understanding psychosis. By the early twentieth century, this theory began to be tested experimentally. Since different types of psychotomimetic drugs induce qualitatively distinct forms of psychosis, there has been ongoing debate about whether there exist specifically 'schizophrenogenic' drugs—substances capable of inducing psychosis that mirror the physiological and phenomenological characteristics of schizophrenia. Early psychiatric research into psychotic experiences under mescaline was conducted in prominent institutions, inspired by Hans Prinzhorn's exploration of 'schizophrenic masters.' In 1938, psychiatrists Eric Guttman and Walter Maclay experimented with mescaline themselves and administered it to artists, encouraging them to depict their altered perceptions through drawings and paintings. During the biological revolution of psychology in the 1950s, mescaline was similarly used to gain insights into schizophrenia. Henri Michaux, under clinical supervision at the University of Paris, conducted mescaline experiments and produced writings and drawings describing his experiences. These works were found to share characteristics reminiscent of schizophrenia but differed significantly from the creative outputs of schizophrenics. This study offers a unique historical perspective at the intersection of psychiatry and the philosophy of art, highlighting differences in lived experiences and artistic expressions of patients with schizophrenia and mescaline-induced states.

4:05pm - 4:25pm

**Pharmaceutical networks in transition: demographic shifts and the evolution of pharmacies in Poland's Recovered Territories after 1945**

**Kacper Mikołaj Rosner-Leszczyński**

University of Wrocław, Poland

The post-1945 period marked a profound demographic transformation in Poland's so-called Recovered Territories, as the expulsion of the German population and the settlement of Polish migrants reshaped urban and rural landscapes. Among the many facets of this transition, the reorganization of pharmaceutical infrastructure remains an understudied yet crucial aspect of public health history. This paper examines how demographic changes influenced the structure and distribution of pharmacies in these newly acquired regions, with a particular focus on the correlation between population density, migration patterns, and the survival or establishment of pharmacies.

Drawing on archival sources, demographic data, and professional records, this study explores three key dimensions of this transformation. First, it addresses the fate of prewar German pharmacies and the extent to which German pharmacists continued to operate under Polish administration before their eventual displacement. Second, it analyzes the relationship between population fluctuations and the density of pharmacies, assessing whether the number of new establishments corresponded to shifts in settlement patterns. Finally, it investigates the policies that regulated the takeover and redistribution of pharmacy licenses, revealing broader state strategies in managing health services amid rapid societal change.

By situating the case of pharmacies within the broader context of forced migration and state-directed reconstruction, this paper contributes to ongoing discussions on the intersection of demographic history, medical infrastructure, and postwar urban planning.

**HP&MB 4: Herbs, Potions and Magic Bullets 4**

*Time:* Thursday, 11/Sept/2025: 3:05pm - 4:25pm · *Location:* Denim Room

*Session Chair:* William Dibb

3:05pm - 3:25pm

**A history of immunotoxins: harnessing nature's toxins to treat cancer**

**Edward Wawrzynczak**

BSHM, United Kingdom

The advent of monoclonal antibodies offered a novel way to target malignant cells specifically and promised to be useful in the treatment of cancers in patients. However, it was unclear at the outset whether antibodies alone would prove a viable means of therapy.

Researchers explored if antibodies could be made more effective by attaching cytotoxic agents such as chemotherapeutic drugs. An alternative approach to making such antibody-drug conjugates was to link antibody to a more potent type of toxin, to synthesise a so-called 'immunotoxin', designed to deliver the toxin to cancer cells preferentially.

The seeds and other parts of the plant *Ricinus communis* had long been used for a variety of different medicinal purposes, for example as a laxative, purgative, anti-helminthic, anti-inflammatory and abortifacient, with documentary evidence stretching back to ancient Egypt and across cultures throughout the world.

Perhaps the best known derivative is the laxative castor oil (predominantly ricinolein, the glyceride of ricinoleic acid) expressed from the seeds of the plant. The seed cake left after pressing has been shown to contain several bioactive substances, including the protein toxin ricin, which gained notoriety as the weapon of assassins owing to its extreme toxicity.

This paper examines the history of ricin, its potential as an agent for the treatment of cancer, the development of ricin immunotoxins, hurdles to anti-tumour efficacy and consequent limitations in the clinic in the context of contemporary developments.

**3:25pm - 3:45pm**

**The introduction of a diphtheria immunisation programme during a time of war**

**Tony Hollingworth**

Formerly Barts Health Trust; Oxford University Continuing Education

In 1930s Britain it was estimated that 50,000 people developed diphtheria annually of which 3,000, mostly children, would die. A vaccine had been available in the 1920s, whose impact in other countries had reduced infection and death rates considerably. In the interwar years the overall diphtheria immunisation rates in Britain were poor with the onus of any scheme resting with the local Medical Officers of Health. In May 1939, the Medical Research Council set up the Preventive Medicine Committee, with one of its objectives being to look at mass immunisation for diphtheria. With the onset of WW2 September 1939, there were concerns about the risk of widespread diphtheria epidemics due to the evacuation of the population and associated bomb damage. There was also an impetus to maintain hospital bed availability and associated medical resources and avoid any unnecessary use of both. At the end of 1940, the Ministry of Health started a nationwide campaign to encourage immunisation. This presentation seeks to improve the understanding of why in the twenty years prior to the Second World War, the take-up rate of diphtheria immunisation in Britain was relatively poor. It also aims to challenge conventional explanations for why during the war take-up improved and will argue that immunisation coverage during that period was never successful enough to provide 'herd immunity'. By shedding light on these issues aims to provide a sounder understanding of the slow progress of diphtheria immunisation in Britain between 1920 and the end of WW2.

**3:45pm - 4:05pm**

**How monoclonal antibodies have transformed cellular pathology: my experience**

**Tina Jane Matthews**

Worshipful Society of Apothecaries

My working lifetime in cellular pathology has spanned the years from 1984 and 2024, and has seen the use of antibodies for diagnostic use progress from a research tool to a routine diagnostic procedure.

In 1982 I completed a research project as a 4<sup>th</sup> year student in Southampton Medical School. This involved making and testing polyclonal rabbit antibodies to renal proximal convoluted tubule brush border towards identifying metastatic renal tumours on microscope slides.

As an SHO/registrar (1984 – 87) a small profile of antibodies was available to attempt the differentiation of mesotheliomas from pulmonary adenocarcinomas on small biopsies.

On becoming a senior registrar in 1989 I spent time at the Royal Brompton Hospital attempting to identify neuroendocrine granules in "undifferentiated" large cell lung tumours previously done using electron microscopy which acted as my comparator. Immunohistochemistry (IHC) was in its infancy but active with a small profile of commercially available antibodies, now almost entirely monoclonal, which had routine use in tissue diagnosis when I became a consultant in 1993.

During these forty-two years IHC has moved from research to routine and from an eight-hour method by hand to an automated process taking two to four hours. Antigen retrieval/reveal has moved from boiling in trypsin for 30 minutes through microwaving and acidification to a wide range of techniques. I will describe, with examples, the amazing progress in my chosen field that I have been privileged to witness.

## FRIDAY KEYNOTE LECTURE

*Time:* Friday, 12/Sept/2025: 9.00am - 9:55am · *Location:* Tweed Suite

### **The History of Disability: Myths, the Everyday, and Tales of the Unexpected**

**Dr Simon Jarrett**, Open University

The history of disability is suffused with myths. Many of these frame the disabled person as an eternal outcast – shunned, or at best pitied, by society. The historical excavation and examination of people's everyday lives creates a new prism through which unexpected insights merge. Within all this lurks the uneasy relationship between Disability and Medicine.

When we identify a myth it is important not only to know *that* it is a myth but *why* it became one in the first place and what purpose it serves. This talk examines several key mythologised facets of disability history – the myths of infanticide, marginalisation, objective clinical precision and medical primacy.

Despite ample emerging evidence that the infanticide of disabled children was not practiced in ancient, medieval or early modern societies, why has there been a strongly rooted belief since the 19<sup>th</sup> century, which persists today within and beyond academia, that such practices have always occurred? What can this, and other disability history myths, tell us about current beliefs and attitudes?

New transnational trends in the social history of disability are showing a very different picture of the lives of people in pre-modern societies than the usual narratives of exclusion, 'freakery', abuse and loathing. Will these new findings disrupt the persistent myths, or are the myths too deeply planted within us?

## **D&R 1: Disability and Rehabilitation 1**

*Time:* Friday, 12/Sept/2025: 10:35am - 11:55am · *Location:* Tweed Suite

*Session Chair:* Peter Carpenter

**10:35am - 10:55am**

### **The Scottish Women's Hospitals' Girton and Newnham Unit in Belgrade: treatment and rehabilitation 1919-1920.**

**Elaine Morrison<sup>1</sup>, Carol Parry<sup>2</sup>**

<sup>1</sup>Retired Consultant Physician & Rheumatologist, Glasgow; <sup>2</sup>Honorary Librarian Trades House, Glasgow

During 1918/19 the Girton and Newnham Unit of the Scottish Women's Hospitals established an orthopaedic centre for disabled French and Serbian soldiers in Salonika; the only one of its kind for French and Serbian soldiers on the Macedonian Front. In 1919 the unit moved to Belgrade with the aim of establishing an Elsie Inglis Memorial Hospital, and at the same time, managed to continue its orthopaedic treatment and rehabilitation work with Serbian soldiers at a tented colony in the countryside at Avala, outside Belgrade. A small hospital was opened in Belgrade with the hope of either finding or building more suitable premises. Outpatient work was carried out at both sites and civilians were also treated with a wide range of medical and surgical conditions. Tuberculosis, often advanced, was very common. The colony at Avala was forced to close after a storm in October 1919. All work was then concentrated on the small hospital in Belgrade which closed in 1920 when the Medical Faculty of Belgrade was established, and the building was required for teaching purposes. An Elsie Inglis Memorial Hospital was finally established in Belgrade in 1929. Our presentation will explore how the women established their two centres, the cases they dealt with and the reasons why neither was able to continue. Whilst the women of the Girton and Newnham Unit did not achieve their long term aims, they succeeded in providing much needed treatment and rehabilitation amongst the confusion and devastation of the immediate post-war period in Belgrade.

**10:55am - 11:15am**

**Gloriously mutilated: disabled Spanish Civil War veterans and the veneration of Christ the amputee**

**Jonathan Sebastian Browne**

Canterbury Christ Church University

In the late summer of 1936, at the start of the Spanish Civil War, a Republican militiaman in an attempt to strike down a statue of Christ in a Church in Malaga with an axe, amputated the left foot of the statue and the right leg below the knee. A special papal dispensation meant that the intact corporeality of Christ was not restored to the statue and shortly before the end of the conflict, the 'Cristo mutilado' was processed through the streets of Malaga by the 'gloriously mutilated gentlemen', disabled veterans who had fought for the soon to be victorious forces of Francisco Franco. This presentation analyses how the disabilities of these veterans entitled them, but not the combatants of the losing side, to graded pension benefits and housing depending upon the extent of their disabilities, and how public grieving for the dead of the civil war was an outlet for the victors - but not the defeated. Veneration of the mutilated Christ and the procession of disabled soldiers in martial capes and uniforms (as opposed to the more normal forms of religious attire) served as a public manifestation of the celebration of disability of those who sacrificed life and limb in the cause of the fatherland. It also served as validation of their sacrifice in defeating the 'Godless' who had tried to destroy the representation of divinity as embodied in the figure of the 'mutilated Christ'.

**11:15am - 11:35am**

**Cycling as therapy**

**Selina Hurley**

Science Museum, United Kingdom

Cycling as a form of exercise, a social movement and an expression of freedom has received much attention in academic and popular histories. However, its use as a therapeutic tool has been under-represented. Yet, its use as a rehabilitation tool reflects not only the acceptance of cycling but its familiarity perhaps led to devices being developed so people could exercise following accident or injury.

The Science Museum holds two cycles - the Stoke Mandeville bed cycle designed by Ludwig Guttmann in the 1940s for active and passive movement and in use until 1994 and the adaption of a Camden cycle by Lynn Cheshire to use pedal power not only to exercise but to allow patients to power their sawing and sanding tools. Both are made specifically for their purposes, following a series of prototyping and improvement and appear in published works on physiotherapy and occupational therapy. However, both machines are seemingly lone survivors in museum collections, asking the question of how prevalent these machines were.

This paper will explore their histories, locations, users and developers to attempt to shed light on why cycling became and remained a part of rehabilitation practice. It will show the ways material culture can open new questions and suggest future avenues for research in this area including the histories of cardiac rehabilitation and critical care interventions.

**11:35am - 11:55am**

**Remains to be seen: exploring disability representation in medical museums**

**Jasper Rodriguez**

University of Reading, United Kingdom

Approximately 24% of the UK population has a disability according to the Department of Work and Pensions (Kirk-Wade et al, 2024). Despite making up nearly a quarter of the UK population, interpretation that features disability is largely absent from heritage spaces; with medical heritage spaces offering no exception to this. Through the Disability Discrimination Act 2005 and the Equality Act 2015 issues of physical and intellectual accessibility began to be addressed within the heritage industry; however, the 'third tier' of access (Majewski & Bunch, 1998), *representation*, has remained largely neglected.

