



## Canadian Society for the History of Medicine / La Société canadienne d'histoire de la médecine

### SCHEDULE AT A GLANCE / HORAIRE

#### 05 / 26 / 2012

8:30am – 10:00am

1. Premodern Medicine I / La médecine prémoderne I (MC 4060)
2. Reproductive Technologies / Les technologies de la reproduction (MC 4063)

10:00am – 10:30am

Refreshments / Rafrâichissements (MC 4060)  
VIU Alumni Reception / Recéption pour les diplômé(e)s de VIU (MC 4063)

10:30am – 12:00pm

3. Medical Power / Puissance médicale
4. Reproduction and the State / La reproduction et l'état (MC 4063)

12:00pm – 1:00pm

Lunch / Dîner (On your own/indépendant(e))  
Graduate Student Publishing Workshop / Atelier de publication pour les étudiant(e)s de cycle supérieur – lunch provided / dîner inclus (MC 4060)

1:00pm – 2:30pm

5. The Womb and Anatomy / L'utérus et l'anatomie (MC 4064)

2:30pm – 3:00pm

6. Alcohol and Drug Advertising / L'alcool et publicité de la drogue (MC 4060)
- Refreshments / Rafrâichissements (MC 4060)  
Reproductive Health History Meeting (MC 4063)

3:00pm – 4:30pm

7. Medical Responses to Health Issues / Réponses médicales face aux problèmes de santé (MC 4060)

4:30pm – 5:30pm

8. Popping Pills / Se gaver de pilules (MC 4063)
- CSHM Annual Meeting / SCHM réunion annuel (MC 2066)

#### 05 / 27 / 2012

8:30am – 10:00am

9. Mind and Health I / Esprit et santé I (MC 4064)
10. External Pressures on Healthcare / Pressions externes sur les services de santé (MC 4060)
11. Abortion Activism / Le militantisme de l'avortement (MC 4063)

10:00am – 10:30am

Refreshments / Rafrâichissements (MC 4060)

10:30am – 12:00pm

- 12. Paterson Plenary Lecture: "The Medievalist and the Microbiologist: How Plague and Leprosy Have Opened Up New Perspectives on the History of Medicine" (MC 2066)**

12:00 – 1:00pm

Lunch / Dîner (On your own/ indépendant(e))

1:00pm – 2:30pm

13. Nurses / Les infirmières (MC 4060)
14. Body, Sex and Health in the Caribbean / Corps, sexe et santé dans les Caraïbes (MC 4063)
15. The Health League of Canada / La Ligue de Santé du Canada (MC 4064)

2:30pm – 3:00pm

Refreshments / Rafrâichissements (MC 4060)

3:00pm – 4:30pm

16. Health and Popular Culture / Santé et la culture populaire (MC 4060)
17. Medical Education / L'éducation médicale (MC 4063)

4:30pm – 6:00pm

CSHM Book Launch and Champagne Reception / lancement de livre SCHM avec réception et champagne (MC 5158)

#### 05 / 28 / 2012

8:30am – 10:00am

18. Technology, Medicine, Reproduction / Technologie, médecine, reproduction (MC 4060)
19. Medical Research / La recherche médicale (MC 4063)

10:00am – 10:30am

Refreshments / Rafrâichissements (MC 4060)

10:30am – 12:00pm

20. Mind and Health II / Esprit et santé II (MC 4060)
21. Premodern Medicine / La médecine prémoderne II (MC 2054)



Canadian Society for the History of Medicine / La Société canadienne d'histoire de la médecine

Annual Conference / Conférence Annuelle

26 – 28 May / mai 2012



Saturday 26 May / Samedi 26 mai

8:30 – 10:00

Session 1: ***Premodern Medicine I / La médecine prémoderne I (MC 4060)***

Moderator / rapporteur: Steven Bednarski

"Scholarly Medical Treatises versus Lay Documents: Understanding Social Practices against Contagion in 15th-16th Century England." Lori Jones, University of Ottawa\*

"So that one woman may help another in her sickness": The Intended Audiences for Women's Healthcare Manuals and the Emergent Vernacular Medical Culture of Late-Medieval England." Ashlee Bligh, York University\*

"Pain and the Surgical Process in England, circa 1620-1740." Katherine A. Walker, McMaster University.

Session 2 ***Reproductive Technologies / Les technologies de la reproduction (MC 4063)***

Moderator / rapporteur: Shannon Stettner

"'Pretty Pioneering-Spirited People'": The Early Days of Genetic Counseling, 1947-1980." Devon Stillwell, McMaster University.\*

"Reproductive Technologies and Maternal Responsibility." Jen Rinaldi, York University.\*

10:00 – 10:30 Refreshments / Rafrâichissements (MC 4060)

VIU Alumni Reception / Réception pour les diplômé(e)s de VIU



10:30 – 12:00

Session 3 ***Medical Power / Puissance médicale (MC 4064)***

Moderator / rapporteur: James Moran

“Seizures, Secrets, and the Death of a Dionne in Medicine’s Golden Age, 1934-1954.”

Rachel Elder, University of Pennsylvania.\*

“‘Shameful poor’ to ‘respectable patient’: Transitions over a century.” Janice Harvey,  
Dawson College.

“The Influence of Walter Freeman on the Psychosurgery Era in Ontario.” Brianne M.  
Collins & Henderikus J. Stam,\* University of Calgary.

Session 4 ***Reproduction and the State / La reproduction et l'état (MC 4063)***

Moderator / rapporteur: Cheryl Krasnick Warsh

“Changing approaches to abortion in SA’s public health sector, c. 1980 – 2010.” Rebecca  
Hodes, University of Cape Town.

“From Birth Control to Sex Control: Unruly Young Women and the Origins of the National  
Abstinence-Only Mandate.” J. Shoshanna Ehrlich, University of Massachusetts Boston.

“Contested Terrain: Aboriginal Women, Coercive Sterilization, and the Struggle Over  
Land.” Karen Stote, University of New Brunswick.

12:00 – 1:00 Lunch / Dîner (On Your Own / indépendant(e))

**Graduate Student Publishing Workshop (Lunch provided) / Atelier de publication pour les étudiant(e)s de  
cycle supérieur (diner inclus) – MC 4060**



1:00 – 2:30

Session 5 ***The Womb / L'uterus et l'anatomie (MC 4064)***

Moderator / rapporteur: Tracy Penny Light

“Pas suffisamment instruites en methods’: The education of rural midwives in Gascogne 1810-1834.” Morag Martin, SUNY Brockport.\*

“The Luxurious Daughters of Artificial Life’: Women, Pain and Childbirth in Canadian Prescriptive Literature, 1870-1910. Whitney Wood, Wilfrid Laurier University.\*

“Heads, Hearts, Stomachs, and Bowels: Uterine analogies in premodern anatomical writing.” Amanda Lepp, Queen’s University.\*

Session 6 ***Alcohol & Drug Advertising / L'alcool et publicité de la drogue(MC 4060)***

Moderator / rapporteur: Dan Malleck

“More than a ‘Tippling Habit’? Debates about Professional Conduct at the Toronto Temporary Asylum, 1845-1848” Danielle Terbenche, University of Waterloo

“Equilibre du diabète’: Advertising and diabetes treatment in transformation, France (1925-1980).” Tricia Close Koenig, Université de Strasbourg.

“Gender, Spirits and Beer: Representing Female and Male Bodies in Canadian Alcohol Ads, 1930s-1940s.” Cheryl Krasnick Warsh, Vancouver Island University and Greg Marquis, University of New Brunswick.

2:30 – 3:00 Refreshments / Rafrâichissements (MC 4060)

Reproductive Health History Contributors Meeting (MC 4063)

3:00 – 4:30

Session 7 ***Medical Responses to Health Issues / Réponses médicales face aux problèmes de santé (MC 4060)***

Moderator / rapporteur:

« Polio Hysteria » : Réponses de la société montréalaise à l'épidémie de poliomyélite de 1946 à travers le débat de la rentrée scolaire, Valerie Poirier, UQAM



“Infant Feeding: Medicine’s Entanglement with Consumer Culture, 1950-1960,” Alisha Pol, University of Waterloo

“Sex in the City? Examining the Syphilis ‘Outbreak’ in Toronto, 2000-2010,” Myriam Nafte, McMaster University

Session 8 ***Popping Pills / Se gaver de pilules (MC 4063)***  
Moderator / rapporteur: Shannon Stettner

“United States Pharmacies and access to the Morning-After Pill.” Lori A. Brown, Syracuse University.

“Pillow Talk: Unmarried Canadian Women and the First Generation of Oral Contraceptives.” Christabelle Sethna, University of Ottawa.

“Reproductive Injustice: PEI women’s experiences accessing the morning after pill and clandestine chemical abortions trying to avoid an off-island journey for abortion services.” Colleen MacQuarrie, University of Prince Edward Island

4:30 – 5:30

CSHM Annual General Meeting / SCHM réunion annuel (MC 2066)

**Sunday 27 May / Dimanche 27 mai**

8:30 – 10:00

Session 9 ***Mind and Health I / Esprit et santé I (MC 4064)***  
Moderator / rapporteur: Steven Bednarski

“Inadequate Indians”: The Psychiatric creation of the “Aboriginal Mind.” Kathryn McKay, Simon Fraser University.\*

“Spirit, Mind and Body: Alternative Medicine and Mystical Practice in the Church of Divine Revelation and the Radiant Healing Center of St. Catharines Ontario 1928-1935.” Beth Robertson, Carleton University.\*

“Déhospitalisation psychiatrique : pratiques de soins et d’insertion sociale au sein de la communauté francophone est-ontarienne, 1976-2006.” Sandra Harrison, Université d’Ottawa.



Session 10 **External Pressures on Healthcare/Pressions externes sur les services de santé (MC 4060)**  
Moderator / rapporteur: Neil Hobbs

“The recognition of medical oncology as a new medical specialty in Québec.” Anne-Julie Houle, L’Université de Montréal.\*

“Hospital Mergers in the Early Nineteenth Century: The Apostolic Visit, Rome, 1825.” Jacalyn Duffin, Queen's University.

“Red Blood: Norman Bethune’s Mobile Blood Transfusion Unit and the Influence of the Spanish Civil War on Emergency Medical Preparations in London, 1936–1939.” Nick Whitfield, McGill University.

Session 11 **Abortion Activism / Le militantisme de l’avortement (MC 4063)**  
Moderator / rapporteur: Tracy Penny Light

“‘My Uterus Belongs to Me!’: Feminism, Colonialism and the Struggle over Abortion Law Reform in South Africa Under Apartheid (1948-1990).” Susanne Klausen, Carleton University.

“‘We Are Forced to Declare War’: Linkages between the 1970 Abortion Caravan and Anti-Vietnam War Activism.” Shannon Stettner, York University.

“Defending their Rights: Anti-Abortion Activism and Identity Politics in the New Brunswick Abortion Debate, 1980-1994.” Katrina Ackerman, University of Waterloo.\*

**10:00 – 10:30 Refreshments / Rafrâchissements (MC 4060)**

**10:30 – 12:00**

Session 12 **Paterson Plenary Lecture: “The Medievalist and the Microbiologist: How Plague and Leprosy Have Opened Up New Perspectives on the History of Medicine.” (MC 2066)**

Monica H. Green, Arizona State University.

*This event is sponsored by Associated Medical Services and has also been generously funded by the CFSSH*



12:00 – 1:00 Lunch / Dîner (On Your Own / indépendant(e))

1:00 – 2:30

Session 13 **Nurses / Les infirmières (MC 4060)**

Moderator / rapporteur: Susanne Klausen

“Negotiating Professional Identities: Nursing-Orderlies’ Place and Function in the Canadian Military, 1939-1945.” Michelle Filice, Sir Wilfrid Laurier University.\*

“Les élites intellectuelles infirmières : contribution et impact, 1924-2004.” Evy Nazon, Université d’Ottawa.\*

“‘I don’t think I want a career with this WHO’: The Challenges of International Nursing for WHO Nurse Margaret Campbell Jackson in Iran, 1954-6.” Lydia Wytenbroek, Trinity Western University.\*

Session 14 **Roundtable: Body, Sex, and Health in the Caribbean/ Corps, sexe et santé dans les Caraïbes (MC 4063)**

“Unruly Subjects : Male bodies, Sexual health, and the colonial moral order in late nineteenth-century Barbados.” Denise Challenger, York University.\*

“Sex, Health, and Population Growth: Combatting Venereal Disease in the British Caribbean, 1914-1930.” Juanita De Barros, McMaster University.

“Suffering and Savagery: Patients and their Doctors in Colonial Trinidad,” Laurie Jacklin, Trent University.

Session 15 **The Health League of Canada / La Ligue de Santé du Canada (MC 4064)**

Moderator / rapporteur: Catherine Carstairs, University of Guelph

“Worth a Shot: National Immunization Week Publicity and the Health League of Canada, 1943-57” / « En valoir le coup: la promotion de la Semaine nationale de vaccination et la Ligue de Santé du Canada, 1943-57. » Bethany Philpott, University of Guelph \*

“Player’s Please: The Health League of Canada, *Health Magazine*, and the Cigarette Connection” / « Des Player’s s’il-vous-plaît: la Ligue de Santé du Canada, le magazine *Health* et le tabagisme. » Sara Wilmshurst, University of Guelph \*

“A Moral Crusade? : A Study of Venereal Disease, Social Hygiene and Drug Addiction in *Health*” / «Une croisade morale? Les infections sexuellement transmissibles, l’hygiène sociale et la dépendance aux drogues selon *Health*.» Shawn Goodman, University of Guelph \*



**2:30 – 3:00 Refreshments / Rafrâichissements (MC 4060)**

**3:00 – 4:30**

**Session 16      *Health & Popular Culture / Santé et la culture populaire (MC 4060)***

Moderator / rapporteur: Jayne Elliott

“The Sunshine Cure: modern medicine, the natural world, and the popularization of suntanning in North America, 1880-1940.” Sarah Shropshire, University of Guelph.\*

“Modern and Postmodern Perspectives in Lydia E. Pinkham Medicine Company’s Advertising.” Annie Robinson, Columbia University.\*

“Histories of the Pill: Unpacking the history of oral contraception in Canadian public images and texts.” Lisa Smith, Carleton University.\*

**Session 17      *Medical Education / L’éducation médicale (MC 4064)***

Moderator / rapporteur: Dan Malleck

“Reconsidering disability activism: Everyday activism in the lives of English-speaking Canadians with Polio in the 1940s and 50s.” Karen Yoshida and Fady Shanouda,\* University of Toronto.

“The History of Medicine and Canadian Medical Education.” Margaret Olszewski\* and Jonathan Fuller,\* University of Toronto

“Too Many Doctors: Closing the Doors to International Medical Graduates in Canada, c.1976-1991.” David Wright and John Clarke, McGill University.

**4:30 – 6:00 CSHM Book Launch and Champagne Reception / lancement de livre SCHM  
avec réception et champagne (MC 5158)**

**7:00 – 10:00 CSHM Dinner / Souper SCHM (Pay-As-You-Go / Payant)  
Morty’s Pub, Waterloo (Sign-up at registration desk / inscription à l’aire d’inscription)**





Monday 28 May / Lundi 28 mai

8:30 – 10:00

Session 18 ***Technology, Medicine, Reproduction / Technologie, médecine, reproduction (MC 4060)***

Moderator / rapporteur: Shannon Stettner

“The Patient Labor of Reproductive Care: The Contested History of Fertility Charting and Female Physiology.” Deanna Day, University of Pennsylvania.

“For Their Own Good: The Politics of Medicalizing Infertility within the National Action Committee on the Status of Women.” Tanya Daley, University of Ottawa.

“‘Birth control or ‘red’ regime?’: Toronto's Communists, Eugenics, and the Eastview Birth Control Trial” Lorne Beswick, Queen's University.\*

Session 19 ***Medical Research / La recherche médicale (MC 4063)***

Moderator / rapporteur: Jacalyn Duffin

“‘We will all try not to get sick’: Nutrition Research in Aboriginal Communities and Residential Schools, 1942-1952.” Ian Mosby, University of Guelph.

“Workplace Disability and Industrial Hygiene: The Case of Silicotic Miners and the McIntyre Research Foundation, 1936-1955.” Nancy Forestell, St. Francis Xavier University.

“Research versus Relief: the Rockefeller Foundation, UNRRA and the Evolution of International Health Work, 1939-1948.” Casey Hurrell, Queen's University.\*

10:00 – 10:30 Refreshments / Rafrâichissements (MC 4060)

10:30 – 12:00

Session 20 ***Mind and Health II / Esprit et santé II (MC 4060)***

Moderator / rapporteur: David Wright

“Le Langage du *care* pour comprendre l'expérience ‘transinstitutionnelle’ de la clientèle psychiatrique francophone de l'Est ontarien.” Marie-Claude Thifault, Université d'Ottawa.

“La guerre contre la folie : les thérapies de choc en Allemagne et au Canada, 1920 – 1950.” Thomas Foth & Isabelle Perreault, Université d'Ottawa.

“Hysteria From Below: Experiences of Illness from the Perspective of Patients and Psychiatrists at Johns Hopkins Hospital, 1913-1917.” Susan Lamb, McGill University.



Session 21

***Premodern Medicine II*** (Co-Sponsored with the Canadian Historical Association and Funded by the CFSSH) / ***La médecine prémoderne II*** (Session jointe avec la SCH financée par la FCSH) **(MC 2054)**

Moderator / rapporteur: Steven Bednarski

“Le ‘bien public’ et les politiques de santé dans la ville de Montpellier à la fin du Moyen Âge / The ‘Common good’ and Health Policies in the Late Medieval Town of Montpellier.” Geneviève Dumas, Université de Sherbrooke.

“Midwives, Women’s Bodies, and Their Secrets in Late Medieval Manosque.” Caley McCarthy, McGill University.\*

“The contours and implications for human health of late antique and early medieval cattle pestilences.” Tim Newfield, University of Michigan, Ann Arbor.



## Abstracts/L'abstracts

### Session 1: Premodern Medicine I / La médecine prémoderne I

**“Scholarly Medical Treatises versus Lay Documents: Understanding Social Practices against Contagion in 15<sup>th</sup>-16<sup>th</sup> Century England,”/ Traités médicaux académiques et documents non-professionnels: Comprendre les pratiques sociales contre la contagion en Angleterre aux 15<sup>e</sup> et 16<sup>e</sup> siècles**  
**Lori Jones, University of Ottawa**

What role does professional medical advice play in determining how people react when faced with contagious diseases? In medieval and early modern Europe, medical treatises conveying ideas about the causes, prevention, and treatment of infectious diseases proliferated. In England, such treatises were largely, albeit not exclusively, direct translations of or adaptations from original Continental Latin or vernacular manuscripts or printed booklets. The ongoing popularity of these treatises in England rested partly on their ability to reflect socio-cultural continuity and change: while disease prevention and treatment regimens contained in “Englished” treatises changed little over time, causal interpretations of disease were adjusted to respond to changing religious, moral, and medical concerns.

Whether and how such professional medical advice reflected or influenced contemporary English lay concepts of contagion remains open to question. While some work has been done on lay responses to the plague and its impact on social relations in pre-modern England, much of the research that addresses social responses to infectious disease has focused on the Continent. Although addressing governmental responses, it concentrates primarily on and derives its conclusions from medical texts. This approach assumes that there was a direct correlation between what these texts said and how people behaved. Such a correlation may be tenuous and contributes little to discussions about whether the concepts of disease causality articulated in medical texts were actually taken up by the population and incorporated into their practical responses to disease.

This presentation explores some of the methodological problems that exist in relying on medical texts as authoritative primary sources to assess social responses to plague and the sweating sickness in fifteenth and sixteenth century England. By looking at both the scholarly medical discourse about contagion that exists in such treatises as well as the underlying non-medical content, I will explore the respective value of medical versus lay accounts in enlightening modern historians about pre-modern practical responses to disease. I will also comment on the way that disparate primary sources have hitherto been used by historians, which raises methodological questions regarding the nature and use of, as well as the authority given to, selected primary sources in the history of medicine.

**“So that one woman may help another in her sickness”: The Intended Audiences for Women’s Healthcare Manuals and the Emergent Vernacular Medical Culture of Late-Medieval England/« Pour qu’une femme puisse aider une autre dans sa maladie » : Le public visé des manuels de santé des femmes et la culture naissante de médecine vernaculaire en Angleterre au Moyen Âge**  
**Ashlee Bligh, York University**

In the fourteenth and fifteenth centuries, three Middle English manuals were crafted to aid women in the treatment of the painful and deadly reproductive problems that they regularly faced. Two of these manuals, *The Knowing of Woman’s Kind in Childing* and *The Sickness of Women II*, contain prologues in



which the author explicitly states that these texts were intended for women's use. The third handbook, *Book Made by a Woman Named Rota*, lacks such opening remarks; however, scholars assert that it too was intended for a female audience. 'A female audience'—what exactly is meant by this generic categorization is not always clear. This phrase suggests a homogenous group of readers linked by biology. This study suggests, however, that the intended female audience was comprised of several types of women. Foremost among them were lay women with medical interests whom the authors address directly in the second-person; these lay women were not licensed and did not practice medicine on a professional level. Another audience includes women suffering from gynecological ailments, parturient women, and new mothers. To these readers both advice and instructions on self-treatment are provided in the second- and third-person. A third female audience is midwives, to whom instructions—almost entirely found in the manuals' obstetrical chapters—are given in the third-person. These healthcare manuals were not directed to all women but, rather, to ones with some cultural and economic privilege. Making proper use of these handbooks required some Middle English and Latin literacy, medical knowledge, and practical medical skills. Hence, access to the knowledge in the manuals and the ability to perform the treatments they contained was restricted to audiences who belonged to the middling and upper ranks in late-medieval England. As is evinced by the creation and later copying of the three manuals, there were women—exceptional as they may have been—who were capable of mediating between book culture and medical activities. These manuals allowed one woman "to help another in her sickness". And in the process of helping one another, such women participated in the emergent vernacular medical culture of late-medieval England.

