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Résumés

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Annmarie Adams and Delia Gavrus (McGill University and University of Winnipeg), "'Nothing Hidden:' Place and the Private Self in Wilder Penfield's Correspondence with his Mother"

This collaborative paper explores the weekly letters neurosurgeon Wilder Penfield and his mother, Jean Jefferson Penfield, wrote to each other from 1909 up to her death in May 1935. Jean Jefferson Penfield edited and typed her son's hand-written letters and returned them to him. Penfield subsequently used this curated series as self-reflexive notes for his book on the history of the Montreal Neurological Institute, which he had founded in 1934. Reflecting on his relationship with his mother later in life, Penfield wrote in his diary that "My letters to her have nothing to hide." He thought of her as his "confessor" and of the letters as his "diary."

This unique, two-way, mother-and-son, regular correspondence, is an extraordinary source in the history of neurology, medicine, institutions, and the family. Housed in McGill University's Osler Library, the letters have only recently became accessible to researchers. Inspired by Dale Salwak's edited volume, *Writers and Their Mothers* (2018), as well as by literature on gender, emotion, and the household in relation to the history of science, our paper looks in general at the role of the maternal bond for physicians and seeks to theorize this highly distinctive literary genre, the private mother-son correspondence. Adams, an architectural historian, assesses the spatial dimensions of Penfield's letters, especially regarding architecture, travel, and place. Gavrus, a historian of science, investigates the interplay of gender, emotion, and domesticity in the construction of the public and private selves of mother and son. Together our feminist, collaborative, interdisciplinary research illuminates the power of private correspondence in a famous doctor's scientific and public life.

Naomi Adelson (Ryerson University), "Kneeling Deeply: Jo Lutley, Nursing, and Indigenous/Settler Engagements in 1960s 'Great Whale River'"

In "Kneeling Deeply" I offer insights into the complexity of Indigenous/settler relationships focusing in particular on one nurse who, despite being "integral to the colonial project" (Rutherdale and Pickles 2014:1), actively worked to bridge the divide that so profoundly defined the relationships of the day. Combining interviews, archival documents, and historical first-hand accounts, I explore the work of nurse Jo Lutley during the time she worked in Great Whale River, QC. The early 1960s were politically fraught in Canada: as a NATO ally, the nation was immersed in the Cold War and, in Québec, the Quiet Revolution was quickening. These political events added to the ensconced colonial management of northern Indigenous populations, impacting the lived reality of northern-dwelling Indigenous peoples. Even as there was much greater attention paid to a national welfare program, for example, this care was, for some communities, overlaid with the development of a military stronghold in the north. Working in one of these the small northern communities, known then as Great Whale River, Lutley strove to counter the colonial modes of engagement in her everyday practices, from her negotiations with the Armed Forces based in the community to her deep engagement with the Cree and Inuit members of the community, and her insistence on recognizing the value of Indigenous medical practices. Community members recall Lutley as kind and gentle and someone who would come to their homes, in a snowstorm and on snowshoes if necessary, to deliver babies or treat the sick. In her diary Lutley describes the time when a young Cree man returned from a trapline with an axe wound. His family had used a split beaver tail to dress the wound but, she noted, had sterilized the knife used to cut the tail, as they had learned in a first aid class. "They put two ways together, our ways and their ways," said Lutley, "and this was a perfectly clean axe wound, which was going to heal by first intention. I have had other things like that, where they combined their medicines and our medicines" (Lutley 2009: 170).

Naomi Adelson (Université Ryerson), "Kneeling Deeply : Jo Lutley, soins infirmiers et engagements des Autochtones et des pionniers dans les années 1960 dans la communauté de Grande rivière de la Baleine"

Dans *Kneeling Deeply*, je donne un aperçu de la complexité des relations entre les Autochtones et les pionniers en me concentrant sur une infirmière qui, bien qu'elle ait fait partie intégrante du projet colonial (Rutherdale et Pickles 2014:1), a activement travaillé pour combler le fossé qui définissait si profondément les relations de l'époque. En combinant des entrevues, des documents d'archives et des récits historiques personnels, j'explore le travail de l'infirmière Jo Lutley à l'époque où elle travaillait à Grande rivière de la Baleine, au Québec. Le début des années 1960 a été politiquement très chargé au Canada : en tant qu'allié de l'OTAN, le pays était plongé dans la Guerre froide et, au Québec, la Révolution tranquille gagnait du terrain. Ces épisodes politiques sont venus s'ajouter à la gestion coloniale des populations autochtones du Nord, et ont eu une incidence sur la réalité vécue par ces peuples. Même si une attention beaucoup plus grande a été accordée à un programme national d'aide sociale, par exemple, ces soins ont été, pour certaines communautés, superposés au développement d'un bastion militaire dans le Nord. Travaillant dans l'une de ces petites communautés nordiques, connue alors sous le nom de Grande rivière de la Baleine, Mme Lutley s'est efforcée de contrer les modes d'engagement coloniaux dans ses pratiques quotidiennes, que ce soit par ses négociations avec les forces armées basées dans la communauté, par son profond engagement auprès des membres cris et inuits de la communauté ou par son insistance à reconnaître la valeur des pratiques médicales autochtones. Les membres de la communauté se souviennent de Mme Lutley comme d'une personne gentille et douce qui venait chez eux, en raquettes et dans la tempête s'il le fallait, pour mettre au monde un bébé ou pour soigner un malade. Dans son journal, Mme Lutley décrit une fois où un jeune homme cri est revenu d'un territoire de piégeage avec une blessure de hache. Des membres de sa famille avaient utilisé une queue de castor coupée en deux pour panser la blessure, mais ils avaient stérilisé le couteau utilisé pour couper la queue, comme ils l'avaient appris dans un cours de premiers soins. « Ils ont combiné deux façons de faire, la nôtre et la leur », a expliqué Mme Lutley, « et la blessure était parfaitement propre, et allait guérir dès la première tentative. J'ai eu d'autres cas de ce genre, où ils ont combiné leurs médicaments aux nôtres » (Lutley 2009 : 170).

Arita Alija (Western University), “The role of the Pernkopf atlas in modern medical education”

During the Second World War, artists and anatomists at the University of Vienna’smedical school initiated a project resulting in the famed *Topographical Anatomy of Man*. This anatomical atlas has been praised for its intricate detail, educational utility and breadth of research. At first glance it is an unparalleled reference book, a work of art, and a useful resource for medical students, anatomists and surgeons studying the wonders of the human body. When the atlas was first published it was not well known that many of the artists were ardent members of the Nazi Party and the specimens used in Pernkopf’s atlas were people executed by the Nazis. And yet once the connection between the artists, the anatomists, and the Third Reich was revealed the atlas continued to be circulated and commended for its highquality engraving, anatomical illustrations, and careful drawing of dissections. The continued use of the atlas to this day begs several ethical considerations. This paper explores the use of the atlas by Dr. Susan Mackinnon, a plastic surgeon who consulted it during an operation which she credited with saving the life of her patient. Instead of asking if the atlas should be used, I have asked instead: What are the implications for and against using the atlas and what can its use reveal about the ethical state of the medical profession? This paper also examines the more recent debates in medical schools as to whether should the atlas should continue to be used as teaching material for medical students now and in the future. Drawing on case histories and the extant secondary literature this paper argues that the Pernkopf atlas has not only a critical role to play in the education of medical students but that the debate surrounding its use provides an important forum in which to engage and develop bioethical discussions and standards in undergraduate medical education

Michael Aloisio (Western University), "A Little Agitation for Better Health: National Negro Health Week and Black Health Activism in Cleveland and Detroit, 1915-1930."

White physicians and statisticians in the late nineteenth and into the early twentieth century imagined the black body as something inherently different, deficient, and diseased. African Americans, they concluded, were inherently unhealthy and likely doomed. This conclusion seeped into the mainstream imagination and seemed to be confirmed by the disproportionately high rates of disease and death African Americans actually experienced in this period. This notion could justify omitting African Americans from the healthcare system, casting them as the objects of coercive public health programs, and denying their full participation in American civil life. Recognizing that health improvement was linked to racial progress, Booker T. Washington launched the first NNHW in 1915. It was a grassroots public health campaign built on local leadership and "a little agitation"[2] through health instruction, awareness building, and community improvement, all towards bettering health conditions, reducing those high rates of disease and death, and challenging notions of black inferiority.

As historian Paul Braff notes, the surviving archival record is sparse and local organizations exercised significant independence in setting the scope and nature of their NNHW activities. To understand NNHW and the varied ways African Americans interpreted the Week may well necessitate examining local participation rather than national activity. Using Cleveland and Detroit between the years of 1915 and 1930 as case studies and drawing on the John C. Dancy Papers and the Urban League records from Detroit, the Charles Herbert Garvin Papers and the Urban League records from Cleveland, and the surviving NNHW records held at Tuskegee University, I argue that NNHW offered lay African Americans in both places a means to improve their health and a forum to articulate their own definitions of health. Through the decision to participate or not participate in NNHW, African Americans in Detroit and Cleveland recast themselves as stakeholders in, rather than threats to, the health of their communities. Couched in the language of public health, African Americans asserted themselves as a part of, rather than apart from, public life. Moreover, the overt act of working to better their health and improve their communities represented a cogent challenge to the notion of the diseased black body and an inherently unhealthy race. Through NNHW, African Americans could reconstruct themselves and the black body as healthy.

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[2] Booker T. Washington, "The Principal's Report to the Board of Trustees of Tuskegee Institute," *Booker T. Washington Papers*, Louis R. Harlan and Raymond Smock, eds. Chicago: University of Illinois Press, 1984: Vol. 13, pg. 303-304; "To Robert Russa Moton, 25 November 1914," *BTW Papers*, Vol. 13, pg. 187-188.

Nikita Arora (University of Oxford, UK), “Dirty Bodies, Bloody Women: Managing Menstruation in Colonial Punjab (1885-1947).”

Keywords: biomedicine, colonialism, women

While several researchers of the social history of medicine in South Asia have studied the biopolitics of childbirth, sexuality, and gender and embodiment broadly, menstrual health has been left unexplored. My research attempts to fill this lacuna through analysing the medicalisation and pathologization of menstrual health at the turn of twentieth century in India through three original sources: a colonial newspaper (*Times of India*), a medical journal (*Indian Medical Gazette*), and a vernacular Punjabi quasi-medical magazine (*Punjabi Bhain*). My study of the advertisements for sanitary towels published in the *Times of India* (1885-1900) demonstrates that a validation is sought from biomedicine through portraying the sanitary napkin as a 'triumph of science'. I argue that the medical culture in which advertisements appear discredits simultaneously the epistemological grounding of both indigenous knowledges and women's experiences. Through analysing the medical reports on menstruation published in the *Indian Medical Gazette*, the essay uncovers how evaluative and cultural prejudices seep into 'scientific' discussions. Following Emily Martin (1987), I show how medical articles encourage negative lexicon of disintegration, dying, breakdown in the medical explanations of menstruation that convey failure and dissolution in contrast to the productive descriptions of spermatogenesis. Moving beyond it, I argue that menstruation and the Indian menstrual body is not only gendered, but also racialised as medical practitioners construct an artificial difference between superior European menstrual bodies and inferior Indian menstrual bodies.

Finally, I analyse how native women respond to the medicalised narratives of menstruation through studying the articles published in *Punjabi Bhain* (1906-1931) that transgress the colonizer-colonized binary in innovative ways. Here, I question the accepted critique of medicalisation in extant literature and argue that 120 of 173 women started understanding their menstrual bodies in ways that were neither medical nor religious, but phenomenologic

Kristin Burnett and Travis Hay (Lakehead University), "'It All Started in 1968, As the Result of a Fishing Trip': H.W. Bain and the History of the University of Toronto Sioux Lookout Project"

Our paper reviews the findings of an ongoing research project into the University of Toronto's Sioux Lookout Program (UTSLP), which began sending settler medical students from the provincial south to northern First Nations communities in February of 1969. More specifically, we use the history of the UTSLP to interrogate the colonial health archive and to critique the ways in which First Nations communities received lesser forms of healthcare than other Canadians by and through the management of the UTSLP. Drawing on archival records from UTARMS, we point to the settler colonial configurations of the project as well as the profoundly gendered and racialized undertones of the training manuals, annual reports, and other forms of correspondence associated with the UTSLP. Of particular interest here is the story of Dr. H.W. Bain, who claims to have started the UTSLP on his own personal initiative following a fishing trip to the area in 1968. Ultimately, by reviewing the program, we connect histories of rural and northern healthcare, Canadian settler colonialism, and the Ontario history of medicine to stage a critique that complicates the role of universities in the provision of healthcare to Indigenous communities.

Kaitlyn N. Carter (Brock University), "Diagnosing Images of Injury: Sir Charles Bell's Watercolours and Compassion in a Warzone"

Against the backdrop of incredible chaos created by the mass casualties of both the British and the French armies in the aftermath of the Battle of Waterloo (18 June), Sir Charles Bell (1774-1842), a Scottish surgeon and anatomist, arrived in Waterloo in early July of 1815. During his time working on gruesome cases still arriving from the battlefield, Bell painted a series of haunting and beautiful watercolours of his patients. While these would not be the first artwork in which Bell depicted the injuries of wounded soldiers, they would be the most detailed and unique of his many pieces. Bell's artwork is saturated with complicated expressions of pain that unmask the violent realties of war, and provide us with an exceptional, albeit complex, understanding of how a surgeon could relate to, and understand, his patients' suffering. Bell's watercolours act as a means of understanding the emotional and physical experience of severe trauma that is present after a large military engagement. My research, generously funded by a 2019 Hannah Summer Studentship, focuses on the ways that artistic representations of wartime injury have influenced medical responses to the physical and psychological traumas of war, and underline the importance of empathy in treatment. Bell's paintings do not exist in a bubble of the nineteenth century. They are incredibly powerful representations of human pain and suffering that must not only be read as evidence of medical tools of education and diagnostics, but must also be understood as a comment on emotion's place in medicine. By giving his subjects visible emotions, Bell ensured that his subjects would maintain their humanity and their agency. Bell elected to paint an emotional response to trauma, and thus allows historians to use his paintings as a tool for understanding medical history from the perspective of soldiers. Bell's artwork is evidence of a narrower gap between patients and their surgeons in a military context than one might expect. It allows historians to bridge the divide between class, rank, and even time as empathy, an emotion common to human experience, can unite us through shared emotional experience.