Studies show that physicians who exhibit higher rates of clinical empathy create better physical and psychosocial outcomes for their patients (Derkson et. al, 2013). Disabled individuals are disproportionately affected by a lack of empathy and understanding in healthcare, with many having to educate medical professionals about basic aspects of disability (Keller, 2022). This ignorance and apathy only exacerbates the health inequalities and poor health outcomes of disabled individuals (Keller, 2022).

Medical museums, which were originally created to support physician education, could be used to foster clinical empathy in its visitors. Furthermore, in museums that also serve the general public, this representation could also serve to better educate the public on disability, and help to further destigmatise disability within society.

I have highlighted through interviews with 3 different medical museums the practical and ideological challenges of representing disability. I have then gone on to suggest a variety of methods through which disability can be represented within these institutions in a inclusive and respectful manner.

### **MISC 3: Miscellaneous 3**

*Time:* Friday, 12/Sept/2025: 10:35am - 11:55am · *Location:* Denim Room  
*Session Chair:* John Ford

**10:35am - 10:55am**

#### **Al-Zahrawi's ophthalmic instruments and their significance in medieval cataract surgery**

**Mubeen Hasan Hasan, Noor Al-Antary, Nidal Al Athamneh, John Delieu, Graham Kyle,  
Sami A. Al-Ani**

Aston University, United Kingdom

*Introduction:* From time immemorial, until the mid-18th century cataract surgery consisted of pushing the cloudy lens into the interior of the eye, allowing a pathway for light to reach the retina a procedure known as couching. Though widely practised it was carried out with instruments. Al-Zahrawi (936–1013 CE), an Andalusian surgeon, provided illustration of some of the earliest specialised ophthalmic tools and diagrams in his encyclopaedia Kitab al-Tasrif (The Method of Medicine), which gave a new dimension to precision and surgical description in the Islamic world and, later, in Europe.

*Results:* Al-Zahrawi innovation included the curved couching needle and eyelid retractors, instruments that may have enhanced greater procedural accuracy and reduced patient harm. His accompanying diagrams and detailed descriptions in Kitab al-Tasrif helped to formalise surgical approaches. Latin translations by Gerard of Cremona played a key role in bringing this material to Europe, where later figures such as Guy de Chauliac appear to have drawn upon and adopted some of his ideas and instruments.

*Discussion/Conclusion:* Rather than claiming direct improvement in outcomes, this review considers the historical significance of Al-Zahrawi's ophthalmic instruments. His work represents a clear intersection of anatomical understanding and surgical innovation by illustrating a deep understanding of ocular anatomy which led to the development of tools which were tailored to delicate procedures like couching. While measuring exact impact is complex, Al-Zahrawi's contributions mark a meaningful point in the evolution of ophthalmic surgery.

**10:55am - 11:15am**

#### **William Rosewell c1603–c1680: apothecary and soldier in Stuart and Interregnum England**

**Michael Davidson**

University of Aberdeen, United Kingdom

This presentation outlines the life of William Rosewell (also Rowswell or Rousewell) in the turbulent times of 17<sup>th</sup> century England. His story is one of patronage and loyalty to the crown.

Rosewell was born in North Curry in Somerset around 1603. Following his apprenticeship in London, he became a member of the Society of Apothecaries in 1628. Early in his clinical career, he was apothecary to Richard Neile, Bishop of Worcester and later Archbishop of York.

During the first English Civil War, he served as an officer in the Royalist army. He was part of the besieged garrisons of Basing House and Farringdon. Following the war he suffered property confiscation by the

Sequestration Committee, having fought against Parliament. The Committee for Compounding with Delinquents returned the estate, in 1646, following payment of a fine and oath not to bear arms against Parliament in the future. During the Commonwealth, he did not practice as an apothecary, he was an officer in the London trained band, perhaps cover as a Royalist spy.

Following the restoration of Charles II in 1660 he benefited from royal patronage and because of the King's pressure on the Society of Apothecaries he was reinstated into the society and at the King's firm request become Master in 1661.

His remaining career saw increasing involvement in the Society of Apothecaries' engagement with the College of Physicians. His practice and personal wealth increased along with public offices, including the apothecary for Queen Catherine and the apothecary for St Thomas Hospital.

**11:15am - 11:35am**

### **Surgeons and barber surgeons of the North-East of England 1616-1751**

**Ursula Mulcahy**

BSHM

Durham had a guild from 1488 and Newcastle from 1542. Both guilds were amalgamated with other trades to fund their social functions. Although Newcastle's records are reasonably complete from 1616, no one has ever considered them in relations to other events in the area, e.g. Civil Wars, and also surgical training.

From 16th-18th centuries Newcastle was a garrison town. Although from reign of James 1st, England and Scotland were supposed to be united, border reivers continued to plunder the North of England. It was illegal to offer their sons apprenticeships until mid-eighteenth century.

The guild penalised swearing, slandering fellow practitioners and taking on boys without formally apprenticing them. Apprenticeship records illustrate the changing patterns of training from the mid to late eighteenth century. In Newcastle, surgeons and barber surgeons appear to have separated by 1742. The Newcastle Infirmary is not recorded in the barber surgeons' records

**11:35am - 11:55am**

### **A history of paediatric surgery at the Jenny Lind Children's Hospital in Norwich**

**Richard England**

Jenny Lind Children's Hospital, Norwich, United Kingdom

*Aim of the study:* To present a summary of the development of surgery at the Jenny Lind Infirmary for Sick Children and subsequent institutions in Norwich.

*Method:* Presentation of data from annual reports between 1855 – 1946 along with archival material from the Norwich Records Office including photos, newspaper reports, letters and case notes.

*Results:* Paediatric Surgery was performed regularly by the surgeons of the Norfolk and Norwich Hospital throughout the early 19<sup>th</sup> century. After a substantial donation to the city by the opera singer Jenny Lind, known as the Swedish Nightingale, it was decided to open a children's hospital in the city following the success of Great Ormond Street Hospital in London. The Jenny Lind Infirmary for Sick Children opened in 1854. The first records of surgical procedures performed there were from 1865, beginning with lithotomy for bladder calculi which was endemic the region. Soon however procedures covering all major specialities were recorded. Data from annual reports chart the rise and fall of many surgical techniques and the increase in complexity of abdominal surgery performed at the institution. Outcome recording was exemplary and will be presented.

*Conclusion:* The Jenny Lind in Norwich was one of the earliest children's hospitals in the country and last year celebrated its 170<sup>th</sup> birthday. The archived records provide an insight into the development of paediatric surgical specialties and the prevalence of surgical disease prior to the availability of antibiotics.

## **D&R 2: Disability and Rehabilitation 2**

*Time:* Friday, 12/Sept/2025: 1:05pm - 2:25pm · *Location:* Tweed Suite

*Session Chair:* Edward Wawrzynczak

**1:05pm – 1.25pm**

### **Stammering – it's how we talk: speech disorder or difference?**

**Jois Stansfield**

University of Strathclyde

Stammering (called stuttering in much of the English speaking world outside the UK) affects around five percent of children and one percent of the adult population. As such, it is one of the most commonly recognised speech difficulties by the lay person and was one of the most researched and reported speech conditions across the twentieth century

Disability is a contested concept and perceptions of disability changed throughout the twentieth century. This applies to speech as to other aspects of disability. This paper explores how stammering was characterised throughout the century and the debates and disputes about causality, treatment and acceptance, considering medical, speech therapy and disability studies literature.

It is argued that approaches to stammering reflected the level of medical and speech therapy knowledge bases of the times, but until recently most were either explicit or implicit in 'othering' people who stammered, defining them as disabled in whatever terms this disability was framed. The paper ends by presenting an alternative view of stammering as one of difference, not disorder.

**1:25pm – 1.45pm**

### **Did the Spanish Flu give us ADHD? Encephalitis lethargica and the history of neurodevelopmental disorders**

**Timothy Apthorp**

Norwich Medical School, University of East Anglia

Attention deficit hyperactivity disorder is a neurodevelopmental disorder characterised by hyperactivity, impulsivity, and inattention inconsistent with normal childhood development. The mainstay of management includes a combination of psychotherapy and/or psychostimulants (generally an amphetamine or methylphenidate). Early 20th century medical discussions of attention and hyperactivity were framed in terms of immorality in children. The cause was attributed to various forms of "minimal" brain damage, and physicians' focus was on the identification (rather than treatment) of abnormal children. A fundamental shift occurred with the Spanish Flu pandemic. An alarming neurological complication was Encephalitis Lethargica, which left surviving children with a wide range of long-term difficulties, most famously parkinsonism, but also including uncontrollable conduct and inattention. Bradley House, a child psychiatric home/hospital, was set up in response in Rhode Island. Here, it was incidentally discovered that amphetamines improved the children's behaviour and school performance. The home's lead paediatrician, Charles Bradley, publishing between 1937 and 1950, theorised that amphetamines caused an emotional improvement and thus improved behaviour. Bradley's trainees (Laufer et al.) continued his research, describing Hyperkinetic Impulse Disorder in 1957 — a disorder of inappropriate inattention, hyperactivity, and impulsivity now analogous to ADHD. Originally described in psychodynamic terms, in the 1970s the disorder was reframed as an issue of brain development. These developments demonstrate how, even many years after the conclusion of a pandemic, their shockwaves continue to influence our understanding of medicine in both unintended and unexpected ways.

**1:45pm – 2.05pm**

**Unassisted living: how assisted dying fails people with disabilities**

**Tom Mackie**

University of Cambridge, United Kingdom

In recent years, assisted dying laws have been enacted in many countries around the world. In the UK, such legislation is currently under debate, having passed the committee stage in the House of Commons. These developments raise the question of how assisted dying laws impact the most vulnerable communities in society.

This paper will look at Canada's recent history, where legal shifts since the 1990s have culminated in the introduction of assisted dying laws for those without a terminal diagnosis, allowing eligibility on the basis of 'unbearable suffering'. The Canadian case facilitates an exploration of how definitions of 'suffering' have developed in legal and medical discourses – often within a short space of time. I will trace these legal developments and the ways that disabled individuals interact with a healthcare system where their life may be defined as 'unbearable' or unliveable. This paper considers the concrete implications of such laws and how the state itself might contribute to these 'unbearable' circumstances.

By tracing this distinct legislative history alongside the work and testimonies of groups such as the Council of Canadians with Disabilities and Inclusion Canada, I will reconstruct a narrative of legal and medical regimes intersecting with debates about bodily autonomy, medical care, and the value of life. This research seeks to expose the fallacy that the right to choose when and how we die is always a positive step towards personal autonomy, especially when it comes to those who have not been given the opportunity to live (well).

**2.05pm – 2.25pm**

**Are PTSD and shell-shock one and the same?**

**Layla Yasmin Zohar**

University of Manchester, United Kingdom

Shell-shock and post-traumatic stress disorder (PTSD) are both trauma-induced psychobiological disorders, however there are considerable differences between them, significantly in their clinical presentations. It is this uncertainty about the relationship between the two, whether they are entirely distinct conditions, or whether shell-shock is simply an earlier iteration of PTSD, that will be the basis of my presentation.

PTSD, as per the recent diagnostic criteria, is recognised by three cardinal symptoms: re-experiencing, avoidance and hyperarousal. When evaluating the medical military records from both world wars, there is little evidence suggesting that these symptoms were suffered by shell-shocked soldiers. Existing in such a precarious, volatile context, research was limited, and with misconceptions about mental health, the exact aetiology of shell-shock was never determined and thus no optimal method of treatment was agreed upon. Contrastingly, extensive evidence-based research has concluded the neurobiological changes involved in the pathophysiology of PTSD, and efficacious treatments have subsequently been developed.

The symptomatic variability could suggest two separate disorders, however, as they share a common cause, traumatic stress, they can ultimately be considered to be variant presentations of the same condition, with the differences being attributed to different cultural settings and advances in medical science. My presentation will discuss the origins of a disease and will discuss, whether the two conditions can be considered variants of the same, timeless, psychobiological reaction to traumatic stress, or whether the two disorders, with different causes, symptoms and historical contexts, are entirely distinct from one another.

## MISC 4: Miscellaneous 4

*Time:* Friday, 12/Sept/2025: 1:05pm - 2:25pm · *Location:* Denim Room  
*Session Chair:* Michael Davidson

**1:05pm - 1:25pm**

### **Work-related fatal accidents in Leeds and Sheffield 1900: a tale of two cities**

**Michael C Collins**

Sheffield Aesculapian Society

Newspaper archives were studied to determine the number and nature of work-related fatal accidents in Leeds and Sheffield in 1900. Both cities were major manufacturing centres in 1900 and employed large numbers of workers.

Reports of 77 work-related fatal accidents were found. The greater number occurred in Sheffield (41). Fatal accidents in manufacturing accounted for most deaths (35) with almost equal numbers in both cities. Accidents in the steel industry (17) accounted for the majority of fatalities in manufacturing and were more common in Sheffield (11). A gas explosion in a Leeds steel works accounted for 5 deaths. Fatal accidents occurred whilst working on the railways (12), collieries (8), construction (6), quarry and brick works (5), brewing (4), textiles (3) cutlery and tools (3) foundry and forge (3) and gas works (3). Two deaths occurred in Sheffield following separate accidents involved in the operation of lifts.