Trois manuels en anglais médiéval ont vus le jour lors des XIVe et XVe siècles afin d'aider les femmes avec le traitement des maladies douloureuses and dangereuses des organes reproductifs auxquels elles enduraient régulièrement. Les auteurs de deux de ces manuels, *The Knowing of Woman's Kind in Childing* et *The Sickness of Women II*, déclarent de manière explicite que leurs manuels étaient destinés à être utilisés par des femmes. Bien que le troisième manuel, *Book Made by a Woman Named Rota*, ne contenait aucune déclaration de similaire, il a quand même été déclarés par les érudits comme étant destiné à un public féminin. Ce qui est entendu par 'Un public féminin' n'est pas toujours évident. Ce terme suggère un public lié par des liens biologiques. Cette étude suggère que ce public féminin était composé de lectrices de plusieurs genre. Il y avait premièrement des femmes laïques, ayant des intérêts médicaux auxquelles les auteurs s'adressaient directement dans le texte. Ces femmes n'étaient pas autorisées à pratiquer la médecine au niveau professionnel. Les textes s'adressaient aussi aux femmes souffrant d'affections gynécologiques, les parturientes ainsi que les nouvelles mères. Les manuels offraient à ces femmes des conseils et des instructions visant à traitement de soi, et s'adressaient à ces femmes à l'aide de la deuxième et troisième personne. Un troisième public visé était des sages-femmes, à qui les instructions étaient fournies dans la troisième personne, presque entièrement dans les chapitres obstétriques. Ces manuels ne s'adressaient pas à toutes femmes, mais plutôt à celles étant plus cultivées et possédant un certain privilège économique. Afin de lire les manuels, les lectrices auraient nécessités un certain niveau d'alphabétisme en Moyen anglais et en latin, de connaissance médicale, ainsi que des compétences pratiques médicales afin de se servir de ces textes correctement. Le public visé appartenait donc aux classes moyennes et supérieures. La création et ensuite la reproduction de ces trois manuels indiquent qu'il y avait des femmes, bien qu'elles soient exceptionnelles, possédant la capacité de naviguer entre la culture des livres et les activités médicales. Avec l'aide de ces manuels, une femme pouvait soigner « une autre dans sa maladie ». Les femmes qui s'aidaient l'une et l'autre participaient en même temps à la culture naissante de médecine vernaculaire en Angleterre médiévale.



## **“Pain and the Surgical Process in England, *circa* 1620-1740”**

**Katherine A. Walker, McMaster University**

Early modern surgery has attracted less attention from historians of medicine than has physic, and the scholarship on the history of surgical pain before the rise of anaesthetics is relatively limited. However, recently scholars such as Lynda Payne and Andrew Wear have drawn attention to the relationship between early modern surgery and pain. This paper summarizes key findings from a chapter of my doctoral thesis, “A Gendered History of Pain in England, *circa* 1620-1740” (successfully defended in September 2011). This paper supports and builds upon Andrew Wear’s claim that pain was central to the entire practice of early modern surgery.

Surgical manuals and casebooks demonstrate that pain was central to early modern English surgical practice. Surgeons provided explanations for the causation of physical hurt, understood pain as a justification for choosing particular surgical techniques, and advised the use of pain relievers, viewing bodily hurt as a key component of the surgical process. Moreover, this understanding of bodily suffering was not limited to invasive operations. The scholarly analysis of surgical pain needs to be understood within the wider context of the social history of medicine and the centrality of pain to early modern English medicine. Age and gender were also considered as factors influencing surgeons’ understanding of pain.

Pain was thus an unavoidable, and significant, component of the surgical process in the early modern period. There was a great deal of instruction within surgical writings regarding the importance of pain to the surgical process. The paradox was a surgical literature that paid close attention to the diagnostic and prognostic meaning of pain, as well as debating the appropriate techniques to minimize hurt, while much less frequently focussing on the emotive aspects of suffering on their patients. The emphasis of surgeons on their skills was rooted in the attempt of these writers to comport and present themselves as professionals, but may also have been a necessary part of performing a demanding, desensitizing, occupation.

La chirurgie de l’époque moderne a attiré moins d’attention des historiens de médecine que la physique, et l’érudition sur l’histoire de la douleur chirurgicale avant l’invention des anaesthésiques est relativement limitée. Pourtant, récemment les érudits comme Linda Payne et Andrew Wear ont attiré l’attention au rapport entre la chirurgie de l’époque moderne et la douleur. Ce papier résume les conclusions majeurs d’un chapitre de ma thèse pour mon doctorat, “Une Histoire de la Douleur et la Genre en Anglettere, c. 1620-1740” (défendu avec succès en septembre de 2011). Ce papier soutien et élabore sur la revendication d’Andrew Wear que la douleur était centrale à la pratique entière de la chirurgie moderne.

Les manuels et dossiers chirurgicaux démontrent que la douleur était centrale à la pratique chirurgicale anglaise de l’époque moderne. Le chirurgiens ont fournis des explications de la causalité des blessure physiques, ont compris la douleur comme une justification pour choisir des techniques chirurgicales particulières, et ont conseillé l’utilisation des médicaments pour soulager les douleurs, en voyant la blessure corporel comme une composante clé du processus chirurgicale. De plus, cette compréhension de souffrance physique n’était pas limitée aux opérations envahissantes. Une analyse intellectuelle de la douleur chirurgicale doit être comprise dans la grande context de l’histoire sociale de la médecine et du



centrality de la douleur à la médecine anglaise de l'époque moderne. L'âge et la genre ont été aussi considérés comme des facteurs importants à la compréhension de chirurgiens de la douleur.

La douleur a été ainsi un inéluctable et significatif composant du processus chirurgical dans la période moderne. Il y avait beaucoup d'instruction dans les écritures chirurgicales quant à l'importance de la douleur au processus chirurgical. Le paradoxe était une littérature chirurgicale qui fait attention au sens diagnostique et pronostique de douleur, aussi bien que fait discuter les techniques appropriées pour minimiser la blessure, mais qui fait beaucoup moins de concentration aux aspects émotifs de souffrance sur les malades. L'accentuation des chirurgiens sur leurs compétences professionnels a été basé dans le nécessiter de se comporter et présenter comme des professionnels, mais peut aussi avoir été une partie essentielle d'exécuter une profession exigeante et désensibilisante.

## **Session 2: Reproductive Technologies / *Les technologies de la reproduction***

### **“Pretty Pioneering-Spirited People”: The Early Days of Genetic Counseling, 1947-1980**

**Devon Stillwell, McMaster University**

Genetic counseling is a relatively new health profession, the term itself being coined in 1947 by Sheldon Reed, director of Minnesota's Dight Institute for Human Genetics, who described it as “a kind of genetic social work without eugenic connotations.” Throughout the late 1940s to 1960s, genetic counseling was something a few (predominantly white, male) MDs and PhD geneticists did as peripheral to their research or clinical practice. By the 1980s, however, genetic counseling was dominated by female Masters-level practitioners, and the field had metamorphosed into an integral part of North American prenatal care. My paper explores this transition and the early days of genetic counseling through oral history interviews with pioneering genetic counselors. I suggest that the field was shaped by numerous factors including the precarious position of post-WWII genetics; the socio-political climate of the 1960s and 70s; and technological innovations in genetic science and prenatal diagnosis. Moreover, I argue that the profession's early development was profoundly shaped by genetic counselors' interactions with physician-geneticists and other practitioners within what Andrew Abbott calls a “system of professions”. I am particularly interested in how genetic counselors fit uneasily into a “system of *genetics* professions”. Although counselors come from a strong science background, hold advanced degrees, and are qualified to perform similar work to physician-geneticists, the emotional, caring and counseling aspects of their jobs (and the fact that the profession has, for the last four decades, been almost 95% female) subjected them to expectations of “proper” female healthcare roles. I emphasize that genetic counselors took an active role in shaping their field, and that their reactions and initiatives, successes and challenges, became some of the hallmarks of the contemporary profession. Studying the experiences of genetic counselors is crucial to better understanding their roles within American healthcare as professionals who are often positioned at the intersection of science and a society increasingly experiencing the “geneticization” of everyday life. Genetic counseling also provides one case study of how contemporary health professions have moved from the medical margins to the mainstream.

Le conseil génétique est une profession relativement nouvelle. Le terme a été inventé en 1947 par Sheldon Reed, directeur de l'Institut de Dight pour la Génétique Humaine, qui l'a décrit comme “une sorte de travail social génétique sans les connotations eugéniques”. Pendant les années 1940s jusqu'aux années 1960s, le conseil génétique était quelque chose quelques-uns (essentiellement blanc, male) MDs et les



génétiens de doctorat ont fait comme appendice à leur recherche ou pratique clinique. Depuis les années 1980s, pourtant, le conseil génétique a été dominée par des praticiens de Niveau de maîtres femmes, et le domaine s'est métamorphosé dans une partie intégrale de soin prénatal Nord-américain. Mon papier explore cette transition et les jours premiers du conseil génétique par les entrevues avec des conseillers génétiques pionniers. Je suggère que le domaine a été formé par de nombreux facteurs en incluant la position précaire des études génétiques après la Deuxième Guerre Mondiale; le climat sociopolitique des années 1960s and 70s; et les innovations technologiques dans la science génétique et la diagnose prénatale. De plus, je soutiens que le développement initial de la profession a été profondément formé par les actions réciproques des conseillers génétiques avec les généticiens-docteurs et d'autres praticiens dans ce que Andrew Abbott appelle un "système de professions". Je m'intéresse particulièrement à comment les conseillers génétiques existent avec inquiétude dans un "système de professions *génétique*". Bien que les conseillers possèdent une éducation solide dans les sciences, tiennent des degrés avancés et soient autorisés pour exécuter le travail semblable aux généticiens-docteurs, les aspects émotionnel et conseiller de leurs emplois (et le fait que la profession, depuis les quatre décades dernières, a été la femme de presque 95%) les a faits subir aux attentes de rôles de soins médicaux femmes "propres". J'accentue que les conseillers génétiques ont pris un rôle actif dans la formation de leur profession et que leurs réactions et initiatives, succès et défis, sont devenus des caractéristiques de la profession contemporaine. Étudier les expériences des conseillers génétiques est essentiel à la meilleure compréhension de leurs rôles dans les soins médicaux américains comme les professionnels qui sont souvent placés à l'intersection de la science et d'une société connaissant de plus en plus le "geneticization" de la vie quotidienne. La conseillère génétique fournit aussi une étude de comment les pourvoyeurs de santé contemporains ont bougé des marges médicales au courant dominant.

### **Reproductive Technologies and Maternal Responsibility** **Jen Rinaldi, York University**

This presentation will explore the ways in which technological mediation aids in the shaping of maternal responsibility. Literature in the field of bioethics (Ruddick, 1988, 2000; Seavilleklein, 2009) points to an assumption that reproductive technologies, especially those which can yield diagnoses of fetal impairment, enhance reproductive autonomy by ensuring the decisions that pregnant women make are informed. Drawing from Lippman (1993), I intend to argue in contrast that pregnant women are often pressured into making use of the technologies available to them in order to satisfy a socially constructed need, and to uphold an imposed responsibility to protect fetal health. Technological intercourse has become such a prominent pregnancy ritual that it is assumed to be standard, even compulsory (Lippman, 1993; Tremain, 2006; Vassy, 2006).

What interests me most, and has served as the crux of my dissertation work, has been the point at which a diagnosis of fetal impairment is rendered, for it is at this point that the pregnant woman's social obligations seem to shift. When the purpose of medical intervention is the maximization of fetal health and the fetus can be determined to be impaired, the conversation quickly turns to disability avoidance, via termination of the pregnancy (Asch, 2001; de Melo Martin, 2006). Some scholars have gone so far as to consider whether it is morally wrong to reproduce or to refuse to access reproductive technologies when the risks for genetic disease or disability are high (McMahan, 2002; Purdy, 1996; Rhodes, 1999, 2006). In this presentation I will consider how reproductive technologies have been used for the purpose of social control, both over women's reproductive functions and in an effort to eradicate disability.



### Session 3: Medical Power / Puissance médicale

#### **Seizures, Secrets, and Bodily Containment in Postwar America, 1945-1956/ Crises, Secrets et Bienséance Corporelle dans L'Amérique de l'Après-guerre, 1945-1956**

**Rachel Elder, University of Pennsylvania**

Epilepsy made an abrupt entrance into American public discourse at the end of the Second World War. In a surge of consciousness-raising articles and public health pamphlets, doctors forecasted a foreseeable end to the “last hush-hush disease,” touting new medications as the solution to a long stigmatized and hidden illness. Narratives of biomedical triumph over disease and adversity, however, say little of the way in which medical progress promoted new secrecies and tensions. Although anticonvulsant drugs provided dramatic seizure reduction that expanded the bounds of social participation for many sufferers, seizures neither disappeared nor became suitable for public display. On the contrary, the persistent possibility of seizures in “civilian epileptics” clashed with rising expectations for individuals to maintain control of their bodies. Enduring discomfort with the dreaded fit in public, I argue, suggests a postwar transition that did not result in greater visibility or public acceptance of epilepsy. Rather, seizures became contained and concealed in persons increasingly expected to pass as “normal.” Drawing on cultural case studies, including Dr. Kildare’s *Crisis*, as well as the clinical and administrative records of a Detroit public school for Epileptic Children, my paper examines seizure disorders at a critical moment of shifting medical management and social practice. In doing so, it reflects upon broader questions of disability, visibility, and what going public meant in postwar America.

L'épilepsie est entrée brutalement dans le débat public américain à la fin de la seconde guerre mondiale. Dans une intensification des articles de sensibilisation et des brochures sur la santé publique, les médecins ont annoncé la fin de cette maladie « entourée de silence » en faisant l'apologie de nouveaux médicaments qui représentaient la solution à une maladie longtemps stigmatisée et considérée comme honteuse. Les textes annonçant le triomphe du biomédical sur la maladie et l'adversité passent toutefois sous silence le fait que ces progrès médicaux ont à leur tour entraîné de nouveaux secrets et tensions. Même si les anticonvulsants ont réduit radicalement les crises et permis ainsi à de nombreux épileptiques d'avoir une certaine vie sociale, les crises n'ont cependant pas complètement disparu et ont conservé leur caractère social dérangeant. Au contraire, la possibilité persistante de crises chez les « épileptiques civils » s'est heurtée à l'attente croissante de voir les personnes qui en étaient atteintes garder le contrôle de leur corps. Devoir endurer le malaise créé par la menace de l'arrivée d'une crise en public indique selon moi une transition de l'après-guerre qui ne s'est pas traduite par une plus grande visibilité ni tolérance de l'épilepsie dans le public. Les crises ont plutôt été réprimées et dissimulées chez des personnes dont on s'attendait de façon croissante à ce qu'elles passent pour « normales ». En s'appuyant sur des études de cas culturels, dont *Dr Kildare's Crisis*, ainsi que sur les dossiers cliniques et administratifs d'une école privée pour les enfants épileptiques de Détroit, mon article examine les troubles épileptiques à un moment de transition critique des soins médicaux et des pratiques sociales. Ce faisant, il se penche également sur les problèmes plus larges de l'infirmité et de la visibilité ainsi que sur le sens des manifestations en public dans l'Amérique de l'après-guerre.





## **“Shameful poor” to “respectable patient”: Transitions over a century/ La transition de pauvre marginal à patient à Montréal**

**Janice Harvey, Dawson College, Centre d’histoire des régulations sociales**

Over the nineteenth and twentieth centuries many of the institutions for the indigent elderly were transformed from poorhouses/Houses of Industry to nursing homes or hospitals. This paper uses one such institution, the Montreal Protestant House of Industry and Refuge from 1863 to 1976, to examine this process and the medicalisation of care for the elderly poor. A number of factors influenced this including changing attitudes to the elderly and the poor as well as government legislation.

Nineteenth-century beliefs constructed poverty as an individual moral fault. Age and disability did not help the elderly escape this judgement. Although clearly distinguished from the “vagrants” who used the Night Refuge, elderly couples admitted to the Protestant House of Industry when it opened in 1863, were separated, dressed in uniforms and required to work. A first shift occurred by 1885 when the Directors moved the elderly to the Country House away from the city institution with its possibility of moral contamination. However, it was assumed that their work on the farm would provide food for both the country and city institutions. It quickly became obvious that this was unrealistic and hired workers took their place.

The medicalisation of the Country House occurred gradually. A Convalescent Home was added in 1894, a Home for the Incurables in 1916, an Infirmary in 1929, a second in 1950, by which point occupational and recreational therapists had appeared on staff. Meanwhile the city refuge building was closed and the farm sold. The advent of old age pensions and Medicare accelerated the process. In the case of this Montreal institution, the medicalisation of care was often linked to deliberate decisions related to financing. By 1976, the House of Industry had been transformed into an extended care centre and residential home for the elderly, the name being changed in consequence.

The presentation includes an analysis of the process as well as a photo study based on the Annual Reports to illustrate this.

Au cours d’un siècle, de nombreuses institutions pour personnes âgées et indigentes furent transformés de maisons d’industries en hôpitaux. Ainsi, cette communication s’intéresse à l’exemple du Montreal Protestant House of Industry and Refuge pour examiner, de 1863 à 1976, ce processus de transformation et les exigences que cela impliquait, entre autres, en terme de médicalisation de services pour ces personnes âgées.

Au 19<sup>e</sup> siècle, le libéralisme concevait la pauvreté comme une faiblesse personnelle. Ni l’âge, ni l’infirmité de ces personnes âgées ne leur ont permis de se défaire de cet impitoyable jugement. Ils étaient isolés des sans abris qui utilisaient le refuge mais les vieux couples étaient séparés et il revêtaient des uniformes, et cela, tout en étant obligés de travailler. La première transition vers des «soins» est survenue en 1885 lorsque les personnes âgées ont été transférées dans une maison de campagne. Bien que l’idée à l’origine de ce transfert ait été motivée par celle de faire travailler les personnes âgées sur la ferme, il devint évident que cela n’était pas réaliste et par conséquent des travailleurs ont été embauchés pour effectuer les tâches agricoles.



Lentement, de nouveaux services mieux adaptés aux besoins des personnes âgées se sont développés : une maison de convalescence en 1894, une maison des incurables en 1916, une infirmerie en 1929, une deuxième en 1955. Ces institutions ont ajouté à leur personnel en place, des ergothérapeutes et des éducateurs en loisirs. Pendant ce temps, le refuge en ville ferma et la ferme fut vendue. Les changements de noms de ces institutions en 1953, puis en 1976 soulignent la nature vocationnelle changeante de ces lieux et leur transition en institution de soins prolongés.

### **The Influence of Walter Freeman on the Psychosurgery Era in Ontario/ L'Influence de Walter Freeman sur l'Ère de la Psychochirurgie en Ontario**

**Brianne M. Collins & Henderikus J. Stam, University of Calgary**

July 23, 1941 marked the beginning of a controversial era in Canadian psychiatric history. On this day, K.G. McKenzie, Canada's famous neurosurgeon, performed the first psychosurgical operation, a prefrontal leucotomy, at the Toronto Psychiatric Hospital. The technique employed by McKenzie was introduced to him, on a trip to Washington D.C. in 1938, by the eminent American physician Walter Freeman and his colleague, James Watts. Of course, Freeman's influence is not restricted to the Canadian context, as he spent the majority of his career traveling much of the world to attend conferences and perform demonstrations. The lasting impact of Walter Freeman in the transnational history of psychosurgery is undeniable, but has not been thoroughly investigated. As an early foray into the transnational history of psychosurgery, this paper will show that the beginning of leucotomies in Ontario, especially so early in the movement that began in 1935, can be connected to the influence of Walter Freeman. Freeman and James hosted McKenzie and C.B. Farrar, the director of the Toronto Psychiatric Hospital, in 1938 to observe recent cases of patients that had undergone psychosurgery. Several years later in 1943, Freeman was invited to Ontario where a leucotomy program was already underway. These professional encounters, the exchange of correspondence, circulating medical literature, and Freeman's international pioneering efforts all contributed to psychosurgery being taken up in Ontario, and consequently in Canada. Without the influence of Freeman, psychosurgery in Canada may have taken a very different trajectory.

Le 23 juillet 1941 a marqué le début d'une époque controversée dans l'histoire de la psychiatrie au Canada. Ce jour-là, K.G. McKenzie, célèbre neurochirurgien canadien, a effectué la première opération neurochirurgicale, soit une leucotomie préfrontale, à l'Hôpital Psychiatrique de Toronto. La technique employée par le docteur McKenzie lui fut enseignée par l'éminent médecin américain Walter Freeman et son collègue James Watt lors d'un séjour à Washington D.C. en 1938. Évidemment, l'influence du docteur Freeman n'est pas restreinte au contexte canadien puisqu'il a passé la majorité de sa carrière à parcourir le monde pour participer à des conférences et faire des démonstrations. L'impact durable de Walter Freeman sur l'histoire transnationale de la psychochirurgie est indéniable mais n'a pas été investigué à fond. Afin d'introduire l'histoire transnationale de la psychochirurgie et d'en faire l'aperçu préliminaire, cet article fera la démonstration que l'origine des leucotomies en Ontario, particulièrement au début du mouvement qui a commencé en 1935, peut être reliée à l'influence de Walter Freeman. Les docteurs Freeman et Watts ont reçu McKenzie et C.B. Farrar, le directeur de l'Hôpital Psychiatrique de Toronto, en 1938 pour observer les récents cas de patients ayant subi une psychochirurgie. Plusieurs années plus tard, en 1943, le docteur Freeman fut invité en Ontario où un programme de leucotomie était déjà en cours. Ces rencontres entre professionnels, l'échange de correspondance, la littérature médicale et les efforts du docteur Freeman en tant que pionnier dans son domaine ont tous contribué au développement de la



psychochirurgie en Ontario et subséquemment dans le reste du Canada. Sans l'influence du docteur Freeman, la psychochirurgie au Canada aurait sans doute pris une trajectoire très différente.