Axelle Champion (University of Edinburgh) “A European Failure? The medico-pedagogical method in France and Scotland, 1870-1914

Keywords: history of psychiatry – idiocy – child and adolescent psychiatry – nineteenth century – twentieth century.

This paper examines the institutional response to the treatment and education of idiot children and adolescents in France and Scotland in the late nineteenth and early twentieth centuries. At first glance, the implementation of Edouard Seguin’s medico-pedagogical method seemed to have provided a homogenous basis from which institutional practices flourished. Superintendents of special institutions also demonstrated an optimistic and determined outlook, pushing for a medical and social redefinition of idiocy and imbecility. The historiography on the subject often gives rather positive explanations of the method, such as Gateaux-Mennecier’s work on D Bourneville in Paris, or descriptions of specific places, such as Hutchison’s study of the Baldovan institution in Dundee. Other accounts focus on the legislative aspect as well as the segregational characteristic of these special institutions, particularly during the first half of the twentieth century. However, this paper focuses on the implementation of the medico-pedagogical method, deemed by the scientific community to be the best suited to help idiots and imbeciles reach their full potential. The objective is therefore to question and investigate the practices and consequences of this method on the institutional system, the patients and their families within French and Scottish special institutions. The study of the case notes, annual reports and medical writings from the Hospices of Bicêtre and La Salpêtrière in Paris, and from the Scottish National Institution at Larbert provide the basis for this analysis. Thus, this presentation hopes to shed a new light on the conditions of treatment, education and discharge of young idiots and imbeciles at a pivotal time in the history of child and adolescent psychiatry.

Kuan Ting (Michael) Chen (Queen's University), "A Panel Decision for Every Woman: Therapeutic Abortion Committee at Kingston General Hospital, 1970-1988."

Abortions were illegal in Canada until the 1969 passage of the *Criminal Law Amendment Act, 1968-1969* (Bill C-150) which decriminalized therapeutic abortions for specific cases. Women and their physicians could apply to the Therapeutic Abortion Committee (TAC) of an accredited hospital, where the procedure would be performed if the TAC determined that continuing the pregnancy would endanger the patient's life or health. Abortions were not legalized in Canada until 1988 in the wake of the *R. v. Morgentaler* decision in which the Supreme Court of Canada ruled that abortion laws in the Criminal Code were unconstitutional.

Between 1969 and 1988, access to abortions and regulations varied greatly across the country. The Badgley Report on the abortion law found that only a fraction of accredited hospitals appointed TACs, and while some TACs liberally approved almost all requests, others were excessively restrictive. Moreover, because the meaning of "health" was not clearly defined in the law, TACs were free to interpret which conditions, medical or psychosocial, might result in "endangering the patient's health".

Drawing on archival records from Kingston General Hospital, as well as oral interviews with physicians involved in abortions during this era, this paper will examine the applications received and approved by the TAC, its standards and protocols, its definition of "health", the demographics of patients who sought abortions, examples of the approved indications, dissent from within the hospital, and so on. This paper would also examine a Coroner's Inquest case where a patient died during an abortion, the context of which sheds a unique light into the landscape of therapeutic abortions in Ontario.

Contrary to the belief that TACs served to curtail abortion access, this paper argues that some TACs tended to trust the opinion of referring physicians and often "rubber-stamped" approvals. Despite appearing as impartial tribunals, they exercised little true decision-making power since gatekeeping occurred with the referring physicians, rather than at the committee level. This finding has not been well-integrated into the historiography of abortions in Canada.

James T.H. Connor (Memorial University of Newfoundland), "Medical Adventures in Newfoundland and Labrador: The 1968 Summer Autobiographical Travel Log of Don G Bates MD (UWO '58) PhD"

In 1914, the English physician-missionary Dr (later Sir) Wilfred Grenfell (1865-1940) founded the International Grenfell Association (IGA), which oversaw a network of hospitals, nursing stations, hospital ships, schools, an orphanage, co-operative stores across northern Newfoundland and southern Labrador. The IGA was dependent on the expertise of American, British and Canadian physicians and nurses, and students, many of whom worked seasonally. Dr Donald G. (Don) Bates (1933-2001) signed on with IGA as a "travelling doctor" for the summer months of 1968. Bates, a Canadian, graduated MD from Western University in 1958 and then received a PhD in history of medicine from Johns Hopkins University. He was a faculty member first at Hopkins, then at McGill University and is known for his deep scholarship on 17th-century English medicine. As a medical student he was a member of Western's Osler Society (founded in 1926) as well as being on the editorial boards of both the medical school journal and also the *Hippocampus.* At McGill, in addition to his faculty duties, he was Osler Librarian and was on the Osler Library Board of Curators; in time, his efforts allowed McGill to evolve into Canada's premier home for teaching and researching the history of medicine and allied fields, including the eponymous Don Bates Seminar Room.

This paper analyzes the unpublished transcript of tape recordings by Bates about his IGA adventure. Bates can be placed in the larger tradition of autobiographical narratives by IGA personnel (mercy mission flights in float planes, sailing on the hospital ship *Strathcona III*, staying at remote nursing stations), but this work affords a perspective that is not only clinical but also social, political, and ethnographical. Bates noted how the place still had Grenfellian overtones. Even then the IGA still functioned as an "old school" colonial outpost: Bates described how he did "house calls" dressed in suit and tie and carrying his doctor's bag as he awkwardly traversed through piles of slippery fish guts on outport wharves. Bates proved to himself that, even after the lapse of a decade, he could still summon his clinical skills and acumen as a doctor though his full-time professional life was as a scholar.

James.T.H. Connor (Université Memorial de Terre-Neuve), « Aventures médicales à Terre-Neuve-et-Labrador. Le carnet de voyage autobiographique de l'été 1968 du docteur Don G Bates »

En 1914, le médecin-missionnaire plus tard 'Sir' Wilfred Grenfell fonda l'Association Internationale Grenfell (AIG), qui supervisait un réseau d'hôpitaux, de postes de soins infirmières, navires-hôpitaux, écoles, un orphelinat, et des magasins coopératifs dans le nord de Terre-Neuve et le sud du Labrador. L'AIG comptait sur l'expertise de médecins, d'infirmières et d'étudiants canadiens, britanniques et américains dont beaucoup faisaient partie du personnel permanent, mais bon nombre d'entre eux y travaillaient aussi de façon saisonnière. Le docteur Donald (Don) G. Gates (1933-2001) a signé un contrat pour en faire partie durant l'été 1968, en tant que médecin itinérant. Canadien, Bates avait obtenu son diplôme de docteur en médecine de l'université Western en 1958, puis un doctorat en histoire de la médecine de l'université Johns Hopkins. Il a d'abord été nommé professeur à Johns Hopkins, puis à l'université McGill où il s'est fait connaître pour ses vastes connaissances dans le domaine de la médecine anglaise du dix-septième siècle. Lorsqu'il était étudiant il était membre des comités de rédaction du journal médical de sa faculté et de la revue l'Hippocampus. Outre ses responsabilités professorales à l'université McGill, il était bibliothécaire à Osler et faisait partie du conseil des conservateurs de cette bibliothèque.

Cette communication analyse la transcription inédite d'enregistrements qu'effectua Bates au sujet de son aventure auprès de l'AIG. Nous pouvons classer le récit de Bates comme faisant partie de la grande tradition des textes autobiographiques des membres du personnel de l'AIG (évacuations sanitaires à bord d'hydravions en missions de secours, navigation à bord du navire-hôpital Strathcona III, séjours dans des postes éloignés de soins infirmiers), cependant le travail de Bates fournit également une perspective à la fois clinique, mais aussi sociale, politique et ethnologique. Bates nota qu'on ressentait encore une ambiance «grenfellienne». L'AIG fonctionnait encore comme un poste colonial avancé: Bates raconta qu'il faisait des visites à domicile en costume-cravate, portant sa trousse médicale lorsqu'il traversait des piles glissantes d'entrailles de poissons sur des quais, dans des villages de pêche. Bates s'est prouvé à lui-même que bien qu'il mène à l'époque une vie professionnelle d'universitaire à plein temps, il était encore tout à fait capable de pratiquer la médecine.

Ruth Coon (Ulster University), "'It was the best of times, it was the worst of times, 'Providing healthcare during the Northern Ireland Troubles."

From 1968-1998 a violent conflict known locally as 'The Troubles' raged in Northern Ireland. It led to the death of over 3,600 people and injured more than 40,000 others. The health service had to provide care for those injured, as well as continuing to offer services to the population in general. My research involves Oral History Interviews with medical professionals who worked during this period, to obtain their perspectives on how the Troubles affected them professionally, personally as well as the effects on the wider healthcare system and on medicine generally. Quoting A Tale of Two Cities, one staff member recalled the period as such: 'It was the best of times, it was the worst of times.' The paradox of the working experience of medical professionals in the period is the topic of this paper and the many challenges they faced both personally as well as professionally.

Medical staff faced practical challenges, such as treating injuries not previously seen, caused by bullets, bombs and the often-distressing results of paramilitary punishment methods. Staff at hospitals such as Altnagelvin (Londonderry) and the Royal Victoria (Belfast) had to learn on the job as an influx of patients with violence related injuries arrived at their doors, changing completely what was 'normal' day-to-day in the A&E departments and theatres. Staff also had to face many dangers. Hospitals were not immune to the violence and the presence of the security forces, paramilitaries, and civilians at times caused problems. Some hospitals and staff were attacked during the conflict and tragically deaths occurred. Even traveling to work could be fraught with dangers, with checkpoints, barricades, and snipers being common obstacles to navigate. Yet this paper explores how despite the difficulties, staff also look back fondly on the camaraderie of the time. The rewards of their hard work, saving the lives of the seriously injured. As well as pointing to the benefits brought by their experience. The skills, as well as, the new techniques and technologies developed during the period.

Vesna Curlic (University of Edinburgh), "Behind Closed Doors: The Regulation of Patient Movement in English and Scottish Insane Asylums, 1890-1914"

Historians of psychiatry have imagined and reimagined the asylum as an environment of control and patient manipulation since Foucault's *Folie et Déraison*. Recently, historians have begun to reconceptualise the asylum as a place that could encapsulate a variety of experiences – it could simultaneously be a carceral space for some and a therapeutic space for others (Hamlett 2015; Hide 2014). Yet, studies explicitly examining the freedom of patients to move within the physical space of the asylum have been limited. This paper develops historical understandings of the asylum environment, by examining patients' liberty to move throughout the asylum and the conscious efforts of doctors to promote liberty (or an illusion thereof). In the late nineteenth century, as part of a new emphasis on patient liberty as a modern therapeutic force, psychiatrists began to reimagine the physical space of the asylum and the ability of patients to move within. This paper considers two forms of treatment, both of which had the concept of patient liberty at their core. First, this paper assesses the open-door system, a new form of treatment emerging in some asylums at the end of the nineteenth century, which advocated for the abolition of locked doors in the asylum. This paper then considers debates around the use of physical restraint in psychiatric therapy, which was a more enduring form of treatment. By examining medical periodicals and the records of three representative asylums, this paper concludes that despite the idealisation of patient liberty in the medical literature, the implementation of these treatments was uneven and riddled with obstacles. Convenience and practicality often superseded the ideals of patient liberty. Ultimately, these findings suggest a novel means of imagining how patients were influential actors in their psychiatric healthcare environments.

Aziza Doudou (Western University), “From the "mental disorder" of Moroccan soldiers repatriated from the Indochina war to the path of resilience sixty years later”

In a colonial context, the treatment of Moroccan soldiers repatriated from the Indochina war for "mental disorder" shows how colonial medical expertise faced mental pathologies developed in external operations, while violence exercised but also experienced was combined to weigh on the psyche of these soldiers. However, the common use of the term madness has led Professor Maurice CORCOS to denounce the confusion with disorder and violence, which confirms the need to cross military and medical archives with an investigation that involves semi-participant observation, even beyond the collection of testimonies, to understand how war violence has been experienced even in the flesh of Moroccan soldiers. This differs from the representation of the North African patient offered by colonial psychiatry. Because the nosography used to read the psychological pains of Moroccan soldiers in wartime and post-war presents a fairly relative adequacy to the "violent moment" that was a war on a territory where the military order is disrupted by the guerrillas imposed by Vietminh.

We will be analyzing the colonial hierarchy of the psychological wounds of the so-called indigenous soldiers,particularly during the Indochina war (1945-1954). This leads to a reflection around the unfindable " Self " carried by the duality of body and soul experienced by the Moroccan soldiers of the African army in Indochina. However, by " despiritualizing " the " Self " to " integrate it into concrete and material life ", as Hervé Marchal would say, we externalize or " des-internalize " the " identity ". The case of Moroccan soldiers who are suffering from the test of "indigeneity" in unknown territory, here Indochina, will enlighten the effect of a military transplant on other "indigenous" people. Starting from the individual and collective identities that will be studied both in parallel and separately, we will move on to the emotions experienced during wartime, by questioning war traumas and post-war resilience. This will lead to altered or unaltered identity in the aftermath of the war and sixty years after the conflict. In this way, we will associate the physical marks and spiritual practices to underline how much the body is a vector of history.