Falls were the most common cause of fatal work-related accidents. Other common causes included falling weights, being crushed or trapped by moving apparatus, explosions, gas inhalation, roof falls in collieries, and shunting on the railways. Moving cranes were involved in 5 fatal accidents. Only one female died in a work-related accident.

The findings reflect the nature of the industries in both cities and the status of health and safety measures in 1900. The highest mortality was found in the steel industry. Industries employing large numbers such as textiles in Leeds and cutlery and tool manufacturing in Sheffield were associated with relatively few work-related fatalities.

**1:25pm - 1:45pm**

### **The Keighley martyrs: heroes or villains?**

**Sylvia Theresa Valentine**

University of Dundee

In 1876, seven members of the Board of the Guardians of the Poor for Keighley Union were imprisoned in York Gaol for Contempt after disobeying a Writ of Mandamus. The writ was issued when the Local Government Board's efforts to compel the Guardians to enforce the Vaccination Acts and to prosecute defaulters, failed.

The introduction of the 1871 Vaccination Act made smallpox vaccination compulsory; something unpopular with many parents. Across the country local anti-vaccination groups began to be established to protest against what many considered to be an unjust law. The 1874 Vaccination Act clarified the responsibilities of the Boards of Guardians, who were obliged to enforce the law. Many parents were prosecuted for failing to have children vaccinated and faced harsh penalties. Some determined parents continued to refuse vaccination and could be fined multiple times. Some men and women were imprisoned for their beliefs.

A local Anti-Vaccination League had been established in Keighley in 1872, an industrial town in the West Riding of Yorkshire, now West Yorkshire. Its purpose was to be a 'Mutual Help League whereby all fines and costs will be paid by the society'.

This presentation explores how members of the local anti-vaccination society were able to ensure members of Keighley Union Board of Guardians defied the law, and the consequences of their actions.

**1:45pm - 2:05pm**

### **Florence Matilda Saunders (1855-1904): pioneer of district nursing in the City of Peterborough**

**Martyn Geoffry Thomas**

Worshipful Society of Apothecaries, United Kingdom

Florence Matilda Saunders founded the district nursing service in Peterborough in 1886. In 1902, she was involved in establishing the Northampton County Nursing Association in the villages around Peterborough. She undertook her district nurse training at the Metropolitan and National Nursing Association in London

and became a Queen Victoria's Jubilee Nurse in 1892. The local doctors supported Saunders in the establishment of the Peterborough District Nursing Association recognising that hospital admissions could be avoided if patients could be cared for in their own homes. She was the first district nurse and first Lady Superintendent of the service. At the annual meeting of the management committee, Saunders would provide information about the workload of the Association. Although her work was challenging at times, she was devoted to caring for the sick poor and relieving their pain and suffering. She was determined to make the district nursing service a success. Furthermore, she accepted no remuneration for the work that she did and was a generous benefactor of the Association. When she died in 1904, at the age of 48, the Peterborough District Nursing Association became known as the Florence Saunders District Nursing Association for Peterborough in honour of her memory. In 1948, the nursing association became an agent of the NHS providing district nursing services. In 1974, the District Nursing Association became the Florence Saunders Relief in Sickness Charity.

**2:05pm - 2:25pm**

### **From Clerks Well to Sadlers Wells: a history of health and well-being in Clerkenwell**

**Carolyn Paul**

Worshipful Society of Apothecaries, United Kingdom

From the Clerks' Well at the medieval St Mary's Nunnery in the 12th century to the pioneering Finsbury Health Centre of the 1930s water has had an important impact upon the health of the local population in Clerkenwell for hundreds of years.

In this talk I will discuss how water-borne pollution and disease threatened the health of the residents during periods of rapid industrialisation and overcrowding in this area. I will also describe how Clerkenwell's pleasure gardens, health spas and the 'New River' contributed to improvements in their health and wellbeing.

Through accounts of significant events and important personalities I will aim to show that 'All's Well that Ends Well in Clerkenwell'.

## **D&R 3: Disability and Rehabilitation 3**

*Time: Friday, 12/Sept/2025: 3:05pm - 4:25pm · Location: Tweed Suite  
Session Chair: Lisetta Lovett*

**3:05pm - 3:25pm**

### **The Farleigh enquiry and its Bristol aftermath**

**Peter Carpenter**

RCPsych History of Psychiatry SIG

In 1967 Ely Hospital in Cardiff hit the headlines following allegations of ill-treatment. In 1968 the police visited Farleigh Hospital near Bristol to investigate claims of ill-treatment and three nurses were convicted in Spring 1970. The newspapers had a field day - the old messages to relatives that 'your children are safe with us' were blown apart. The Farleigh Enquiry reported in April 1971 and Farleigh became part of the Bristol Royal Infirmary hospital group.

The time was associated with the spotlight being turned on Bristol and its eight 'Mental Handicap' Hospitals. Brentry and Hortham made films and vetted new staff for being journalists. The 1971 White paper 'Better Services for the Mentally Handicapped' discouraged further building on the old colonies.

Stoke Park and Brentry cooperated with the media to show the horror of the back-wards and underfunding, achieving the building of numerous 'Crossman units' to improve the accommodation.

The presentation will present a review of the Farleigh enquiry including some recollections of staff involved in the events and discuss the effect it had on services in Bristol.

**3:25pm - 3:45pm**

**Meanwood Park Hospital**

**Danial Rostami-Hochaghan**

Leeds Teaching Hospital Trust, United Kingdom

Formally opened in 1920, the 134-acre Meanwood Park Hospital was meant to be a 'colony' for the 'mentally defective' which operated until 1997. As the biggest hospital for people with learning disabilities in Yorkshire, at its height it contained 841 beds serving a population of 1,200,000. It represents an important part of the history of both the city of Leeds and mental health care during the 20<sup>th</sup> century.

An attempted village community system of this form was a real advance on the previous archaic institutions more akin to asylums. Here you had separate villas in beautiful grounds and the residents could work on the farm or repair furniture in the workshop.

Meanwood Park Hospital simultaneously represents the positive ambitions of a society wanting to care for its most vulnerable, and the shameful history of institutionalising and othering people with learning disabilities. Like much of psychiatry's recent history it is important that we look back and celebrate the progresses made whilst acknowledging the grave missteps.

Residents, some of whom were children, were for all intents and purposes, kidnapped by the likes of Samuel Wormald who didn't want the "feeble-minded" to ruin the community. A testament from one former patient in particular illustrates this point: "My life was wasted. Stopping in there all that time. I was 19 when I went in. I didn't think I'd be there long but all my life's gone. I could have been happy." Whilst the hospital is gone, the effects it had on people's lives remains.

**3:45pm - 4:05pm**

**Kingsley Hall and the Mental Health Bill 2025: evaluating R.D. Laing's legacy in psychiatric ethics**

**Sabrina Zahra Choudary**

University Of Birmingham, United Kingdom

This paper critically explores the legacy of R.D. Laing's Kingsley Hall experiment and its influence on ongoing mental health reform, with a particular focus on the Mental Health Bill 2025. Established in 1965 as a radical alternative to institutional psychiatry, Kingsley Hall embodied Laing's commitment to patient autonomy and the rejection of a medicalised view of mental illness. While the experiment was celebrated by some as a sanctuary for self-discovery, it also raised serious ethical concerns due to its lack of regulation, patient safety risks, and Laing's arguably romanticised interpretation of psychosis. Through an ethical lens, this paper evaluates both the successes and failures of Kingsley Hall, situating it within broader debates regarding autonomy, consent and professional responsibility – principles that are now embedded in our healthcare frameworks. This analysis draws comparisons between Laing's experiment 60 years ago, and present-day policy change, with the Mental Health Bill 2025 being introduced. Amendments to the Act include reducing the use of compulsory detention, personalised treatment and improved informed consent; all values that Laing advocated for in his time, albeit in a more regulated manner. By examining the parallels between Laing's ideals and contemporary legislative reform, this paper argues that Kingsley Hall played a pivotal role in challenging traditional psychiatric norms and continues to shape evolving understandings of ethical care in psychiatry today.

**4:05pm - 4:25pm**

**Clinical narratives within case histories from New Catherine Hospital in Moscow (1850s - 1880s)**

**Polina Kosaretskaia**

HSE University, Russian Federation

While existing research on pre-revolutionary Russian medical history predominantly examines the medical profession, this paper addresses a notable gap: the patient experience. It turns to previously unstudied patient records from Moscow's New Catherine Hospital offering a unique perspective on lower-class patient experiences.

In the late 1840s, New-Katherine Hospital was transformed into a university clinic where Moscow medical students completed a final stage of their training. Thus It represents a classic example of transition towards

"Hospital Medicine" model where some theorists argue that sick were reduced to research subjects (Jewson 1976). Yet the story hospital case histories tell is more complex.

Using narrative approaches from medical anthropology (Good & Good, 2000), the analysis reveals a variety of narrative devices utilized by physicians to structure a medical history. However, patients's voices also participated in the construction of a clinical narrative. Some readily adopted medicalized interpretations of their bodies, while others struggled to answer physicians' questions, highlighting the gap between medical and lay understandings of the body.

Examining gender dynamics within the patient records, the paper challenges assumptions about lower-class women's healthcare agency. It reveals that they frequently acted as agents in their own medical decisions, often navigating their care outside of family structures.

## MISC 5: Miscellaneous 5

*Time:* Friday, 12/Sept/2025: 3:05pm - 4:25pm · *Location:* Denim Room

*Session Chair:* Michael Collins

**3:05pm - 3:25pm**

**“The past is a foreign country. They do things differently there”. The challenges of researching ancient medicine**

**Nicholas Summerton**

Independent, United Kingdom

The ancient medical past might be characterised as a foreign country, but it is at risk of becoming an imaginary place too. Misunderstandings of ancient medical literature by modern translators, reconstructing archaeological sites for tourists or re-interpreting artifacts based on today's sensibilities can easily lead to misinterpretations of the past. For example, the Greco-Roman medical terms *phthisis*, *apoplexy* and *podagra* cannot simply be equated to modern-day tuberculosis, stroke or gout respectively. The archaeological identification of aqueducts, bathhouses and drainage systems probably says more about the aspirations of an ancient provincial town to appear 'Roman' than any particular concern for today's ideas about public health.

Linked to this is a view that we can directly apply modern ideas and concepts to the health and healthcare of the distant past. Consequently, in seeking to identify past diseases (retrospective diagnosis) issues such as context, definition, classification and language alongside ensuring a systematic approach to data collection and evaluation are frequently sidelined in favour of a much narrower focus on historical reports of symptoms and signs.

This talk will outline a fresh approach – in addition to the numerous challenges – to characterise the illnesses of seven Roman Emperors alongside augmenting historical understanding.

**3:25pm - 3:45pm**

**Philip Hench's legacy beyond the glucocorticoid discovery**

**Bela Szebenyi**

Northern Lincolnshire and Goole NHS Foundation Trust, United Kingdom

Two years ago, we celebrated the 75th anniversary of the first use of glucocorticoids in medicine in 1948<sup>1</sup>. Philip Hench (1896-1965), the clinical lead of this milestone medical discovery was not only a genius clinician and researcher, but also a distinguished teacher. This presentation highlights his achievements as a medical educator.

Hench worked at the Mayo Clinic in Rochester, Minnesota since 1921. In 1923 one of the Mayo Brothers, William James Mayo, asked him to specialise in arthritic conditions and establish a 'rheumatology section' within the medical department, with a commitment to patient care, scientific research and rheumatology education for medical students and resident colleagues. His lectures were famous as he used example cases for postulating his clinical suggestions, calling them 'axioms'.<sup>2</sup> They comprise 40 individual items,

including differentials to monoarthritis, sacroileitis, sciatica, rheumatic fever, gouty arthritis, rheumatoid arthritis, psoriatic arthritis and lupus erythematosus, among others. His approach to rheumatic conditions has been multi-dimensional: how to establish a diagnosis from symptoms and signs, what to think if a diagnosis is not proven correct and what to consider if a therapy is not working effectively.

Although his axioms are nearly a hundred years old, they still can be effectively used in medical education in rheumatology.