## **Session 4: Reproduction and the State / La reproduction et l'état**

### **Changing approaches to abortion in SA's public health sector, c. 1980 – 2010, Rebecca Hodes, University of Cape Town**

After South Africa's first democratic elections in 1994, the state's approach to reproductive healthcare was remodelled. The new government expanded the system of primary healthcare clinics, and enacted among the most progressive abortion laws in the world. Building on the work of medical historians and bioethicists, this research documents the socio-medical history of abortion in South Africa. It focuses on the increasing liberalisation of abortion laws over the course of the three decades from 1980 until 2010, and situates these within changes to South Africa's political settlement as well as broader, global developments in the arenas of reproductive and public health. Through analysing articles published in South Africa's premier medical journal, laws and policies governing abortion, and the historical recollections of doctors who worked in the fields of obstetrics and gynaecology over the course of the relevant decades, this research examines how changes in laws and policies on abortion were understood and reflected in the writings and practices of key medical specialists during this time.

Après les premières élections démocratiques, qui ont eu lieu en Afrique du Sud (1994), la conception de l'état concernant la reproduction a été modifiée. Le nouveau gouvernement a développé le système des cliniques de soins primaires et a promulgué l'une des lois les plus modernes dans le monde concernant l'avortement. S'appuyant sur les travaux de spécialistes d'Histoire de la médecine et de bio-éthique, cette recherche décrit de façon détaillée, l'histoire socio-médicale de l'avortement en Afrique du Sud. Il met l'accent sur la libéralisation croissante des lois sur l'avortement au cours des trois décennies à partir de 1980 jusqu'en 2010, et les situe dans le contexte des décisions politiques en Afrique du Sud et de manière plus large, un développement global dans les domaines de la reproduction et de la santé public. Grâce à l'analyse des articles publiés dans le premier journal médical d'Afrique du Sud, aussi bien les lois et les règlements qui régissent l'avortement, que les souvenirs historiques des médecins qui ont travaillé dans le domaine de l'obstétrique et de la gynécologie au cours de ces dernières décennies, cette recherche examine comment les changements dans les lois et les règlements concernant l'avortement ont été comprises et se retrouvent dans les écrits et les pratiques des principaux médecins specialists durant cette période.

### **From Birth Control to Sex Control: Unruly Young Women and the Origins of the National Abstinence-Only Mandate**

**Shoshanna Ehrlich, University of Massachusetts Boston**

In the mid 1970's, young women in the United States moved into the public spotlight following a much-publicized increase in the teen pregnancy rate. Characterizing the rise as an "epidemic," adolescent girls were consequently identified as a priority population within the recently created federal family planning program ("Title X"). By firmly linking the provision of governmentally funded birth control to instrumental as distinct from sensual ends, this rather bold move was framed as a morally neutral and much-needed social policy. The singular focus on the importance of managing the *consequences* of youthful sexual activity meant that underlying moral concerns were kept largely in check.



However, as documented in this paper, these concerns bubbled to the surface following the rise of the New Christian Right in the early 1980's. Declaring war on Title X, newly elected "pro-family" politicians argued that by providing teens with access to birth control, the government was encouraging promiscuity and undermining the family. Seeking to displace the pregnant teen with the sexually active one as the appropriate subject of public concern, conservative policymakers reinforced the conventional view that premarital sex is inherently more damaging to young women than it is to their male partners

Seeking to impose order on the unruly sexualized female body, conservatives called for a new national approach – one centered on self-discipline and parental authority. Although the resulting federal abstinence-only laws are framed in gender-neutral terms, this paper argues that they both reflect and reinforce conventional sexual scripts. Interrogating a popular abstinence text, the paper demonstrates how this approach essentializes the location of desire. Employing familiar tropes, young men are presented as naturally lustful, and young women as intrinsically pure. Lacking passion, they are thus discursively constituted as sexual gatekeepers charged with the responsibility of keeping male passion at bay.

**Contested Terrain: Aboriginal Women, Coercive Sterilization, and the Struggle Over Land**  
**Karen Stote, University of New Brunswick**

I consider the coercive sterilization of Aboriginal women in Canada in both legislated and non-legislated form. When, where, and to what extent is this practice known to have taken place? I situate coercive sterilization within the larger context of colonialism, the denial of indigenous sovereignty, and the oppression of women. I allow for it to be understood, not as an isolated instance of abuse, but as one of many practices influencing Aboriginal women's right to reproduce while serving the needs of the Canadian State.

Western medicine has consistently represented a site of struggle for Aboriginal peoples. Though provided under the pretense of a humanitarian concern, medical interventions have also represented a coercive instrument allowing the state greater control over Aboriginal bodies and lives, often at the expense of Aboriginal approaches to health, while serving larger assimilationist ends. And, though coercive sterilization policies have been recognized as racist, sexist, and imperialist, how this practice was carried out on Aboriginal women and their peoples has barely been acknowledged.

As a step in this direction, I provide an historical and materialist critique of coercive sterilization, one which specifically addresses how this control of women's reproduction has manifested itself in the lives of Aboriginal women. How is coercive sterilization related to other policies and practices affecting the ability of Aboriginal women to bear and/or raise their own children? How and why have Aboriginal women been targeted as reproducers of life? Due to the unique relationship between Canada and Aboriginal peoples, I focus specifically on the larger political implications this practice has for Aboriginal women and their peoples.



## Session 5: The Womb and Anatomy / L'utérus et l'anatomie

### **“Pas suffisamment instruites en methods”: The education of rural midwives in Gascogne 1810-1834 Morag Martin, SUNY Brockport**

My paper looks at tensions that arose between the central Parisian government and the local departmental authorities over the training of midwives in the early nineteenth century. In an attempt to finally solve the problem of child mortality and supposed declining natality, in 1810 the Napoleonic government conceived of an elite school for midwives at the École de la Maternité in Paris. The hope was to train girls from all the departments and send them home to either teach courses or practice at a level higher than the local matrons. In the South West department of the Gers, one of the most rural regions, then as now, courses were set up to train local girls in Auch, but the model never quite worked. Despite the encouragement of central officials to use newly trained Parisian midwives to teach, surgeons or doctors controlled the school through systems of patronage. Poor, rural girls, with barely any formal education and often no French, made up the bulk of their students. From the perspective of the Ministers in Paris this program did not meet the standards set by the Maternité. By the 1830s, the Ministry of Education called for the closing of all regional institutions, forcing potential midwives to travel to Paris for training (or a few regional urban centers). But, instead of reinforcing the masculinization of obstetrics (as has been argued by much of the literature on the subject), the Ministry put a strong emphasis on female education as the key to better natality, not wishing to compromise on the quality of that education. The local institutions, however, had much to lose by attacks against their programs, both in terms of the continued livelihood of male medical professionals in underfunded regions, as well as in terms of their desperate need for trained local midwives. Ultimately, the destruction of viable provincial midwifery training in the Gers had less to do with the ascendancy of male obstetricians, than a lack of stable financial support and infrastructure for basic female education, as well a contentious struggle for power between government entities over who should train midwives in rural France.

Mon exposé se penche sur les tensions entre le gouvernement central parisien et les autorités départementales locales, tensions au sujet de l'apprentissage des sages femmes au début du 19<sup>ème</sup> siècle. Afin de résoudre le problème de mortalité infantile et du supposé déclin de la natalité, en

1810, le gouvernement de Napoléon crée une école élite de sages-femmes à l'école de la Maternité à Paris. L'idée est de former des jeunes femmes venant de tous les départements et de les renvoyer chez elles pour, soit enseigner soit pour pratiquer à un niveau plus haut que les sages-femmes locales. Dans le département du Gers, une des régions les plus rurales, autrefois comme maintenant, on institue des cours pour former les jeunes filles à Auch, mais ce modèle ne fonctionne jamais comme il faut. Malgré les responsables centraux qui encouragent l'emploi des sages-femmes nouvellement formées à Paris comme enseignantes, les chirurgiens ou médecins locales contrôlent l'école à travers un système de patronage. Des jeunes filles pauvres venant de la campagne et souvent ne parlant pas français font le gros de leurs étudiantes. Du point de vue du ministère à Paris, ce programme ne correspond pas aux standards fixés par la Maternité. Dès 1830, le ministère de l'éducation demande de fermer toutes les institutions régionales, obligeant les sages-femmes potentielles à se déplacer à Paris ou à d'autres centres urbains régionaux. Mais, plutôt que de renforcer la masculinisation de l'obstétrique (comme cela a été soutenu par une grande partie de la littérature à ce sujet) le ministère met l'accent sur l'éducation des femmes, comme étant la clef d'une meilleure natalité, ne voulant pas faire de compromis sur la qualité de cette éducation.



Cependant, les institutions locales ont beaucoup à perdre par les attaques contre leurs programmes, non seulement pour protéger la profession médicale dans les régions sous financées, mais aussi à cause d'un besoin désespéré de formation de qualité pour les sages-femmes. En fin de compte, le démantèlement des formations de sage-femme dans le Gers, a moins à voir avec l'ascendance des obstétriciens masculins qu'un manque de support financier stable et d'une infrastructure pour l'éducation de base des femmes, ainsi qu'une lutte controversée de pouvoir entre les différentes entités gouvernementales, à savoir qui formerait les sages-femmes de la France rurale.

**“The Luxurious Daughters of Artificial Life”: Women, Pain and Childbirth in Canadian Prescriptive Literature, 1870-1910**

**Whitney Wood, Wilfrid Laurier University**

Expectant women have long dreaded the pain of giving birth. While very few would deny that these pains exist, the ways in which women have experienced pain during childbirth, as well as the ways in which it was perceived by physicians and depicted in wider medical discourses, were fundamentally influenced by culture. In turn-of-the-century Canada, the construction of women's labour pain and attendant ideas about the “delicate woman” were intimately connected with the wider social anxieties and tensions of the period.

Relying on examples from prescriptive literature that was published throughout English-Canada from 1870 to 1900, this paper first highlights the medical and cultural construction of the delicate woman and her pain in giving birth and examines the gendered, class-based and racialized reasons why a variety of individuals and social groups saw the white, middle-class woman as the most sensitive to pain. Secondly, and perhaps more importantly, this paper explains why physicians proffered this construction in widely read advice literature that was often directed at women themselves and significantly took on the power of an “official” discourse. In their consistent recourse to the trope of the delicate woman and her heightened sensitivity to pain (including the pain of giving birth), physicians carved out their role in the emerging specialty of obstetrics, promoted traditional maternal ideologies, and sought to safeguard the “Anglo-Saxon race” from further degeneration and decline. Fundamentally, these discourses fuelled a growing push for obstetric anaesthesia, and contributed to the wider medicalization of both childbirth and the female body.

**Heads, Hearts, Stomachs, and Bowels: Uterine analogies in premodern anatomical writing**

**Amanda Lepp, Queen's University**

Metaphors of pregnancy and birth are not uncommon. Today, we might speak of someone's “brain child,” inquire as to how one “conceived an idea,” or extol the “passions that are born in the heart.” While we accept these comparisons between the fecund womb and productive heart or mind as poetic abstractions, we are unlikely to perceive any value that such comparison could make towards a scientific understanding of the physiological function of the designated organs. Yet in classical and medieval western medicine, uterine analogies did feature in a complex system for conceptualizing various parts of a working human anatomy. This paper explores the illustrative role of the uterus in premodern (Pre-Vesalian) anatomy. It draws upon the work of authors with different concepts of the body and different reasons for, and methods of, gathering and recording anatomical information: physicians and natural philosophers, scholastic writers of question literature, composers of medieval medical textbooks, and



early anatomists who practiced dissection. The analogies between the uterus and the heart, brain, and digestive system, found in these diverse sources, provided rational explanations for how the different organs functioned based on characteristics they were believed to share. These analogies spanned the broad range of characteristics attributed to the female reproductive organ, which was portrayed as the site of conception and the organ which nurtures the developing foetus, but also as a reservoir of the body's wastes and an incubator of illness. Because of the variety of qualities attributed to the uterus, it provided early anatomical writers with a rich source of material for comparison in support of the theory that shape and structure predicts function. This paper builds upon seminal studies on the use of analogy in Ancient Greek medicine by G.E.R. Lloyd and Helen King.

Les métaphores de la grossesse et de la naissance sont souvent utilisés. Dans le langage d'aujourd'hui, nous parlerions de «concevoir une idée» ou des «qualités innées en lui». Bien que nous convenions que ces comparaisons entre l'utérus fécond et le cœur et l'esprit fertiles sont des abstractions poétiques, il est peu probable qu'on manque de la valeur que cette comparaison peut faire pour la compréhension de la fonction physiologique de ces organes dans une perspective scientifique. Pourtant, en médecine moderne classique et médiévale, les analogies utérines contribuaient aussi à un système complexe pour conceptualiser les différentes parties d'une anatomie humaine fonctionnel. Ce rapport étudie le rôle illustratif d'utérus dans l'anatomie prémoderne (Pré-Vesalian), en utilisant les travaux des auteurs avec des différents concepts du corps et des différentes raisons et méthodes de réunir et enregistrer l'information anatomique: les médecins et les philosophes naturelles, les écrivains scolaires de la littérature questionnaire, les compositeurs des manuels scolaires médicaux médiévales, et les premières anatomistes qui pratiquaient la dissection. Les analogies entre l'utérus et le cœur, le cerveau et le système digestif qui se trouvent dans ces sources diverses, fournissent des explications raisonnables de comment les différents organes fonctionnaient basés sur les caractéristiques en commun. Ces analogies sont compris d'une vaste gamme de caractéristiques attribué à les organes sexuelles féminin, qui a été représenter comme le site de conception et l'organe qui nourri le foetus et aussi comme un réservoir des déchets humaines et un incubateur des maladies. À cause de la variété de qualités attribué à l'utérus, les premières écrivains anatomistes avaient une vaste source de renseignements pour comparaison qui corrobore la théorie que la forme et la structure prévoit la fonction. Ce rapport développe les études séminales sur l'utilisation d'analogie en la médecine grec classique par G.E.R. Lloyd et Helen King.

## **Session 6: Alcohol and Drug Advertising / L'alcool et publicité de la drogue**

**More than a “Tippling Habit”? Debates about Professional Conduct at the Toronto Temporary Asylum, 1845-1848**

**Danielle Terbenche, University of Waterloo**

Studies of alcohol consumption in Ontario asylums have typically focussed on late-nineteenth-century medical debates about the use of liquor as a treatment for insanity. While alcohol was an accepted component of patient treatment in the 1840s Toronto Temporary Asylum, its consumption by asylum staff became a controversial issue. Accepted as a common part of daily life in Toronto's social culture, members of the asylum's staff regularly drank on and off the asylum premises during working hours. Conflicts about alcohol use first arose in 1845 when excessive drinking by some employees began to cause administrative problems. The internal tensions worsened when a full ban on staff drinking was implemented by Dr. John Rolph in 1848. This paper discusses these debates about staff alcohol use,



demonstrating their contribution to larger professional difficulties faced by the asylum's doctors, and viewing them as representative of class and ethnic tensions present in 1840s Toronto.

Les études traitant la consommation d'alcool dans les asiles d'aliénés en Ontario se sont typiquement axées sur les débats médicaux de la fin du dix-neuvième (XIX<sup>e</sup>) siècle en ce qui concerne l'usage d'alcool comme traitement des maladies mentales. Malgré le fait que la prescription d'alcool était acceptable dans le traitement médical des patients de l'Asile temporaire de Toronto au cours des années 1840, sa consommation par le personnel hospitalier était devenu un sujet à controverse. Accepté en tant qu'une pratique quotidienne de la culture sociale à Toronto, les membres du personnel buvaient régulièrement sur place ainsi que hors-site de l'asile durant les heures du travail. Les conflits concernant l'usage d'alcool ont remonté premièrement à la surface en 1845, lorsque la consommation excessive par certains employés avait commencé à causer des problèmes administratifs. Les tensions internes se sont aggravées quand le docteur John Rolph avait complètement interdit au personnel de consommer de l'alcool en 1848. Le présent article se concentre sur les débats qui interdisent le personnel de consommer de l'alcool au travail, tout en démontrant que ces débats ont contribué aux difficultés professionnelles plus larges rencontrées par les docteurs de l'asile et les considérant comme des exemples typiques des tensions (des classes) sociales et ethniques à Toronto dans les années 1840.

**"Equilibre du diabète." Advertising and diabetes treatment in transformation, France (1925-1980).  
Tricia Close-Koenig, Université de Strasbourg**

The production of medication moved from pharmacies to pharmaceutical industries in the twentieth century. In addition, to a history of professionals, economics, medical practices and governmental regulations, this is a history of a specific or unusual consumer market in that there could be conflicts of interest, but also, in that buyers and sellers of the pharmaceutical marketplace did not deal directly with each other, but rather by means of third-parties with medical doctors assigning prescriptions and healthcare or insurance systems managing bills and payments. Concurrently, doctor-patient relationships evolved from paternalistic to a more cooperative configuration. Patients increasingly had a voice and made their interests known. In particular, as diabetic patients were increasingly able take on the administration of their insulin and the management of their diet, diabetes represented one of the first fields in which patients were actively involved in their own treatment. It was here that the first powerful patients' organisations developed, such as the *Association Française des Diabétiques* (AFD) founded in 1938.

The construction of the pharmaceutical medical market is revealing of relationships between different levels of medical and healthcare actors. As yet little explored in history of medicine, advertising is a means of communication between producer and consumer, or more precisely between industries and the gatekeepers to the consumers, doctors. As such, advertisements are a historical source for identifying and defining consumers, markets and marketing dynamics. Through examination of anti-diabetic drug advertisements, including insulin, diet and oral anti-diabetics, in French medical publications and in the bulletin of the AFD, the marketing of diabetic related drugs is explored in this paper as means of untangling collaboration between patients, doctors, researchers and pharmaceutical industry in the production and evolution of diabetic treatment.

L'industrialisation du médicament est un phénomène récent. Au vingtième siècle, la production des médicaments s'est déplacée des officines aux industries pharmaceutiques. Elle est au cœur d'une histoire des professions, des systèmes d'économie médicale, des pratiques thérapeutiques et des réglementations, mais aussi d'une histoire des marchés et de la consommation. Les médicaments n'ont cependant jamais été une marchandise tout à fait comme les autres dans la mesure où, d'une part, leur





usage pouvait avoir des conséquences mortelles et, d'autre part, il s'agissait de biens considérés comme essentiels à la santé. Le monde de la pharmacie a entretenu tout au long du vingtième siècle un rapport conflictuel à la commercialisation. Dans la relation entre acheteurs et vendeurs du marché pharmaceutique interagissent des tiers, les médecins qui prescrivent aux patients, et les systèmes d'assurance et de sécurité sociale qui règlent les paiements. La construction du marché pharmaceutique est révélatrice des relations entre ces divers agents. Peu étudiées en histoire de la médecine, la publicité est un moyen de communication entre les producteurs et les consommateurs, autant qu'entre les industries et les médecins. Ainsi les ressources publicitaires sont une source historique utile pour l'identification et la définition des consommateurs, des marchés et de leurs dynamiques.

Parallèlement, les relations médecins-patients ont évolué du paternalisme vers une configuration plus coopérative où l'opinion et l'intérêt des patients devenaient de plus en plus influents. Le diabète constitue un des premiers exemples où les patients ont été activement impliqués dans leur propre traitement, du fait que les malades diabétiques ont pu gérer leurs régimes alimentaires et leur administration d'insuline, et s'appuyer, pour les représenter, des associations de patients, comme par exemple l'Association Française des Diabétiques (AFD) fondée en 1938.

Cette contribution propose l'étude de sources publicitaires consacrées à l'insuline, mais aussi à d'autres produits pour les diabétiques, dans des journaux médicaux français et dans le journal de l'AFD. L'enjeu de l'analyse porte sur le marketing des médicaments anti-diabétiques, comme nœud de la collaboration entre les patients, les médecins, les chercheurs et les industries pharmaceutiques dans la production et l'évolution de ces traitements.

### **Gender, Spirits and Beer: Representing Female and Male Bodies in Canadian Alcohol Ads, 1930s-1940s Cheryl Krasnick Warsh, Vancouver Island University & Greg Marquis, University of New Brunswick**

Alcoholic beverage advertisers used the female and male forms in various ways in Canadian print media in the 1930s and 1940s. Alcohol ads, and how bodies were used in them, were representative of Canada's ambivalent response to alcohol. Producers associated their beverages with pleasure, while regulators reflected society's continued anxieties about products and practices associated with immorality, danger and health risks. To examine alcohol and gender depiction, we analyze the urban, middle class oriented magazines *Saturday Night* and *Maclean's*, newspapers such as the *Montreal Gazette* and the *Globe and Mail* and two American publications with high numbers of Canadian readership, *Time* and *Life*.