Aziza Doudou (Université de Western), “Du « Désordre mental » des soldats marocains rapatriés de la guerre d’Indochine au chemin de la résilience soixante ans après”

Dans un contexte colonial, le traitement des soldats marocains rapatriés de la guerre d’Indochine pour « Désordre mental » montre comment l’expertise médicale coloniale fit face à des pathologies mentales développées en opérations extérieures, alors que les violences exercées, mais aussi subies se conjuguaient pour peser sur la psyché de ces soldats. Or l’usage fréquent du terme folie a amené le professeur Maurice CORCOS à dénoncer la confusion avec le désordre et la violence. Ce qui confirme la nécessité de croiser archives militaires et médicales avec une enquête relevant de l’observation semi-participante, au-delà même du recueil de témoignages, pour saisir comment la violence de guerre a été vécue jusque dans la chair des soldats marocains. Ce qui diffère de la représentation du malade nord-africain offerte par la psychiatrie coloniale. Car la nosographie utilisée pour lire les douleurs psychiques des soldats marocains en temps de guerre et d’après-guerre présente une adéquation assez relative au « moment violent » que fut une guerre sur un territoire où l’ordre militaire est bouleversé par la guérilla imposée par le Vietminh.

Nous questionnerons la hiérarchisation coloniale des blessures psychiques des soldats dits indigènes, notamment durant la guerre d’Indochine (1945-1954). Ce qui entraîne une réflexion autour de l’introuvable « Moi » porté par la dualité du corps et de l’âme vécue par les soldats marocains de l’armée d’Afrique en Indochine. Or en « déspiritualisant » le « Moi » pour « l’intégrer dans la vie concrète et matérielle », comme dirait Hervé Marchal, on extériorise ou « désintériorise » « l’identité ». Le cas des soldats marocains subissant l’épreuve de l’« indigénéité » en terre inconnue, ici l’Indochine, éclairera l’effet d’une transplantation militaire chez d’autres « indigènes ». Partant des identités individuelles et collectives, qui seront étudiées à la fois en parallèle et séparément, nous passerons aux émotions vécues en temps de guerre, en questionnant les traumatismes de guerre et la résilience postguerre. Ceci mènera à l’identité altérée ou non au lendemain de la guerre et soixante ans après le conflit. Ainsi nous associerons les traces corporelles et les pratiques spirituelles pour souligner combien le corps est vecteur d’histoire.

Jacalyn Duffin, and Lynda Mikelova (Queen's University), "Confinia Psychiatrica: Patient Art and Diagnosis of Mental Illness"

In 1950 Paris, the inaugural World Conference on Psychiatry hosted an exhibit of artwork by patients, including 150 works from 22 patients of Montreal's Dr. Ewen Cameron. This event marked the inception of a vigorous, but short-lived movement in psychiatry and its relationship to art--not as therapy--but as a physician- analyzed tool *for diagnosis*. Two doctoral theses elevated the topic to the realm of serious research; their authors became leaders in the field: Robert Volmat (1920-1998, thesis 1953) and Irene Jakab (1920-2011, thesis 1956).

Identifying roots in the earlier works of Ambroise Tardieu and Hans Prinzhorn and with connections to the contemporary *Art Brut* movement of artist, Jean Dubuffet, the small group of adherents formed the *Société International de la Psychopathologie de l'Expression* (SIPE) in Verona, Italy, in 1959. Canadians involved included psychiatrist Bruno Cormier, one of Québec's *Automatistes* and signatory of the famous *Refus Globale* (1948). SIPE Members wanted to release the hidden potential of this diagnostic form through research on symbols, colour, structure, and content that would point to specific epistemic categories of evolving psychiatric nosology. National societies also arose in many countries. The official organ of SIPE, the journal *Confinia Psychiatrica* (*Borderland of Psychiatry*) ran from 1958 to 1980.

If artwork could be diagnostic, changes in it could be used to asses therapeutic progress. For this reason, the pharmaceutical company, Sandoz, took a particular interest in SIPE, publishing at least 11 "volumes," small collections of "patient art" of various diagnostic categories with succinct scholarly analysis for distribution to practitioners. The role of Sandoz in investigation of LSD for experimental illness has been well documented. We argue that this publishing exercise was a form of corporate advertising—attractive, informative, *avant garde*.

This paper traces the history of SIPE through its journal, examination of the Sandoz "volumes," and interviews with its leaders, showing how the attempt to use art for *diagnosis* evolved into and was eclipsed by the more durable process of art as therapy. Furthermore, it will complicate the traditional North American view that situates the origins of art therapy in the field of occupational therapy.

Jacalyn Duffin et Lynda Mikelova (Université de Queen's), « *Confinia Psychiatrica*: l'art du patient et le diagnostic de la maladie mentale »

En 1950, à Paris, la première *Conférence mondiale de psychiatrie* a accueilli une exposition d'œuvres d'art de patients, dont 150 œuvres de 22 patients du Dr Ewen Cameron de Montréal. Cet événement a marqué le début d'un mouvement vigoureux mais de courte durée en psychiatrie et sa relation à l'art - non pas comme thérapie - mais comme outil de diagnostic analysé par un médecin. Deux thèses de doctorat ont élevé le sujet au domaine de la recherche sérieuse; les auteurs sont devenus des chefs de file dans le domaine: Robert Volmat (1920-1998, thèse 1953) et Irene Jakab (1920-2011, thèse 1956).

Identifiant ses racines dans les œuvres antérieures d'Ambroise Tardieu et Hans Prinzhorn, et ayant des liens avec le mouvement contemporain d'Art Brut de l'artiste Jean Dubuffet, le petit groupe d'adhérents a formé la *Société Internationale de la Psychopathologie de l'Expression (*SIPE) à Vérone, Italie, en 1959. Parmi les canadiens impliqués, mentionnons le psychiâtre Bruno Cormier, l'un des "Automatistes" du Québec et signataire du célèbre *Refus Globale* (1948). Les membres de SIPE voulaient libérer le potentiel supprimé de cette forme diagnostique par leur recherche sur les symboles, la couleur, la structure, et le contenu qui pointeraient vers des catégories épistémiques spécifiques de nosologie psychiatrique en évolution. Des sociétés nationales ont également vu le jour dans de nombreux pays. Organe officiel du SIPE, la revue *Confinia Psychiatrica* (Borderland of Psychiatry), a été publié de 1958 à 1980.

Si l'art des malades pouvait être diagnostique, des modifications à travers le temps pourraient être utilisées pour évaluer le progrès thérapeutique. Pour cette raison, la société pharmaceutique Sandoz s'est particulièrement intéressée au SIPE, publiant au moins 11 «volumes», de petites collections «de l'art du patient» de diverses catégories diagnostiques avec une analyse savante et succincte pour distribution aux praticiens. Le rôle de Sandoz dans l'enquête sur le LSD pour la maladie expérimentale a été bien documenté. Nous soutenons que cet exercice de publication était une forme de publicité d'entreprise - attrayante, informative, avant-gardiste.

Notre communication retrace l'histoire de SIPE à travers son journal, l'examen des «volumes» de Sandoz, et des entretiens avec ses dirigeants, montrant comment la tentative d'utiliser l'art pour le diagnostic a évolué, et enfin a été éclipsée par le processus plus durable de l'art comme thérapie. De plus, notre travail compliquera la vision nord-américaine traditionnelle qui situe les origines de l'art-thérapie dans le domaine de l'ergothérapie.

Kathleen Durocher (Université d’Ottawa), “Le contexte international et l’éradication de la nécrose maxillaire au Canada”

Dans l’industrie de la confection d’allumettes, les femmes et les hommes qui y sont employés se trouvent constamment en contact avec le phosphore blanc, une substance hautement toxique dont les vapeurs peuvent causer de graves problèmes de santé. Parmi ceux-ci, le plus sérieux s’avère la nécrose maxillaire, une affection de l’os qui occasionne des souffrances importantes et même la mort de ses victimes. Les premières observations faites de la nécrose résultent du travail du docteur viennois Friedrich Wilhelm Lorinser. Ce dernier les présente dans un article publié en 1845, 11 ans après l’introduction de la substance dans le procédé manufacturier[1]. Cette étude deviendra le point de référence pour tous les chercheurs qui documentent le sujet pendant plusieurs décennies, jusqu’au début du 20e siècle. Certains pays européens, à la lumière des enquêtes exposant la présence de ce mal chez les allumettières et, dans une moindre mesure, les hommes de cette industrie, décideront de réglementer l’usage de la substance. Plus encore, certains vont jusqu’à l’interdire complètement dans le processus de confection. Or, plusieurs nations resteront dans l’inaction par peur d’un commerce de contrebande provenant de pays voisins. Dans ce contexte, une convention internationale se mettra en place en 1906 pour prohiber les allumettes de phosphore blanc à l’échelle mondiale. Sept pays la ratifieront immédiatement et d’autres en feront de même dans les années suivantes.

Le Canada signera la convention en 1914, huit ans plus tard, six ans après la GrandeBretagne et deux ans après les États-Unis. Aussi bien dans la documentation que dans la réglementation et ultimement l’interdiction, le Canada sera hautement influencé par le développement international, qu’il s’agisse des progrès en Europe ou de son voisin américain. Dans le cadre de cette communication, nous souhaitons exposer la réalité de cette pression externe sur le pays et son industrie, mais aussi la résistance à la réglementation et l’interdiction au Canada, malgré les avancées qui se font au-delà de ces frontières. Nous tenterons ainsi d’expliquer pourquoi les employés de l’allumette devront attendre près de 70 ans après la découverte du risque le plus grave de leur travail pour voir celui-ci finalement disparaître.

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[1] Friedrich Wilhelm Lorinser, « Necrose der Kieferknochen, in Folge der Einwirkung von Phosphor-Dämpfen », dans Johann Nepomuk von Raimann, *Medicinische Jahrbücher des kaiserlich.-königlichen: Österreichischen Staates*, Vienne, Braumüller und Seidel, 1845, p. 257- 280.

Taylor Dysart (University of Pennsylvania), "Experimental Andes: Exploring Invocations of Indigeneity in Mid-Twentieth Century Peruvian Psychiatry"

This paper takes medicinal plants as a lens to explore how two generations of Peruvian psychiatrists navigated and negotiated their relationship with regional *mestizo* and Indigenous healers. Between 1935 and 1965, *mestizo* and Indigenous knowledge shaped anthropological, physiological, and psychiatric studies of psychotropic—often later described as "psychedelic"—medicinal plants in Lima. In the late 1930s, before he became embroiled in debates on cocaism amongst Andean men and women that garnered international notoriety, Carlos Gutiérrez-Noriega conducted extensive research with several Peruvian plants: *Bytternia hirusta*, *Brugmansia* (toé), and *Banisteriopsis caapi* (ayahuasca). A couple decades later, beginning in the early 1960s, Oscar Ríos, conducted a series of physiological and psychiatric studies on ayahuasca and harmine, its primary alkaloid. A comparative examination of their work demonstrates a stark contrast in how each understood and engaged with historic and contemporary *mestizo* and Indigenous healing practices, which both reflected and shaped the *limeño* and Peruvian sociopolitical fabric.

This paper draws on medical journals, correspondence, illustrations, and interviews from archives and libraries in the United States and Peru to consider the various facets of knowledge production that shaped Peruvian medico-scientific studies of medicinal plants. While historians of medicine and science have increasingly examined the history of psychedelic psychiatry, and psychedelic science more generally, much of this work has focused on North America and Europe. This Peruvian case study highlights the global dimensions of these distinct, but aligned, research projects. Indeed, the work of Gutiérrez-Noriega, Ríos, and their colleagues has profoundly impacted contemporary medicinal plant healing and research, both in the Andes and beyond. Broadly speaking, this paper asks what is at stake when biomedical practitioners and human scientists articulate certain notions of the past in order to make both political and medico-scientific claims towards an aspirational future.

Heather Ellis (Western University), “Crafting Care: Post war Discussions of Veteran Mental Health In Canada, 1918-1939”

1918 marked the end of the First World War, but for returning soldiers it was the beginning of adjustment, recovery and, in some cases, collapse. The transition from war to peace was especially difficult for those diagnosed with a psychological illness. ‘Shell shock’ has become synonymous with the Great War and frequently appears as a motif in the history, literature, and film of the conflict. While these studies highlight the emotional turmoil and hardship faced by soldiers, they often obscure the reality of war neurosis. Canadian historians have estimated that approximately 9,000 soldiers returned from the war diagnosed with some form of mental illness. This number then ballooned to 16,000 during the interwar period. Although these veterans make up a significant number, few Canadian scholars have explored the lives of mentally wounded exservicemen. Instead, historians of Canada’s veterans, such as Desmond Morton and Peter Neary, have largely focused on how the pension policy was created and practiced. By viewing psychologically wounded veterans through a medical lens, my study will demonstrate that the ways in which veterans, their families, the medical community, and the state constructed mental illness was directly tied to how veterans accessed care.

Using a select sample of veterans who were hospitalized at Westminster Hospital in London, Ontario, this paper will explore how ex-servicemen with serious psychological illnesses accessed different levels of care during the interwar period. While many of these men were institutionalized for the majority of their lives, others remained outside of the hospital walls and relied on familial and financial support from the Canadian State. My study will combine hospital files and pension files to uncover the multilayered care network utilized by veterans. These records will illustrate veterans’ experiences in Westminster and how the state and family members could influence veteran medical treatment. What emerges from the research is evidence of a power struggle between physicians, pension officials, veterans and their families. It is this negotiation between multiple actors that determined what type of care was available to psychologically wounded ex-servicemen.

Adriana Fraser (University of Pennsylvania), "Private Bodies and Public Immunity: Nova Scotia's unique approach to smallpox vaccination."

In recent years, historians of vaccination have taken a closer look at nineteenth-century antivaccinationism, choosing not to reject anti-vaccinationists as irrational and antiscientific. Rather, their scholarship has approached anti-vaccinationists as reasonable and rational, therefore allowing a better and more nuanced understanding of their arguments. This approach has generated excellent accounts of how public vaccination was tied up in apparatuses of state power and how working-class distrust of the state underlaid anti-vaccinationist movements. This framework also helps to explain why antivaccinationism seems to follow state vaccination wherever it goes during the nineteenth century, from colonial India to the newly-formed Dominion of Canada. But if it is true that anti-vaccinationism tends to accompany public vaccination, then what was happening in regions with vaccination programs but no organized anti-vaccinationist organizations? This paper seeks to answer that questions by examining the history of vaccination in Nova Scotia in the last half of the nineteenth century. Unlike England, Ontario, Quebec, and much of the United States, Nova Scotia did not have organized antivaccinationism during the nineteenth century. But careful examination of the province's vaccination campaigns demonstrates that this was far from the only way it was distinctive. In a clear break from vaccination policy in England and elsewhere in Canada, the compulsory vaccination of all children was *not* a central feature of Nova Scotia's vaccination policy. In addition, while in most regions the distinction between public and private vaccination was stark, Nova Scotia's approach to vaccination blurred these boundaries, both in terms of the practitioners who performed subsidized vaccinations and the vaccine they used. Nova Scotian public health authorities intervened in private bodies under different circumstances and with different methods than vaccination programs elsewhere, demonstrating a distinct view of infectious disease threats, the role of the state, and the autonomy of the private individual. This paper interrogates these themes, and in so doing, simultaneously explores a unique approach to public vaccination and the history of vaccination in an understudied region.