References:

1. Szebenyi B: The 75th anniversary of first use of glucocorticoids in rheumatoid arthritis. *BSHM Conference, 2023*. pp. 43-44
2. Hunder GG, Griffing L: Philip S. Hench's Rheumatology Axiomatic Generalisations. *J Rheumatol* 2011;38:2664-2670

**3:45pm - 4:05pm**

**How to keep a woman in bed: lessons from the rest cure doctors.**

**Martin Edwards**

BSHM

Neurasthenia, a condition predominantly of fatigue with pain, was apparently epidemic amongst well-to-do women during the late 19<sup>th</sup> and early 20<sup>th</sup> centuries. A mainstay of treatment was the rest cure, devised by Philadelphia physician Silas Weir Mitchell. His rest cure comprised a draconian regime of enforced bed rest, with strict prohibitions on any mental or physical activity, usually for a period of around six weeks. The rest cure was highly unpopular among its recipients, who devised a number of tactics to oppose or resist it. Doctors employing the rest cure, in turn, devised counter-tactics to keep their female patients compliant, inactive and in bed. Mitchell and his followers considered that the doctor's personality was central to this endeavour. The correct confident, urbane, educated and authoritative demeanour would, they believed, enable "the moral methods of obtaining confidence and insuring a childlike acquiescence" (Mitchell 1877) in their emotionally immature female patients. This talk will briefly describe the tactics adopted by rebellious rest cure patients, and their doctors' counter-tactics. It will discuss the deliberate adoption, by doctors, of a personality type as a tactic to keep neurasthenic patients compliant with their treatment regime, against a broader background of increasing awareness and exploitation of the psychological concept of suggestion by medical practitioners.

**4:05pm - 4:25pm**

**"Improvising" ethics: the history of ethics in clinical trials in socialist Vietnam**

**Thuong Nguyen**

Oxford University Clinical Research Unit, Vietnam

This paper examines how Vietnamese clinicians and ethics committee members conceptualized and practiced ethics in clinical trials between 1975 and the early 2010s. Drawing on archival materials, legal documents, and public media records, I trace the development of clinical trials in Vietnam alongside the genealogy of its ethics governance. I situate these processes within the broader context of the nation's socialist state-building and its marketization since the 1980s. I argue that ethics governance in Vietnam served dual political purposes: establishing scientific credibility and building socialist health system. Clinicians and ethics committee members pursued scientific recognition by institutionalizing Good Clinical Practice (GCP) guidelines and formal ethics review mechanisms. At the same time, they engaged in what I call *improvising ethics*. It was a process through which clinicians and ethics committee members interpreted and practiced ethics through socialist ideals of collective health, paternalistic doctor-patient relationships, and scientific nationalism. Oral histories with key informants reveal that *improvising ethics* did not result from a lack of ethics guidelines, infrastructure, or human capacity. Instead, it emerged from the evolving bureaucracy of ethics committees, changing institutional priorities, and broader social norms. This paper contributes to the growing literature on "ethical variability" in the Global South with Vietnamese perspectives. The emergence of *improvising ethics* illustrates that ethics is not only culturally relative—a dominant argument in ethnography studies of bioethics—but also historically contingent. Thus, it is important to incorporate historical analysis that highlights how political ideology, institutional transformation, and global encounters shape ethical reasoning and practice.

## SATURDAY KEYNOTE LECTURE

Time: Saturday, 13/Sept/2025: 9.00am - 9:55am · Location: Tweed Suite

### THE JOHN BLAIR TRUST LECTURE

#### John Blair and his Legacy to the History of Medicine

Mr Iain Macintyre

In addition to a lifetime's work as a busy general surgeon, John Blair made important contributions to the history of medicine. His experience as a National Service officer in the RAMC and subsequent service in the Territorial Army provided both the background and first-hand knowledge which allowed him to write the widely acclaimed centenary history of the RAMC. His histories of the medical schools at St Andrews and Dundee were meticulously researched and were written with his customary authority and eye for detail.

This commemorative lecture outlines John Blair's life and work explores one of his major themes, Scotland's contribution to medical education. His career mirrors in many ways that of his friend Douglas Guthrie and the lecture will summarise the contributions which both men made to the study of history of medicine. The spirit of both lives on in the Trust funds named for them which support activities associated with the history of medicine.

## M&HL 1: Medical and Healthcare Learning 1

Time: Saturday, 13/Sept/2025: 10:35am - 11:55am · Location: Tweed Suite

Session Chair: Tina Matthews

10:35am - 10:55am

### 'Sex in mind and education': correspondence between Dr Henry Maudsley and Dr Elizabeth Garrett Anderson.

Ellie Hotopf

University College London, United Kingdom

Higher education for women became a contentious debate in the late 19<sup>th</sup> century. '*Sex in Mind and Education*' is a pamphlet written by Dr Henry Maudsley in the *Fortnightly Review* published in April 1874 (Maudsley, 1874). The pamphlet was written in protest to co-education of women as Maudsley insisted that the physiological differences between the sexes meant higher education would cause physical risk to women. Encouraged by the women's education movement Dr Elizabeth Garrett Anderson responded in the next Fortnightly review '*Sex in Mind and Education: a reply*'. She identifies "non sequiturs" in his arguments and disputes Maudsley's claim that education could cause infertility (Garrett Anderson, 1874 p.584). These sources provide insight into the wider debate for women to be allowed to enter higher education in the Victorian era.

Maudsley was one of the most prominent psychiatrists of the 19<sup>th</sup> century. The central message to his article was that it is "a matter of physiology" that educating women will lead to the "arrest of development of the reproductive system" and leave women "permanently disabled" (Maudsley, 1874 p.29). This illustrates the limited understanding of the female reproductive system and the consensus of the upper class that women did not belong in medicine.

Garrett Anderson, the first woman to train as a British physician, exposed Maudsley's lack of evidence. She argued that there is greater risk in not educating women as "the depressing influence of dullness" could lead to women entering "hasty and foolish marriage" that may be of greater physical risk.

10:55am - 11:15am

### Picturing contagion: gender, disease, and the cultural imagination of syphilis, 1730-1950

Sophie Wenqing Ma

Imperial College London, United Kingdom

This project explores how syphilis was visualised in Western visual culture between 1730 and 1950, and how these representations constructed and reinforced gendered narratives of blame, deviance, and moral consequence. Across high art, medical illustration, and public health propaganda, syphilis became not merely a biomedical condition, but a powerful visual metaphor for moral corruption and social disorder.

Visual culture did not simply reflect medical knowledge — it actively shaped how the disease was understood, who was seen as responsible, and whose suffering was rendered visible.

While much scholarship has examined how female sexuality was pathologised during this period, particularly in relation to the Contagious Diseases Acts, the representation of male sufferers has been comparatively neglected. This project addresses that imbalance by analysing how women — particularly sex workers — were repeatedly made hypervisible in art and media, while male responsibility for transmission remained obscured, displaced, or entirely absent. Through close visual and contextual analysis, the project examines works by Hogarth, Toulouse-Lautrec, Krohg, Munch, Picasso, and Richard Tennant Cooper, alongside ephemeral media such as New Woman literature and World War II venereal disease posters.

It argues that visual culture used the body not only to display disease, but to mediate deeper fears: invisible transmission, latent symptoms, and inherited degeneration. These anxieties coalesced in the figure of the syphilitic child, who embodied moral contamination across generations. The dissertation concludes by considering how these historical representations continue to inform contemporary narratives of stigma, sexual health, and visual responsibility.

**11:15am - 11:35am**

**Navigating empire and tradition: colonial dynamics and the emergence of Indian women in medical education**

**Shreya Pal**

East Kent Hospitals University NHS Foundation Trust, United Kingdom

The history of Indian women's medical education during British colonial rule is a narrative of resilience and transformation. Early pioneers such as Anandibai Joshi and Kadambini Ganguly emerged as trailblazers in the late 19th century, breaking gender, caste, and cultural barriers to become among the first Indian women to earn Western medical degrees. Their achievements challenged patriarchal norms and colonial educational structures that initially favoured English-speaking upper-caste males.

Lord William Bentinck's reforms, including the establishment of Calcutta Medical College in 1835, introduced Western medical curricula based on anatomy, pathology, and clinical practice, challenging traditional sociocultural taboos such as dissection. These reforms laid the foundation for Western medical education in India and slowly paved the way for women's inclusion despite strong societal resistance.

Anandibai Joshi became the first Indian woman to earn a medical degree abroad in 1886, graduating from the Woman's Medical College of Pennsylvania. Her education, supported by reformers yet opposed by orthodox groups, highlighted cultural tensions. That same year, Kadambini Ganguly graduated from Calcutta Medical College, becoming the first South Asian woman to obtain a Western medical degree domestically. Ganguly's career as a physician and social reformer marked a milestone in women's professional medical participation.

This colonial-era interaction between empire and indigenous traditions set the stage for expanding women's medical education in India, shaping gendered access to healthcare training that continues to evolve today.

**11:35am - 11:55am**

**Jane Sharp, Maggie O'Farrell, and the transmission of obstetric knowledge**

**Sabina Dosani**

University of East Anglia

Jane Sharp, an English midwife, authored *The Midwives Book: or the Whole Art of Midwifery Discovered* (1671), the first known midwifery manual written by a woman in England. Her work challenged the authority of male medical writers, who dominated the field despite often lacking direct experience of attending women in childbirth. Of the eighty-two midwifery manuals published between 1540 and 1699, eighty-one were authored by university-educated men who had often neither attended births, nor physically examined pregnant women. Written in Latin, these texts focused on theoretical anatomy, rendering them inaccessible to practicing midwives and expectant mothers.

Sharp's manual differed significantly. Writing in vernacular English, she combined practical midwifery knowledge with detailed descriptions of conception, pregnancy, labour, and postnatal care—topics often overlooked in contemporaneous male-authored works. Her use of illustrations, anecdotes, and a direct instructional tone reinforced the role of midwives as primary authorities on childbirth. Although Sharp

claimed over three decades of experience, her identity remains uncertain, with no records confirming her practice.

I first encountered Sharp's work during my PhD research, while examining depictions of obstetric ultrasound in contemporary literature. Maggie O'Farrell's essay *Baby and Bloodstream* features one of Sharp's illustrations, prompting me to explore Sharp's work further. O'Farrell's engagement with these historical images highlights how obstetric knowledge has been shaped and reshaped by women's experiences, raising broader questions about the transmission of reproductive knowledge.

## **M&HL 2: Medical and Healthcare Learning 2**

*Time:* Saturday, 13/Sept/2025: 10:35am - 11:55am · *Location:* Denim Room

*Session Chair:* David Wright

**10:35am - 10:55am**

**Noah Webster, proto epidemiologist: pedant, pestilence, and politics. The publication of "A Brief History of Epidemic and Pestilential Diseases" (1799)**

**Richard Kahn**

Tufts University School of Medicine, United States of America

Noah Webster (1758—1843), known for the dictionary that bears his name, was also an editor and politician who advocated for universal education, social welfare, and public health. Though not a physician, he published two books and many articles on disease, yellow fever epidemics, quarantine, eager to understand the cause and prevention of such epidemics. He also stimulated the creation of the first US medical journal, the *Medical Repository* (1797—1824).

In the 1790s, the US faced yearly yellow fever epidemics. Webster studied these outbreaks by gathering numerical data, influencing figures like Benjamin Rush and contributing to medical thought emphasizing the relationship between cosmic and environmental factors on epidemics. Though yellow fever was not endemic to Britain, it impacted British seaports and military operations, particularly in the Caribbean and West Indies, causing significant mortality among soldiers and sailors. Webster cited many British physicians, including Richard Mead, James Lind, John Haygarth, Colin Chisholm, and Charles Maclean. As interest in public health and health statistics grew, Webster became what would later be called an epidemiologist.

My research examines Webster's underappreciated medical writings, publication challenges, and contemporary responses. Primary sources include his papers at NY Public Library, the Library Company of Philadelphia, and collections at Yale and Harvard. Key questions include his reasons for joining this medical debate, his methods for gathering data, contemporary response, and the impact of his work.

**10:55am - 11:15am**

**Scottish medical explorers in the British imperial century**

**Wendell McConnaha**

University of Pittsburgh, Retired, United States of America

During the British imperial century (1815-1915), the population of Scotland was 20% that of England, yet the explorers from this era included a disproportionate number of Scotsmen who had received medical training at Scottish universities, particularly from the University of Edinburgh. Who were these Scottish "medical explorers" and why were they more qualified to lead this effort than their English counterparts?

Research indicates this was due to four events: unification of Scotland and England, Scottish Enlightenment, Scotland's new and innovative method of preparing doctors, and they were prepared to be a new type of explorer. Chief among these factors was the evolution of Scottish universities' preparation of physicians. At Edinburgh, young men were enrolled regardless of social status, economic background or religious faith. Medical students were prepared within an environment where empiricism and inductive reasoning were the standards. An expansive array of course options like botany, zoology, and geology, and use of the botanic garden supplemented traditional medical courses.

Graduates were inquisitive, they observed nature as an integrated organism and were open to new ideas. The men who emerged had been exposed to a unique medical education creating a new generation of physicians which coincided with the need for a new type of explorer. Trade and colonization remained significant but focuses like economic botany and scientific discovery took precedence. This group of Scottish physicians; and their interaction within the political, cultural, intellectual, and social context of the time helped define the British Imperial Century and redefine medical education.