In Canadian-produced alcohol ads, depictions of male and female bodies were governed not by the market, public taste or industry self-regulation, but state bureaucracies committed to discouraging consumption. Following the end of prohibition in the 1920s, print advertising was regulated at the provincial level. 'Commercial speech' was controlled to protect society in general rather than individual consumers. Radio and television alcohol commercials were regulated by the federal government. In most provinces liquor ads regulation was fairly strict until the early 1970s, when more liberal attitudes gave rise to controversial 'lifestyle' ads that eventually drew expert and governmental attention.

The primary tactic of alcohol advertising is to associate products with a "desirable lifestyle." Such image advertising, mastered by tobacco companies in the early 20th century, stressed not simply the product but how it supposedly enhanced the lifestyle of the consumer.<sup>1</sup> Canadian attitudes towards alcohol,



gender roles, and what constituted a desirable lifestyle, changed over the period under review. At various times advertisers stressed masculinity (men in work and leisure situations), mixed-gender socializing (married couples in domestic, suburban settings) and the female form (exploited most notoriously in beer ads). Advertisers also appealed to the female consumer, well before the start of second-wave feminism.

Les annonceurs de boissons alcooliques se servaient des formes masculines et féminines de diverses manières dans les médias imprimés des années 1930 et 1940. Les messages publicitaires d'alcool, et la façon dont le corps humain s'y employait, représentaient la réponse ambivalente du Canada envers l'alcool. Les producteurs associaient leurs boissons avec le plaisir, tandis que les autorités de réglementation exprimaient les persistantes inquiétudes sociales envers des produits et des pratiques liés à l'immoralité, le danger et les risques pour la santé. Afin d'examiner la représentation de l'alcool et du genre, nous analyserons des magazines orientés vers un audience urbaine et aisée tels que *Saturday Night* et *Maclean's*, des journaux tels que la *Gazette* de Montréal et la *Globe and Mail*, et deux publications américaines avec un grand lectorat canadien, *Time* et *Life*.

Dans les messages publicitaires d'alcool produits au Canada, la représentation des corps masculins et féminins n'était gouvernée ni par le marché, ni par le goût public, ni par un système d'auto-réglementation industrielle, mais par des bureaucraties gouvernementales dédiées à la réduction de consommation. Après la fin de la prohibition aux années 20, les messages publicitaires pour l'alcool se trouvaient réglés au niveau provincial. On contrôlait le « discours commercial » afin de protéger la société plutôt que les consommateurs individuels. Les annonces à la radio et puis à la télévision étaient réglées par le gouvernement fédéral. Dans la plupart des provinces, la réglementation pour la publicité d'alcool était assez stricte jusqu'aux années 70, quand des attitudes plus libérales permettaient les annonces controversés dites « style de vie » qui à la longue ont attirés l'attention des experts et des gouvernements.

La tactique principale de la publicité pour l'alcool est d'associer les produits avec un style de vie souhaitable. Une telle publicité d'image, maîtrisée par les compagnies de tabac au début du vingtième siècle, soulignait non seulement le produit mais aussi comment ce produit enrichissait apparemment la vie du consommateur. Les attitudes des Canadiens envers l'alcool, envers les rôles des genres, envers ce qui constituait un style de vie souhaitable, se sont évoluées pendant la période en question. Aux moments différents, les annonceurs mettaient l'emphase sur la masculinité (les hommes dans des situations de travail et de loisir), sur la sociabilité en groupes mixtes (couples mariés dans une mise en scène domestique et suburbain), ou sur la forme féminine (exploitée de la manière la plus notoire dans les annonces de bière). Les annonceurs faisaient appel aussi aux consommatrices, bien avant le commencement du féminisme de <deuxième vague>.

## **Session 7: Medical Responses to Health Issues / Réponses médicales face aux problèmes de santé**

**« Polio Hysteria » : Réponses de la société montréalaise à l'épidémie de poliomyélite de 1946 à travers le débat de la rentrée scolaire  
Valerie Poirier, UQAM**



À l'été 1946, au lendemain de la Seconde Guerre mondiale, Montréal entame son propre combat : celui contre la poliomyélite. Longtemps considérée comme une énigme aux yeux du monde médical, cette maladie est difficile à prévenir et à combattre à cette époque, puisque ses causes et modes de transmission sont toujours inconnus. Si la plupart des infections dues au virus demeurent bénignes, elles peuvent parfois entraîner des conséquences plus graves, notamment la paralysie. En 1946, comme dans la plupart des épidémies de polio recensées, la maladie frappe vers la fin de l'été et sévit essentiellement chez les enfants.

L'objectif de cette communication est de comprendre, à travers le débat entourant la remise de la rentrée scolaire à l'automne 1946, les réponses à l'épidémie de poliomyélite dans la société montréalaise. Ayant laissée des traces dans les journaux, les archives des commissions scolaires de Montréal ainsi que dans les publications du Service de santé municipal, cette polémique publique sur l'ouverture des classes représente une fenêtre qui permet d'observer les différents discours d'une kyrielle d'acteurs sociaux – parents, Services de santé, commissions scolaires, associations citoyennes – qui tente de s'impliquer et d'imposer leur autorité dans la gestion de l'épidémie. Située à la croisée d'historiographies traitant de la santé et des épidémies, de l'enfance et de la famille ainsi que de l'après-guerre, j'avance, d'une part, que l'implication de ces différents acteurs dans la question de la rentrée scolaire témoigne d'un paysage politique complexe dans lequel certains groupes tentent de faire valoir leurs propres intérêts personnels ou professionnels. D'autre part, j'attribue également cette volonté d'implication au contexte d'après-guerre marqué par une valorisation de l'enfance. Si ces fortes valeurs liées à l'enfance sont visibles partout dans la société, notamment à travers les magazines, les publicités et les biens de consommation destinés aux enfants, elles le sont également avec la mise en place de législations telles que l'obligation scolaire provinciale de 1943 ou les allocations familiales fédérales de 1945. Ainsi appréhendée, l'épidémie de poliomyélite, et plus particulièrement le débat entourant la remise de la rentrée scolaire, permet de mettre en évidence les tensions entre les différents discours sur la santé et l'éducation des enfants qui marquent l'après-guerre.

During the summer of 1946, in the wake of World War II, Montreal was facing its own struggle: that against poliomyelitis. Long considered an enigma by the medical world, this disease was, during this period, difficult to prevent and to fight, since its causes and modes of transmission were still unknown. Most of the infections caused by the virus remained benign, but in the worst cases they led to serious relapses, notably permanent paralysis. In 1946, as in other polio epidemics, the disease struck at the end of the summer and essentially targeted children.

The objective of this paper is to understand, through the question of the postponement of the opening of public schools in the fall of 1946, the responses to the polio epidemic within Montreal society. This public debate is a window that allows us to explore the different views of a series of social actors – parents, Boards of Health, school boards, citizens associations – who attempted to get involved and impose their authority in the handling of the epidemic. Positioning this paper at the juncture of historiographies of health and epidemics, childhood and family as well as that of the immediate postwar period, I argue, on the one hand, that the involvement of these different actors in the debates around the postponement of school openings shows a complex political scene in which many groups tried to put forward their own personal or professional interests. On the other hand, I also attribute this will to be involved to a postwar society steeped in strong childhood values. While these values were manifest everywhere in society, notably through magazines, advertisements or consumer goods designed for children, they also took



shape through the adoption of compulsory schooling legislation in Quebec in 1943 and federal family allowances in 1945. Thus understood, the polio epidemic, and especially the debate surrounding later school openings, enables us to highlight tensions between different views on children's health and education in the immediate postwar period.

**Infant Feeding: Medicine's Entanglement with Consumer Culture, 1950-1960**  
**Alisha Pol, University of Waterloo**

Increasing medical intervention into the lives of women has been one of the most significant factors of the twentieth century affecting their roles as mothers. This paper looks first at the 1920s-1940s to establish how changes to maternal and infant health affected infant feeding practices. Interestingly, increased physician control occurred at the same time breastfeeding declined, despite the medical opinion that it was the optimal way to feed infants. In determining the reasons for this paradox, I examine the *Canadian Medical Association Journal* from 1950-1960, paying particular attention to messages found in advertisements for various kinds of infant foods. Ads for commercial breast milk substitutes played a powerful role in overwhelming the ideal that 'breast is best.' An analysis of the role of consumerism in shaping medical directives and historical outcomes raises questions about the ability of advertising to influence dominant ideologies and social norms. Both the medical view and the cultural view of women, as expressed in the ads of the era, created an ideological separation of mother and child. This new conceptualization of infants provided favourable conditions for the use of alternatives. Ads for infant foods depict this separation as well as express postwar views on parenting. The relationship between parenting advice and consumerism, as well as the medical view of mothers and consumerism is discussed in terms of how these factors contributed to a negative view of mothers and their bodies, and ultimately a decline in breastfeeding. Examination of a third relationship between emerging medical studies on vitamins and the use of this information by pharmaceutical companies in the manufacturing and advertising of products further reveals the entanglement of medicine with consumerism. This relationship became increasingly evident by the postwar era and contributed to a decline in breastfeeding and an increase in the use of breast milk substitutes.

**Sex in the City? Examining the Syphilis "Outbreak" in Toronto (2000-2010)**  
**Myriam Nafte, McMaster University**

In this paper, I examine the rise and fall, and rise again of syphilis as a primary force of cultural transformation, in order to highlight its fundamental role in history; shaping Western notions of infectious disease, experimental science, and organized medicine. To illustrate how syphilis has left our collective memory after centuries of influencing almost every area of medical, social, political, and cultural life, I look at what has been described as an "epidemic" of venereal syphilis in the city of Toronto, Canada from the year 2000 to 2010. I briefly explore the increased prevalence of syphilis in the MSM community (men who have sex with men) to ascertain whether syphilis is indeed increasing, or whether it can be better understood as an increase of testing after decades of non-routine testing in the general population. Underscoring this analysis are broader questions around how and why syphilis continues to go unrecognized, misdiagnosed, or undiagnosed in the Western world when not four decades earlier syphilis was "the only disease necessary to know" (Osler cited in Bean 1950:134).

Dans cet article, j'examine la montée et la chute, et ressusciter de la syphilis comme une force primaire de transformation culturelle, afin de mettre en évidence son rôle fondamental dans l'histoire; façonner les



notions occidentales de maladies infectieuses, de la science expérimentale, et de la médecine organisée. Pour illustrer comment la syphilis a quitté notre mémoire collective, après des siècles d'influence sur presque tous les domaines de la vie médicale, sociale, politique et culturelle, je regarde ce qui a été décrit comme une «épidémie» de la syphilis vénérienne dans la ville de Toronto, au Canada à partir de l'année 2000 à 2010. J'ai brièvement exploré la prévalence accrue de la syphilis dans la communauté des HSH (hommes ayant des rapports sexuels avec des hommes) de vérifier si la syphilis est en effet plus en plus, ou si elle peut être mieux comprise comme une augmentation des tests après des décennies de non-dépistage systématique dans la population générale de la population.

Soulignant cette analyse sont des questions plus larges autour de comment et pourquoi la syphilis continue de passer inaperçue, mal diagnostiquée, ou non diagnostiqués dans le monde occidental quand il n'est pas la syphilis quatre décennies plus tôt était «la seule maladie nécessaire de savoir" (Osler cité dans Bean 1950:134).

## **Session 8: Popping Pills / Se gaver de pilules**

### **United States Pharmacies and access to the Morning-After Pill**

**Lori A. Brown, Syracuse University**

Although *Roe v. Wade* (1973), the United States Supreme Court decision legalizing abortion, remains legally intact, each state independently controls and governs degrees of access. According to the Alan Guttmacher Institute's 2009 report, 87% of U.S. counties and 97% of counties in non-metropolitan areas have no abortion providers. Women below the federal poverty level now have almost four times as many abortions as higher-income women, with black and Hispanic women constituting more than 52% of these women.

Reproductive rights in the United States is one mired in political and ideological debate that in the end either prevents or makes access near to impossible for those who need it most. One of the major obstacles in reproductive healthcare in the United States is access to a range of services at a variety of levels; access to actual healthcare facilities, access to medical staff willing to perform procedures and provide accurate information, access to birth control prescriptions and access to the over-the-counter Morning-After pill available to women seventeen or older and by prescription for minors. Thanks to Plan B, the local pharmacy has become an indispensable site for lowering the abortion rate – or *could* become an indispensable site if pharmacies actual stock and sell the drug.

Part of a larger research project, this paper examines access to the Morning-After pill in the most restrictive states within the United States. An important consideration in looking at the role of pharmacies in the abortion debate is that they are more ubiquitously located throughout both metropolitan areas and small towns. Pharmacies have the potential to reach a far greater number of people at a much earlier stage, potentially eliminating the need for abortion altogether. Having called every pharmacy in some of the most restrictive states including Mississippi, Kentucky, Utah, Nebraska and North and South Dakota, I will discuss the data I have collected, the ramifications of what this data represents and ways to creatively consider geographical possibilities relating to access.



**“Pillow Talk: Unmarried Canadian Women and the First Generation of Oral Contraceptives”/  
Conversations sur l’oreiller:**

**Les femmes canadiennes célibataires et la première génération de contraceptifs oraux  
Christabelle Sethna, University of Ottawa**

In 1959, Hollywood released “Pillow Talk,” a Hollywood romantic comedy starring Doris Day and Rock Hudson. The main characters, Brad and Jan, express their attraction to each other with lingering looks, sexual innuendo and campy flirting—but no sex. Just one year after the release of this film, the American Food and Drug Administration gave its stamp of approval to *Enovid*, the brand name of the first prescriptive oral contraceptive. Canada followed suit in 1961.

Some fifty years hence, scholars have made oral contraception a popular subject for investigation.

Research on the pill, the vast majority of it American, deals with the relationship of oral contraceptives to the history of birth control, to research on hormones, the sexual revolution, the women's health movement, the regulation of teenage sexuality and to population control policies. But very few Canadian scholars have explored the impact of the pill on this country even in revised histories of contraception and abortion, or in studies of the baby boomer generation, possibly because of the assumption that unlike access to abortion, access to birth control was no longer a major issue once the Canadian Criminal Code was reformed in 1969.

I challenge this assumption. I find it ironic that the single, young, white middle-class female who became the icon of the sexual revolution had very limited access to contraceptive services both before *and* after the revisions to the Criminal Code. I am interested in examining the views of unmarried women in regard to the first generation of oral contraceptives. This paper will focus on data I collected from interviews and questionnaires. The respondents were unmarried women taking the pill between 1960 and 1980. I show that while many of these women were pleased with the protection against pregnancy provided by the pill, their ability to negotiate pill prescriptions, pill taking and heterosexual sexual relations remained major challenges. So too was the issue of abortion, which cast a long shadow over their pill-taking choices.

En 1959, sortait à Hollywood “Pillow Talk” (“Conversations sur l’oreiller”), une comédie romantique avec Doris Day et Rock Hudson. Les personnages principaux, Brad et Jan, expriment leur attirance mutuelle à l’aide de regards langoureux, d’intrigues sexuelles et de séduction – mais sans sexe. Seulement une année après la sortie de ce film, l’Administration américaine des aliments et des médicaments (*American Food and Drug Administration*) donna son approbation à *Enovid*, la marque de la première contraception orale sur ordonnance. Le Canada suivit en 1961.

Depuis près de cinquante ans, les universitaires ont fait de la contraception orale un sujet d’étude à la mode. La recherche sur la pilule, la plupart étant américaine, s’intéresse à la relation entre les contraceptifs oraux et l’histoire du contrôle des naissances, ainsi qu’avec la recherche sur les hormones, la révolution sexuelle, le mouvement de santé des femmes, la régulation de la sexualité des adolescents et les politiques de contrôle des populations. Mais peu d’universitaires canadiens ont exploré l’impact de la pilule sur ce pays, même lors des histoires révisées de la contraception et de l’avortement, ou dans les études portant sur la génération des baby boomer, peut être à cause de la présomption que



contrairement à l'accès à l'avortement, l'accès à la contraception ne serait plus un problème majeur depuis la réforme du code criminel canadien en 1969.

Je conteste cette hypothèse. Je trouve ironique que les femmes célibataires, jeunes, et blanches de la classe moyenne qui sont devenues les icônes de la révolution sexuelle aient eu un accès très limité aux services de contraception à la fois avant et après les révisions apportées au code criminel. Je m'intéresse à l'examen des points de vue des femmes célibataires sur la première génération de contraceptifs oraux. Cet article se concentrera sur des données recueillies lors d'entrevues et à l'aide de questionnaires. Les répondantes étaient des femmes célibataires ayant pris la pilule entre 1960 et 1980. Je montre qu'alors que plusieurs de ces femmes étaient satisfaites par la protection contre la grossesse offerte par la pilule, leur capacité à négocier les ordonnances de pilule, la prise de la pilule et les relations sexuelles hétérosexuelles sont demeurées de vrais défis. Il en était de même avec le sujet de l'avortement qui obscurcissait considérablement leurs choix de prendre la pilule.

**Reproductive Injustice: PEI women's experiences accessing the morning after pill and clandestine chemical abortions trying to avoid an off-island journey for abortion services**  
**Colleen MacQuarrie, University of Prince Edward Island**

This research is part of a larger project interrogating the quarter century impact on women's lives of PEI's reproductive policy to not allow abortions in the province. Given that policy, what is it like to access the morning after pill? And what do women do about unwanted pregnancy? Twenty five years ago, January 28, 1988, the Supreme Court of Canada Morgentaler decision, made it legal for women to secure our right to an abortion in free standing clinics outside the demeaning process of a therapeutic abortion committee. The irony is that while the rest of Canada was extending women's reproductive justice, PEI obtained the dubious distinction of being the only province in Canada where women became forced to travel to another province to secure our right to an abortion. The oppressive circumstances at play in the province of Prince Edward Island that resulted in Island women's loss of reproductive rights have not been addressed (Clorey, 2007; Kaposy, 2010). Now, more than two decades later, women in PEI must still leave the province to have an abortion through other means but they do have pharmaceutical access to the morning after pill.

The presentation will first situate the research context, detail the participatory action research approach, and share the findings from women's experiences with exercising their reproductive options in a place that prohibits abortion even though it is legal. Research conversations with women who have obtained the morning after pill give evidence of what it is like to use this option at local pharmacies in the context of abortion stigma. Women who had an unwanted pregnancy and tried to self induce through a chemical abortion or other self induction methods illustrate the precarious balance they find their health in during and after the self induction procedures. Themes include the strategies employed by women for self induction, the health systems responses to their need, and how issues of poverty intersect with reproductive justice. This is the first systematic research to document these experiences.

L'injustice reproductive: les expériences des femmes à l'Î.-P.-É. en ce qui concerne l'accès à la pilule de lendemain et les avortements chimiques clandestins en essayant d'éviter un voyage hors-île pour les services d'avortement.



Cette recherche fait partie d'un projet plus vaste qui interroge l'impact sur les vies des femmes d'un quart de siècle de la politique reproductive qui ne permet aucun avortement sur l'Île du Prince Édouard. Étant donné cette politique, quelles sont les expériences des femmes pour l'accès au pilule de lendemain ? Et que font les femmes à propos des grossesses non désirées ? Il y a vingt-cinq ans, le 28 janvier 1988, le décision Morgentaler a assuré pour les femmes notre droit à l'avortement dans des cliniques autonomes, en dehors du processus humiliant d'un comité d'avortement thérapeutique. L'ironie: alors que le reste du Canada étendait la justice reproductive pour les femmes, l'Î.-P.-É. a devenu la seule province en Canada où les femmes sont obligées de voyager à une autre province pour obtenir notre droit à un avortement. Les circonstances oppressives dans la province de l'Î.-P.-É. qui ont entraîné la perte des droits reproductifs des femmes n'ont pas été traitées (Clorey, 2007; Kaposy, 2010). Maintenant, plus de vingt ans plus tard, les femmes à l'Î.-P.-É. ont encore à quitter la province pour avoir un avortement par d'autres moyens, mais ils ont accès pharmaceutique à la pilule de lendemain.

La présentation situera le contexte de cette recherche, détaillera l'approche de la recherche d'action participative, et partagera les trouvailles des expériences des femmes avec l'exercice de leurs options reproductives dans un endroit qui interdit l'avortement, bien qu'il est légal. Les conversations de recherche avec les femmes qui ont obtenues le pilule de lendemain donnent le témoignage sur l'expérience d'utiliser cette option dans les pharmacies locales dans un contexte négatif aux avortements. Les femmes qui ont eues une grossesse non-désirée et qui ont essayées de se provoquer un avortement, soit par une méthode chimique où par des autres méthodes, illustrent l'équilibre précaire dans lequel elles se trouvent durant et après le processus de se provoquer un avortement. Les thèmes du présentation incluent les stratégies employées par les femmes pour se provoquer un avortement, les réponses des systèmes de santé à leurs besoins, et les manières dont les questions de la pauvreté croisent avec la justice reproductive. Cela est la première recherche systématique à documenter ces expériences.

## **Session 9: Mind and Health I / Esprit et santé I**

### **“Inadequate Indians”: The Psychiatric creation of the “Aboriginal Mind”**

**Kathryn McKay, Simon Fraser University**

The study of colonialism and psychiatry analyses aspects of medical, political, and social history in order to “unsettle” progressive histories of colonialism, particularly colonial medicine. My paper explores the parameters of this discursive consistency to investigate the creation of a conceptualized ‘Aboriginal mind’ in the psychiatric and psychological literature during the first decades of the twentieth century. I also examine how this knowledge was unevenly applied at the level of the public hospitals for the insane in British Columbia.