Jonathan Fuller (University of Pittsburgh), "What made medicine modern?"

Historians sometimes suggest that 'modern medicine' arrived by around the turn of the Twentieth Century, and in intellectual histories the transition to modern medicine is often described as the development of 'scientific medicine' (e.g. Bliss 2011). What does it mean to say that modern scientific medicine began by this time? What is modern scientific medicine? What made the medicine of this period newly scientific? I set out to answer these questions using an integrated history and philosophy of medicine approach.

I argue that what made medicine modern and scientific was its adoption of the rationality of the medical sciences. Medicine now explained and classified disease using concepts and theory from the medical sciences; it saw the goal of medicine as intervening in these diseases; and it applied scientific (experimental, theoretical and above all empirical) reasoning in diagnosis and treatment.

However, this is not a fully satisfying account of modern scientific medicine because claiming that modern scientific medicine is medicine that adopts the rationality of medical science says nothing about what makes for medical science. What distinguishes early Twentieth Century medicine from Hippocratic medicine, which was similarly naturalistic and theoretical and sometimes even recommended intervening in disease? The problem is one of demarcation: what demarcates scientific medicine practiced in the early 1900s from pseudoscientific medicine (e.g. homeopathy or Hippocratic medicine)? In answering this question, I will not provide a general scientific demarcation criterion, but a more local and historical demarcation feature for scientific medicine: what distinguished scientific medicine from pre-scientific medicine was that the former but not the latter revised theory and practice in light of evidence, both seeking evidence and responding to it. This hallmark of science marked a turning point in the history of medicine. Despite the rise of so-called 'evidence-based medicine' only around the turn of the Twenty-First Century, what made medicine modern 100 years earlier was its embracement of science and evidence.

Reference:

Bliss, Michael. 2011. *The Making of Modern Medicine: Turning Points in the Treatment of Disease*. Toronto: University of Toronto Press.

Gianamar Giovannetti-Singh (St. Edmund's College, University of Cambridge), "Galenizing the New World: Joseph-François Lafitau's 'Galenization' of Canadian Ginseng, c.1716-1724"

This essay situates the French Jesuit missionary Joseph-François Lafitau's (1681-1746) "discovery" of Canadian ginseng within its social, commercial, and religious contexts and illustrates how the missionary's upbringing and education in France shaped the way he perceived nature in the New World, elucidating the manner in which Lafitau "Galenized" Canadian flora, fauna, and peoples. It explores the role of Lafitau's dual enculturation in both a mercantile family household and later as a Jesuit missionary in his application of Galenic categories to New World flora and fauna. The essay then examines the tensions between universalism and localism and between the individuality and universality of conceptions of the human body in the eighteenth century, linking this discussion to Lafitau's Galenisation of Canadian ginseng. Finally, it suggests that given that the Jesuits were prohibited from trading goods they had *purchased*, they sold medicinal plants that they had *cultivated* themselves, which played a central role in financing the Society's missions in a manner they believed to be morally acceptable.

In this paper, I argue that Lafitau's "Galenization" of the natural history of New France was driven both by the missionary's theologically-influenced position on monogenesis and by his understanding of ginseng's commercial potential and of the advantages of adopting a widelyaccepted universalising descriptive system for trade. By Galenization, I mean the systematic translation of non-European *materia medica* into a Galenic humoral framework: the classification and ordering of a plant's properties obtained from autochthonous accounts according to its purported heat and humidity, which in turn was used to determine the plant's humoral constitution. Thus, by Galenizing New World plants, European actors made unfamiliar *materia medica* commensurable to familiar European plants, which in turn made them more marketable to European customers.

Kim Girouard (Université d'Ottawa), "De l'expérience locale aux préoccupations globales : Dre. Jessie MacBean et la médecine préventive en Chine du Sud, 1906-1935"

La Dre. Jessie MacBean fait partie de cette poignée de femmes médecins nordaméricaines qui se sont engagées au sein de l'entreprise médicale missionnaire menée un peu partout autour du globe à la fin du XIX^{e} et au début du XX^{e} siècle. Postée par la mission presbytérienne canadienne dans le Sud de la Chine en 1906 immédiatement après avoir reçu son diplôme de médecine du Ontario Women's Medical College, elle débute sa carrière à Jiangmen, une petite localité située à environ cent kilomètres au sud de Guangzhou (Canton), la capitale provinciale. Après avoir dispensé des soins en itinérance dans les villages environnants durant trois ans, elle est nommée à la tête du modeste hôpital pour femmes et enfants Marion Barclay nouvellement construit par la mission. Elle dirige l'établissement jusqu'en 1925, avant d'être engagée par le Hackett Medical College for Women de Guangzhou, à titre de chef du département d'obstétrique, position qu'elle occupera jusqu'à sa retraite et son retour au Canada en 1935.

Malgré une historiographie relativement foisonnante au sujet des missions médicales chrétiennes en Chine, les cas canadiens demeurent peu exploités et le travail mené par la Dre. MacBean à Jiangmen reste à ce jour inexploré. Cette communication a non seulement pour objectif de lever le voile sur l'œuvre médicale portée par MacBean durant les quelques vingt premières années de sa carrière, mais aussi de montrer comment, dans un établissement excentré de petite envergure comme l'hôpital Marion Barclay de Jiangmen, elle a pu développer l'expertise nécessaire pour devenir l'obstétricienne spécialiste de santé préventive qu'allait embaucher le Hackett Medical College. Car c'est bien durant ses années formatrices passées à Jiangmen qu'elle a pu parfaire ses connaissances et sa pratique de l'obstétrique et que, muées par des préoccupations plus larges, elle a commencé à penser et à implanter des stratégies de santé préventive. Ce cas d'étude bien précis montre donc qu'il existe une réelle interaction entre l'expérience locale, dans ce cas-ci celle d'une femme médecin missionnaire stationnée dans une région excentrée du sud de la Chine, et le développement de la médecine préventive à l'échelle globale.

Nancy Gonzalez-Salazar (Université Paris 8), “Instrumentalisation des discours scientifiques européens et prédominance de la race blanche dans l’Uruguay du 19e siècle.”

L’historiographie sur la conquête et la naissance de l’Uruguay en tant que nation indépendante met l’accent sur la prédominance de la population blanche d’origine européenne comme composante première du pays. La raison en est que, dès le moment de l’indépendance en 1828, les indiens charruas – peu nombreux et n’intégrant pas le système de réduction auquel furent soumis la plupart des peuples indiens de l’Amérique espagnole – ont été considérés comme sauvages et, stigmatisés par les élites locales, ont été voués à la captivité, l’esclavage et l’extermination par le premier gouvernement mis en place, qui considérait leur disparition comme indispensable à l’organisation et au progrès du pays.

L’extermination de ces premiers habitants du territoire uruguayen put compter avec le soutien des élites étrangères habitant sur place. Le français François de Curel, directeur du *Colegio Oriental de Montevideo* en 1832, proposa même d’amener quelques charruas en France afin de les présenter au Roi et aux diverses sociétés scientifiques de l’Hexagone.

Appuyée sur un corpus documentaire hétérogène, constitué de discours médicaux, exposés de naturalistes et journaux scientifiques, et un important socle iconographique, cette communication sera centrée sur l’analyse du regard porté par les hommes de science français sur les charruas, l’accueil qu’ils leur ont réservé ainsi que la manière dont ces derniers ont été considérés et étudiés par les médecins français installés en Uruguay. Nous chercherons aussi à mettre en exergue la manière dont les discours, les images et les théories produits par les membres de la communauté scientifique française à propos des charruas ont été instrumentalisés par les divers gouvernements uruguayens pour justifier leurs actions envers cette population, jusqu’à leur disparition, et pour prôner, avec fierté, le rôle prépondérant joué par les Européens venus habiter l’Uruguay dans la construction de l’Etat et l’essor économique et culturel du pays au cours du 19e siècle.

Pascale N. Graham (McGill University), "The French Colonial Medical Regime Comes to the Levant: Sex Work in Interwar Lebanon and Syria."

My paper will explore the medical history of French colonial mandate Lebanon (19181946) through the prism of sex work. While commercial sex pre-existed the arrival of the French, the rise of international organizations and presence of the French army brought public scrutiny of the profession to the forefront in medicalized terms. The character of the practice of "prostitution" was transformed from a relatively unregulated to a highly-regulated one under colonial order under the guise of public health. The newly-established system under the 1920 administrative order signed by General Gouraud, whereby "prostitutes" registered with the local police, carried identification cards, complied with obligatory medical examinations, and worked at designated brothels, had the effect of "professionalizing" sex work.

Sex workers were the subject of heated debate because they represented socio-political transformations of the period. These transformations included: the oversight of new international bodies; unease related to colonial rule and in particular the "civilizing missions" of missionaries; elite feminist organizations and publications; and new laws. Ultimately, international organizations, colonial administrators and missionaries, feminists, and public moralists grappled with questions surrounding the increasingly public role of prostitution. This concentrated the debate on the regulation of women's bodies with little consideration of the lives behind the practice.

Adam R Houston (University of Ottawa),"Black Bodies & Blue Helmets: How the colonial history of international health law impacted the Haitian cholera epidemic"

The disastrous Haitian cholera epidemic – in which a disease brought to the country by United Nations (UN) peacekeepers killed at least 10,000 people and sickened close to one million – has raised important questions about who benefits from the protections of international law. Yet while there has been considerable attention directed towards UN claims of immunity from legal proceedings brought by victims of the epidemic, considerably less has been devoted to the UN's violation of a far older principle of international law. Preventing the spread of cholera across borders is the longest established principle of international health law, woven through an unbroken series of international agreements stretching back over 120 years. At the same time, events in Haiti in 2010 also reflect some of the same biases held by the original architects of this principle. Legal measures targeting cholera's spread were developed not with the goal of furthering the collective global good, but the desire to protect Europe from the importation of a terrifying new ailment originating in its colonies. Lingering stereotypes regarding which countries, and peoples, are menaced by imported threats, and which are just naturally afflicted by disease, would have repercussions for Haiti well over a century later. For instance, peacekeeping policies regarding public health measures were based upon outdated conceptions of peacekeepers as originating from the global north to patrol the global south, rather than current realities. As such, they focused upon protecting peacekeepers from local threats, rather than acknowledging the vulnerabilities of local populations in conflict and post-disaster settings. Similar assumptions about Haiti and its inhabitants also impacted what transpired after the disease struck, as reflected not only in the UN's response but in media accounts and even initial reactions from the medical community about the underlying causes of the epidemic. This paper examines the roots of international health law as well as how it has been followed in practice, offering lessons not only for understanding what went wrong in Haiti, but for reconsideration of the underlying premises of international health law to ensure it ultimately serves as a tool to protect the most vulnerable.

Jamie Jelinski (Queen’s University), “’Go Take a Look at Millie Now’: What Murder and Tattoos Reveal About Museums, Bureaucracy, and Access to Information in Quebec”

During July 1929, Mildred Brown was murdered in Montreal by a woman named Nancy Morrison. Employing visual and material culture, archives, newspapers, and documents obtained through access to information legislation, this paper explores the implications of Brown’s death on two museums. I begin by investigating how tattoos removed posthumously from her body were displayed in a collection known informally as the “morgue museum,” housed at the Laboratory of Legal Medicine and Technical Police in Montreal—the first forensic crime lab in North America. In doing so, I ask, how did Brown’s subjectivity as a working-class woman contribute to morgue staff removing and showcasing her tattoos? And, how does this instance fit into a wider chronology of tattoos being removed from the deceased bodies of marginalized people in Montreal and beyond? Discussing the ethical issues surrounding museum holdings of tattooed remains—particularly those that belonged to poor, unidentified, and working-class individuals—I probe Brown’s tattoos in a contemporary context, following their transfer from Quebec’s Ministry of Public Security to the Museum of Civilization in Quebec City in 1997. In this instance, I examine how the tattoos were displayed and then removed from exhibition due to my interest in them and consider the bureaucratic mechanisms used to hinder research into this object. I argue that Brown’s preserved tattoos challenge the moral integrity of the province’s medicolegal apparatus and its official history perpetuated by government institutions and therefore inquiry into their provenance has been intentionally constrained by state actors determined to maintain the status quo.

Andrew Jones (University of Toronto – Institute for the History of Philosophy of Science and Technology), “A Clear View of the Self: LSD’s Ego-Enhancing Effects in Psychiatry, 1950-1970”

In the 1950s and 1960s, many European and North American psychiatrists used the hallucinogenic drug LSD (lysergic acid diethylamide) to facilitate psychotherapy. But how did psychiatrists think that LSD achieves this facilitation? In other words, what explanations did psychiatrists offer to account for LSD’s ability to enhance the therapeutic process? Answers to this question are found in historical studies of LSD’s use in psychiatry, which have shown that psychiatrists viewed LSD as valuable clinical tool because of its ability to *loosen, dissolve, or disintegrate* the structure of the ego (e.g. Dyck, 2008; Oram, 2018; Barber, 2018). As these studies point out, psychiatrists in this period believed that by disrupting the ego’s hold over the unconscious, LSD allowed forgotten memories, analyzable hallucinations, and repressed emotions to rush into conscious awareness, a process that otherwise required great effort on the part of the therapist. Historical studies therefore generate a view in which psychiatrists saw LSD’s therapeutic value as stemming from its fundamentally *ego-disrupting* effects.