**11:15am - 11:35am**

**The Scottish medical education of James McCune Smith: influence on practice and publications**

**Ian Bone**

Hon Senior Research Fellow Institute of Cardiovascular and Medical Sciences University of Glasgow

The physician, activist, essayist and polyglot James McCune Smith (1813-65) is best known as the first African American to hold a university degree in medicine. As an emancipated slave's son, liberated by the New York Emancipation Act (1827), he was accepted to study medicine at Glasgow University graduating BA (1835) MA (1836) and MD (1837) and, whilst there, became an active member of the city's Emancipation Society. On returning to New York as a physician and pharmacist he also established himself as a leading abolitionist, essayist and editor. The medical publications have been dwarfed by his other activities and little has been written about them. McCune Smith can claim the first letter and peer review paper by an African American to be published in the medical literature and, as a student, challenged one of his professors through correspondence in the London Medical Gazette.

This paper will review his writings on catamenia, childhood infections, homeopathy, phrenology, climate and longevity. Also how he used his medical training and knowledge of statistics to champion the cause of racial equality by contesting claims, from his own profession, of racial differences in intellect, brain volume, osteology, longevity and insanity. Much of what he wrote then is relevant now and would not have been achieved if Glasgow University had not opened its doors, unlike the medical schools of his homeland, to provide him with the necessary education to challenge the racial orthodoxy of his time.

**11:35am - 11:55am**

**Dr D.W. Hoodless: a legacy in the South Pacific**

**Hannah Court**

School of Medicine and Population Health, University of Sheffield

This oral presentation explores the life of Dr David Winn Hoodless (1888-1967) former principal of Fiji's Central Medical School and advocate for Indigenous medical education in the South Pacific.

Born in Nottinghamshire, and raised in Sheffield, a formative stay with family in Hull's dockyards led to a voyage to Iceland as a cabin boy – foreshadowing a life of adventure.

Trained as a teacher, Hoodless worked aboard HMS Worcester, before his appointment at a Fijian colonial school in 1911. There, a missionary lent him an anatomy textbook – an encounter that profoundly altered his trajectory. Inspired, Hoodless retrained in medicine, joining the colonial medical service in 1935 [1].

Hoodless distinguished himself from many of his contemporaries: writing on Fijian health beliefs, advocating for equitable access to education and formulating the first public health strategies for Indigenous communities.

In 1941, Hoodless became involved in one of aviation's most enduring mysteries – the disappearance of Amelia Earhart over the Pacific Ocean in 1937. Following the discovery of skeletal remains on Nikumaroro Island, Hoodless was called upon to act as a forensic anthropologist [2].

In an era defined by Empire, Hoodless's life and work offer a striking counterpoint - defying the expectations of his time, to reveal a figure of uncommon empathy and cultural sensitivity.

1. Guthrie, M. (2016) *Misi Utu: Dr DW Hoodless: An educator's vision and the Central Medical School, Fiji*.

2. Jantz, R. (2018) 'Amelia Earhart and the Nikumaroro Bones: A 1941 Analysis versus Modern Quantitative Techniques', *Forensic Anthropology*, 1(2), pp. 83–98.

### **M&HL 3: Medical and Healthcare Learning 3**

*Time:* Saturday, 13/Sept/2025: 1:05pm - 2:25pm · *Location:* Tweed Suite  
*Session Chair:* Graham Kyle

**1:05pm - 1:25pm**

#### **'The Grand Gesture': British Journal of Anaesthesia's Educational Supplement and the commercialisation of journal publishing**

**Eleanor Rose Shaw**

University of Manchester, United Kingdom

Founded in 1923 as an independent journal not affiliated with any society or royal college, the British Journal of Anaesthesia needed to both be commercially viable and act as a voice for the interests of growing numbers of anaesthetists. Following the difficulties of World War Two, from the 1950s onwards the journal sought out increased financial stability, signing increasingly lucrative commercial contracts with academic publishers. This led to an increasing reorientation to communicating with an international community of academic anaesthetists, and attempting to align with academic standards emerging from internationally successful non-specialist journals, rather than speaking to practicing anaesthetists in UK hospitals. In doing so, the journal faced the growing problem of no longer publishing material of interest to the very audience it claimed to serve. In response to address the growing divergence of a commercial academic journal from its founding commitment to a medical specialism, the journal, amongst other measures, introduced an educational supplement for trainees. This paper traces the introduction of an educational mandate at the journal as a replacement for political representation of the anaesthesia specialism in the context of the neoliberalisation of academic publishing and academic medicine.

**1:25pm - 1:45pm**

#### **The Association of Medical Officers for Hospitals of the Insane**

**Peter Carpenter**

RCPsych History of Psychiatry SIG

The Royal College of Psychiatrists traces its origins to a meeting called by Samuel Hitch in July 1841 in Gloucester to discuss the creation of an Association for medical officers managing Lunatic Asylums, which agreed to create an Association for the: *Improvement in the management of such Institutions and the treatment of the Insane; and the acquirement of a more extensive and more correct knowledge of Insanity.* The inaugural annual meeting of the Association of Medical Officers for Hospital of the Insane happened at Nottingham in November 1841. Samuel Hitch was the first Secretary (and in practice, Treasurer) and led the first few meetings. However the Association ailed and by 1850 was hardly functioning. It was reinvigorated at the time of the Great Exhibition by Forbes Winslow and Bucknill and renamed the Association of Medical Officers for Asylums and Hospitals of the Insane. Forbes' criticisms of Hitch's work for the Association have not been recognised by College historians though they led to Hitch's permanent withdrawal from the Association.

This paper will consider the background and reasons for the Association to collapse before Winslow and Bucknill reinvigorated it and why Hitch may have withdrawn with their intervention.

**1:45pm - 2:05pm**

#### **The British Cardiovascular Society's 100 voices project**

**Caroline Coats, Elen Hughes, William Parker, Nicholas Boon, Iain Simpson**

The British Cardiovascular Society

Recording oral history presents a unique opportunity to collect first-hand witness testimony for the understanding and study of medicine's past. The British Cardiovascular Society (BCS), the oldest society for the study of the heart in the world, celebrated its centenary in 2022. The opportunity was taken to establish the 100 voices oral history project, seeking to record interviews with key figures from the history of cardiovascular science, medicine and surgery in the United Kingdom. To date, 34 interviews have been conducted, capturing a wide range of professional roles and geographic locations, including international participants. A strong emphasis is made on including trainee cardiologists on the interviewing team. The recordings are edited and curated, before being archived in long-term storage for posterity and future historical research. This paper will describe the scheme and its aims, demonstrating its progress and value through sharing audio clips recalling notable developments such as cardiac transplantation, resuscitation

and cardiac imaging. The role of professional societies, specialist hospitals and educational institutions in shaping the evolution of a speciality will be considered. 100 Voices is an ambitious, ongoing oral history project that will provide an unrivalled resource for the study of our cardiological past.

**2:05pm - 2:25pm**

**Norwich Medico-Chirurgical Society – illustrious past, uncertain future.**

**Stephen Gillam**

Past President Norwich M-CSoc

Many medical societies were formed in the first half of the nineteenth century, often originating from groups such as the Norwich Philosophical Society (founded 1812) that met to debate the natural scientific advances of the day. The Norwich Medico-Chirurgical Society brought together an established medical library and the Norwich Pathological Society in 1867. It served three main functions: the 'cultivation and promotion of physic and surgery', (continuing professional development), 'consideration of public matters affecting the profession' (medico-political), and 'encouraging friendly intercourse between its members' (social). Monthly minutes were recorded. A review of literature, minutes and other archival material will be used to explore how the Society fulfilled these functions. Memorable events and individuals will be considered. The Society served to reinforce professional monopolies. For example, members were forbidden from working for Friendly Societies in the 1890s. Over time its purposes were superseded, for example with the advent of the British Medical Association or structured post-graduate education. Most such societies have now disappeared. The presentation will also consider how best, if possible, to sustain them.

**M&HL 4: Medical and Healthcare Learning 4**

*Time:* Saturday, 13/Sept/2025: 1:05pm - 2:25pm · *Location:* Denim Room

*Session Chair:* Lee Coppack

**1:05pm - 1:25pm**

**Origins of mental healthcare in the Islamic Golden Age: development of psychiatric care**

**Iman Akhter**

Keele University, United Kingdom

The Islamic Golden Age, spanning from the 8<sup>th</sup> to 13<sup>th</sup> century, is a period of academic and cultural advancement, with development in fields such as medicine, science, philosophy and the arts. Through the Graeco-Arabic translation movement, medical knowledge from Western society was translated to Arabic and the works of figures such as Hippocrates and Galen were preserved, translated and expanded upon. New contributions from the Islamic world were distributed across the Western world, influencing medical knowledge and practices in modern society.

This paper explores contributions to mental healthcare during the Islamic Golden Age, delving into the medical insights of figures such as Ibn Sina and Al-Akhawayni Bukhari, the development of holistic treatments and the use of hospitals and institutions to treat patients with mental health conditions. This study discusses how the development of mental health knowledge and treatment in Medieval Islamic medicine compared to Western medicine in the Middle Ages and the influence of these contributions on modern medicine.

1:25pm - 1:45pm

### Popular science and the birth of hygiene education in unified Italy

**Elena Badanai**

University Of Pisa, Italy

In the decades following the Unification of Italy, the patriotic fervour for the newly formed nation fostered a profound cultural regeneration, aimed at closing the gap with the more advanced European countries. For the first time, scientific popularisation in Italy reached non-expert audiences, marking a remarkable nationwide educational initiative, then known as the 'education of the people'. In this context, public health quickly emerged as a focal point: the salvific ideals of the hygienic utopia converged with the imperative to improve the health and sanitary conditions of the Kingdom. Many authors quickly recognised scientific education as a powerful tool for conceptualising, in medical terms, issues previously framed in political and social terms. Consequently, from the 1860s onwards, the discipline of hygiene flourished in public lectures and popular texts, well before its formal institutionalisation within university curricula. The first Italian hygiene magazine was *L'Igea. Giornale d'igiene e medicina preventiva* (Journal of Hygiene and Preventive Medicine), founded by Paolo Mantegazza in 1862. It included both popular science articles and specialised contributions that had not yet found a place in academic journals. This paper aims to briefly analyse the popularisation of hygiene and preventive medicine in the period following the Unification of Italy – from the 1860s to the early 20th century – highlighting its close connection with the ideals of the hygienic utopia.

1:45pm – 2:05pm

### Hansen's Disease in Greece - a political history (1904-1981)

**Athanasios Barlagiannis**

Academy of Athens, Greece

Hansen's disease is a chronic, disabling disease. Since 1904, when a leper colony was established on the deserted island of Spinalonga, those affected were subjected to forced isolation. This presentation explores how patients organized their lives within the various isolation spaces set up by the Greek state - leper colonies, leprosaria, and hospitals. It examines their survival strategies and collective action in response to state violence, stigma, social discrimination, and medical authority. The Greek case is particularly noteworthy, as Greeks with leprosy were among the earliest to collectively demand for rights, manage stigma, shape the functioning of institutions, and advocate for more effective medical care. From 1936 onwards, various forms of collectivities emerged, including patient rights groups, self-help associations, and economic cooperatives. These reflected a wide spectrum of ideological orientations, such as syndicalism, communism, and Christian reformism. Drawing on patient association archives, interviews, and patient-authored texts (newspaper articles and memoirs), the presentation investigates how Hansen's disease patients asserted that they were more than suffering bodies, how they managed to demand recognition as Greek citizens, with full rights and responsibilities. It argues that, contrary to conventional understandings of the total institution, it was actually the concentration of activists, war veterans, and politically connected individuals within a confined space that enabled political mobilization - manifested in strikes, mass escapes, advocacy, and the publication of newspapers. Leprosy structures were dynamic and inherently political or politicized. As such, their history cannot be studied in isolation from the political history of modern Greece.

2:05pm - 2:25pm

### Old and new: patient and doctor beliefs in the emergency department

**Catarina Janeiro<sup>1,2,3</sup>, José Paulo Andrade<sup>1</sup>**

<sup>1</sup>Faculty of Medicine of University of Porto; <sup>2</sup>Hospital de São João; <sup>3</sup>Smithsonian Institute Fellow

This study is part of the Learn by Heart Project - a collaboration between Hospital de São João, one of Portugal's largest hospitals, and the Faculty of Medicine of the University of Porto - conducted from 2020 to March 2025 and involving approximately 900 patients. The project investigates the beliefs and non-traditional remedies reported by patients visiting the emergency medical department. Through a mixed-methods approach, we assessed the prevalence, motivations, and cultural context of alternative health practices among these individuals. Results reveal a pronounced generational shift: younger patients are notably more inclined to trust and utilize non-canonical remedies than older cohorts. This pattern reflects a broader cultural transformation in perceptions of health and healing. Recognizing these evolving beliefs is crucial for healthcare professionals, as it can improve communication, foster treatment adherence, and enhance patient outcomes. By illuminating the dynamic between conventional and alternative practices, this study provides timely insights for practitioners and policymakers navigating contemporary healthcare challenges.