Understanding that status Indian psychiatric patients were subject to multiple definitional practices, my paper investigates how discourses of colonialism and psychiatry converged, coalesced and conflicted in producing both knowledge about the ‘Aboriginal mind’ and practices directed at psychiatric patients identified as “status Indian.” The mix of status and non-status Aboriginal case files, as well as the files of non-Aboriginal patients, provides an opportunity for comparison which helps to highlight the influence of the legal definition of ‘Indian’ on the treatment of status Indian patients, while still allowing for an analysis of the influence of factors such as gender, social class, geographic isolation, and mobility.





In order to incorporate multiple perspectives, I have examined the discussion of aboriginality in medical journals of the day, as well as the records of the Department of Indian Affairs and Indian Health Services for indications of disturbances. Provincial Secretary Correspondence, coroners' reports, provincial police records also contain information about patients both before and after institutionalization. Taken as a whole, this genealogy illustrates the multiple opinions recorded at various stages of institutionalization. These bureaucratic and community narratives illustrate instances of dissonance and convergence where differing opinions may find voice, both among officials and between officials and communities.

L'étude de colonialisme et de psychiatrie analyse des aspects d'histoire médicale, politique et sociale pour "perturber" des histoires progressives de colonialisme, en particulier la médecine coloniale. Ma recherche explore les paramètres de ce discours pour enquêter sur la création d'un 'esprit Autochtone conçu' dans la littérature psychiatrique et psychologique pendant les premières décennies du vingtième siècle. J'examine aussi comment cette connaissance a été inégalement appliquée au niveau des hôpitaux publics pour l'insensé en Colombie-Britannique.

Comprenant que les patients indiens inscrits (« status indians ») psychiatriques ont été soumis à de multiples pratiques de définition, mon étude examine comment les discours du colonialisme et de la psychiatrie convergent, se coalisent ou entrent en conflit dans la production à la fois des connaissances sur «l'esprit autochtone» et des pratiques visant à des patients psychiatriques identifiés comme «Indiens inscrits». Le mélange des dossiers d'autochtones inscrits et non-inscrits, ainsi que les fichiers des patients non-Autochtones, fournit une occasion pour la comparaison qui permet de mettre en évidence l'influence de la définition juridique du mot «Indien» sur le traitement des patients au statut d'Indien, tout en permettant une analyse de l'influence de facteurs comme le genre, la classe sociale, l'isolement géographique et la mobilité.

Pour incorporer des perspectives multiples, j'ai examiné la discussion d'aboriginalité dans les journaux médicaux du jour, aussi bien que les dossiers du Département d'Affaires indiennes et de Services de la santé indiens pour les indications de troubles. La Correspondance de Secrétaire de Province, les rapports de coroners, les dossiers de la police de province contiennent aussi des informations sur les patients tant auparavant qu'après l'institutionnalisation. Pris en masse, cette généalogie illustre les opinions multiples enregistrées aux stades différents d'institutionnalisation. Ceux-ci bureaucratiques et les histoires de communauté illustrent des cas de dissonance et de convergence où les opinions différant peuvent trouver la parole, tant parmi les fonctionnaires qu'entre les fonctionnaires et les communautés.

### **Spirit, Mind and Body: Alternative Medicine and Mystical Practice in the Church of Divine Revelation and the Radiant Healing Center of St. Catharines Ontario 1928-1935**

**Beth Robertson, Carleton University**

Despite the increasing professionalization of medicine in Canada, interest in alternative healing practices continued to be a popular option for Canadian citizens throughout the 1920s and 1930s. Ranging from osteopathy and naturopathy to religious faith healing, these movements consistently contested the medical establishment's exclusive claims to expert knowledge of health and the body. Various medical



professionals, in turn, attempted to restrict and regulate such practices, launching numerous public investigations and pushing for increased legislation, including the 1925 *Drugless Practitioners Act* in Ontario among others. In the midst of this context, a sustained fascination with the paranormal in Canada and the United States throughout the interwar period led to a broader reassessment of the interrelationship between spirit, mind and body. Spiritualist churches, such as the Church of Divine Revelation and the Radiant Healing Center in St. Catharines Ontario, proposed a holistic conception of health, asserting that mystical realities powerfully shaped both physical and mental wellness. Placing the practices and ideology of this religious community in the context of alternative medicine, this paper will examine how congregants conceived of a dynamic interplay between the material and the supernatural as they invoked the wisdom of the spirits. Apparently diagnosing, prescribing and performing various medical treatments upon individual bodies, perceived disembodied beings did not necessarily represent a complete rejection of professional medical views of the body. Rather, this paper will argue that by accepting spiritual prognoses and physical therapy, church members re-envisioned medical well-being as an integrated process through which mind, body and spirit intimately intertwined to form a whole and healthy person.

**Déhospitalisation psychiatrique : pratiques de soins et d'insertion sociale au sein de la communauté francophone est-ontarienne, 1976-2006**  
**Sandra Harrison, Université d'Ottawa**

Ce projet de recherche doctorale en sciences infirmières sur les services de soins de santé mentale de la communauté est-ontarienne, de langue officielle en situation minoritaire, propose de développer une enquête socio-historique au cours de la période de 1976-2006. Celle là même qui a vu naître le premier département de soins psychiatriques à l'Hôpital Montfort offrant des soins de courtes durées et la loi sur la création des RLISS (Réseaux locaux d'intégration des services de santé) en 2006. Cette loi et ses règlements assurent l'engagement des francophones dans la planification des services de soin.

La conception des réseaux de santé de la région d'Ottawa, le développement des disciplines psychiatrique et psychologique dans l'après-guerre et la découverte des neuroleptiques au début des années 1950 participent à la mise en place de nouvelles alternatives dans l'art de la prise en charge des malades mentaux. Le fort courant antipsychiatrique qui en découle favorise la communautarisation comme alternative au modèle asilaire. Les ressources offertes à cette population sont dites insuffisantes et ne répondent pas toujours adéquatement aux différents besoins médicaux et sociaux des personnes souffrant de troubles mentaux. Nous savons que le réseau de soins communautaires en Ontario, contrairement à celui du Québec et des Prairies, n'ont pas de système organisationnel assurant un suivi «transinstitutionnel» entre l'hôpital et ses ressources communautaires (Radio-Canada, Radio journal, 2011).

Considérant qu'un Canadien sur neuf hospitalisé pour maladie mentale retournera à l'urgence moins d'un mois après sa sortie de l'hôpital, il nous intéresse de documenter les itinéraires «transinstitutionnels» des personnes souffrant de troubles psychiques (Radio Canada, Radio journal, 2011). Nous voulons documenter le contexte de déhospitalisation [transition entre l'hôpital et les soins communautaires], au sein de la communauté francophone de l'Est ontarien. Une analyse inédite qui promet de brosser un



portrait plus réaliste considérant la culture bilingue qui caractérise le Canada et ainsi mettre en relief la place sociale des personnes souffrant de troubles psychiques dans un contexte où la langue est un enjeu crucial dans l'offre de soin et leur accès.

## **Session 10: External Pressures on Healthcare / Pressions externes sur les services de santé**

### **The recognition of medical oncology as a new medical specialty in Québec/ La reconnaissance de l'oncologie médicale comme nouvelle spécialité médicale au Québec**

**Anne-Julie Houle, L'Université de Montréal**

Historically medical oncology services were provided by hematologists in Québec. However during the late 1970s some internists went to train in the US and obtained a certificate in medical oncology. Back in Québec, they wanted their training to be recognized and asked the Collège des médecins du Québec (CMQ) to recognize medical oncology as a subspecialty of internal medicine; therefore impinging on the jurisdiction of hematologists and launching a struggle between the 2 specialties.

What are the socio-historical processes underlying the recognition of this new medical specialty by the CMQ? And how did the struggle between hematologists and a small group of internists for the recognition of medical oncology structure oncology services in Québec? To analyze the power struggles between hematologists and the group of internists in the recognition process, Bourdieu's concepts of "field" and "capital", as well as Abbott's concept of "jurisdiction" will be used.

This study is based on 30 interviews conducted with physicians working in oncology and on archival documents obtained from CMQ and the Fédération des médecins spécialistes du Québec.

Preliminary results show that the recognition of medical oncology as a new medical subspecialty required that the CMQ go through two evaluation processes; the first was launched in 1980 and the second in 1990. Regarding the first process, hematologists won against internists and prevented the recognition of the new subspecialty. This victory is based on their ability to discredit a complex request. In doing so, hematologists maintained their monopoly and control over this field and limited the access internists had to it. On the other hand, the early 1990s process was won by the internists who made an alliance with the political field. This victory restructured oncology as a field, but it also changed the jurisdiction of medical acts surrounding cancer patients: the medical acts were from now on shared between hematologists and internists. To conclude, this study suggests that the logic of the medical field is not the only one at play when it comes to the evolution of medical care; medical care can also be influenced by the political field.

Historiquement, les hématologues ont été responsables du traitement des patients atteints du cancer au Québec. Toutefois à la fin des années 1970, des internistes choisissaient de se spécialiser en oncologie médicale et allaient se spécialiser aux USA. À leur retour, ils souhaitaient faire reconnaître que leur formation et leur expertise par le Collège des médecins du Québec (CMQ). Plus spécifiquement, ils souhaitaient que le CMQ décerne un certificat de spécialiste pour la reconnaissance d'une nouvelle spécialité issue de la médecine interne, soit l'oncologie médicale. Toutefois, ceci empiétait sur la juridiction des hématologues et lançait une lutte entre les 2 spécialités.

Quels sont les processus socio-historiques qui sous-tendent la reconnaissance de l'oncologie médicale par le CMQ? Et comment les rapports de forces entre les hématologues et ce groupe d'internistes ont-ils



structuré l'offre de service au Québec? Les concepts de champ et d'espèce de capital de Bourdieu et celui de juridiction d'Abbott seront employés pour analyser les rapports de force entre les hématologues et les internistes.

Le corpus de données est constitué de 30 entrevues réalisées auprès de médecins travaillant en oncologie et sur des archives du CMQ et de la FMSQ.

Les résultats préliminaires suggèrent que la reconnaissance de l'oncologie médicale a nécessité la mise en place de 2 processus d'évaluation par le CMQ; le premier débutait en 1980 et le second en 1990. Le premier processus n'a pas conduit à la reconnaissance d'une nouvelle spécialité. La victoire des hématologues repose sur leur habileté à discréditer une requête complexe. Ce faisant, les hématologues maintenaient leur monopole sur ce champ et continuaient d'en limiter l'accès. Quant au 2<sup>e</sup> processus, il a été gagné par les internistes grâce à une alliance avec le champ politique. Cette victoire a restructuré l'oncologie comme champ et elle a modifié la juridiction des actes médicaux en oncologie : dorénavant les actes médicaux étaient partagés par les hématologues et les internistes.

Pour conclure, cette étude suggère que la logique du champ médical n'est pas la seule en jeu en ce qui a trait à l'évolution des soins médicaux; ces derniers peuvent également être influencés par le champ politique.

**Hospital Mergers in the Early Nineteenth Century: The Apostolic Visit, Rome, 1825/ L'unification des hôpitaux au début du dix-neuvième siècle: La Visite Apostolique à Rome, 1825**  
Jacalyn Duffin, Queen's University

Two years into his papacy, the unpopular Leo XII decided to mark the holy year of 1825 by visiting the hospitals of Rome and several monasteries. The state was still recovering from the "French period" following the invasion of Napoleon I whose legacy disrupted social and religious structures throughout Italy.

Both Leo XII and his designated inspector, the future Cardinal Giuseppe Antonio Sala, had spent time in Paris where they had observed post-Revolutionary changes in the French medical establishment. The Apostolic Visit was to investigate conditions and recommend changes for greater efficiency in serving the bodily and spiritual needs of the "poveri Infermi" (sick poor).

In preparation for the Visit, hospitals gathered information in "self study" reports describing the buildings, ambience, meals, clientele, and caregivers. Finances were scrutinized in audit form by the accountant, Filippo Fratini. Each formal hospital visit entailed several days of tours, interviews with caregivers, and sometimes encounters with individual staff or patients with specific complaints. Apparently, Leo XII himself participated in only two visits. After these meetings, Sala and his colleagues filed their own reports.

By 1826, the hospitals of Rome were ordered to unite under the leadership of the vast, ancient Santo Spirito hospital next door to the Vatican. The recommendation to merge was unpopular and unwieldy; within three years it had been rescinded – only to appear again—repeatedly—in future decades.



This Apostolic Visit (and others) left a remarkable collection of mostly unexamined documents comprising many linear feet of shelf space in the Vatican Secret Archives. Admission, discharge and mortality statistics are held in the Archivio del Stato.

The proposed paper will be based on an analysis of these records to reconstruct a “fly-in-amber” snapshot of eight Roman hospitals. It will also address the relationships between medical (or surgical) and religious caregivers as they struggled to meet the needs of patients and medical students in times of fiscal restraint. Finally, it will examine the shaky merger as an early example of an administrative practice that remains vibrant, if controversial, in our own time.

Deux ans après sa coronation, le Pape Léon XII decida à marquer l'Année Sacré de 1825 avec une Visite formelle aux hôpitaux de Rome. L'Etat était en train de se rétablir après la “période française” qui suivit l'invasion de Napoleon I, bouleversant tous les structures sociales et religieuses.

Léon XII et son inspecteur designé, Giuseppe Antonio Sala (qui deviendra Cardinal par la suite), avaient vécu tous les deux à Paris où ils observaient avec approbation les changements post-révolutionnaires dans les hôpitaux et les écoles de médecine. La Visite chercherait à explorer et rendre plus efficaces les soins pour les besoins physiques et spirituels des “poveri Infermi” (malades pauvres).

Avant la Visite, les hôpitaux rassemblaient des renseignements décrivant leurs bâtiments, l'ambiance, les repas, les maladies, les médecins, les infirmières, et leurs soins. Les conditions financières étaient soumises aux yeux de l'auditeur, Filippo Fratini. Chaque investigation dura plusieurs jours de visites et d'entrevues avec les malades et les employés. Le pape y assista seulement deux fois. A la fin, Sala et ses collègues écrivaient leurs propres rapports.

En 1826, les hôpitaux de Rome furent unifiés sous l'énorme et ancien hôpital Santo Spirito. L'unification était inefficace et impopulaire. Trois ans plus tard, elle fut révoquée.

La Visite de 1825 (et d'autres et avant et après) a laissé une vaste collection de dossiers aux Archives du Vatican, dont la plupart n'ont jamais été étudiés. En plus, les registres d'entrées, sorties, et décès sont conservés aux Archives de l'Etat.

Cette communication propose une analyse des ces manuscrits afin de créer une cliché fiable de huit hôpitaux romains. Elle s'adressera aux liens entre les médecins et les religieux, qui espéraient améliorer la vie des malades et les étudiants dans un moment fiscal restreint. Enfin, elle examinera l'unification comme un exemple précoce de la pratique administrative qui reste autant active que controversée de nos propres jours.

**Red Blood: Norman Bethune's Mobile Blood Transfusion Unit and the Influence of the Spanish Civil War on Emergency Medical Preparations in London, 1936–1939**  
**Nick Whitfield, McGill University**

When, in April 1939, a self-appointed medical ‘sub-committee’ began planning an emergency transfusion scheme to serve London air-raid casualties in the event of conflict with Germany, its members chose to emulate the systems of stored blood developed during the Spanish Civil War (1936–1939) by various



Republican doctors. This decision was both bold and controversial. For despite the practical benefits of stored blood, which obviated the need to call on donors at the time of a transfusion, many British medics queried its therapeutic efficacy, linking cold storage to the occurrence of post-transfusion reactions. My paper examines the background to the decision to use blood storage technologies in London which eventually became central to the city's highly effective Emergency Blood Transfusion Service. Exploring connections between medical innovations and political activism, I foreground the role of informal left-wing political groups, such as the Spanish Medical Aid Committee, that allowed doctors, nurses and other aid workers to provide humanitarian support in Spain and thereby create new international networks of innovation and knowledge transfer. Among several key Republican doctors was the celebrated Canadian thoracic surgeon Norman Bethune, who founded the *Instituto Hispano-Canadiense de Transfusión de Sangre* in Madrid in 1936. Drawing on manuscript materials at the Osler Library of the History of Medicine at McGill University, I examine how Bethune and his supporters promoted mobile blood storage in the face of professional scepticism, in particular by citing the likely consequences of total warfare and aerial bombardment for British civilian populations. The practical outcome of such forecasts, discussed widely in the national press, was in determining the scale, objects, and operations of London's preparatory measures, including its medical services. By examining British reactions to Bethune's blood transfusion unit against the backdrop of these popular prophecies, I will argue that it was less the experience of conflict than its anticipation that shaped criteria for acceptable practices of blood collection and administration in wartime London.

## **Session 11: Abortion Activism / Le militantisme de l'avortement**

### **"My Uterus Belongs to Me!": Feminism, Colonialism and the Struggle over Abortion Law Reform in South Africa Under Apartheid (1948-1990).**

**Susanne Klausen, Carleton University**

This paper assesses the ideology and impact of feminists who fought for safe, accessible medical abortion services for women of all 'races' in South Africa during the apartheid era (1948-1990). Until 1975 there was no statutory law on abortion in South Africa. Instead the courts were guided by colonial common law authorities that decreed abortion legal only in cases where a woman's life was in mortal danger by continued pregnancy. Starting in the late 1960s a variety of South African groups with disparate motives began pressing the National Party government for abortion law reform. Among them was a small but tireless group of self-identified feminists who deplored the harm and humiliation inflicted on women forced to seek out clandestine abortions. This paper analyzes the pro-choice organizations that fought for safe, accessible abortion services, including their ideology, activities and impact on abortion politics during the 1970s and 1980s. Based upon an examination of newspaper reportage, parliamentary debates, and activists' archives, the paper situates the South Africa pro-choice activists in an international context by identifying the linkages between them and Western liberal feminism and global elites' panic of "overpopulation."

### **"We Are Forced to Declare War": Linkages between the 1970 Abortion Caravan and Anti-Vietnam War Activism**

**Shannon Stettner, York University**

In 1970, women from across Canada travelled to Ottawa to protest the so-called liberalization of the abortion law in 1969. Unhappy both with the new law and with women's relative exclusion from the



political debates that had preceded the reform, a spokesperson for the women delivered a clear message on the lawn of Parliament Hill: “The legislators made this murderous law.... They won’t listen to us. We are forced to declare war. Women are enslaved.” This declaration of war, fueled by anger and frustration, had been repeated throughout the campaign, garnering the attention of mainstream media and protest papers alike.

It is both ironic and strategic that these women, many of whom expressed strong ties to the anti-Vietnam War movement, adopted the language of war. It reflects the intermingling of their various protest identities as well as the fact that they envisioned the movement for reproductive freedom as a battle to be fought. Their declaration of war, as much as it appropriated the language of other protest movements, also signaled their belief in their *right* to declare reproductive independence from the state. At a time when these women came to perceive themselves as oppressed and “colonized” in contemporary protest movements (and in society as a whole), a national campaign focused on abortion enabled women to take leadership roles elusive in other male-dominated groups.

This paper explores the motivations and meanings behind women’s language choices and protest strategies during the Abortion Caravan. In particular, linkages between their anti-Vietnam War protest identities and the planning and execution of the Caravan are illuminated. Highlighting this interconnectedness helps to complicate our understanding of women’s abortion rights activism as more symbiotic than is generally acknowledged. In fact, oral histories collected with Abortion Caravan participants reveal for some women a deeper commitment to antiwar activism than to abortion rights activism, which had important implications for at least some of the participants.

En 1970, des femmes de partout au Canada se sont rendues à Ottawa afin de protester contre la soi-disant libéralisation de la Loi sur l’avortement en 1969. Insatisfaites de cette nouvelle loi et de l’exclusion relative des femmes des débats politiques ayant précédé la réforme, une porte-parole du mouvement délivra un message clair aux abords du Parlement : « Les législateurs ont fait cette loi meurtrière... Ils ne nous écoutent pas. Nous sommes donc dans l’obligation de leur déclarer la guerre. Les femmes sont réduites en esclavage ». Cette déclaration de guerre, nourrie par la colère et la frustration, fut répétée pendant toute la durée de la campagne, attirant l’attention tant des grands médias et que des journaux militants.

Il est à la fois ironique et stratégique que ces femmes, dont plusieurs entretenaient des liens appréciables avec le mouvement s’opposant à la guerre au Vietnam, aient adopté un langage guerrier. Ce dernier reflète la diversité de leurs identités militantes ainsi que leur conception du mouvement pour la liberté reproductive comme une bataille à mener. Appropriant le langage d’autres mouvements contestataires, leur déclaration de guerre signalait également leur conviction d’être dans leur *droit* de déclarer, loin de la mainmise de l’État, l’indépendance reproductive des femmes. Au moment où ces militantes en sont venues à se percevoir comme opprimées et « colonisées » dans les mouvements sociaux contemporains (et dans la société en général), une campagne nationale mettant l’accent sur l’avortement permit aux femmes d’occuper les rôles de premier plan qui leur échappaient dans d’autres groupes dominés par des hommes.



Cet article explore les motivations et significations derrière les choix de langage de ces femmes et leurs stratégies pendant la Caravane de l'avortement. En particulier, elle jette la lumière sur les liens entre les identités militantes du mouvement contre la guerre du Vietnam et la planification et l'exécution de la Caravane. En soulignant cette connexion, on peut approfondir notre compréhension de la militance des femmes pour le droit à l'avortement comme étant plus symbiotique qu'on ne le reconnaît généralement. En fait, des histoires orales recueillies auprès de participantes de la Caravane révèlent chez certaines femmes un engagement plus important envers l'activisme pacifique qu'envers le droit à l'avortement, avec des implications significatives pour au moins quelques-unes d'entre elles.