However, historical studies of LSD have not paid sufficient attention to the fact that many psychiatrists also emphasized that LSD has *ego-strengthening* effects, when used at the right dose. Here I examine the work of psychiatrists who proposed that the therapeutic value of LSD comes from its ability to *enhance* certain ego functions and mental processes. For example, in

1955 the American psychiatrist Harold Abramson claimed that in certain respects a patient’s ego “functions more effectively” when under the influence of LSD. Others suggested that LSD provides patients with a clear, detached, and more objective view of their personality structure, as evidenced by the American psychiatrists Mortimer Hartman and Arthur Chandler’s claim in 1960 that LSD produces “a sharpening in the awareness of the ego structure itself and the various ego defensive mechanisms”. Given claims like these, I argue that psychiatrists did not always view LSD’s clinical effects as stemming from its distorting or disorienting effects. Instead, more positive and cognitively enhancing effects of LSD were often noted. By making this point, my research has implications for current attempts to explicate the therapeutic value of psychedelic drugs.

Hasan I. Kettaneh (Queen's University), "The Historical Evolution of Postgraduate Medical Education (PGME) in Canada, 1990 – 2020"

Change in postgraduate medical education (PGME) curricula, formerly considered as difficult as moving a cemetery, now happens rapidly, forced by societal demands and regulations, change in clinical practice, shifting norms for working hours, globalization, scientific knowledge accumulation, and technological advances (Talbot, 2004). PGME has been the subject of repeated examinations and in-depth reports about curricular changes that are needed to improve the education of medical trainees. Despite the investment of significant resources by government and regulatory bodies to enhance medical training, physicians continue to enter the workforce lacking skills in interprofessional teamwork, information management, quality improvement, and even basic surgical skills. Furthermore, an imbalance of physician specialty choices combined with the geographic maldistribution of practicing physicians results in entire populations of patients having inadequate access to basic health care services. The purpose of this study is to explore paradigmatic shifts in PGME curricula in Canada between 1990 and 2020 utilizing a multilevel curriculum history approach by investigating the available academic literature, examining archival documents, and capturing the perceptions of different stakeholders. The core research question guiding this project is: *How do we tell the story of curriculum change in PGME in Canada?* To respond to this question, the project undertakes the following core tasks, which are unique phases in curriculum history and progressive education: (a) historical analysis of the formal and informal publications of the RCPSC, CFPC, and the MCC since 1978, which marked the publication of the WHO report by McGaghie et al.; (b) pursing a scoping review of academic literature advocating for and against curriculum changes in PGME in Canada, 1990–2020; (c) interviews with CBME leads and Deans at schools of medicine across Canada (a percentage of the 17), and officials from RCPSC, CFPC, and the MCC to capture the complexity of PGME curriculum reforms through their narratives and lived experiences. Results (in analysis at time of writing) suggest that more than 30 years of research has identified many historical, political, technological and societal happenings found to shape PGME curricula in Canada. Results and conclusions from this study will be available at the time of presentation.

Susan Lamb (University of Ottawa), "Mission Plus Accreditation Equals Conformation: Catholic Ideals and Institutional Transformation During the Formative Years of University of Ottawa's Medical School, 1945-1965."

This research examines the sudden appearance and rapid conformative transformation of the University of Ottawa's Faculty of Medicine in the postwar era. By the 1950s, North American medical schools were bureaucratically-complex, research-oriented institutions with accredited curricula (complicated and bloated due to sub-specialty proliferation) and demanding admission requirements (that favoured, explicitly or implicitly, applicants identified as male, white, Protestant). Yet in 1945 the University of Ottawa—a predominantly French-speaking Catholic institution—precipitously established a medical school that operated more like the sectional (e.g. religious, black and women's) medical colleges obliterated by the Flexnerian upheaval decades earlier. Within fifteen difficult years, however—after an usually high number of visits from the accrediting body, the American Medical Association's Liaison Committee on Medical Education (LCME)—Ottawa's medical faculty operated on par with its North American counterparts. This study is not concerned with framing this transformation as a success story. Rather, it employs the university's steep learning curve, welfare-based admission practices, religious and linguistic ideals, and professional and political tribulations as opportunities to scrutinize forces that shape and constrain North American medical education. Two objectives catalyzed the University of Ottawa's quick resolve to establish a medical faculty, but also made the new school practically unrecognizable to LCME evaluators. The first was material: to beat out the new nondenominational Carleton College, rumored to have similar plans in anticipation of projected physician shortages and waves of returning veterans with government educational benefits. The second, ideological aim manifested as a tendency to view medical school admissions as an extension of Vatican II's multi-faith welfare mission. Ultimately the institution overcame arduous challenges to willingly and productively conform to professional standards in order to secure funding and compete for top-ranked applicants, though at the cost of its missionary ideals. This research draws on the founders' correspondence and planning materials, multiple LCME reports, and exclusive access to medical student records. It also relies on oral histories conducted with physicians who graduated from the program during the period under study. Informed by important interpretations by Duffin, Fedunkiw, Ludmerer, and McPhedran, no explicit theoretical framework is applied at this stage of the research.

Katie Lewis and Michelle Lehman (University of Toronto), "Historical Analysis of Occupational Therapy in Public Health, 1914-2019"

It is clearly established in occupational therapy literature that the field is well suited to collaborate with the public health sector due to overlapping views of health and well-being. Each field seeks to enable individuals to increase control over their own health, thereby improving their wellbeing. However, there have been relatively few instances of collaboration between these professions. Separate histories of the Canadian occupational therapy profession and the public health sector have been conducted, yet little has been examined as to why the two fields developed with relatively minimal collaboration. This paper examines the events that have led to the present-day separation of occupational therapy and public health. Through this paper, we will demonstrate that there is an overarching theme of power dynamics within the history of Canadian healthcare. As occupational therapists transitioned from a wartime position to permanent healthcare team members, they relied on physicians in large part to advocate for them. Due to this reliance on physicians, occupational therapists transitioned to roles within hospitals rather than the larger community. Simultaneously, the field of public health was establishing its independence within the healthcare system. Public health's pursuit of becoming a distinct profession within healthcare, in combination with physician-driven priorities for occupational therapy, led to the use of public health officials, rather than occupational therapists, to spearhead occupationally focused public health initiatives. Since that time period, occupational therapists have advocated for an expanded role of occupational engagement in public health initiatives, with seemingly little reciprocity. As a result, there have been few avenues for collaboration and the two fields evolved separately.

Katie Lewis et Michelle Lehman (Université de Toronto), "Une analyse historique de l'ergothérapie en santé publique, 1914-2019"

Selon la littérature, le domaine de l'ergothérapie est bien adapté pour collaborer avec le secteur de la santé publique en raison du chevauchement des points de vue sur la santé et le bien-être. Chaque domaine vise à permettre aux individus de contrôler leur propre santé, améliorant ainsi leur bien-être. Il existe cependant peu de cas de collaboration entre ces deux professions. Les professions de l'ergothérapie et de la santé publique au Canada ont été examinées de manière distincte. On en sait peu sur le manque de collaboration entre ces deux secteurs. Cet article examine alors les événements menant à la séparation actuelle de l'ergothérapie et de la santé publique. À travers l'article, nous allons démontrer qu'il existe comme thème la dynamique du pouvoir dans l'histoire du système de santé au Canada. Alors qu'ils passaient d'un poste de guerre à un poste permanent dans l'équipe de soins de santé, les ergothérapeutes se fiaient souvent aux médecins pour défendre leur position dans le secteur médical. En raison de cette dépendance à l'égard des médecins, les ergothérapeutes sont passés à des rôles au sein des hôpitaux plutôt que dans l'ensemble de la communauté. En même temps, le domaine de la santé publique établissait son indépendance au sein du système de santé. Le désir de la santé publique de devenir une profession distincte ainsi que les priorités prédéterminées de l'ergothérapie par les médecins ont fait en sorte que les travailleurs en santé publique dirigeaient les initiatives de la santé publique axées sur l'ergothérapie et non les ergothérapeutes. Depuis ce temps, les ergothérapeutes ont eu à promouvoir le rôle de l'ergothérapie dans les initiatives de santé publique et ce, avec peu de réciprocité. Par conséquent, il y a eu peu d'opportunités de collaboration entre ces deux domaines; ils ont donc évolué de façon distincte.

John R.H. Matchim (University of New Brunswick), "'Symbol of the IGA': The International Grenfell Association Hospital Ship Strathcona III and medical surveillance in northern Labrador, 1971"

In 1971 the International Grenfell Association (IGA), a semi-autonomous health care provider in northern Newfoundland and Labrador, deployed the hospital ship *Strathcona III* to conduct a mass tuberculosis survey of communities along the Labrador coast. The IGA, which began as an evangelical medical-mission in the late-nineteenth century, had enjoyed a period of growth and modernization since Newfoundland confederated with Canada in 1949. The IGA had also extended its reach into northern Labrador, and an important part of its post-Confederation mandate was the identification and treatment of tuberculosis in the region's Innu and Inuit communities. However, rather than addressing the social and economic roots of the disease, the IGA pursued a technological solution that relied on specialist platforms like the *Strathcona III*.

This strategy consistently failed to produce positive results, but a closer examination of the *Strathcona III*'s 1970 patrol reveals how the IGA developed and used the technology of the hospital ship to monitor and, if necessary, remove Indigenous people from remote and highly mobile communities in a harsh subarctic environment.

The 1970 patrol was not the first attempt to use a hospital ship for a mass tuberculosis survey, but the *Strathcona III* was the first IGA vessel designed specifically for the Labrador coast, capable of pursuing small and mobile groups of people in hazardous northern waters. Indeed, unlike southern Labrador and northern Newfoundland, the IGA relied on this technology to maintain an institutional presence in the region, and for Indigenous communities it became, as one physician called it, the "symbol of the IGA." While these clinicians were well-educated and equipped with modern medical technology, their use of the *Strathcona III* strongly reflected the missionary origins of the IGA and its perception of Labrador's Indigenous peoples. By examining the 1970 patrol, this paper will build on scholarship that has illuminated the IGA's missionary origins and identity (Rompkey, 2009; Side, 2015; J.J. Connor, 2019) and demonstrate that this history continued to shape the IGA's operations in the post-Confederation era, a period that has received much less scholarly attention.

Courtney Mrazek (University of New Brunswick), “Shubenacadie Indian Residential School: Biomedical Experimentation on the Mi’kmaq in TwentiethCentury Nova Scotia”

The Shubenacadie Indian Residential School (IRS) in Shubenacadie, Nova Scotia, was operational between 1930 and 1967. The school was run by two large institutions: the state, represented by the federal Department of Indian Affairs, and the Roman Catholic Church, with the Sisters of Charity nuns and priest overseeing the day-to-day functions. The Shubenacadie IRS was one of 6 residential schools across Canada involved in a 5 year nutritional experiment on indigenous children, spearheaded by the

Nutrition Department, a federal department under the Department of National Health and Welfare, as Ian Mosby’s research has addressed. This presentation will delve further into the Shubenacadie IRS’s unique experience during the nutritional experiment, and expand on numerous clinics and programs offered to and enacted upon Mi’kmaw children there. These biomedical experimentations, conducted by Nova Scotia professors, researchers, and medical experts, among others, included racialized fingerprinting, blood tests, dental visits, quantitative data generating measurements, and more. These copious visits and invasive procedures, performed without informed consent, are described in the Sisters of Charity annals. The annals consist of a journal maintained by the Sisters of Charity while they worked at the Shubenacadie IRS. Their recordings are anonymous, with some Sisters maintaining detailed notes, and others only discussing the spiritual aspect of their mission. The Sisters of Charity have not allowed a researcher to read these annals in over 20 years, until now. This presentation is informed by the Truth and Reconciliation Commission findings, the Missing and Murdered Indigenous Women and Girl’s report, and addressing the Eastern Canadian historiographical gap in Indigenous history, specifically health-orientated history. This research is part of a larger dissertation study on eugenic economics and Mi’kmaw health in Nova Scotia during the Twentieth Century.

Carly Naismith (York University), "Cadavers in Canadian Medical Schools, 1900-1950"

By the early 19th century, cadavers for Canadian medical school dissections were being procured under the auspices of Provincial Anatomy Acts from hospitals, asylums and other state-funded institutions. Between 1900 and 1950 most cadavers received by Canadian medical schools were white males. Consequently, female and/or racial minority cadavers often received treatment considerably different from the 'typical' subject. This often took the form of dissection for a special class, preparation for the anatomical museum, or being kept in the dissection room for an extraordinarily long period of time. Assessing dissection room records from Dalhousie University, McGill University, the University of Toronto, The University of Western Ontario, The University of Manitoba, the University of Saskatchewan and the University of Alberta my presentation will look at the difference in treatment that these racialized and gendered bodies received. Namely, I will look at how social prejudices seeped into anatomy classes, affecting how cadavers were procured, dissected, distributed, displayed, and studied in the first 50 years of the twentieth century.

Sioban Nelson (University of Toronto), “British prestige, hygienic modernity and nation building: the story of Ethiopian nursing in the postcolonial era.”

Princess Tsahai, the eldest daughter of Haile Selassie, undertook nursing training at the Great Ormond Street and Guy’s Hospitals while in exile in London during the Italian occupation of Ethiopia (1935-36). The Princess’s untimely death prevented the realization of her goal to bring English-style nursing training to Ethiopia, but the cause was taken up by veteran suffragette and pro-Ethiopia advocate Sylvia Pankhurst who spearheaded a decade-long initiative to establish the hospital and training school, raising in excess of £750,000. The hospital opened to great fanfare in 1951, but not before multiple missionary hospitals had been (re)established, and a well-equipped Soviet hospital built. While foreign interests jostled for the position of preeminent supporter of the newly emerged nation, the government and the Ethiopian Red Cross embraced the language of scientific nationalism, modernity and African identity. Reform of the family, reform of women, building healthy citizens, and ensuring healthy babies through gendered campaigns for national improvement were critical to the constitution of a new national identity. Ethiopian elites, personified by the imperial family, embraced these protocolonial values, restyling them as authentic and indigenous. This paper looks at the role of nursing and the constitution of the female professional in this postcolonial period. With reference to Sylvia Pankhurst’s papers, as well as missionary and newspaper sources, I argue that colonial and nationalist powers alike supported the adoption of the self-sacrificing woman as a symbol of national identity and strength, attempting to constitute the professional identity of the nurse as a foot soldier of hygienic modernity among the national vanguard of western educated elites.