## M&HL 5: Medical and Healthcare Learning 5

Time: Saturday, 13/Sept/2025: 3:05pm - 4:25pm · Location: Tweed Suite  
Session Chair: Hilary Morris

**3:05pm - 3:25pm**

### **Medical schools as acultural landscapes: Flexner, accreditation, and exclusion**

**Susan Lamb**

University of Ottawa, Canada

For much of the twentieth century, North American medical school admissions were intentionally and openly exclusive: overwhelmingly male, white, protestant, and English-speaking. Barriers to equitable medical education and academic leadership roles persist for those without this particular cluster of identifiers. Using historical methods and concepts, this study combines real-world examples from North American medical schools with close readings of over a century of accreditation-related literature—from before Abraham Flexner's 1910 report to the present—issued by the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), and their joint Liaison Committee on Medical Education (LCME), which accredits medical schools today. Historical findings indicate the presence of concerning continuities between postwar LCME accreditation *requirements* and earlier prescriptive *ideals* championed by Flexner and that functioned, in part, to keep medicine exclusive. This research tests the hypothesis that accreditation objectives and protocols sustained a Flexnerian ideal that science and university education transcend cultural difference—an ideal that encouraged administrators, educators, and learners to unthinkingly construct medicine as an acultural landscape in which there is no need or obligation to acknowledge socio-cultural particularities of individuals. The possible result, over time, is that residual exclusionary and assimilationist norms persisted undetected in otherwise sound and necessary accreditation procedures—holdovers that may still inadvertently limit diversity in medicine.

**3:25pm - 3:45pm**

### **John Keats' lessons in clinical entrepreneurship**

**Tamsin Mary Holland Brown**

Cambridgeshire Community Services NHS Trust, United Kingdom

John Keats' (1795-1821) trained as a surgeon under Astley Cooper (himself trained by John Hunter) but made a remarkable transition from surgery to poetry. His story offers striking parallels to the modern journey of NHS clinical entrepreneurs.

Keats' witnessed tragedy and disease in his family, the hospital, and Hunter's specimens. In his poetry, beauty, nature, and the mindfulness of the present moment became central themes. His work offered a way to process life's brevity, to find solace in awe-inspiring moments, and appreciate both love and mortality. In doing so, he laid the foundations for what is recognised as poetry's role in emotional and mental well-being.

Yet Keats' career was fraught with failure. Critics at Blackwood's Magazine ridiculed him publicly as part of the "Cockney School of Poetry," leading his publisher to decline his final collection. Isolated, impoverished (his guardian kept his parents' inheritance) and suffering from tuberculosis, Keats died aged 25, believing himself a failure. His chosen epitaph reflected his despair: "Here lies one whose name was writ in water."

Yet, Keats' legacy endures. His poetry, once dismissed, is now second to Shakespeare's in global recognition. His story is one of resilience — of an innovator ahead of his time, dismissed by the establishment, but ultimately triumphant. His lesson for clinical entrepreneurs today? The road to change is long, the critics are loud, but a thing of beauty — a truly transformative idea — is a joy forever.

**3:45pm - 4:05pm**

**The easy way to pass exams ... 1850s style**

**Graham Miller Kyle**

Osler Club of London

This presentation looks at the activities of Charles Evans Reeves, a London physician who personated two other practitioners at examinations, one for an MD from Aberdeen, another for a Licence from the King and Queen's College of Physicians in Dublin. He was successful in both cases, although when the frauds were discovered, both persons he impersonated were struck off the Medical Register and one imprisoned for a year. The related court cases will be discussed, as well as the subsequent career of Charles Evans Reeves following his 'escape' to Australia.

**4:05pm - 4:25pm**

**Learning on the job? Medical officers in naval hospital ships during World War One**

**Edward Wawrzynczak<sup>1</sup>, Jane Wickenden<sup>2</sup>**

<sup>1</sup>BSHM, United Kingdom; <sup>2</sup>Independent researcher

When Britain declared war on Germany in August 1914, the Royal Navy had no hospital ships in service. Instead, in anticipation of a naval conflict at sea, plans had been made to requisition and fit out commercial liners at short notice. These auxiliary vessels were equipped and staffed by the Medical Department of the Admiralty.

A principal objective of the naval hospital ship fleet was to help maintain the health of seamen in the ships of the Grand Fleet which was largely based at Scapa Flow in Orkney where there were no hospital facilities. This work typically involved the management of everyday ailments, common infections and routine injuries. However, such hospital ships were also called upon to act in emergency situations, such as the catastrophic explosion of HMS *Natal* in Cromarty Firth, the evacuation of injured troops from the beaches of the Dardanelles, and the aftermath of the Battle of Jutland in the North Sea.

This paper draws on a variety of sources, including Admiralty archives, official histories, first-hand testimonies, maritime, naval and medical literature and secondary sources to provide an overview of hospital ships during the war and to address some key questions. What preparation did medical officers have for work in hospital ships? What did they learn in this work and how did they pass on their knowledge? How did their experiences differ from those of medical officers in the Navy's ships and shore hospitals?

## **M&HL 6: Medical and Healthcare Learning 6**

*Time: Saturday, 13/Sept/2025: 3:05pm - 4:25pm · Location: Denim Room*

*Session Chair: Adrian Thomas*

**3:05pm - 3:25pm**

### **Making doctors, making subjects: The history of medicine in nineteenth-century British India**

**Edmund Joseph**

NHS Lothian, United Kingdom

Though diminished in significance in the present day, the history of medicine used to form an integral aspect of medical curricula throughout history. As Western-style medicine spread throughout the world in the wake of colonial conquest, medical education was adapted to colonial conditions, often in the face of voracious debate and dispute. Institutions such as the Calcutta Medical College (CMC) in British-rule India, established in 1835, were at the forefront of a project of legitimating colonial rule through the exaltation of Western medical science. The CMC, as part of its modern medical curriculum of anatomy, physiology, materia medica, and so on, trained Indians in Western-style medicine, often seeing these doctors as a potent counterpoint to critique of British rule.

Part of this curriculum was a tradition in historical lecturing, especially at the College's annual commencement every year. These lectures, delivered to Indians in the English language, sought to situate the students as doctors as well as colonial subjects, arguing that scientific progress was a beneficent consequence of British rule, while at the same time encouraging much of the same professional attributes as doctors in Britain. Analysis of the material and historical context of these lectures, as well as contrast with history of medicine lectures given contemporaneously back in Great Britain, provides a novel framing for examining the power of the history of medicine in forming medicine as a profession, as well as how that process of professional formation interacts with societal narratives, ideology, and power.

**3:25pm - 3:45pm**

### **Nursing and modernity: institutionalization and professionalization of nursing in the Madras Presidency of colonial India.**

**Preethi Mariam George, John Bosco Lourdusamy**

INDIAN INSTITUTE OF TECHNOLOGY MADRAS, India

The paper traces the development of nursing education and employment in the Madras Presidency (an administrative unit in colonial India), between 1871 and 1930. It explores the financial and racial concerns of the British colonial government that affected the expansion of nursing in the government hospitals of the Presidency.

The emergence of nursing as an important avenue of women's work in a male-dominated medical setting was a gradual process. Trained women nurses from Britain were instrumental in facilitating the flow of metropolitan nursing knowledge into the professional and cultural context of colonial medical practice. Contributions of nurses to nursing pedagogy, public health initiatives and medical research is also discussed. The paper contends that scrutiny on the nursing profession as a relatively new, all-women's profession in a colonial setting, resulted in strict measures to safeguard the image of nurses.

The paper attempts to reveal local responses to nursing as an aspect of colonial modernity. Initially, government nursing training was limited to European and Anglo-Indian women, as educated Indian women were hardly available. The local gender notions, and socio-cultural and religious prejudices that prevented Indian women from taking up nursing work are also analyzed.

In sum, the paper captures the pioneering role of the Madras Presidency in nursing education and in professional registration of nurses, which enhanced the professional legitimacy and social image of nursing as such.

**3:45pm - 4:05pm**

**Leprosy, India, and Louisiana: Two surgeons who made a difference**

**Michael Trotter**

M.D., United States of America

Paul and Margaret Brand completed their medical educations and training at University College Hospital in London during World War II.

Paul was recruited to the Christian Medical Center (CMC) in Vellore, India in 1947. There he discovered insensitivity as the root cause of leprotic deformities of hands and feet and pioneered tendon transfers to produce functionality. He also established the critical importance of hand physiotherapy and rehabilitation for optimal outcomes. Margaret learned ophthalmology in Vellore. The Brands embraced leprosy in all its social, cultural, and medical facets with faith and scientific progress. Both became internationally known for their work. In 1966, they were offered and accepted the positions of chief of surgery and rehabilitation and head of the eye department, respectively, at the United States Public Health Service (USPHS) National Leprosarium in Carville, LA, USA.

Carville was the only facility for leprosy patients in the continental U.S. as well as a research center. Paul expanded and applied his expertise to the issue of neuropathic diabetic feet and the attendant deformities. Margaret was awarded a staff appointment in ophthalmology at Tulane University School of Medicine and expanded her expertise in ocular leprosy.

Both were awarded numerous accolades. Paul retired in 1986 followed by Margaret in 1987. They relocated to Seattle, WA and remained active in their field. Paul died in 2003 followed by Margaret in 2014.

This presentation examines the significant contributions, unlikely locations, and remarkable lives of a unique medical couple who had a global impact on an ancient scourge.

**4:05pm - 4:25pm**

**From ayurveda to anatomy: colonial legacies in Indian medical education**

**Shreya Pal**

East Kent Hospitals University NHS Foundation Trust, United Kingdom

Ayurvedic medicine – rooted in ancient Indian texts and holistic approaches to health – dominated medical knowledge and practice in India for centuries. With the establishment of British colonial rule in India, the institutionalization of Western medical education in India saw a profound transformation in the landscape of healthcare learning and practice.

Ayurveda is a traditional Indian system of medicine whose name literally means “Life” (Ayuh) “Knowledge” (Veda); in other words, knowledge of life. Under Governor-General Lord William Bentinck’s administration, the establishment of Calcutta Medical College in 1835 marked the inception of formal Western medical education in India, introducing structured curricula based on anatomy, pathology, and clinical observation modelled on British medical schools. Following this, medical colleges were founded in Bombay (Mumbai) and Madras (Chennai) over the next few years, expanding Western medical training across the Indian subcontinent.

These institutions, while pioneering in scientific medical education, often privileged Western biomedicine, leading to the marginalization of indigenous systems. Access was initially limited to English-speaking upper-caste males, with women largely excluded until social reformers championed their admission. Anandibai Joshi became one of the first Indian women to earn a Western medical degree in 1886 from the Woman’s Medical College of Pennsylvania. Post-independence, efforts to integrate Ayurveda alongside Western medicine have gained momentum, promoting pluralistic healthcare education in India.

This historical evolution from Ayurveda to Western anatomy-based education highlights the dynamic interplay of knowledge systems and underscores the potential of an inclusive model that embraces both ancient traditions and modern science.

## Posters

Posters will be exhibited in the Tweed Suite:

Gods as doctors: examining the relationship between Greco-Roman religion and Hippocratic medicine (4th century BCE) **Timothy Apthorp**

University of Edinburgh - women doctors who went to Malta 1916. **Elaine Batchelor**

'The Cosmos Penetrates the Anthropolos': methods of medicine and meteorology in the eighteenth century **Samuel Brown**

Poisons, plants and pessaries: a global history of traditional contraception **Hannah Court**

From Rete Mirabile to the Circle of Willis **Ana Dumitrescu; Anca Sava**

Congenital malformations and paediatric disease presented at the Norwich Pathological Society between 1848 and 1865 **Richard England**

Dr Aaron T. Beck: American psychiatrist regarded as the father of cognitive behavioral therapy **Samuel Harper; Neil Metcalfe**

Hysteria: the interprofessional debate of the 19th century. **Ellie Hotopf**

Behind the walls: medical practices on the corpses of French prisoners in the 19th century **Justine Lyautey; Anthony Colombo; Hélène Coqueugniot**

From the ring to the field: chronic traumatic encephalopathy through the lens of masculinity **Grace Nicol**

The evolution of animals in psychiatric care since the 19th century **Megan Paine; Alison Skipper**

Investigating the antibacterial and anti-biofilm activity of Agave syrup as a traditional wound remedy. **Ross Pallett; Kathleen Pritchard; Kayleigh Wilkins; Raphael Galleh; Olusoji Adebisi; Lucy Harman; Talvin Momi; Harvey Wilkes; Caroline Dodds Pennock**

The 1906 Rose Bowl **Andrew Robinson**

An outline of twelve lectures on Insanity given in 1861 **Andrew Robinson; Fiona Musk**

Phossy Jaw, an eliminated 19th century disease re-kindled in the 21st **Andrew Sadler**

William Hunter's professional education as revealed from lecture notes from Paris to London **Eriko Tsuchiya; Tatsuo Sakai**

Dear Annie & Flo: political attitudes in a doctor's letters from the Second World War **Katherine Venables**

## **Gods as doctors: examining the relationship between Greco-Roman religion and Hippocratic medicine (4th century BCE)**

**Timothy Apthorp**

University of East Anglia, United Kingdom

Originating from the island of Cos in Ancient Greece during the 5th and 4th centuries BCE, the Hippocratics were a school of Greek healers who rejected the notion that disease was a form of divine punishment. Instead, they grounded their practice in physical examination, history taking, and practical remedies, rather than faith or magic. The Hippocratics are traditionally described as exceptional in comparison to the healing traditions that preceded them in Europe and the Middle East. However, I argue that this traditional historiography often overlooks the close cultural interplay between Hippocratic medicine and Greek religion. The deity most closely associated with medicine was Asclepius. Asclepius's earliest myths portray him as a hero and physician in Homeric texts. By the Greek Classical period, Asclepius had been deified. By the 4th century, depictions of Asclepius bore notable similarities to the physicians of the time. Furthermore, the historical and archaeological record demonstrates that physicians participated in temple practices, including on Cos, where Hippocratic medicine originated. The Hippocratic Oath itself retains overtly religious themes, and while the Hippocratic corpus describes disease as a physical phenomenon, its author(s) also emphasise their own piety. These ancient physicians were aware of their limitations and stressed the importance of recognising when a condition was no longer curable. Conversely, most accounts of divine healing describe chronic ailments that could not be cured by fallible, mortal hands. In this respect, it was not necessary for either tradition to undermine the legitimacy of the other.