**Defending their Rights: Anti-Abortion Activism and Identity Politics in the New Brunswick Abortion Debate, 1980-1994/ Défendant leurs droits: Activisme anti-avortement et politiques d'identité du débat sur l'avortement au Nouveau-Brunswick, 1980-1994**  
**Katrina Ackerman, University of Waterloo**

In 1988 abortion became a cultural, economic, political, and social issue provincially and federally. While the medical procedure was legalized in 1969, the numerous restrictions put in place by the state ensured that few women could easily obtain the service. In addition, anti-abortion activists worked tirelessly throughout the 1970s and 1980s to abolish abortion services through protests, letter-writing campaigns, and marches. The debate culminated in the Supreme Court of Canada decriminalizing abortion in 1988. While historians have provided invaluable insight into abortion activism prior to 1988, there is a lack of research on how provincial governments determined whether abortions should be publicly funded after the procedure was decriminalized.

This paper focuses on the New Brunswick abortion debate following the decriminalization of abortion and explores the local and regional circumstances that shaped the New Brunswick government's anti-abortion stance. The economic and political policies put forth by the newly elected Frank McKenna government indicates that economic, political, and cultural concerns were central to the government's justification for restricting provincially-funded abortions. The government's anti-abortion stance was significantly influenced by the pervasiveness of pro-life ideology in the province. An analysis of government documents, newspapers, and church records suggests that the local anti-abortion movement drew on transnational anti-abortion discourses to challenge the Supreme Court decision. New Brunswick advocates were part of an international movement that opposed the liberalization of abortion services. This paper provides a regional perspective on the history of anti-abortion activism, but it more importantly probes how cultural and regional concerns shaped both public policy and transnational abortion politics.

En 1988 l'avortement est devenu un problème culturel, économique, politique, et social parmi les gouvernements provincial et fédéral. Tandis que l'avortement a été légalisé en 1969, l'état restreint l'accès des femmes au service. En outre, les militants pro-vie ont tenté d'abolir les services avec des protestations et des campagnes de lettres. Le débat a mené à la dépénalisation de l'avortement en 1988. Alors que les historiens ont fourni de l'information sur l'activisme avant 1988, leurs études n'indiquent pas comment les gouvernements provinciaux ont alloué les fonds pour les services d'avortement.

Cet article examine le débat sur l'avortement au Nouveau-Brunswick après la dépénalisation de l'avortement et explore les circonstances locales et régionales qui ont influencé la position anti-





avortement du gouvernement. Les politiques qui ont été adoptées par le gouvernement libéral de Frank McKenna entre 1987 et 1997 indiquent que les préoccupations économiques, politiques et culturelles étaient au centre de la justification du gouvernement pour limiter le financement des avortements. La position anti-avortement du gouvernement a été influencée par l'omniprésence de l'idéologie pro-vie. Une analyse de documents gouvernementaux, journaux et dossiers des églises suggère que le mouvement pro-vie local était basé sur du discours anti-avortement transnational pour défier la décision de la Cour suprême du Canada. Activistes du Nouveau-Brunswick ont fait partie d'un mouvement international qui s'est opposé à la libéralisation des services d'avortement. Cet article offre une perspective régionale sur l'histoire d'activisme pro-vie et examine comment les inquiétudes culturelles et régionales ont formé la politique publique ainsi que la politique d'avortement transnationale.

## **Session 12: Paterson Plenary Lecture**

### **The Medievalist and the Microbiologist: How Plague and Leprosy Have Opened Up New Perspectives on the History of Medicine**

**Monica H. Green, Arizona State University**

In 2001, two genetic breakthroughs were made. As part of an exploding series of work, the entire genomes for both plague (*Yersinia pestis*) and leprosy (or Hansen's disease, *Mycobacterium leprae*) were sequenced. Plague, which is usually a zoonotic disease affecting rodents, is of minor concern among infectious diseases today, since it rarely affects humans and can usually be treated effectively with antibiotics. Leprosy, although still producing hundreds of thousands of new cases each year, seems to be on the decline worldwide, largely because of universal availability of a combined drug therapy. Yet both these diseases, which are often considered stereotypical "medieval" diseases, are generating new interest among microbiologists and paleopathologists, who suddenly are developing new methods to dig into the deep past of infectious disease organisms. Historians have been slow to catch up, but we, too, are beginning to return to the histories of these diseases, which were, between them, the leading causes of mortality (plague) or social disability (leprosy) from the 5<sup>th</sup> to 15<sup>th</sup> centuries.

In this talk, I would like to reflect on these new developments and ponder what new directions medical history might go in, now that the historicist scientific disciplines are providing us new insights into the history of infectious disease.

## **Session 13: Nurses / Les infirmières**

### **Negotiating Professional Identities: Nursing-Orderlies' Place and Function in the Canadian Military, 1939-1945/ Négociation d'identités professionnelles: La place et la fonction des aides-soignants au niveau militaire canadien pendant la guerre de 1939-1945.**

**Michelle Filice, Wilfrid Laurier University**

During the Second World War, Canadian military medical organizations relied on the services of male nursing-orderlies to care for the ill and injured. Popularly known as "the keepers", because of their dedication to the troops' health and safety, these men functioned as medical assistants to nurses and to



physicians, as well as caregivers to soldier-patients. Since historians have tended to focus on women in military nursing, and on professional health care workers, such as physicians and nurses, their stories have been neglected. My presentation highlights the underexplored experiences of, and responses to, nursing-orderlies. I argue that during the Second World War, nursing-orderlies increasingly challenged their traditional military status as temporary, unskilled workers. While nursing-orderlies were not ascribed a status equal to that of female nurses during the war, their significant contributions ensured that they made professional advances in medicine and in nursing.

My presentation will explore two main themes: the professional identity of nursing-orderlies and the social and professional relationships that they formed with other medical staff and with soldier-patients. I will demonstrate how various military and medical officials constructed a professional identity for nursing-orderlies that reinforced established hierarchical and gendered structures of power in the Medical Corps. Military nursing documents and training manuals will be used to describe nursing-orderlies' prescribed place and function in the Medical Corps. I will also explore the ways that nursing-orderlies developed their own sense of professional identity, often defying "ideal" definitions of orderly work. As nursing-orderlies challenged convention, the professional and social relationships that they formed with other medical staff were altered. Oral history and private sources, such as diaries, correspondence, and interviews, will highlight the voices of the nursing-orderlies, soldier-patients, and medical staff.

With a particular focus on nursing-orderlies, my paper will discuss the challenges of professionalization in nursing, men in nursing, and essential non-combatant roles during the Second World War. It will illustrate the evolution of nursing in Canada, with regard to both women and men, in the Second World War period.

Pendant la deuxième guerre mondiale, les organisations médicales militaires canadiennes ont compté sur les services d'aides-soignants pour prendre soin des malades et des blessés. Populairement connus à titre de "gardiens", en raison de leur dévotion au point de vue santé et sûreté des troupes, ces hommes ont fonctionné comme assistants médicaux, assistant les infirmières et les médecins, aussi entend que personnel chargé des soins envers les soldats-patients. En raison du fait que les historiens avaient tendance à se concentrer sur les femmes entend qu'infirmières militaires, et les travailleurs professionnels, tel que les médecins et infirmières, l'histoire des infirmiers masculins a été négligée. Ma présentation souligne la sous-exploration de l'expérience et sensibilisation envers les aides-soignants. J'argumente que pendant la deuxième guerre mondiale, les aides-soignants ont contester de plus en plus leur condition temporaire, entend que travailleurs inexpérimentés. Tandis que les aides-soignants n'étaient pas attribué un rang égal à celui attribué aux femmes infirmières pendant la guerre, leurs contributions significantes ont assuré qu'ils aient fait des avancées professionnelles au niveau médical et soins infirmiers.

Ma présentation va explorer deux thèmes: l'identité professionnelle des aides-soignants et la relation sociale et professionnelle qu'il ont formé avec les autres employés médicaux et avec les soldats-patients. Je vais démontrer comment les divers officiels militaires et médicaux ont construit une identité professionnelle pour aides-soignants, qui a renforcé la hiérarchie établie de la structure sexuelle;



(masculine/feminine) et du mandat au point de vue médical. Les documents infirmiers militaires et manuels d'entraînement, seront utilisés pour décrire la place et fonction prescrite des aides-soignants dans le corps médical. Je vais aussi explorer la façon dont les aides-soignants ont développé leur propre sens d'identité professionnelle, défiant souvent les définitions "idéales" du travail auxiliaire. Tandis que les aides-soignants défie ce qui est conventionnel, les relations sociales et professionnelles qu'ils avaient former avec les autres employés médicaux furent altérées. L'histoire verbale et source privée, tel que, agendas journaliers, vont souligné les voix des aides-soignants, patients-soldats et employés médicaux.

Avec une attention particulière portée sur les aides-soignants, ma dissertation discutera des déficits de la professionnalisation en soins infirmiers, et les rôles essentiels des non-combatants durant la deuxième guerre mondiale. Elle illustrera l'évolution des soins infirmiers au Canada avec regard autant aux femmes qu'aux hommes pendant la période de la deuxième guerre mondiale.

**Les élites intellectuelles infirmières : contribution et impact, 1924-2004/Intellectual elites in nursing: contribution and impact, 1924-2004**

**Evy Nazon, Université d'Ottawa**

L'histoire de l'élite intellectuelle en soins infirmiers est peu documentée. Quelques historiens ont brièvement abordé leur contribution au sein de la profession infirmière. Pourtant, l'apport de ces femmes est indiscutable dans l'essor de ce qu'on tend désormais à appeler ou à reconnaître comme étant les sciences infirmières. Utilisant l'histoire des intellectuels et l'histoire des femmes, cette communication vise à souligner la présence et l'impact de ces femmes intellectuelles au sein de la profession infirmière. L'analyse de leur discours dans les revues professionnelles, principales espace de diffusion de leurs idées sera utilisée. Les tribunes offerts par les revues infirmières à partir de la première revue canadienne-française, *La Veilleuse*, fondée en 1924 jusqu'à *L'infirmière Clinicienne*, une revue québécoise virtuelle publiée en ligne depuis 2004 permettront de comprendre et de saisir les principales préoccupations professionnelles véhiculées par l'élite intellectuelle infirmière sur près d'un siècle.

The history of the intellectual elites in nursing is not well documented. Some historians have briefly discussed their contribution within the nursing profession. However, the contribution of these women is obvious in the rise of nursing sciences. Using the history of intellectuals and women's history, this paper aims to highlight the impact of these intellectual women in the nursing profession. Discourse analysis will be used to analyse the dissemination of their ideas in nursing professional journals. The forums provided by nursing journals from the first French-Canadian magazine, *La Veilleuse*, published in 1924, to *L'infirmière Clinicienne*, a virtual Quebec magazine published online since 2004 will help to understand and grasp the main professional concerns of the intellectual elites in nursing since the beginning of the twentieth century.

**"I don't think I want a career with this WHO": The Challenges of International Nursing for WHO Nurse Margaret Campbell Jackson in Iran, 1954-6 / « Je ne pense pas vouloir faire carrière au sein de cet OMS » : les défis des soins infirmiers à l'échelle internationale pour Margaret Campbell Jackson, une infirmière de l'OMS en Iran, de 1954 à 1956**

**Lydia Wytenbroek, Trinity Western University**

From November 1954 until November 1956, Canadian nurse Margaret Campbell Jackson was employed by the World Health Organization (WHO) and stationed in Teheran, Iran where she participated in the



establishment of a maternal and child health (MCH) centre. While Jackson was in Iran, she wrote approximately 200 letters to her family in Canada. Drawing on Jackson's letters, this paper explores the frustrations and challenges that Jackson encountered as an international nurse living and working in Teheran. As a staff nurse at an MCH centre, Jackson was engaged in practical and hands on work: she operated baby clinics, made home visits with her Iranian counterpart, vaccinated children and gave lectures to Iranian nursing students. However, Jackson constantly struggled to implement "modern," Westernized nursing practices in a non-Western nation. She felt that a lack of supplies, support, equipment and staff prevented her from adequately fulfilling her role as a WHO nurse. Furthermore, the MCH Centre never developed into the teaching centre that Jackson had hoped it would, which caused her to disagree with the WHO leadership about the overall successfulness of the WHO projects. Although Jackson became progressively critical of the WHO administration, she actively attempted to deal with the challenges that she experienced. Despite the numerous comments that Jackson made to her family about how she intended to cut her contract short and return home, she demonstrated tenacity by staying in Iran for the duration of her two-year term with the WHO. Jackson's position as a rank-and-file nurse within the WHO organizational structure allows for a unique perspective on the challenges and actual work of international nursing from the ground. Jackson was one of many nurses employed by the WHO in the 1950s to initiate projects in non-Western nations with the hope that they could eventually be executed.

De novembre 1954 jusqu'en novembre 1956, l'infirmière canadienne Margaret Campbell Jackson a été employée par l'Organisation mondiale de la santé (OMS) et a été affectée à Téhéran, en Iran, où elle a participé à la création d'un centre de santé maternelle et infantile (SMI). Pendant qu'elle était en Iran, Margaret Jackson a écrit environ 200 lettres à sa famille au Canada. À partir des lettres de Mme Jackson, cet article explore les frustrations et les défis que cette infirmière internationale a rencontrés pendant qu'elle travaillait et vivait à Téhéran. En tant qu'infirmière soignante dans un centre SMI, Margaret Jackson était engagée en travail pratique et de terrain : elle travaillait dans des cliniques de pédiatrie, faisait des visites à domicile avec son homologue iranienne, vaccinait les enfants et donnait des conférences pour les étudiants iraniens en soins infirmiers. Toutefois, Margaret Jackson devait constamment se battre pour mettre en oeuvre des pratiques de soins infirmiers « modernes », occidentalisées, dans un pays non occidental. Elle sentait que le manque de matériel, de soutien, d'équipement et de personnel l'empêchait de remplir adéquatement son rôle d'infirmière de l'OMS. En outre, le Centre SMI n'est jamais devenu le centre d'enseignement que Margaret Jackson avait espéré; ceci l'a mené à désapprouver les dirigeants de l'OMS à l'égard du succès général des projets de l'OMS. Bien que Margaret Jackson soit devenue progressivement critique envers l'administration de l'OMS, elle a tenté activement de faire face aux défis qu'elle rencontrait. Malgré les nombreux commentaires que Margaret Jackson a exprimés à sa famille à propos de la façon dont elle avait l'intention de mettre fin à son contrat et de rentrer chez elle, elle a fait preuve de ténacité et est restée en Iran pendant toute la durée de son mandat de deux ans avec l'OMS. Le poste d'infirmière au bas de l'échelle que Margaret Jackson occupait au sein de la structure organisationnelle de l'OMS offre une perspective unique sur les défis et le travail réel de terrain des infirmières internationales. Margaret Jackson comptait parmi les nombreuses infirmières employées par l'OMS dans les années 50 à avoir lancé des projets dans les pays non occidentaux avec l'espoir qu'ils pourraient finalement être réalisés de manière indépendante par les membres de ces pays hôtes. Cet article met donc en lumière l'expérience des infirmières dans les années de formation de l'OMS.



## **Session 14: Body, Sex and Health in the Caribbean / Corps, sexe et santé dans les Caraïbes**

### **Unruly Subjects—Male bodies, Sexual health, and the colonial moral order in late nineteenth century Barbados**

**Denise Challenger, York University**

When the Barbados Contagious Diseases Hospital (CDH) was opened in December 1869, two tipsy sailors walked by, cursed it, and proclaimed that it would ‘interfere with their sexual pleasures.’ The CDH was a female hospital designed to stop the spread of venereal disease by detaining and treating women for syphilis and gonorrhoea. It existed as a result of the passage of the Contagious Diseases Act of 1868 that forced suspected female prostitutes to undergo a pelvic examination or face criminal charges. Men were exempt from the Act. Implicit in the design and implementation of the CDA was the notion that female bodies were vectors of disease and men were the victims. Although, it is obvious from the response of the sailors that the CDH was an unwelcomed intrusion on their sexual lives, a larger question remains unanswered in the historiography: How did this new era of state intervention and criminalization of female sexual behavior shape social and medical discourses on black and white male bodies, male sexuality, and wider practices of colonial moral reform?

Scholarship on the racialized operation of Contagious Diseases Act within the British empire is vast. Most historians, including myself however, have focused on how women’s bodies, sexuality and material realities were shaped by CDA resulting in an uneven understanding of the operation of raced and gendered relations of power within past colonial societies. Engaging in feminist corporeal methodology and relying on newspapers, medical reports, and government correspondences, this paper centers on the relationship between modes of sexual governance and male bodies. In doing so it will broaden understandings of masculinity, racialized sexuality, and health practices in the post-emancipation Caribbean.

### **Sex, Health, and Population Growth: Combatting Venereal Disease in the British Caribbean, 1914-1930**

**Juanita De Barros, McMaster University**

This paper explores the intersection between the emerging infant welfare system in the British Caribbean and state efforts to combat venereal disease in the 1910s and 1920s. Sentiments expressed in this period echoed those expressed in the late nineteenth century, when government officials in some British Caribbean colonies implemented the Contagious Diseases Acts in an effort to vanquish a disease widely regarded as both a moral and a physical threat. State intervention in the 1910s and 1920s, however, was distinguished by its use of the infant and maternal welfare clinics and related infrastructure that was beginning to emerge throughout the region. Venereal disease was seen as threatening the survival of infants and thus as impeding the ability of Caribbean populations to reproduce, with potentially dire economic consequences. In the eyes of government officials and physicians, the nascent infant welfare system provided the best way to screen women for venereal disease and to introduce them to colonial medicine. The research for this paper draws on contemporary newspapers, medical reports, and government correspondence for Guyana, Jamaica, and Barbados.



## **Session 15: Nothing can be more important than the Health of the Nation: The Health League of Canada / Rien ne peut être plus important que la santé de la nation: La Ligue de Santé du Canada**

**Worth a Shot: National Immunization Week Publicity and the Health League of Canada, 1943-57 / En valoir le coup: la promotion de la Semaine nationale de vaccination et la Ligue de Santé du Canada, 1943-57**

**Bethany Philpott, University of Guelph**

This paper examines the National Immunization Week campaign of the Health League of Canada, initiated in 1943. Throughout this week the Health League, spearheaded by general director Gordon Bates, sought to educate Canadian families regarding the importance of immunization, and convince parents of their duty to vaccinate their children against diseases such as smallpox, tuberculosis, diphtheria, whooping cough, scarlet fever, tetanus and poliomyelitis. The Health League collaborated closely with the provincial departments of health, although the provinces did not always agree with the timing of Immunization Week or the diseases included. Additional collaborative organizations considered include schools, banks and churches. Finally, this paper examines the cooperation of media sources in publicizing National Immunization Week, particularly radio, newspapers and national magazines. National Immunization Week was widespread in scope and visible in the daily lives of Canadian families. While it is challenging to ascertain the success of National Immunization Week in boosting immunization rates, the vast amount of publicity cultivated by the Health League reveals its commitment to the endeavour, and belief in the campaign's importance in raising awareness and saving children's lives. The fact that National Immunization Week encountered little opposition from members of the public further suggests that people were convinced of the value of vaccination and happy to see their children immunized.

Cette communication traite de la Semaine nationale de vaccination initiée par la Ligue de Santé du Canada (*Health League of Canada*) en 1943. À travers cette campagne promotionnelle, la Ligue, sous l'impulsion de son directeur général Gordon Bates, cherchait à éduquer les familles canadiennes au sujet de l'immunisation et à convaincre les parents qu'il était de leur devoir faire vacciner leurs enfants contre des maladies telles que la variole, la tuberculose, la diphtérie, la coqueluche, la scarlatine, le tétanos et la poliomyélite. La Ligue collaborait étroitement avec les Départements de la santé, quoique les provinces ne fussent pas toujours d'accord avec le calendrier d'activités ou les maladies incluses dans la campagne. D'autres organisations telles, les écoles, les banques et les églises collaborèrent également à l'initiative. La communication explore le rôle des médias dans la promotion de la Semaine en portant une attention particulière à la radio, aux journaux et aux magazines. La Semaine nationale de vaccination ratissait large et assurait une présence visible dans le quotidien des familles canadiennes. Bien qu'il soit difficile de mesurer l'impact cette campagne promotionnelle dans la hausse des taux de vaccination, la grande quantité de publicité produite par la Ligue démontre l'importance accordée à cette campagne de sensibilisation et témoigne de son engagement à sauver la vie des enfants. De plus, le peu d'opposition



rencontrée par la Ligue suggère que la population fut convaincue des bienfaits de la vaccination et qu'elle était heureuse de voir leurs enfants immunisés.