Elizabeth Newald (Brock University), “Material cultures of diabetic sugar monitoring and the redistribution of expertise”

The discovery of insulin is held up as one of the major successes of modern medicine. Prior to its introduction in the early 1920s, individuals with what is now called Type I diabetes succumbed to the disease and its complications within a relatively short time. It is thus not surprising, that insulin and its history have received considerable attention from historians of medicine, pharmacy and endocrinology. Much less attention has been paid to the objects and practices that were necessary for an insulin regimen to function.

This paper focuses on the development of methods for urine and blood sugar measurement and monitoring in the twentieth century. Various forms of urine sugar testing had been used to diagnose diabetes and track its progression long before the introduction of insulin. With insulin, the ability to regularly and accurately assess sugar levels became even more important, since in order to be effective, it needed to be embedded in a careful regulatory regimen.

The development of sugar monitoring methods and practices has received little attention in the history of diabetes management, however. Overviews of this history portray it as a process of simplification to the point that diabetic self-monitoring became the standard procedure. This paper takes a different approach and interprets this history as a process of the redistribution of expertise. It places the material objects and practices of diabetic sugar monitoring at its centre to show that interpreting the trajectory of measurement and monitoring methods and regimens as one of simplification is misleading. Rather, their development history shows how skills and responsibilities shifted between the different actors, including biochemists, physicians, diabetes nurses and educators and individuals with diabetes.

Joanna L. Pearce (York University), “Electricity, Needles, Hooks, and Herbs: Treating Blindness in Nineteenth-Century North America”

Mary Day became blind after a brief illness in 1848. In response, her family began seeking a cure, including but not limited to bathing her head in cold water; making a tea out of roots that she was to both drink and apply to her eyes; eating only bread and molasses for a month while being kept in a dark room; or having a compound of dissolved alum and rum applied directly to her eyes with a linen cloth. These are just a fraction of the cures attempted by both medical professionals and concerned laypeople during Day’s quests to cure her blindness. Her multiple autobiographies describe the excruciating pain many of these treatments caused her; none were successful.

The quest to “cure” blindness in the nineteenth century took on many forms in North America. From electricity applied directly to the eyes to surgical interventions to specific herbs applied thrice-daily, oculists and other medical practitioners sought to develop a universal treatment for blindness. Despite their extremely-limited success rate, blind people continued to seek out these treatments.

This paper will examine the growing experimentation in treatments for blindness in the nineteenth century, as well as the emotional and physical reactions of patients to these treatments. While medical professionals wrote of their interventions in journals and advertised their treatments in newspapers, blind people described their experiences of receiving these treatments in autobiographies and letters to family and friends. This paper will explore how both medical professionals and the blind themselves responded to the growing treatments for blindness, and trace how these treatments reflected attitudes towards blindness throughout the nineteenth century.

Denisa Popa (University of Toronto), “Gender, Body and Health: Women’s College Hospital (Toronto, Canada)”

In 2018 Women’s College Hospital (WCH) launched the Transition-Related Surgery (TRS) program and became the first Canadian public hospital to offer complete gender affirmation surgeries to transgender individuals. While the TRS program is a first for public hospitals in

Canada, pioneering equity and access have been at the core of WCH’s mandate since 1911. When WCH was founded is was the first public hospital in Canada that was established and staffed entirely by women. The programs and clinics offered at WCH were designed to address the needs of women, a historically medically underserviced population. Now, the hospital has extended their programs to include populations that are not biologically female, reflecting a changed understanding of women’s health and gendered care. The hospital’s historically shifting conceptions of gender show that gendered medicine is no longer limited to addressing the reproductive needs of the female body. My paper will bring WCH’s history into wider scholarly conversations around these changing notions of gender in medicine, and the evolution from women’s reproductive health, to the female body, and finally beyond biological boundaries.

Drawing extensively on archival sources, this paper will explore the evolution of gendered medicine at WCH through three episodes. The first is the 1920’s Venereal Disease clinic, which marked one of the early instances in which the hospital broadened its definition of women’s health to include non-reproductive matters. The second episode took place in 1963 when the hospital’s Cancer Detection Clinic introduced mammography as a routine screening tool and conducted a study that looked at the effectiveness of mammography in the detection of breast cancer. This expanded the scope of women’s health at the hospital to include medical research outside of reproductive health. The final episode is the recent establishment of the TRS program and the extension of gendered health beyond the biologically female body. As the first general public hospital in Canada to offer this program, WCH once again redefined what health concepts are classified under their definition of women’s health. The evolution of WCH’s programs reflect and respond to a broadening understanding of what gender is in Canadian medicine.

Fedir Razumenko (University of Calgary), “Bridging Clinical Investigation with Ethical Regulation: Four Pioneering Gynecologic Cancer Trials in Canada, 1974-1984”

With the formation of the cooperative clinical trial program in 1971, the National Cancer Institute of Canada (NCIC) created a forum of investigators interested in systematic medical research. Leading therapeutic radiologists, hematologists, surgeons, and immunologists became engaged in conducting randomized controlled trials (RCTs) in Canadian medical centers. Gynecologists followed suit by endorsing a path-breaking cooperative trial in ovarian cancer in 1974. This advance in the Canadian clinical cancer research program happened at the NCIC annual meeting in Edmonton, the first such gathering in Western Canada. Involvement of the medical specialty of gynecology was important because gynecologic malignancies were rather difficult to treat and were relatively common.

I examine four successive cooperative RCTs evaluating treatments for gynecologic malignancies to demonstrate how changes in ethical regulation impacted on the trials’ completion. Two opening trials in ovarian cancer set the stage for a fruitful collaboration between the NCIC and the investigation-minded gynecologists, but the next two trials were not so successful. I argue that the inclusion of requirements for an informed consent and for an institutional ethics review clearance in the research protocols since 1975 made a difference to the patient enrolment for these trials. That year, the World Medical Association revised its *Declaration of Helsinki* and the US government enacted a redrafted *Code of Federal Regulations* on human research.

The NCIC completed two initial cooperative trials, whereas the following two trials faced unsurmountable challenges. However all these trials did not have substantial changes in participating investigators, nor modifications in the NCIC procedure of a two-stage scientific and ethical review of research protocols. My analysis of records from the NCIC clinical trial committees and documents from research ethics boards shows it was likely that the extra administrative workload imposed by the new regulations interfered with the investigators’ willingness to register patients for the protocols. Building on the work of Ilana Löwy, I reveal how gynecologic trials evolved during a critical period of change in the regulatory environment of human research internationally. I conclude that the institutionalized ethics of human research itself became a factor in the success of a clinical investigation.

Daniel B. Rees (Memorial University of Newfoundland), "'The Great Conflagration': Disease and Death in the Ashes of the Great Fire of 1892."

In the summer of 1892, a fire engulfed the city of St. John's, Newfoundland. In just a day, more than two-thirds of the city was destroyed, and more than 10,000 people left homeless. This event would become known as 'The Great Fire'. This research examined how conditions in the city, specifically the establishment of temporary encampments for the homeless, facilitated the transmission of infectious diseases and resulted in an epidemic that would ultimately see more deaths than were caused by the fire itself.

This research used a mixed-methods approach, calling on methodologies of medicalepidemiology and primary historical research. Documentation of the living conditions in the temporary camps, published in local newspapers and journals, was collected and used to identify specific factors that may have contributed to disease transmission. Overcrowding, inadequate shelter, improper drainage of waste, and limited access to clean water were are all described in these primary historical documents.

These conditions contextualized the increase in infectious disease mortality that was identified through the analysis of >1600 Vital Statistics death records for the time period. Disease rates for the years before and after the fire were calculated to provide control groups for our analysis. Against these control groups, our analysis employed a variety of statistical tests to determine the significance of our findings.

Our research revealed an unequivocal increase (240%) in the number of infectious disease deaths in the months immediately succeeding the fire. This increase is found to be significant, when compared to the proceeding and preceding years. Croup and Diphtheria were the predominant infectious diseases of this epidemic, and disproportionally affected children under the age of 10.

This research ushers in a new understanding of this previously well-researched historical event. Our research suggests that the devastation of the 'Great Fire' extended far beyond the economic losses thatwere previously of focus in the literature on this topic, and that the loss of life is far greater than previouslybelieved. This research also demonstrates an effective methodology which could be applied to the study of similarhistorical disasters across Canada.

Justin Rivest (University of Cambridge), “Missionaries and Patent Medicines in the Seventeenth Century Medical Marketplace”

My paper explores the use of proprietary or “patent” medicines by French missionaries in North America and Southeast Asia at the end of the seventeenth century. Proprietary drugs were an increasingly common feature of European medicine in this period, but they are usually associated with the urban medical marketplace, the so-called consumer revolution, and household consumption. I argue that overseas missionary organizations furnished an important and hitherto unstudied market for the vendors of proprietary drugs. Specifically, I focus on the relationship between a dynasty of patent drug manufacturers—the Chomel family—and their missionary consumers in the form of the Sulpicians and the Paris Foreign Missions Society (*Société des Missions étrangères*). The bodily care that so often accompanied efforts to spiritual conversion in missions was crucially supported by these drugs. This use fed back into metropolitan marketplace, as the manufacturers of these drugs in fact boasted of their charity in supplying them to distant missions and excerpted missionary testimonials in their own printed advertisements.

The drugs produced by the Chomel family proudly advertised that they not only supported pastoral work among the rural poor of France, but also supported missionary work in Canada (at the Kenté mission in modern Bay of Quinte, Ontario) as well as in Siam, Tonkin, and Cochinchina. My paper elucidates this intriguing connection between medicine and religion, and between the “charity” of the pharmaceutical proto-industry and the missionary projects of the late Catholic Reformation.

Kelly Salman (Queen's University), "Not For The Waiting Room: An Analysis of a 1990's Canadian Medical Humour Magazine"

"…The match of medicine and humour is precisely as congruent as dentistry and erotica,". This was the (ironically humorous) exclamation of a patient who had stumbled across an insider secret of medicine in her doctor's waiting room – humour. *Punch Digest for the Canadian Doctor,* later renamed *Stitches: The Journal of Medical Humour,* was a magazine created by an Ontario physician in the 1990s. It served as a novel outlet for doctors to share amusing stories and professional challenges. Quickly rising in popularity, it allegedly became the most read medical journal in Canada by 1998, eventually ceasing publication in 2007.

The latter half of the 20th century was a tumultuous period for physicians. As medical technology advanced, the role of the doctor changed from respected caregiver to provider of real cures. This heightened patient expectations that doctors should never fail. The rising cost of medical lawsuits, from $4.5 million in 1976 to approximately $120 million in 1995, demonstrates what happened when they did. In Canada, physician resistance to the public funding of healthcare amplified public distrust. The result was an increasingly fraught relationship between doctor and patient. It is within this context that *Stitches* was born. And although it was never intended for the waiting room, it fell into at least one patient's hands.

Sir William Osler urged young physicians to project a sense of equanimity – essentially never let the patients see you cry… or laugh. Within this culture of professional restraint, medical humour is often hidden, considered unsafe for public consumption. How has this longstanding closed door policy impacted physicians and their patients? As a widely circulated publication, *Stitches* unintentionally lifted the veil of professionalism that had previously separated doctors from their patients. This magazine thus offers a rare chance to assess the meaning behind medical humour and consider what happens when it becomes publicly available. Through analysis of the content within *Stitches* and oral interviews of key players, physicians, and patients, this project will examine this relationship between humour and professionalism in medicine.

Eugenie Scott (Ulster University), “The use of alternative medicine to treat cancer in nineteenth century Belfast and Dublin”

The recorded rates of cancer on the island of Ireland have been steadily increasing since the nineteenth century. Although noted in the nineteenth century for its considerably lower cancer figures in comparison to neighbouring England, Ireland now has the third highest cancer rate globally. Particularly at the start of the century, cancer was seen as a mysterious and uncurable disease. Medicine flourished in this period as the invention of new technologies and therefore progression of knowledge enabled practice to become more scientific and professional. However, despite the many achievements of biomedicine, even the most distinguished medical men could not determine the cause of, or effective treatment for cancer. With no real answers from the professional medical community regarding this malady, many cancer sufferers continued to seek therapeutic relief from unorthodox practitioners.

The use of folk medicine for various health concerns and diseases has a long tradition in Ireland and was still widely used into the twentieth century. This paper will discuss the use of alternative medicine as treatment for cancer in the two largest urban centres in nineteenth century Ireland, Belfast and Dublin. Some cancer ‘cures’ noted to be used throughout Ireland in this era include arsenic, drinking decoctions of flowers, eating herbs and applying liquid squeezed from some plants on to the affected area. This paper will explore alternative remedies used specifically in the provinces of Ulster and Leinster and provide comparison of similarities and differences in folk practice and beliefs. This paper considers questions such as; Who was practising folk medicine? where it was practised? the methods of healing used? the demographic of persons seeking alternative healing? and how effective such treatments were deemed to be for the treatment of cancer? Evidence to support this paper is drawn from sources such as local Irish newspapers which featured advertisements promising curative treatments for cancer and supposed testimony from patients whom had been cured. Records from the Irish National Folklore Collection which document endless remedies used generally throughout Ireland have also been utilised in this research along with archival material and government documentation.