## **University of Edinburgh - women doctors who went to Malta 1916.**

**Elaine Batchelor**

In 1916, women doctors were attached to the Royal Army Medical Corps (RAMC) for the first time. Eighty two were sent to Malta between 2 August 1916 and 2 July 1917. Malta was viewed as a suitable place for such a desperate experiment of employing women doctors; busy but with little serious illness and risk of fighting. Twenty of the women were trained at the University of Edinburgh through the institutions of the Edinburgh School of Medicine for Women (ESMW 1886 – 1898), Edinburgh Medical College for Women (EMCW 1889 – 1908) and a new Edinburgh School of Medicine for Women (ESMW2 1908 – 1916).

This study uses a newly created database of the transcripts of nineteen of the women who enrolled as students of medicine between 1889 and 1910 and were awarded the MB ChB which was registered with the General Medical Council between 1901 and 1915.

The women studied a range of theoretical and practical courses which varied in length and cost (£1 1s to £12 12s), for example physics, anatomy, pathology, practical midwifery and medical jurisprudence and public health. Written and oral examinations were taken each year and the majority were graded as S (Satisfactory) with a small number gaining a B grade and others requiring a resit. Lecturers included Dr Joseph Ryland Whitaker, Dr William Russell and Francis Mitchell Caird.

## **'The Cosmos Penetrates the Anthropos': methods of medicine and meteorology in the eighteenth century**

**Samuel William Brown**

University of Cambridge, United Kingdom

This project traces the development of meteorological practices throughout the eighteenth century, connecting this genealogy to contemporaneous medical theories of climate's effect on health. The eighteenth-century conception of climate was heavily inflected by an emerging medical consensus that questioned the boundary between observing subject and observed object. Physicians came to believe that the weather could directly influence the body's health: the 'wonderful coincidence of time' which brought 'disease' and 'unusual seasons' together attained a grounding in medical science (Mitchell, 1800). Weather observers found themselves both 'embedded in a system of conventions and limitations' that were still being formulated and cognisant that their object of study, the air, permeated their bodies and determined their health (Crary, 1990). This parallels the modern theoretical inclination, found particularly in new materialist and cognitive criticism, towards the mutual imbrication of mind and environment (Merleau-Ponty, 1962). With reference to phenomenological accounts of the experience of weather, this project explores how medico-meteorological writing of the period navigated the increasingly fungible subject-object

boundary, in turn scrutinising recurring uses of analogical reasoning in climate writing. Opening with an investigation of John Arbuthnot's influential work on airborne aetiology, it applies his environmentally inclined pathology to weather observers such as Robert Hooke and Jean-Baptiste Dubos, before examining medical-meteorological writing from post-independence America, including texts by John Lining, Hugh Williamson, Lionel Chambers, and Thomas Jefferson. Closing with a breakdown of how these texts manoeuvre epistemological difficulties, the final section concludes by underlining the modern relevance of medico-meteorology's corporeal forms of weather experience.

## **Poisons, plants and pessaries: a global history of traditional contraception**

**Hannah Court**

School of Medicine and Population Health, University of Sheffield

The advent of The Pill in 1961 revolutionised reproductive autonomy. Yet long before modern pharmaceuticals, women across the world developed diverse methods to manage fertility. This poster explores the global history of traditional contraceptive practices. Historical manuscripts, religious texts, and social histories offer a unique lens through which to view the evolution of reproductive and contraceptive knowledge.

Pessaries comprised of acacia gum through to lead are documented from 1500BC in Ancient Egypt [1], and later in India (1st century CE), and the Middle East (10th century) [1]. The use of botanical remedies like silphium, savin, and Queen Anne's lace [1,2] reflect the extensive herbal knowledge employed to regulate reproduction across the Greco-Roman world, Islamic and South Asian worlds [2,3]. Modern research validates the contraceptive or abortifacient properties of many of these remedies. The development of barrier methods of contraception can be traced from references to cloth condoms in 10th-century Iran to the use of animal membrane condoms in 17th-century England [2], culminating in the production of latex condoms in the 1930s.

These diverse and resourceful approaches to contraception deserve recognition as more than historical curiosities, but as the foundation to the global right to reproductive choice, echoing the enduring struggle for women's bodily autonomy.

1. Riddle JM. *Eve's herbs: a history of contraception and abortion in the West*. Harvard University Press; 1999.

3. McLaren A. *History of Contraception: From Antiquity to the Present Day*. John Wiley 1992.

2. Potts M, Campbell M. *History of Contraception*. Journal of Gynaecology and Obstetrics. 2002.

## **From Rete Mirabile to the Circle of Willis**

**Ana Dumitrescu**, Anca Sava

Grigore T. Popa University of Medicine and Pharmacy Iasi, Romania, Romania

*Introduction:* The paper aims to present the long and complex history of neuroanatomical discovery of the Circle of Willis, the main arterial anastomosis at the base of the brain.

*Material and methods:* The historical data has been investigated using: the social-historical documentation, comparative historical research and the descriptive method.

*Results:* Early anatomists such as Herophilus and Galen identified a vascular network at the base of the brain, but their descriptions, based primarily on animal dissections offered erroneous data regarding human anatomy. During the Middle Ages, Galenic doctrine prevailed, preventing anatomical innovation. The Renaissance brought a revival of empirical dissection. Figures like Mondino de Luzzi, Berengario da Carpi and Andreas Vesalius began challenging ancient wisdom. Subsequent anatomists, including Jean Fernel, Realdo Colombo, and Gabriele Fallopius, further clarified the vascular structures of the brain. Giulio Cesare Casseri, working under Fabricius ab Aquapendente at Padua, advanced these efforts through detailed dissections and anatomical illustrations. His *Tabulae Anatomicae*, printed posthumously, influenced his successor Adriaan van den Spiegel, whose depictions of the Posterior Cerebral Arteries and Communicating Arteries significantly shaped early conceptions of the arterial circle. Johann Vesling and Johann Jakob Wepfer added further refinements, leading to Willis's landmark synthesis. In *Cerebri Anatome*, Willis, alongside illustrator Christopher Wren, provided the first comprehensive and anatomically accurate depiction of the arterial circle, later receiving the name of the "Circle of Willis."

*Conclusion:* This historical trajectory highlights the interplay of dissection, artistic representation, and scientific skepticism in the progressive unveiling of the neuroanatomy of the Circle of Willis.

## **Congenital malformations and paediatric disease presented at the Norwich Pathological Society between 1848 and 1865**

**Richard England**

Jenny Lind Children's Hospital, Norwich, United Kingdom

*Aim of the study:* To present the records of the Norwich Pathological Society in relation to specimens and cases from infants and children.

*Method:* The Norwich Records Office preserves the registers of the Norwich Pathological Society. This institution existed from 1848-1866. Records of each meeting and the cases presented were carefully reviewed and paediatric cases extracted. These were categorised according to body region, the case histories summarised and modern nomenclature attributed.

*Results:* Forty-six cases pertaining to congenital or paediatric cases were identified in the minutes of meetings between 1848 and 1865. According to body region there were 11 cases affecting the central nervous system, including, tumours, 'acephalous foetus' and meningoceles. Neck and airway included 6 cases, including diphtheria and cervical teratoma. The chest involved 8 cases, including, transposition of great arteries, heterotaxy syndrome and congenital diaphragmatic hernia. The abdomen included 10 cases, including, anorectal malformations, cloaca and foetus in fetu. The urinary tract involved 7 cases including Wilms tumour, bladder exstrophy and bladder calculi. Four cases involved the lower extremities, including lower limb gangrene and dislocation of the knee following previous below knee amputation for tumour.

*Conclusion:* The records of this society contained a wide range of fascinating congenital and paediatric cases. The eloquent descriptions of the pathology demonstrated attention to detail, astute clinical examinations and in some cases the resourceful attempts at surgical correction.

## **Dr Aaron T. Beck: American psychiatrist regarded as the father of cognitive behavioral therapy**

**Samuel David Harper**, Neil H Metcalfe  
University of Sheffield, United Kingdom

*Introduction/Background:* I completed a history of medicine poster that delves into the historical context of Aaron Beck's life and career, examining his development of cognitive-behavioural therapy (CBT).

*Aims/Objectives:* The primary aim of this project was to gain an understanding of Aaron T. Beck's life and work, with a particular focus on his development of CBT. Specific objectives included:

- Researching Beck's early life, education, career trajectory and publications
- Developing research methods, referencing, use of primary sources

*Activity Undertaken:* A literature review was conducted, utilising a variety of sources including primary sources to gain first-hand insights into Beck's life and work. A timeline was created to visualise the key events in his career/life.

*Learning Points:* Key learning points include:

- The importance of conducting thorough literature reviews and utilising a variety of sources.
- The value of consulting primary sources to gain first-hand insights.
- The skills required to create effective timelines and visualisations.
- The process of designing and presenting a conference poster.
- The significance of Aaron T. Beck's contributions to the field of mental health.

*Conclusion:* This poster contributes an overview of the life of a historically significant psychiatrist and his work in developing CBT.

## **Hysteria: the interprofessional debate of the 19th century.**

**Ellie Hotopf**

Brighton and Sussex Medical School, United Kingdom

Hysteria led to the greatest shift in understanding of both the mind and female anatomy in the 19<sup>th</sup> century. Foucault emphasised the 19<sup>th</sup> century as the important century in manufacturing a hysterization of women's bodies through the discipline of gynaecology (Foucault, 1976) (Porter, 1993, pp250). However, this shift occurred through a wider interprofessional debate that emerged between gynaecologists, neurologists, psychiatrists, and psychoanalysts on the causation of hysteria.

At the start of this period Roy Porter identified gynaecology and psychiatry models of hysteria as "virtually inseparable". Psychiatrists such as Henry Maudsley link hysteria to "the irritation of the ovaries or uterus", identifying hysteria as a women's only disease.

However, disciplinary divide grew, and a psychoanalytic approach emerged based on talking to patients reveal the subconscious struggles. By 1870 Charcot began his work on hysteria, using hypnosis to effectively treat patients he was able to construct a hypothesis that hysterical symptoms are caused by emotions rather than physical injury (Showalter, 1987, pp 147). Crucially, he theorised that it was not in the conscious control of the patient to control these hysterical symptoms, they were genuine, and not a random collection of symptoms but a real illness (Micale, 1989, pp 334).

Freud took this theory further describing hysteria as "a psychological scar produced through trauma or repression". Hence, during World War One when men returned from the war with 'shellshock' Freud was able to gain more prominence and establish his understanding of the mind separate to sex and biology of women.

## **Behind the walls: medical practices on the corpses of French prisoners in the 19th century**

**Justine Lyautey**<sup>1,2,3</sup>, Antony Colombo<sup>1,2</sup>, Hélène Coqueugniot<sup>1,2</sup>

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In 2022, archaeological excavations were carried out on the site of the Loos Penitentiary Center (close to the city of Lille, in the North of France), which revealed a 19th century prison cemetery in use between 1825 and 1906. An area of 369 square meters was excavated, representing 10% of the cemetery's surface. A total of 338 primary graves, containing 352 individuals, and 150 secondary deposits, were uncovered. The individuals were buried in coffins or in open pits in rows, with several levels of burials observed. According to prison statistics, over 4,000 people were buried in this cemetery. The ongoing osteoarchaeological study has enabled us to identify eleven skulls (3.12% of the observable skulls), ten from primary burials and the last from an ossuary, with traces of post-mortem craniotomies. Post-cranial lesions on the clavicles, manubrium, sternum and ribs of seven individuals (1.98%) can be associated with thoracotomy procedures. While the thoracotomies appear to have been skilfully performed, the craniotomies show numerous "mistakes" and signs of forced opening of the cranial vault. On the basis of macroscopic observations and contemporary anatomical treatises, we will discuss in this presentation the criteria that might indicate the use of unclaimed bodies – belonging to a marginalised prison population – for training in dissection or autopsy. Indeed, the burial of these individuals did not take into account the anatomical repositioning of the dissected body parts. These peculiar mortuary practices reflect a lack of consideration for these individuals, whose bodies were likely to have been used for purely educational purposes.