**“Player’s Please: The Health League of Canada, *Health Magazine*, and the Cigarette Connection” / Des Player’s s’il-vous-plaît: la Ligue de Santé du Canada, le magazine *Health* et le tabagisme.**

**Sara Wilmshurst, University of Guelph**

In Canada in the 1950s more than half of men and a third of women smoked. At that time, epidemiological studies were beginning to show that smoking was highly correlated with lung cancer. By the early 1960s it was clear that cigarettes were a public health crisis, causing a range of diseases. In the 1950s and even into the early 1960s, the Health League of Canada and its magazine *Health* accepted cigarette advertising and had a confused editorial policy around smoking. Sometimes they promoted it as a stress reliever while in other instances they discussed the solidifying links between smoking and disease. In 1960, the magazine’s editors finally decided that they could no longer support cigarette advertising, especially since they had recently begun a “seal of approval” campaign to endorse the magazine’s advertisers. This paper will argue that though *Health* consistently endorsed the expertise of health professionals, it still underwent a series of changes in its representation of smoking and health over the 1950s and 1960s. The doctors writing for *Health* in the 1950s conceded that smoking could be dangerous under certain circumstances and encouraged individual medical consultation, but by the 1960s they began to accept the evidence provided by chronic disease epidemiology. The League’s changing attitudes, from accepting a model of medicine based on the doctor-patient relationship to endorsing evidence-based medicine, provides some indication of how doctors responded to the growing evidence against smoking.

Durant les années cinquante, plus de la moitié des hommes et le tiers des femmes fumaient au Canada. À l’époque, les études épidémiologiques commencèrent à démontrer la corrélation entre la cigarette et le cancer du poumon. Au début des années soixante, les cigarettes devinrent un véritable enjeu de santé publique, puisqu’à l’origine de nombreuses maladies. Durant cette période, la Ligue de Santé du Canada (*Health League of Canada*) et sa publication *Health* acceptèrent des publicités provenant des cigarettiers et adoptèrent une politique éditoriale ambiguë concernant le tabagisme. Présenté parfois comme un produit antistress, le tabac pouvait également faire l’objet d’analyses au sujet de la corrélation entre sa consommation et certains troubles de santé. En 1960, les éditeurs de la revue décidèrent finalement de ne plus accepter ces publicités en raison de leur récente position visant l’endossement des produits publicisés dans le magazine. Cette communication démontrera que si *Health* souscrivit constamment à l’expertise des professionnels de la santé, il n’en demeure pas moins que ce magazine fut au centre des changements dans les représentations du tabagisme et de la santé au cours des années cinquante et soixante. Les médecins écrivant pour *Health* dans les années cinquante concédèrent que l’usage du tabac pouvait être dangereux sous certaines conditions et encouragèrent les consultations médicales individuelles, mais au cours des années soixante, ils commencèrent à accepter les conclusions des études épidémiologiques. L’attitude changeante de la Ligue, passant de l’approbation d’un modèle médical axée sur la relation patient/médecin à un modèle basé sur la médecine empirique, fournit des informations au sujet de la réaction des médecins à propos des conclusions de plus en plus accablantes contre le tabagisme.



**A Moral Crusade? : A Study of Venereal Disease, Social Hygiene and Drug Addiction in *Health* / Une croisade morale? Les infections sexuellement transmissibles, l'hygiène sociale et la dépendance aux drogues selon *Health***

**Shawn Goodman, University of Guelph**

Throughout the twentieth century, the discourse of public health in Canada was largely influenced by the moral agenda of social reformers. Good physical health was often thought to be more than a mere biological phenomenon and was instead framed as a byproduct of one's lifestyle and moral character. This ethical perspective was endorsed by the Health League of Canada, and its general director Dr. Gordon Bates, who associated health with a morally acceptable lifestyle that emphasized hard work, recreation and traditional family structures. Individuals who did not fall into this archetypal vision of morality were often classified as abnormal or unhealthy, or worse, could be considered potential threats to public health. In this paper I hope to address the moral dimension hidden within the pages of the publication *Health*, and how the ideology of the magazine was influenced by conservative theories of normalcy. In order to accomplish this task, I will be examining the ways in which the Health League of Canada addressed the topics of sexually transmitted diseases, psychological disorders, and drug addiction. By doing so I hope to shed light on the relationship between medicine and cultural attitudes towards morality and how the latter has impacted the dissemination of biomedical knowledge. Moreover this work will contribute to the study of the Health League of Canada and growing historiography on the role of physicians, psychiatrists and social reformers in influencing Canadian public health debates.

Tout au long du vingtième siècle, le discours sur la santé publique au Canada fut largement influencé par l'agenda social des mouvements réformistes. Plus qu'une simple question de biologie, la bonne condition physique fut souvent formulée comme un sous-produit du style de vie et de la condition morale des individus. La Ligue de Santé du Canada (*Health League of Canada*) et son directeur général Gordon Bates soutinrent cette perspective moraliste en mettant l'accent sur la rigueur au travail, les loisirs et la famille traditionnelle. Les individus ne se conformant pas à ce modèle idéalisé furent souvent classifiés comme des anormaux, des maladifs ou pires, comme des menaces potentielles à la santé publique. Dans cette communication, j'espère soulever la dimension morale cachée dans les pages de la publication *Health* afin de démontrer comment l'idéologie promue par le magazine fut influencée par les théories conservatrices de la normalité. Afin d'accomplir cette tâche, j'examinerai comment la Ligue traita des maladies transmises sexuellement, des troubles psychologiques et des dépendances aux drogues. Ce faisant, j'espère faire la lumière au sujet de la relation entre la médecine et la culture en démontrant comment les attitudes envers la moralité ont eu un impact sur la diffusion des connaissances biomédicales. De plus, cette communication contribuera à l'étude de la Ligue de Santé du Canada et, plus largement, au champ historiographique traitant du rôle des médecins, des psychiatres, des réformateurs sociaux et de leurs influences au sujet des débats de santé publique au Canada.

**Session 16 : Health and Popular Culture / Santé et la culture populaire**

**The Sunshine Cure: modern medicine, the natural world, and the popularization of suntanning in North America, 1880-1940**

**Sarah Shropshire, University of Guelph**

In the present day, Western medicine teaches that sun exposure is a potentially dangerous activity associated with a variety of afflictions ranging from painful sunburns to immune system suppression and fatal cancers such as melanoma. As recently as the early-1940s, however, North American medical trade





journals as well as government-issued advice literature show that sun exposure was viewed as a positive preventative and curative measure for conditions including rickets, tuberculosis, lupus, psoriasis, eczema, and allergic skin inflammations. During the late-1910s and early-1920s particularly, special sunbath wards and heliotherapy programs became increasingly popular in North American medical facilities. My presentation will explore the reasons behind increasing medical support of sun therapy, 1880-1940, and the role this support played in popularizing what, by the late-1920s, became a highly fashionable and widespread suntanning culture in North America.

Additionally, my work will discuss sun therapy within the context of modern medicine as an emerging profession seeking to prove its high value to society. As medical historians James Whorton (2002) and Eric W. Boyle (2007) have argued, through most of the 19<sup>th</sup> century, self-titled “regular” doctors engaged in a kind of professional warfare with what they saw as heretical “irregular” doctors such as homeopaths and naturopaths. While the latter group attempted to use the healing powers of nature, the former preferred to heal its patients with science, pharmaceuticals, heroic interventions, and medical “art.” By showing the inadequacy of natural cures, the mainstream medical community sought to demonstrate possession of a specific set of skills that all others lacked and thereby carve out a professional identity for itself. Within this context, medical use and endorsement of an inherently natural substance such as sunlight seemingly presents a contradiction. My work argues, however, that the medical community did not discuss sunlight as a natural phenomenon. Instead, it appropriated nature and employed sun therapy only through highly scientific and systematic means. Doctors did not discuss sunshine; instead, they touted the benefits of newly “discovered” Vitamin D and Ultra Violet Rays, further proof of medical knowledge.

### **Modern and Postmodern Perspectives in Lydia E. Pinkham Medicine Company’s Advertising Annie Robinson, Columbia University**

In 1875, Lydia E. Pinkham patented her infamous Vegetable Compound, an herbal remedy she concocted in her home for relief of “female maladies” including menstrual cramps, headaches, nervousness, depression, hot flashes, and other symptoms associated with menstruation and menopause. The product was at first marketed reflecting the prevalent frustration with the burgeoning medical field and its treatment of women’s health. But in the 1920’s as a result of the government’s involvement in professionalizing medicine, promoting “scientifically substantiated” products and discrediting patented remedies, the Pinkham’s made a change.

Responding to pressure for medical validation, the company shifted its focus towards curing social “disorders” and complaints. If a woman found herself “*cross and lifeless and always tired out*”, she just needed a bottle of Lydia E. Pinkham’s Vegetable Compound to replace her woes with “*pep.*” In the 1930’s, the company introduced the “Peppy Girls” campaign, selling products through advertisements promising women social and romantic success through restored “*peppy*” energy. The ad campaign promoted a beauty standard that not only instructed women on the ideal appearance, demeanor, and conduct that men love and society mandates, but also what medicine considers healthy.

But even though the “Peppy” campaign now appears outdated and overtly sexist, it contains a message that speaks to the product’s radical origins and challenges the modernist medical establishment’s authority. As “*Nature’s gift to women*”, the product was always promoted as more trustworthy than professional medicine, a premise gaining credibility in today’s increasing turn to natural sources for



wellness. The Pinkham ad campaigns also foreshadowed the women's health movement's encouragement of women to be primary arbiters of their bodies and health.

The evolution of the Lydia E. Pinkham's Vegetable Compound advertising campaigns illustrates fascinating tensions between modern and postmodern concepts of women's health, medicine, and bodies.

**Histories of the Pill: Unpacking the history of oral contraception in Canadian public images and texts**  
**Lisa Smith, Carleton University**

The 50<sup>th</sup> anniversary of the Pill emphasized that at least in popular culture its invention is still perceived as a critical breakthrough for women, science and society. With a view to unpacking how this image is constructed, this paper examines the way in which the history of the Pill is represented in Canadian public images and texts. Like every medical technology, the oral contraceptive pill or "the Pill" as it is commonly known, has a history which is continually revised, debated and contested. This paper will offer a discourse analysis of public texts and images taken from Canadian newspapers, magazines and public health documents published over the past five years to consider various portrayals of the history of the Pill. In analyzing the texts and images, while multiple histories of the Pill emerge, there are common themes which can be identified and certain voices which are privileged over others. Three prominent themes identified by the author are: 1) The Pill is portrayed as being central to modern women's liberation; 2) The Pill is portrayed as proof that science and the medical establishment have mastered reproduction; 3) The Pill is depicted as a potentially dangerous, but ultimately necessary accessory to a modern woman's life. To understand the Pill is to understand an essential component of modern female subjectivity. Equally, understanding the history of the Pill as it is represented in popular culture is to understand a key dimension of contemporary reproductive politics.

**Session 17: Medical Education/L'éducation médicale**

**Reconsidering disability activism: Everyday activism in the lives of English-speaking Canadians with Polio in the 1940s and 50s.**

**Karen Yoshida and Fady Shanouda, University of Toronto**

Disability History is an emerging field of Disability Studies scholarship that is uncovering and illuminating lost, or buried forms of the social history of disability (Baynton, 2004). In this paper, "disability" is discussed from a Disability Studies paradigm, which critically examines the condition(s) that produce and sustain objectified views of "disability" – the complex interplay between social, medical, economic, political, and legal contexts (Mead and Serlin, 2006). Longmore and Umansky (2001) have emphasized the importance that Disability Studies History be researched from the point of view of disabled people. Our work places disabled peoples' experiences at the centre and as a results histories are built from the ground up - from the community level. In approaching history in this way we recognize and give prominence to the lived experience. In this paper we demonstrate how disability and gender intersect in the oral narratives of English-speaking Canadians who contracted polio prior to 1955. These narratives illuminate a different understanding of activism that centers on everyday actions as disability activism. By engaging the participants in their oral history narratives, we create space(s) to take notice of peoples' (in) actions, struggles, and accomplishments. We demonstrate, through there narratives that people with polio engaged in 'everyday disability activism' as they negotiated living with polio relative to both dominant ablest and gender normative discourses in local and specific historical contexts.



While “everyday activism” has been discussed in many fields, sociology, anthropology, women’s studies and LGBTTTQ studies, activism within the disability studies field has tended to categorize activism along more traditional lines of formal/collective/public endeavours towards social change. Based on our analysis, we believe that everyday disability activism can occur in spaces that are informal, individual and private. We also suggest that everyday activism and more traditional views of activism overlap such that greater or multiple space(s) between and intersecting these categorizations create different forms of activism (Parr, 1990). This provides the opportunity to interrogate and reconsider what we mean by “activism” in the lives of disabled people.

L’Histoire du handicap (« Disability History ») représente un nouveau champ de recherche dans le domaine des Études sur l’incapacité; elle vise à découvrir et à faire la lumière sur des formes perdues ou oubliées de l’histoire sociale du handicap (Baynton, 2004). Le présent article étudie la notion d’« incapacité » dans l’optique des Études sur l’incapacité, et examine de façon critique la / les condition(s) qui suscitent et soutiennent les regards objectivés sur « l’incapacité », soit l’interaction complexe du contexte social, médical, économique, politique et juridique (Mead et Serlin, 2006).

Longmore et Umansky (2001) ont souligné l’importance de mener la recherche dans le domaine de l’Histoire du handicap du point de vue des personnes en situation de handicap. Notre travail place les expériences vécues des personnes handicapées au centre de nos recherches et ce de manière à établir les antécédents personnels à partir de la base, c’est-à-dire à partir du niveau de la communauté. Cette approche nous permet ainsi de reconnaître et de mettre en évidence l’expérience vécue.

Dans la présente nous montrons comment les notions d’incapacité et de genre se croisent dans les récits oraux de Canadiens et Canadiennes anglophones ayant contracté la polio avant 1955. Ces récits font ressortir une nouvelle compréhension de l’activisme : ce sont les actions menées au quotidien par les personnes handicapées qui constituent par elles-mêmes l’activisme du handicap. En amenant les intéressés à s’engager dans leurs récits oraux, nous créons un environnement qui permet d’attirer l’attention sur leurs (in)actions, leurs combats et leurs réussites. Nous montrons à travers ces récits que les personnes atteintes de polio s’engageaient dans « l’activisme du handicap au quotidien » tout en vivant leur vie avec la polio dans une société où dominant le discours des personnes valides et le discours normatif véhiculé par le genre dans des contextes locaux et historiques spécifiques.

Alors que « l’activisme au quotidien » a été étudié dans de nombreux domaines tels que la sociologie, l’anthropologie, les Études LGBTTTQ (personnes lesbiennes, gaies, bissexuelles, transgenres, transsexuelles, bispirituelles et queer), les Études sur l’incapacité ont eu tendance à placer l’activisme dans la catégorie traditionnelle des efforts officiels, collectifs et publics de changement social. Or, notre analyse nous permet de conclure que l’activisme du handicap au quotidien peut avoir lieu dans des espaces informels, individuels et privés. Nous proposons également qu’il y a chevauchement entre l’activisme au quotidien et les définitions plus traditionnelles de l’activisme de sorte que l’espace / les espaces plus grand(s) ou multiple(s) se trouvant entre ces catégories et les recoupant créent des formes alternatives d’activisme. (Parr, 1990). Cela ouvre la voie à une interrogation sur ce qu’on entend par « l’activisme » dans le quotidien des personnes handicapées et à un réexamen du concept.



## **The History of Medicine and Canadian Medical Education**

**Margaret Olszewski and Jonathan Fuller, University of Toronto, Faculty of Medicine**

Many have commented on the merits of learning the history of medicine (HoM) for medical students and medical practitioners. Recognition of the educational value of the history of medicine, along with its status within undergraduate medical education, has varied considerably across time and institution in Canada. We analyzed this chronological trend using previous surveys of Canadian faculties of medicine. We then conducted our own survey of the seventeen accredited faculties of medicine to ascertain details about present curricular and extracurricular HoM education initiatives for medical students, including methods of delivery, frequency of delivery and content. Faculty members involved in professionalism curricula or HoM teaching were contacted by email and sixteen schools completed the questionnaire (response rate 94%). Responses were analyzed qualitatively and quantitatively. The approach taken by established HoM programs was contrasted with alternative models of HoM education for medical students. We believe that the alternative models presented here might benefit those interested in advancing the conversation at their institution concerning the importance of the HoM for medical education.

Plusieurs s'entendent sur l'importance d'enseigner l'histoire de la médecine aux étudiants en médecine et aux médecins pratiquants. La reconnaissance de la valeur éducative et du statut de l'histoire de la médecine a varié considérablement au Canada à travers le temps. Pour documenter ces développements, nous avons dans un premier temps analysé les résultats de différents sondages de facultés de médecine canadiennes. Nous avons ensuite administré notre propre sondage auprès des dix-sept facultés de médecine canadiennes accréditées. Ce sondage nous a permis d'obtenir plus de détails sur les pratiques actuelles d'enseignement de l'histoire de la médecine : initiatives curriculaires et extra-curriculaires, ainsi que méthodes, fréquence et contenus d'enseignement. Les professeurs responsables de l'enseignement du professionnalisme ou de l'histoire de la médecine dans chaque faculté furent contactés par courriel ; seize complétèrent le questionnaire, pour un taux de réponse de 94%. Les réponses furent analysées quantitativement et qualitativement. Nous contrastons les approches utilisées par les départements d'histoire de la médecine avec celles moins orthodoxes utilisées en médecine. Nous croyons que les modèles alternatifs présentés ici pourront être bénéfiques à ceux qui souhaitent avancer les conversations sur l'importance de l'histoire de la médecine au sein de leur institution.

## **Too Many Doctors: Closing the Doors to International Medical Graduates in Canada, c.1976-1991**

**David Wright and John Clarke, McGill University**

Although the last decade has been dominated by commentators lamenting the national shortage of medical practitioners, only a generation ago policy makers concluded that most Canadian provinces had 'too many doctors' and encouraged provincial ministers of health to place new restrictions on the licensing of foreign-trained health professionals. Assisted by the 'conservative' 1976 Immigration Act, Canada suddenly witnessed a precipitous drop in the number of newly-licensed foreign-trained doctors, a dramatic reversal of the previous decade which had seen over 10,000 new physicians immigrate and take up practice in this country. This paper will examine the period of 1976-1991, when, after two decades of relatively liberal immigration and licensing policies, Canadian provinces introduced new measures to restrict the scope of practice of incoming foreign-trained doctors, to divert them to underserved areas, and to encourage many to join paramedical professions. The paper will explore these new health policy and immigration changes in order to understand better the context of the landmark Barer-Stoddart



Report (1991), which concluded that a new interprofessional mix of health care practitioners was needed to reform, and make more cost effective, the Canadian health care system.

## **Session 18: Technology, Medicine, Reproduction/Technologie, médecine, reproduction**

### **The Patient Labor of Reproductive Care: The Contested History of Fertility Charting and Female Physiology**

**Deanna Day, University of Pennsylvania**

In December 1936, a conference on contraception research and practice was held in New York. During a presentation on what was then known as the safe period, the medical director of the Birth Control Clinical Research Bureau described a new method for determining a woman's fertile period that had recently come to her attention: using variations in a woman's daily temperature to pinpoint the day of her ovulation. But according to the Bureau's research, the evidence in support of such a method was insubstantial. It would take significantly more research, persuasion, and technological dispersion before the temperature shift at ovulation was recognized physiology. Furthermore, the use of temperature charting as a birth control practice continues to be fraught with political, economic, and moral complications.

I argue that the history of fertility charting in America has been so controversial because of the ways that this practice reconfigured the place of women with respect to professional medical practice. It is often claimed that women experience a unique connection to the inner workings of their biology, and that their intuitive knowledge is at odds with the objective and standardizing impulses of modern medicine. However, in this case, lay women and professionals shared a particularly scientific and technological way of understanding their bodies. This shared basis for knowledge - and the shared medical labor from which it was born - created the conditions of possibility for conflict between professionals and non-professionals as they both argued for their own validity as reliable experts.

This paper uses a range of sources, including articles in women's magazines and the medical press, feminist as well as Catholic healthcare manuals, and the correspondence of temperature trackers and birth control activists. I also draw on various literatures in the history of medicine and technology, including Sandelowski's interest in the interactions of gender and technology, Tone's focus on the commercial and logistical history of birth control devices, and Tomes' work on consumerism and medicalization.

### **For Their Own Good: The Politics of Medicalizing Infertility within the National Action Committee on the Status of Women**

**Tanya Daley, University of Ottawa**

The development of new reproductive technologies in the 1980s threatened the gains made by Canadian feminists to demedicalize the body. The National Action Committee on the Status of Women (NAC), for example, endorsed the strict regulation of fertility procedures in Canada to protect women from the further medicalization of reproduction. However, their objectives did not represent the views held by the majority of Canadian women on the issue of infertility and its treatment. Infertile women found themselves marginalized from mainstream feminist organizations like NAC while they argued that new



reproductive technologies represented an extension of the concept of reproductive choice which gave pro-abortion and pro-contraception activists the rhetorical tools for their campaign.

This paper will show that women who identified as being infertile had agency over their bodies and were willing participants in what feminists perceived as the overmedicalization of the body. An examination of the submissions to the Royal Commission on New Reproductive Technologies (1989 – 1993) and various health and support group publications reveal that the agenda pushed by mainstream Canadian feminist organizations was outdated and did not accurately reflect the experience of infertility. Infertile women instead viewed the meaning of choice and the medicalization of childbirth as the solution to the problem of their infertility. This situation provides a further example in the history of Canadian feminism where tensions emerged within the women's movement when health and reproduction were at issue.