James Burnham Sedgwick (Acadia University), “Communities of Healing: Nova Scotian Networks and the Medical Humanitarian Impulse”

What makes advocates, advocate? Why do people feel compelled to help others from unfamiliar, marginalised, often dangerous, regions? This paper explores the humanitarian impulse of medical missionaries in the late nineteenth and early twentieth centuries. It shows how historical actors learned – and lived – humanitarianism. Advocacy grew out of personal traits and sensibilities; empathy for others, a sense of duty, a penchant for adventure, and the like. It also reflected deep-seated belief systems and cultural assumptions. The idea of becoming medical missionaries crystalised into action when *shared* within inspiring spaces of learning and communities of healing. Universities and similar places of intense lived experiences, emotional alternation, intellectual engagement, and social networking formed crucibles of advocacy that transformed raw aspiration into steely determination. Specifically, this paper explains how social networks and lived experiences inspired a group of Nova Scotian missionaries and doctors to ‘make a difference’ abroad rather than at home. A century ago, the humanitarian frontier formed in the shatter-zones of failing empires. Instead of bringing ‘aid’ to ‘developing’ countries (largely in Africa), groups brought ‘enlightenment’, ‘faith’, and ‘civilisation’ – as well as material assistance – to decaying societies ‘trapped’ in the past (mostly in Asia). Doctors and dreamers, missionaries and mavericks, fixed their gazes on collapsing states where exuberant ‘modernity’ met faltering ‘tradition’ and the humanitarian impulse followed. Colonial hierarchies and cultural racism tainted missionaries. Despite this troubling past, a core impetuse – the emotional call to help and to heal – connect early medical missionary work to modern secular humanitarianism.

Kevin Siena (Trent University), "'Some Writers Would Pronounce them Different Races': Disease, Class and Race in Eighteenth-century Stadial Theory"

Stadial Theory was an influential body of eighteenth-century thought that grew out of the Scottish Enlightenment. It posited that human civilization advanced through predictable stages. Roxann Wheeler has called it 'the most important rubric for thinking about human difference in the eighteenth century.' Stadial theorists' claims about race are well known. What has been less studied are the ways in which class structured this thought.

Susceptibility to disease – what eighteenth-century doctors typically termed "predisposition" – has recently emerged as powerful way that Enlightenment-era doctors framed ideas about both race and class. Suman Seth's recent work, in particular, has displayed how assumptions about different bodies' susceptibility to fever in the Caribbean allowed doctors to cast bodies as racially distinct. My recent work parallels Seth's showing that British doctors crafted a physiology of class in theories of disease-susceptibility among the urban poor. When set side-by-side, our books show that sometimes the same doctors applied the same theories about the same diseases to both Africans and the British poor. This paper will outline how these discourses functioned, before moving on to explore a contemporary body of thought – stadial theory -- that did not treat class and race in isolation but integrated them intimately.

We will look especially closely at Samuel Stanhope Smith whose work demonstrates with particular clarity the fluidity between class and race in the eighteenth century. Smith was primarily concerned with the physical and moral differences between whites and 'savage's like Africans and Native Americans. However, to make his points he frequently compared these groups with the white poor, who he argued shared a bevy of moral, intellectual and physical characteristics – including proclivity for disease. Importantly, his language anticipates polygenism. So profound were the distinctions between classes that 'some writers would pronounce them different races.'

Scholars have done much to establish the intersectional links between gender and race in the Enlightenment. By demonstrating the similarly rich cross-fertilization between class and race, texts like Smith's offer a chance to build a more nuanced understanding of the relationship between these categories during a vital period in the development of the science of human variety.

Rebecca Stieva (McGill University), “Cholera Mortality Patterns in Victorian London Revisited.”

Cholera is one of the most studied diseases in the history of medicine. Its multiple economic, political and social effects on nineteenth-century society have been explored extensively by historians. However, it is often analyzed for its causal influences, rather than its own demographic impact. With regard to nineteenth-century England, cholera erupted in four major epidemics: 1832, 1848-49, 1854, and 1866. The latter three epidemics, for which reliable mortality data exists, have rarely been examined through the lens of geographic mortality patterns which reveal the story of cholera’s movement in an urban environment.

This paper focuses on the mortality patterns produced by cholera during these three epidemics in London, England using databases compiled using the information found in the *Weekly Returns of Births and Deaths in London*. These databases show mortality trends over time, as well as detailing over 25,000 individual instances of cholera mortality in London throughout the nineteenth century. Comparing cholera’s mortality with diarrhoea and dysentery, along with other “zymotic” diseases, illustrates its distinct mortality patterns across a thirty-year span.

This investigation demonstrates change over time, while also suggesting that the dominant historical narrative is incorrect. It was not the poor East End that suffered the most during the cholera outbreaks; rather, it was the area south of the Thames which witnessed the worst outcomes from cholera’s deadly symptoms. Finally, the paper questions the broader conclusions which can be drawn from this level of analysis, specifically: How does cholera’s history in urban London fit with theories of England’s mortality decline in the nineteenth century? What was the role of public health institutions in determining cholera’s mortality in Victorian London?

Eric Story (Wilfrid Laurier University), “Veterns, Tuberculosis and the Politics of Non-Visible Disability, 1914- 1939”

Historian David Gerber once wrote that disabled veterans represent “social groups forged by common experiences of war, injury, and disability and by common grievances arising out of these experiences, and possess consciousness of their singular status as disabled military citizens.” Since then, a substantial body of literature has developed on disabled veterans as well as their families. Alongside these academic works, a general understanding of what a disabled veteran “looks like” has solidified in the public eye with the aid of film, fictional literature, and media representation. As Gerber confirms, the prototypical disabled veteran is an amputee, “garnering attention vastly out of proportion to their relatively small numbers, and in effect, becoming representative of all disabled veterans.” Indeed, this image looms so large that it is often forgotten the majority of veterans who were injured during the First World War were not ‘visibly’ disabled. Most dealt with non-visible disabilities such as respiratory illness, joint and muscular pain, and psychological trauma.

To illustrate the experiences of invisibly disabled veterans, my presentation will investigate those who became disabled as a result of tuberculosis during or after the war. It will follow a small sample of men who applied for and received disability pensions for tuberculosis and contextualize their experiences within the activism of a small group of ex-soldiers who eventually formed the Tubercular Veterans Association (TVA) in 1917. The TVA lobbied the federal government to provide larger pensions, vocational training and better in-home care for tuberculous veterans. But above all, they attempted to garner awareness of the ‘invisible’ nature of tuberculosis and its largely ignored impact on veterans infected with it.

By examining a group of invisibly disabled veterans, this presentation seeks to unpack the challenges they faced in proving their disabilities as authentic or ‘real’ and lays bare the very real hurdles they faced living with a disability that may have been ‘invisible’ to the outside observer but was as debilitating as any other ‘visible’ disability.

Cynthia L. Tang (McGill University), “Physician Advertising, Patient Demand, and the Laparoscopic Revolution in Surgery.”

Key words: surgical innovation, physician advertising, patient, consumers, medical reporting

Though largely described as a “patient demand-driven revolution”, a more nuanced analysis of Laparoscopic cholecystectomy’s rapid rise reveals the deliberate efforts made to generate that demand. Local availabilities of the new minimally invasive technique for gallbladder removal in the early 1990s was widely publicized in news reports and, in the United States, through mass media advertisements. Patients suffering from symptomatic gallstones could now arrive at their surgical consultations armed with knowledge of cutting-edge technology and an idea of what they considered to be acceptable side effects. If a surgeon did not provide the minimally invasive surgery, patients would go to another surgeon that did. Reliant on gallbladder removal as one of general surgery’s bread-and-butter procedures, many surgeons felt pushed by the market to be trained in the technique and to offer it as quickly as possible. Such pressure facilitated laparoscopic cholecystectomy in capturing 75% of the American market for gallbladder surgery in just three years, whereas countries with nationalised health services experienced a slower transition from the traditional open surgery. While many factors, such as the more commercial nature of American medical practice, were certainly influential in the speedier acceptance of laparoscopic cholecystectomy in the United States, this paper considers the role played by changing cultures of publicizing medical innovations. It examines how legislative and judicial decisions made in the deregulatory climate of the 1970s and 80s forced professional groups to dismantle longstanding codes of ethics and allow more competitive practices. The Federal Trade Commision’s 1975 complaint against the American Medical Association, for example, resulted in a Supreme Court order that the AMA remove any restrictions on physician advertising from their *Principles of Medical Ethics*. With the case of laparoscopic cholecystectomy, this paper shows how attitudes towards physician advertising subsequently changed throughout the 1980s, expanding the ways in which patient consumers obtained information about new treatment options and allowed hospitals and clinics to generate enough patient demand to drive the “laparoscopic revolution” in abdominal surgery.

Alberto Tanturri, “Sanitary Cordons in Southern Italy in the Early 19th Century”

Against the background of a number of epidemic outbreaks which appeared as early as in 1812, initially in the eastern Mediterranean, and subsequently in the Adriatic, as well as in the Ionian and Aegean Seas, the plague also arrived in Noja (now called Noicattaro), a small town of Southern Italy, near Bari. For eight months (between November 1815 and June 1816), the disease raged within the town walls, killing 716 inhabitants out of a population of 5,300: figures which make this epidemic one of the last serious manifestations of the plague in Continental Europe. The newly restored Bourbon government confronted the disease with a typically repressive and military approach, as was common practice in the European states of that time. Indeed, as soon as the disease emerged, the town was surrounded by a cordon sanitaire with garrison troops in the range of 1,200 soldiers in battle gear. Moreover, in order to pre-empt the transmission of the infection by sea, a maritime cordon sanitaire was set up along the entire coastline of the Kingdom of the Two Sicilies, whose overall length was 1,134 miles, consisting of a guard post every mile, with a massive and clearly very costly deployment of men and equipment.

The present study intends to examine the structure and efficiency of the two cordons, and, more in general, the strategy chosen by the government to try and contain the disease and to pre-empt its spread in the Kingdom. On one hand, in fact, the military response was forced at a time when medicine was impotent against plague, and the only way to escape infection was to avoid contact with infected people. On the other hand, this strategy must be explained in the light of the peculiar political situation of the Kingdom, with the Bourbon dynasty just re- established on the throne, resting on a fragile internal consensus and moreover under the cumbersome international protection of Austria. In these conditions, an energetic and virile management of the crisis also had the purpose of offering an image of resoluteness and efficiency abroad, aimed at restoring to the government the prestige faded by a decade of Napoleonic occupation.

Marga Vicedo (IHPST, Toronto), "The Birth of Autism: Discovery, Credit, and Consensus Formation in Science"

In 1968 *Acta Psychopaediatrica*, the first journal of child psychiatry, celebrated the 25th anniversary of the discovery of autism by Leo Kanner and Hans Asperger. Today, this position has been contested and almost monthly we see a new article claiming priority for a new researcher. Debates about priority in science are not uncommon. But discovery is not easy to determine because it is not only a matter of facts, but of social valuation. Historical facts matter, but how they matter depends on what the scientific community decides should count.

In this case, who discovered autism? The first researcher who used the word autism? The first one who used it with the meaning that we use it today (assuming we have a shared meaning today)? Or should it be the first one who described children with autistic characteristics?

In this paper, I examine the first uses of the term autism in the psychiatric literature before Kanner and Asperger. I show that first, in 1911, Swiss psychiatrist Eugen Bleuler introduced the term "autism" to refer to a type of thinking particularly extreme in schizophrenia, but present in all humans. Soon, several child psychiatrists adopted the term, but introduced a shift in its meaning: from referring to a way to thinking to referring to a loss of contact with the world and other people that resulted from and affected a child's affective and cognitive development. This meaning is closer to the one by Kanner and Asperger in the 1940s and is central to their proposal that autism is a unique condition. I also show that, contrary to a standard interpretation today, Kanner did not steal his ideas on autism from Asperger or Georg Frankl.

Are plagiarism and serendipity the only possible explanations for the close timing of their publications? I argue that this dichotomy is an artifact of the search for the one discoverer of autism and the moment of discovery. It rests on faulty assumptions about the development of science and it obscures the fact that mental conditions are complex entities that are empirically and socially constructed over time.

Leah Wiener (Simon Fraser University), ”Diagnosis and Dispossession: Tuberculosis X-ray survey programs in northern Ontario, 1923-1951.”

Starting in 1923, the Travelling Chest Clinic, operating under the auspices of Ontario’s Provincial Board of Health and the Canadian Lung Association, implemented x-ray screenings for tuberculosis in communities across the province. While many of the patients were settlers, the clinic reached many Indigenous communities in collaboration with the federal Department of Indian Affairs. This collaboration was in part a response to settler fears of Indigenous contagion. The clinic disproportionately diagnosed Indigenous people with tuberculosis, causing the federal and provincial governments to collaborate with sanatoria to treat these patients outside of their communities. One impetus for removal was that patient’s status as a child or parent, as health authorities prioritized protecting children from tuberculosis by hospitalizing sick children or separating healthy children from sick parents.

In this paper, I examine the impetus and sociopolitical context for the x-ray programs, situating them in relation to Department of Indian Affairs health programs and to other mobile health care programs operating in northern Ontario. Comparing this program with the dental car, a railway-based public health program, is particularly telling: while the dental car brought treatment services to predominantly settler communities so that settlers would not have to travel for care, the x-ray surveys were solely diagnostic, disproportionately removing Indigenous people for treatment. Drawing from federal, provincial, and voluntary agency files, I analyze how these programs drew from racialized rhetoric about age, risk, and responsibility to differentially treat Indigenous and settler people, particularly children. I argue that the decision to transport either a health service or a patient shows how health care served to enable certain types of “rational” mobility and transient settlements, and were thus a means of dispossessing Indigenous people in the provincial north by removing them from their land and families and placing them into assimilatory institutions, severing their relationships with their land and families even in cases when they had the opportunity to return to their communities.

Matthew S. Wiseman (Western University), "Cold War, Cold Room: Alan C. Burton and the Science of Environmental Physiology."

This paper examines the military-sponsored research activities of medical scientist Dr. Alan C. Burton, who founded the Department of Biophysics at the University of Western Ontario in 1948. During a long and distinguished academic career, Burton worked on contract for the Defence Research Board, the research branch of the Canadian armed services and Canada's first peacetime military science organization. He devised a special cold-room laboratory at Western and conducted a series of experiments to understand heat loss in the human body. The Canadian military was active in northern Canada during the 1950s and 1960s, and Burton's research in environmental physiology was designed to provide medical knowledge useful for training soldiers to withstand the cold and harsh climatic conditions of sub-Arctic and Arctic Canada during this significant period in world affairs.