## **From the ring to the field: chronic traumatic encephalopathy through the lens of masculinity**

**Grace Nicol**<sup>1,2</sup>

<sup>1</sup>King's College London, United Kingdom; <sup>2</sup>Union College, Schenectady, New York

Chronic Traumatic Encephalopathy (CTE) is a progressive neurodegenerative disease linked to repeated head trauma and is currently diagnosable only postmortem. Symptoms observed in individuals with confirmed CTE include memory loss, aggression, and motor dysfunction. Contact sports, particularly American football, are high-risk environments for repetitive head injuries. While the dangers of such trauma in boxers were first documented in 1928, it took nearly eight decades for similar concerns to gain traction

in American football. The delayed response reflects a complex interplay of societal norms, commercial interests, and the cultural prioritisation of masculinity over player safety. Research has shown that 99% of studied former National Football League (NFL) players were positive for CTE, underscoring the severity of the issue.

Despite Dr. Bennet Omalu's identification of CTE in 2002, the NFL initially resisted acknowledging the link between the sport and long-term brain injury. This resistance, likened to the strategies employed Big Tobacco, underscores a pattern of profit-driven denial at the expense of health.

Public scrutiny eventually pressured the NFL to implement rigorous safety protocols and promote awareness of concussion-related risks. These reforms coincided with shifting societal attitudes toward masculinity, allowing for increased advocacy around athlete health. Players like Chris Borland, who retired early due to CTE concerns, represent a cultural shift toward acknowledging vulnerability in sports.

Understanding the historical, cultural, and commercial factors that delayed recognition of CTE's dangers is critical to fostering safer athletic environments and challenging entrenched ideals around toughness in contact sports.

### **The evolution of animals in psychiatric care since the 19th century**

**Megan Louise Paine**<sup>1</sup>, Alison Skipper<sup>2,3</sup>

<sup>1</sup>Imperial College London; <sup>2</sup>King's College London; <sup>3</sup>Royal Veterinary College

Psychiatric care in the 19<sup>th</sup> century has been written about by many historians. For example, Andrew Scull who has explored the social aspects of asylums in his work. However, the involvement of animals in psychiatric care has been often overlooked in this field despite the significance of animals in 19<sup>th</sup> century society. My project specifically addresses the perceptions and roles of animals in psychiatric care from the 19<sup>th</sup> century to the present day. I examine sources relating to animals in psychiatric care from the 19<sup>th</sup>, 20<sup>th</sup> and 21<sup>st</sup> centuries in order to compare the views people held about animals during those time periods. I then discuss how these perspectives influenced the roles held by animals in psychiatric care. I argue that the increased value placed on animals over time led to the roles of animals in psychiatric care becoming more active and defined. In conclusion, this project sheds new light on the connection between animals in asylums in the 19<sup>th</sup> century and animal assisted interventions in psychiatric care today.

### **Investigating the antibacterial and anti-biofilm activity of Agave syrup as a traditional wound remedy.**

**Ross Pallett**<sup>1</sup>, Kathleen Pritchard<sup>1</sup>, Kayleigh Wilkins<sup>1</sup>, Raphael Galleh<sup>2</sup>, Olusoji Adebisi<sup>1</sup>, Lucy Harman<sup>1</sup>,  
Talvin Momi<sup>1</sup>, Harvey Wilkes<sup>1</sup>, Caroline Dodds Pennock<sup>3</sup>

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The global threat posed by antibiotic-resistant infections highlights the urgent need for novel antimicrobial agents. There has been a growing interest over recent years in re-evaluating historical infection remedies for their antimicrobial activity. The *Agave* plant held significant social, religious, and medicinal value for Indigenous Mesoamerican communities. This study sought to honour the historical use of *Agave* syrup in treating wounds and infections by evaluating the antimicrobial activity of commercially available syrups, primarily derived from the *Agave tequilana* species. Commercial syrups were chosen as readily accessible and standardised material for laboratory testing. Our findings demonstrate that *Agave* syrups significantly inhibit the growth of both Gram-positive and Gram-negative wound-associated pathogens in planktonic (free swimming) culture. Notably, the traditional practice of adding salt enhanced the syrups' efficacy against *Escherichia coli* only. Given the role of biofilms in the persistence of chronic infections, we evaluated the syrups' ability to inhibit biofilm formation and disrupt pre-established biofilms. *Agave* syrups significantly inhibited biofilm formation across all six organisms tested, though their capacity to disrupt pre-formed biofilms appears to be species specific. Preliminary investigations into the antimicrobial mechanism suggests that this may be due to a combination of factors, including their acidic pH, along with the presence of saponins, methylglyoxal, and hydrogen peroxide. This study contributes to the growing reappraisal of historical infection remedies and the value of ethnopharmacology and Indigenous knowledge in helping to identify novel antimicrobial agents.

### **The 1906 Rose Bowl**

**Andrew Robinson**

NHS Grampian, United Kingdom

This is a poster that was shown at the Scottish Society for the History of Medicine in Aberdeen recently. It is about the military people behind a piece of silverware (three doctors, one dentist and one padre) and the early days of the Aberdeen Companies RAMC (V). The inscription reads: Presented to the Officers' Mess of the Aberdeen Companies RAMC (V) In memory of its original members Surgeon Captains A MacGregor MD CM OC, J Mackenzie Booth CM MD, J Scott Riddell CM MD, Quartermaster AA de Lessert LDS, Chaplain the Rev'd James Smith. Presented by one of them June 1906. The poster contains a little background to the formation of the Aberdeen Companies RAMC (V) and some biographical details of the five original members but is unable to say who commissioned the rose bowl, which will remain a mystery.

### **An outline of twelve lectures on Insanity given in 1861**

**Andrew Robinson**, Fiona Musk

NHS Grampian, United Kingdom

Aberdeen University Collections have a notebook containing lecture notes taken by John Barclay when he was a medical undergraduate in 1861. It includes 12 lectures given by Dr Jamieson on insanity. The poster has a brief description of John Barclay and Dr Jamieson and covers the contents including what was written about insanity, lunacy of old age, delirium tremens, certifying of the insane, asylum building forms, qualities of an asylum attendant, restraint, sleep issues, behavioural issues such as pica, masturbation, going naked, being noisy, self-harm and refusing food.

In terms of psychopathology there is information on amentia, mania, melancholia, dementia, moral insanity, dipsomania, erotomania nymphomania with the roles of thoughts and the will. It contains in greater detail the treatment of mania, melancholia, monomania, dementia, epilepsy complicated with insanity, paralysis with insanity and puerperal insanity.

The last lecture is on the moral treatment of insanity and concludes with the post-mortem finding from examining the brains of those who have died in the asylum.

Some discussion is included from the outline and there is a conclusion particularly that having two days each week (one with the lecture and one on the wards) for 12 weeks was a good foundation for Aberdeen medical undergraduates in 1861.

### **Phossy Jaw, an eliminated 19th century disease re-kindled in the 21st**

**Andrew Sadler**<sup>1,2</sup>

<sup>1</sup>Lindsay Society for the History of Dentistry; <sup>2</sup>Library and Museum of the British Dental Association

During the 19<sup>th</sup> century white phosphorous was used in the manufacture of matches in the East End of London. White phosphorous caused the disease known as Phossy Jaw which produced jaw necrosis and sepsis with pain, swelling, discharge, jaw fracture, debilitation and even death.

Eventually the link between white phosphorus and the disease was accepted and in 1898 Phosphorus Sesquisulphide was invented which allowed the manufacture of a match that was safe with no jaw disease. White phosphorus was banned by the Berne Convention in 1906 and its use was outlawed by Act of Parliament in the UK from 1910. Phossy jaw disappeared.

From the mid-1990s and early 2000s bisphosphonate drugs were introduced and used mostly for osteoporosis and cancer metastases in bone.

In 2003 American oral surgeon Robert Marx described jaw necrosis caused by the new drugs and in 2008 confirmed this was the same pathological process as seen in the 19<sup>th</sup> century match workers. The disease was called Bisphosphonate Related Osteo Necrosis of the Jaws (BRONJ) but was later renamed Medication Related Osteo Necrosis of the Jaws (MRONJ) as it was found to be caused by other new medications.

The poster will illustrate the manifestations of the disease and compare the causation and cessation of it in the 19<sup>th</sup> century with the causation and continuation of the 21<sup>st</sup> century version.

## **William Hunter's professional education as revealed from lecture notes from Paris to London**

**Eriko Tsuchiya**<sup>1</sup>, Tatsuo Sakai<sup>2</sup>

<sup>1</sup>Juntendo University, Faculty of Health Science, Tokyo, Japan; <sup>2</sup>Juntendo University, Faculty of Medicine, Department of Medical History, Tokyo, Japan

This research will examine how William Hunter acquired his excellent anatomical knowledge and surgical adeptness necessary for his success as a medical educator and an obstetrician by analyzing his manuscript [GB 247 MS Hunter 216 (U.2.7)] in the University of Glasgow containing lecture notes from Antoine Ferrein's anatomy course at the Collège Royal in Paris (1743) and Samuel Sharp's Chirurgical operations course in London (1746).

In the manuscript, Hunter added personal annotations to the lecture notes, in which he raised questions and made sharp observations on the teaching methods by comparing the new approaches by Ferrein and Sharp with the more traditional ones he had previously encountered through figures such as Alexander Monro in Edinburgh and Frank Nicholls in London. Particular attention is given to the demonstrations meticulously recorded in Hunter's notes, highlighting his selective and critical reception of various pedagogical styles.

Furthermore, a comparison with Hunter's 1782 syllabus reveals how his formative experiences shaped his vision of an ideal anatomy course.

Hunter's learning path revealed in the present study will be considered within the broader context of eighteenth-century medical training to expand our understanding of the evolving nature of surgical and anatomical education during this period.

## **Dear Annie & Flo: political attitudes in a doctor's letters from the Second World War**

**Katherine M Venables**

University of Oxford, United Kingdom

Harry Walker joined the Royal Army Medical Corps soon after qualifying as a doctor and arrived in India in December 1943. He treated casualties from Kohima and Imphal. His mobile surgical unit followed the front during the recapture of Burma. He was in Singapore at the Japanese surrender and Java during the Indonesian revolution.

A sequence of letters\* has survived which trace Harry's evolving political views. He is a tourist at first, writing about interesting sights. He reads Nehru's autobiographies and criticizes Britain's behaviour as an Imperial power. His family included nonconformist preachers and he came from Middlesbrough, an industrial town severely affected by unemployment in the 1920s, which may have sensitized him to inequities.

As the campaign against the Japanese continues, his letters reflect the perception by servicemen in the Far East that they are a 'forgotten army' and comments appear about current domestic politics. The 1945 General Election gave a Labour landslide and Harry is one of many servicemen who now want fundamental change. His bitterest critique comes in letters from Java where the bombardment of Surabaya and associated street fighting led to many civilian casualties. He writes: 'We have fought for 6 years for the rights of small nations, to remove foreign aggression, and for the principle of self-determination, – but these benefits seem only to be conferred upon those whom it suits us – Indians, Indochinese and Indonesians seem to be excluded.'

\* Published in full as *Letters from the Burma Front*, Pen & Sword, Barnsley: 2025

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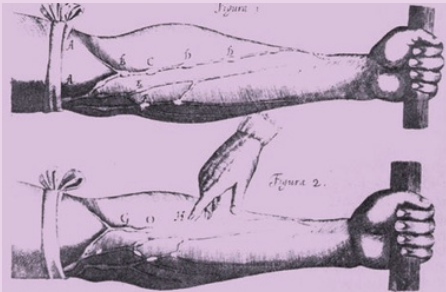
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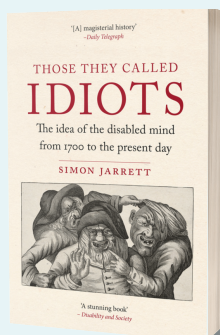
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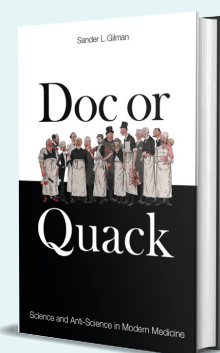
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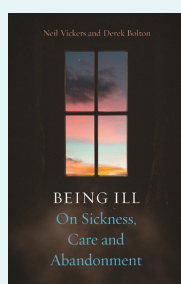


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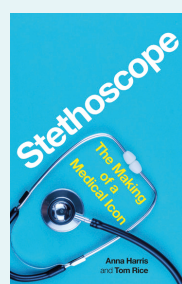
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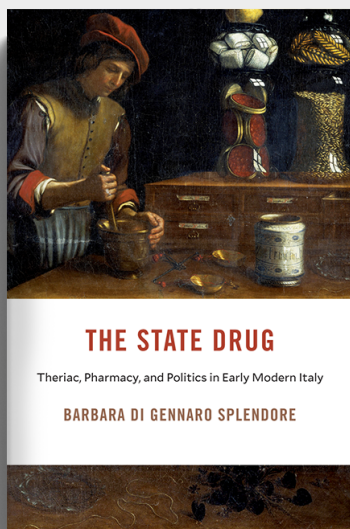
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