### **Birth control or “red” regime?: Toronto’s Communists, Eugenics, and the Eastview Birth Control Trial Lorne Beswick, Queen’s University**

In 1937, this was the choice confronting Canadians, in the opinion of one influential commentator during the Eastview Birth Control Trial. The trial acted as a public forum on the contentious issue, while the final verdict more than indicated that his viewpoint was not an isolated one: many Canadians believed that the concession of birth control was one way to arrest a general left-wing assault against the traditions upon which the Dominion had been founded. Still, the very topic of contraception was understood as vastly different things to competing groups within Toronto. The socialist feminists of the *Daily Clarion* saw it as a liberatory tool that may ease the inadequacies of capitalist order, whereas the liberals within *The Globe* felt it was an appropriate concession to stave off the threat, real or imagined, of Bolshevism in Canada. My research seeks to examine how contraception was interpreted and shaped by both the working- and middle-classes through an examination of Depression-era journalism in Ontario. How did Ontario's left, as well as their liberal brethren understand the outcomes of the trial, and how did their politics inform such opinions? Did the eugenic answers offered by the politically weighty mental hygienists hold sway with the public? For that matter, was birth control viewed as the thin edge of the eugenic wedge, or was it another movement entirely?

After 1937, when the Eastview Birth Control Trial both intensified public discussion of contraception and led to greater acceptance of its role in personal and social life, many Canadians demanded legalized contraception. Whoever speaks of the regulation of contraception and the body speaks also of fundamentally opposed frameworks of the social and political order: an exploration of this subject can inform us not only about the early debates surrounding birth control, but also about the social, political, and cultural tensions of the greater society in which they took place.

## **Session 19: Medical Research / La recherche médicale**

### **‘We will all try not to get sick’: Nutrition Research in Aboriginal Communities and Residential Schools, 1942-1952**

**Ian Mosby, University of Guelph**

Between 1942 and 1952, a number of studies were conducted by nutrition experts, medical researchers, and officials within the Department of Indian Affairs in order to ascertain the nutritional status of Canada's Aboriginal peoples. Initially, such studies were sparked by concerns that emerged as many of the thousands of military personnel, civilians and scientists who entered the north during the war returned



with alarming accounts of hunger and even outright starvation among Aboriginal peoples. By the early 1950's, however, these studies were expanded beyond the nomadic Aboriginal groups living in Canada's north to also include the diets of children living in the country's Indian Residential Schools. This paper will examine these studies as a means of both illuminating a forgotten piece of the history of Canada's colonial exploitation of Aboriginal peoples, but also of examining the nature of human scientific research, informed consent, and medical ethics during the 1940s and 1950s. While some of these studies were purely observational, a number included the testing of scientific theories on malnourished and otherwise vulnerable populations. Building upon work done in the IS and elsewhere on the exploitation of racialized and marginalized populations by scientific research and medical researchers, it argues that interventions into the diet of Aboriginal peoples were used by scientific researchers more to meet their own professional goals than to make any long-term changes in the nutritional or economic status of Canada's First Nations.

**“Workplace Disability and Industrial Hygiene: The Case of Silicotic Miners and the McIntyre Research Foundation, 1936-1955”**

**Nancy Forestell, St. Francis Xavier University**

This paper is part of a larger project in which I am studying the economic, social and health implications of the widespread incidence of the occupation-related lung disease, silicosis, which left large numbers of workers in the hardrock mining industry of Ontario permanently and often seriously disabled. The proposed paper for this conference will explore the process by which gold miners in the region of Timmins became the subject of increased scientific investigation and experimentation from the mid-1930s onwards for the express purpose of reducing the incidence and debilitating consequences of silicosis. I am particularly interested in a corporate initiative by the McIntyre Mining Company to first contract the Banting-Best Institute at the University of Toronto to conduct scientific research on mining-related occupational diseases, and later building on those initial findings, to form a company subsidiary, the McIntyre Research Foundation. Following years of experiments on already disabled miners, aluminum dust was presented as the “solution” to the seemingly intractable job-related problem of silicosis. Indeed, aluminum dust inhalation was subsequently introduced as a compulsory prophylactic measure not only in gold mines in Canada but in numerous other countries throughout the world. Yet how did medical scientists justify the kinds of intrusive “bodily interventions” they conducted as part of their research and which to some degree then became an enduring aspect of health and safety practices for workers in gold mining. What were the responses of mineworkers? Moreover, why did aluminum dust continue to be used in the changing rooms of gold mines despite ongoing and credible complaints that it did nothing to prevent silicosis?

**Research versus Relief: the Rockefeller Foundation, UNRRA and the Evolution of International Health Work, 1939-1948**

**Casey Hurrell, Queen's University**

During the Second World War, rationing and privation prompted the movement of displaced people across Europe and set the stage for a public health crisis of immense proportions. Governmental bodies, voluntary relief agencies, and private philanthropic organizations all contributed to wartime public health work, and sought to alleviate suffering in populations torn apart by the hostilities. At the outbreak of the war, the International Health Division (IHD) of the Rockefeller Foundation was steadfastly opposed to altering its regular health science programs and engaging in humanitarian relief work, fearing such efforts



would unnecessarily empty its coffers and distract from its research agenda. In spite of this early obstinacy, the leadership of the IHD was faced with the need to change its approach to European projects, or to abandon them completely. Moreover, even amid internal tensions in the organization itself and external obstacles to American involvement in the war effort before 1941, the IHD established the Rockefeller Foundation Health Commission specifically to address the public health crisis created by the conflict.

Historians have largely ignored the wartime work of the Rockefeller Health Commission and, by extension, its contribution to the development of the postwar arrangement of international public health. Based on archival research using the collections of the Rockefeller Foundation and the United Nations, my project recovers the narrative of the Health Commission, and contextualizes it within the frame of the relief work undertaken by the United Nations Relief and Rehabilitation Administration (UNRRA) during the war and after. My research charts the convergence of these disparate organizations on an ideational, programmatic and organizational level. Overlap in personnel also contributed to the development of a shared culture and ideology, which were then channeled into the nascent World Health Organization. I argue that the wartime efforts of UNRRA and the Rockefeller Health Commission changed the nature and scope of humanitarian relief work. Gone was the historical moment when charity would be proffered by agencies with direct connections to the populations in crisis; future relief work would be guided by the multitude of “alphabet agencies” like UNRRA and the WHO.

## **Session 20: Mind and Health II / Esprit et santé II**

**Le langage du *care* pour comprendre l'expérience « transinstitutionnelle » de la clientèle psychiatrique francophone de l'Est ontarien.**

**Marie-Claude Thifault, Université d'Ottawa**

La conception des réseaux de santé de la région d'Ottawa, le développement des disciplines psychiatrique et psychologique dans l'après-guerre et la découverte des neuroleptiques au début des années 1950 participent à la mise en place de nouvelles alternatives dans le soin et la prise en charge des malades mentaux. Le fort courant antipsychiatrique qui en découle favorise la communautarisation comme alternative au modèle asilaire. Notre enquête historique pour mieux comprendre l'expérience des ex-psychiatisés cherche à vérifier comment les marginaux d'autrefois, rejetés de la société et associés à des préjugés méprisants, ont pu reconquérir le statut de citoyen.

Notre étude, dans une phase préliminaire, propose dans le cadre de ce commentaire de prendre la mesure de l'importance d'une éthique du *care* dans un contexte de « déhospitalisation » psychiatrique. Nourris des nombreux débats qui ont suivi la publication des livres *Une voix différente* de Carol Gilligan et *Un monde vulnérable* de Joan Tronto, notre argument repose sur le potentiel du concept du *care* qui permet d'aller au-delà du traditionnel cadre bioéthique au profit de dimensions sociale et communautaire. Les théories du *care* se structurent autour d'une riche gamme de variables allant de l'attitude envers l'autre en passant par le souci, la sollicitude et le soin. Du coup, le langage du *care* favorise l'analyse du développement d'une responsabilité citoyenne quant au dilemme de la dépendance dans un contexte de soin « transinstitutionnel ».

The design of health networks in the Ottawa area, the development of psychiatric and psychological disciplines in the post-WWII period and the discovery of neuroleptics in the early 1950s involved the





development of new alternatives in the care and treatment of the mentally ill. A strong anti-psychiatry push promoted care in the community as an alternative to the asylum model.

This paper presents our initial thoughts on the importance of an ethics of care in a context of psychiatric "dehospitalisation". Influenced by the many discussions that followed the publication of books such as *Une voix différente* by Carol Gilligan and *Un monde vulnérable* by Joan Tronto, our argument is based on the potential for a concept of care that can go beyond the traditional framework of bioethics to include social and community dimensions. Theories of care are structured around a rich array of variables ranging from attitudes towards the other, passing by the concern, care and attention. A language of care thus promotes an analysis of the development of civic responsibility vs the dilemma of dependency in an environment of "trans-institutional" care.

**La guerre contre la folie: les thérapies de choc en Allemagne et au Canada, 1920-1950.  
Thomas Foth and Isabelle Perreault, Université d'Ottawa**

« [P]lusieurs d'entre eux peuvent retourner dans leur famille mais ceux qui doivent demeurer à l'hôpital cessent d'être un problème pour le personnel hospitalier ». Tels sont les mots d'un psychiatre montréalais commentant les effets des thérapies de choc et leur utilité pour le personnel soignant (Charest, 1945). Avec la professionnalisation de la psychiatrie au tournant du XXe siècle, les traitements psychiatriques privilégiés sont de plus en plus somatiques. Non étrangers au courant eugéniste, et à l'inscription biologique d'une tare génétique, qui se déploie un peu partout en Occident à cette époque, l'insulinothérapie, l'électrothérapie, la métrazolthérapie et la malarithérapie sont pratiquées au sein des institutions psychiatriques à partir des années 1920-1930. Alors que les causes des « maladies mentales » demeurent dans une large mesure idiopathiques et de fait, les liens entre l'origine des « maladies mentales » et les traitements restent nébuleux, ces traitements seront employés sur plusieurs patients/es sans égard à leurs diagnostics tant à l'hôpital Saint-Jean-de-Dieu de Montréal qu'au Langerhorn Hospital de Hambourg.

Une analyse croisée des dossiers médicaux de ces deux institutions, Langerhorn de Hambourg et Saint-Jean-de-Dieu de Montréal, permettra de rendre compte des similarités et différences dans la pratique et les décisions prises pour administrer ces traitements sur certains patients considérés comme des « coquilles vides » et « littéralement perdus ». Cette proposition de communication entend analyser et démontrer les importantes fonctions stratégiques des infirmières et psychiatres dans la mise en application des thérapies de choc au sein du dispositif psychiatrique de l'entre-deux-guerres et de l'après-guerre. Ces traitements furent utilisés pour leurs "effets secondaires" sur les comportements des patients. Les notes des infirmières et des psychiatres, compilées dans les dossiers des patients/es, nous permettent de postuler que le système de mesure sur les succès de ces traitements était calculée selon les changements de comportement dits positifs, c'est-à-dire ceux qui permettaient de mieux intégrer le système de régulation asilaire. Tant les écrits scientifiques que les notes au dossier attestent de cette volonté de "calmer" et de mieux "gérer" les comportements qui entraient en conflit avec la bonne marche de l'institution et plus largement, de la société.

**Hysteria From Below: Experiences of Illness from the Perspective of Patients and Psychiatrists at Johns Hopkins Hospital, 1913-1917/ L'hystérie vue d'en bas : l'expérience de la maladie d'après les patients et les psychiatres de l'hôpital Johns Hopkins, 1913-1917  
Susan Lamb, McGill University**



In the early 1990s – amidst a cacophony of scholarly debates about institutional psychiatry’s role as a tool of social control, and about the ontological veracity and gendered constructs of the specialty’s most nebulous diagnosis, hysteria – historian Roy Porter quietly declared that a grass-roots history of the *experience* of hysteria should be high on the agenda for historians of psychiatry. Because of the inherent affinities between disease and culture, he suggested, we must go beyond icons of hysteria such as Sigmund Freud’s Anna O. or Pierre Janet’s Leonie B., and strive for a detailed “history from below” of “rank and file” hysterics. Few archival resources are available for this kind of social history of hysterical illness, however, and the detailed medical records of the patients at the Phipps Psychiatric Clinic at Johns Hopkins Hospital represent a rare exception. In this paper I explore how psychiatrists and patients at the Phipps Clinic before World War I negotiated, constructed, and contested illnesses they termed *hysteria*, *neurasthenia*, *psychasthenia* and *neuroses*. These conditions were framed by Johns Hopkins psychiatrists as “the nervousness of apparently well people” – debilitating disorders with idiosyncratic symptoms often apparent only to those close to the sufferer – and they constituted 18% of all admissions to the clinic between 1913 and 1917. New modes of clinical investigation and ideas about the causes of these conditions (pioneered at the clinic by its well-known director, Adolf Meyer) dictated that the social interaction and inter-subjective experiences of patient *and* physician constituted fundamental objects of study and sites of therapeutic intervention. I utilize the exhaustive narratives found in the Phipps Clinic records – psychiatrists’ clinical notations, journals and family correspondence written by patients, and stenographic transcripts of talk-therapy sessions and case conferences – to examine cultural and medical attitudes towards hysterical illness in a critical period of psychiatry’s development: the decades after Charlotte Perkins Gilman’s gothic portrayal of neurasthenia in *The Yellow Wallpaper* (1892) and before widespread familiarity with shell shock after the Great War and the ubiquity of the “neurotic personality” that followed the popularization of psychoanalysis in North America.

Au début des années 1990 – dans une cacophonie de débats académiques sur le rôle de la psychiatrie institutionnelle comme outil de contrôle social, et sur la véracité ontologique et les préjugés du diagnostic d'hystérie, le plus nébuleux de la spécialité – l'historien Roy Porter a déclaré qu'une histoire de l'hystérie en tant qu'expérience vécue par les malades et les psychiatres devrait être une priorité pour les historiens de la psychiatrie. Porter suggère que, vu le caractère intimement culturel de la maladie, il nous faut dépasser les représentations iconiques de l'hystérie telles que l'Anna O. de Freud ou la Léonie B. de Pierre Janet, afin d'établir un portrait plus complet du groupe de malades qu'on a qualifiés d'« hystériques ». Pour une telle étude socio-historique de l'hystérie, nous disposons de très peu d'archives; les dossiers médicaux de la clinique psychiatrique Phipps de l'Hôpital Johns Hopkins sont une rare exception. Dans cette étude, j'explore comment les psychiatres et les patients de la clinique Phipps avant la Première Guerre mondiale ont négocié, construit et contesté les maladies appelées hystérie, neurasthénie, psychasthénie et névroses. Ces troubles débilitants, dont les symptômes étaient variables selon l'individu et souvent perceptibles seulement pour les proches du malade, ont été décrits par les psychiatres de Johns Hopkins comme «la nervosité de gens apparemment sains». Entre 1913 et 1917, ceux-ci ont représenté 18% des admissions à la clinique. De nouvelles idées sur les causes de ces conditions et de nouveaux modes d'examen clinique (introduits à la clinique par son célèbre directeur, Adolf Meyer) faisaient des interactions sociales et des expériences subjectives du patient et du médecin des objets d'études fondamentaux et des lieux d'intervention thérapeutique. J'utilise les narrations trouvées dans les dossiers de la Phipps Clinic pour examiner les attitudes culturelles et médicales envers l'hystérie au cours d'une période critique du développement de la psychiatrie, soit celle qui suit la publication en 1892 de *The Yellow Wallpaper* de Charlotte Perkins Gilman, mais qui précède la familiarisation populaire avec le phénomène du syndrome commotionnel (shell shock) après la Grande Guerre, ainsi que l'omniprésence



des représentations de la « personnalité névrosée » résultant de la popularisation de la psychanalyse en Amérique du Nord.

## **Session 21: Premodern Medicine / La médecine prémoderne II**

### **Le “bien public” et les politiques de santé dans la ville de Montpellier à la fin du Moyen Âge/ The “Common good” and Health Policies in the Late Medieval Town of Montpellier Geneviève Dumas, Université de Sherbrooke**

The concept of “common good” in urban history has been the subject of numerous studies in the past decades. Recent contributions show that it tends to become a *topos* of political rhetoric gradually losing its real meaning the further it gets from an original rediscovery of the antique concept of *res publica*. But nowhere more than in the discourse supporting the edict of health policies does the concept retain its truer sense. The Montpellier consulate, in its endeavour to take care of the sick, especially endemic plague and leprosy ridden folks, never fails to invoke the common good to justify its intervention on the city’s health care, sanitary and social politics. Suspected lepers are gathered and examined by surgeons and doctors, streets and hostels are requisitioned for plague victims, barbers are solicited to treat the city’s orphans, hospitals, alms houses and leprosaria are refitted and renovated, all in the name of the common good. Yet in Montpellier, the city officials are not the only ones claiming to care for the welfare of the sick. The *studium* of medicine and its famous doctors don’t hesitate to tap in the rhetorical reservoir of political concepts to justify their statutes, their scientific and moral authority over health care and their intervention on those specific diseases. Still the city seems to remain sceptical of the doctors’ good faith, accusing them of fleeing in times of plague and refusing to grant them tax exemptions in a long and rabid trial spanning several decades that becomes the arena where two different visions of the common good battle.

Le concept de « bien commun » en histoire urbaine a fait l'objet de nombreuses études au cours des dernières décennies. Les contributions les plus récentes montrent qu'il tend à devenir un *topos* de la rhétorique politique et qu'il subit une perte progressive de sens à mesure que l'on s'éloigne de la redécouverte originale du concept antique de *res publica*. Mais c'est dans le discours soutenant les édits de politiques de santé que le concept conserve son sens le plus strict. Le consulat de Montpellier, dans ses efforts pour prendre soin des malades, en particulier ceux affectés de lèpre ou de la peste, ne manque jamais d'invoquer le bien commun pour justifier son intervention par des politiques sanitaires dans la ville. Les soupçonnés de lèpre sont rassemblés et examinés par des chirurgiens et des médecins, des rues et des auberges sont réquisitionnées pour les victimes de la peste, des barbiers sont sollicités pour traiter les orphelins de la ville, les hôpitaux, les hospices et les léproseries sont réaménagés et rénovés, le tout au nom du bien commun. En l'occurrence, à Montpellier, les consuls de la ville ne sont pas les seuls à prétendre au bien-être des malades. Le *studium* de médecine et ses célèbres médecins n'hésitent pas à puiser dans le réservoir des concepts politiques antiques pour justifier leurs statuts, leur autorité scientifique et morale sur les soins de santé et leur intervention sur ces maladies spécifiques. Pourtant, la ville semble demeurer sceptique quant à la bonne foi des médecins, les accusant de fuir en temps de peste et leur refusant des exemptions fiscales dans un procès long et acharné qui s'étend sur plusieurs décennies et qui devient l'arène où deux visions différentes du bien public s'affrontent.



**Midwives, Women's Bodies, and Their Secrets in Late Medieval Manuscript**  
**Caley McCarthy, McGill University**

Surprisingly little historiography has addressed the question of midwives in the Middle Ages, despite the frequency with which they must have appeared in everyday life. When midwives do emerge from the medieval past, they appear most frequently in historiography on women's secrets. Most often, this historiography concerns the place of women's reproductive bodies in medieval medical discourse, and the masculinization of women's medicine that this reflects. Significantly less attention has been paid to midwives' roles in the *social* secrets that women often embodied. Although these secrets usually unfolded in spaces traditionally gendered female, the social significance of the female body carried their significance far beyond these gendered divisions. Using select criminal and notarial records from late-medieval Manuscript, I propose to extend the trope of secrecy to the social dimension of women's bodies to consider the extent to which the gendered dictates of medieval medicine that granted midwives authority over women's physical bodies rendered them simultaneously experts and instruments in cases concerning women's reproductive bodies. By examining cases of childbirth, adultery, and illegitimacy, I will demonstrate how medieval midwives emerge from medical and social discourse as indispensable, if often suspect, experts of the female body.

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**The contours and implications for human health of late antique and early medieval cattle pestilences**  
**Tim Newfield, University of Michigan, Ann Arbor**

This paper assesses the written evidence for European cattle pestilences between 400 and 1000 CE, collected following a wide survey of late antique and early medieval annals, capitularies, chronicles, *concilia*, correspondence, *gestae*, histories, poetry and *vitae*. It considers the contours (temporal and spatial) and geographical origins of clearly major plagues, before it investigates the indirect and direct impact that sudden and extensive losses of domestic bovines would have had on human health. Though more than fifty epizootics are identified, only seven were clearly panzootic in scale. Cattle herds were eroded across large spans of continental and/or insular Europe in 569-70, 699-701, 809-10, 820, 868-70, 939-42 and 986-87. Drawing upon fifth- through tenth-century written evidence and the impacts of better documented cattle pestilences in the late Middle Ages and the early modern period, the paper argues that these late antique and early medieval plagues would have had significant consequences for arable agriculture and, consequently, human diet and nutrition. It is reasonable to suggest, bearing in mind how long it took to restock herds in the wake of later, but similarly extensive, plagues, that fourth- through tenth-century panzootics disrupted supplies of traction and fertilizer, and thus grain, as well as supplies of meat and milk, for upwards of thirty years. Recovery would have been prolonged further, of course, when major plagues occurred in close succession, as in the early ninth century. Some cattle plagues may have also had a direct effect on human health. While most of the identified panzootics appear, in light of modern veterinary science, to be a good fit in terms of symptoms and epizootiology with the rinderpest virus (RPV), a highly contagious and virulent disease of bovines, a recent palaeomicrobiological analysis of the measles virus (MV), rinderpest's human cousin, argues that MV and RPV did not diverge until the eleventh or twelfth century CE. Some of the plagues discussed here, consequently, may have been



zoonotic. In light of this, the paper briefly considers possible connections between human and animal mortalities documented in close spatial and temporal proximity between 400 and 1000. In conclusion, comment is given to what historians of livestock disease stand to gain from the palaeomicrobiological sciences and how palaeomicrobiologists would profit from better dialogue with historians.