Burton's work for the Defence Research Board is important because it demonstrates the entangled histories of military funding and medical science in Cold War Canada. His experimental work conformed to a military agenda that was unrelated to the civilian applications of his research, but the decision to conduct research for the Canadian armed services was his alone. He accepted military research funding to pursue his scientific curiosities and further his professional career. Did Cold War security anxieties place pressure on Burton, or was research funding the deciding factor? Why did he contribute to the Defence Research Board for eighteen years, and how did his experimental work affect the research subjects involved in his cold-room studies? This paper uses recently declassified archival materials and oral histories to examine Burton's research and provide answers to the lingering questions about his career as a medical scientist and military-sponsored researcher.

Lauren Young (Queens University Belfast), “The Introduction of Insulin Therapy into Ireland”

The discovery of insulin in 1922 by Canadian physician Frederick Banting and his medical student Charles Best transformed the fate of diabetic patients across the world. Before the introduction of insulin to western medicine in 1924, the newly diagnosed diabetic child, teenager or young adult was faced with a slow, wasting disease that could only be treated by a starvation diet, made up of mostly meat and vegetables and very few carbohydrates. Therefore, patients were destined for an inevitable early death from their disease.

This paper will look at the introduction of insulin into Ireland and the benefits it brought for diabetics, but also at the problems that came along with it. It will reveal initial problems of cost and distribution which meant that insulin was not available to all patients, particularly the less affluent who could not always afford the expensive treatment. Efforts in Ireland by groups such as the Red Cross Insulin Fund in the 1920s, increased the availability of insulin for such patients. Now, those with diabetes could live a somewhat normal life. When insulin became widely available for all patients in Ireland later in the century, it completely transformed lives.

In the earlier years of insulin therapy (1920s), beef insulin was used in humans to help control blood glucose levels. This caused problems because this insulin remained contaminated by other pancreatic peptide hormones that could cause insulin allergy. It was decided that insulin needed to be made as close as possible to human insulin to reduce the risk of complications and painful injection sites for patients. This shows the willingness of medical professionals in Ireland to make living with diabetes more manageable and as comfortable as possible for patients. This paper will discuss further the advancements made in the administration of insulin, including the transition from painful injections using syringes to the small micro needles, making the successful treatment of diabetes much more comfortable and achievable for patients in Ireland.

Sheila Zurbrigg, "Reclaiming the role of food security in health history: Evidence from Colonial South Asia."

This paper is an overview of two recent studies in which I investigate the central role of hunger in the historical mortality burden of malaria in colonial South Asia (*Epidemic Malaria in Colonial Punjab: 'Weakened by Want'*, London /New Delhi, Routledge, 2019); then trace how understanding of this relationship – once a commonplace in the sanitary records of British India – came to be lost in modern medical and epidemic thought (*Malaria in Colonial South Asia: Uncoupling Disease and Destitution*, Routledge, 2020).

Employing colonial vital registration data dating from the 1860s, annual malaria mortality is shown to have been strongly associated with 'scarcity' (famine-level foodgrain prices) and hunger-inducedimmunosuppression. I go on to demonstrate that malaria mortality declined markedly with the control of famine after 1920 – a decline that predated by more than three decades the control of malaria *transmission* in the region with the mid-1950s DDT-based eradication program. The study thus highlights the significance of shifts in the *lethality* of common endemic infections as a central feature of the region's rising life expectancy from pre-modern levels.

The paper then discusses wider epistemic implications of these findings for health and epidemic historiography beyond South Asia. It outlines the loss of fundamental concepts and language of hunger in scientific medical discourse across the interwar years. This period was one of an increasingly reductive application of the new specialisms of nutritional science and immunology to infective disease analysis, and a general loss of the distinction between infection (transmission) and morbid disease (mortality). The final demise in understanding of the hunger-malaria mortality relationship occurred, it is argued, within institutions of international health pre- and immediately post-WW2 – the International Health Division of the Rockefeller Foundation, and the nascent World Health Organization (Interim Commission) – as key intellectual loci of this epistemic shift.

Together, the two volumes highlight the need to reclaim an epidemiological approach to subsistence precarity in historical epidemic and health analysis, one that encompasses both acute and chronic hunger, and conditions of work – in particular for women.

Sheila Zurbrigg, "Pour la réappropriation du rôle de la sécurité alimentaire dans l'histoire de la santé: le cas de l'Asie du sud."

Cette communication présente un survol de deux études récentes de la mortalité paludique en Asie du sud coloniale. Dans la première, j'examine le rôle primordial joué par la faim dans cette mortalité (*Epidemic Malaria in Colonial Punjab: 'Weakened by Want'*, London/New Delhi, Routledge, 2019). Ensuite, je trace le processus par lequel l'interprétation de cette relation – très bien connue dans les archives sanitaires de l'Inde britannique – a finalement disparu de la pensée medicale et épidémique (*Malaria in Colonial South Asia: Uncoupling Disease and Destitution*, Routledge, 2020).

Les registres de l'état civil des années 1860 révèlent que la mortalité paludique annuelle était fortement associée à la disette (prix élevés des céréales, répandus lors des famines) et l'immunosuppression causée par la faim. Cette mortalité diminua rapidement avec la maîtrise de la famine après 1920, une baisse qui précéda par plus de trois décennies le contrôle de la transmission du paludisme accompli par l'usage du DDT à partir des années 1950. L'étude démontre comment la diminution du taux de létalité des infections ordinaires endémiques représente un élément central dans la hausse de l'espérance de vie dans la région.

Ensuite, sont discutées les implications épistémiques de ces découvertes pour l'histoire de la santé en dehors de l'Asie du sud. Est soulignée la perte des concepts fondamentaux et la langue même de la faim dans le discours médical durant les années de l'entre-guerres. La période est caractérisée par l'emploi réductionniste de concepts provenant des spécialités émergentes (les sciences nutritionelles et l'immunologie) à l'analyse des maladies infectieuses, ce qui fait perdre de vue la distinction entre l'infection (la transmission) et la mortalité. La disparition finale de l'appréciation de cette relation fut accomplie grâce aux activités des institutions de santé internationale avant et immédiatement après la Seconde Guerre Mondiale. Ainsi, l'International Health Division de la Fondation Rockefeller et l'Organisation Mondiale de la Santé (Commission intérimaire) furent les centres intellectuels principaux de cette transformation epistémique.

Ensemble, ces études soulignent la nécessité de réapproprier une approche épidémiologique à la précarité alimentaire dans l'histoire. Cette approche devrait englober la faim aiguë et la faim chronique, ainsi que les conditions de travail—surtout pour les femmes.

PANEL SUMMARY

Megann Licskai, Caroline Lieffers, and Isabelle Perreault, “Emotions and Ethics in the History of Medicine”

What role did emotions play in people’s historic experiences of medicine and health care, and what role do they continue to play in the research process? This panel uses three case studies to reflect on the new “affective turn” in the history of medicine, demonstrating its power to renarrate ostensibly familiar historical events, and querying its impact on the historian’s practice. Does attention to emotions in history invite new ethical considerations? How should the historian manage the emotions she experiences during the research process?

Do past emotions continue to have political power?

This panel’s first presenter, Megann Licskai, considers the emotions and emotional narratives of women who experienced abortions in the twentieth-century United States. Licskai traces the ways that stories about trauma not only created new identities for these women, but also made their way into ostensibly dispassionate scientific research and were marshaled as rhetorical tools by activists and politicians. Rewriting the history of abortion through emotion invites questions about the historian’s own positioning, questions that are further examined in Caroline Lieffers’s and Isabelle Perreault’s papers. Lieffers’s study of Panama’s American- operated Palo Seco Leprosarium similarly explores the way that emotions around disease and incarceration became political tools that could both affirm American power and rally leprosarium residents in acts of resistance. Yet Lieffers also argues that honouring the affective archive is a deeply moral act that requires caring for the dead. Isabelle Perreault’s paper further develops these questions of feeling and morality, exploring the researcher’s own affective experiences when working with psychiatric and legal archives. Perreault traces the interplay between the official policies that regulate access and confidentiality, and the deep ethical and emotional aspects of working with fragments of past lives, whether in the form of photographs, abortion files, or suicide notes.

Together, this panel’s three papers paint a sensitive portrait some of the considerations that animate and complicate an affective turn in the history of medicine. Bearing witness to hope, fear, and pain, the historian takes on emotions and ethics past and present, and thoughtful conversation about these new methodological responsibilities is essential to our practice.

Megann Licskai (Yale University), "Joy Comes in the Mourning": The Science and Politics of Post-Abortion Trauma"

Historical research on American anti-abortion movements after *Roe v. Wade* provides us with comprehensive accounting of legal and activist developments, focusing on the increasingly violent activist tactics alongside tightening legal restrictions on reproductive choice. However, historiographic attention to violent anger and legal milestones has yet to address the complex range of emotions in post-abortion narratives and the interplay of those emotions with pro-life scientific research. To fully understand the history of post-Roe anti-abortion activism we must take seriously the scientific authority claimed by pro-life movements and the mobilization of affective discourse that informed and was informed by that authority.

Drawing on legal reports, pro-life journal publications, Christian counselling manuals, and prolife ephemera, this paper examines "post-abortion syndrome" (PAS) as a locus for interactions between emotional and medical pro-life discourse. PAS was meant to encapsulate trauma symptoms that presented in women following their abortions. However, despite efforts to codify pro-life arguments in rational scientific data, medical accounts of PAS were never neatly divorced from the powerful anecdotes that motivated the research. Authors of books and informational pamphlets about post-abortion trauma frequently animated their data with firstperson stories from women who experienced significant emotional and psychological distress after an abortion. These books and pamphlets, in turn, informed post-abortion counselling guides and sessions. Women who attended such counselling sessions learned new ways to articulate their trauma and to identify as "aborted women," efforts which fed back into the anecdotes and data-reporting that populated PAS research and education: Thus, as much as "aborted women" and their stories produced post-abortion counselling, post-abortion counselling produced "aborted women."

Pro-life scientific research about abortion trauma was also taken up by political and legal decision-makers. Though activists used this research to ground their authority in fact and reason, distancing themselves from the angry, violent rhetoric among other pro-life activists in contemporary pro-life movements, the affective underpinnings of this work remained a clear and persuasive presence in pro-life legal arguments and political reform. Here, science and emotion come together to rewrite the political landscape of reproductive rights.

Caroline Lieffers (King's University), "Troubling Archives: Enchantment and Emotion at Palo Seco Leprosarium"

"Colonial intimacies engender 'precarious affections': awkward familiarities, unsolicited attentions, uninvited caresses, probings that cannot be easily refused," writes Ann Laura Stoler. Colonial power, particularly medical power, engendered emotions and enchantments and thrived and writhed in the spaces they created. The colonial archive survives as an equally intimate space; its neat files and lidded boxes can scarcely discipline the traces of past pain and affection, the furtive glances in medical photographs and the seething anger in a letter from a woman confined to a leprosarium.

This presentation explores the emerging affective turn in the history of medicine and disability through the story of Palo Seco, a "leper colony" that operated just outside the American-controlled Panama Canal Zone from 1907 to the 1980s. Palo Seco was literally and conceptually on the periphery of America's own periphery, and its inhabitants were more peripheral still; its principal archive is just a handful of boxes among the hundreds that make up the records of the Panama Canal. Yet by alternating between the historic emotions that circulated in and around Palo Seco, and the ethics of managing those emotions today, I argue that Palo Seco reveals the deep subjectivities of American empire and its legacy. Empire was maintained in the emotional work of medicine and public health: journalists and physicians encouraged the "right" feelings of fear and pity toward the residents, while those living at Palo Seco worked through frustration and loneliness, and sought out spaces of love and hope. Yet while this emotion and instability were often instrumentalised for the purposes of authority, publicity, or resistance, sometimes they seem to have served no larger purpose beyond testifying to the humanness, the ragged edges, the profound affect of the imperial enterprise and its ableist institutions. Isolating people in a colony for the sake of rational public health management was sure to create its own irrationalities, its own persistent horrors and occasional delights. A century later, the historian must hold Palo Seco's residents and their emotions in reverence, and practice the deeply affecting and ethical act of caring for the feelings of the dead.

Caroline Lieffers (Université King), « Archives troublantes: l'enchantement et l'émotion à Palo Seco »

« Les intimités coloniales créent des affections précaires: des familiarités maladroites, des attentions non sollicitées, des caresses non invitées, des enquêtes qui ne peuvent être facilement refusées » écrit Anne Laura Stoler. Le pouvoir colonial, particulièrement le pouvoir médical, suscitait des émotions et des enchantements et se tordait dans les espaces qu'ils créaient. Les archives coloniales survivent comme espaces tout aussi intimes: leurs dossiers et leurs boîtes peuvent à peine discipliner les traces de la douleur et de l'affection passées, les regards furtifs sur les photographies médicales et la colère d'une lettre écrit par une femme confinée dans une léproserie.

À travers de l'histoire de Palo Seco, une «colonie de lépreux» qui était sous contrôle américain de 1907 aux années 1980, cette présentation explore la tournure affective qui émerge dans l'histoire de la médecine et du handicap. Palo Seco était au sens propre et figuré à la périphérie de la périphérie américaine, et ses habitants étaient encore plus périphériques. Ses archives principales ne sont que quelques boîtes parmi les centaines qui composent les archives du canal de Panama. Pourtant, en alternant entre les émotions historiques qui ont circulé dans et autour de Palo Seco, et l'éthique de la gestion de ces émotions aujourd'hui, je soutiens que Palo Seco révèle les subjectivités profondes de l'empire américain et de son héritage. L'empire a été maintenu grâce au travail émotionnel de la médecine et de la santé publique: les journalistes et les médecins ont encouragé les «bons» sentiments de peur et de pitié envers les résidents, tandis que ceux qui vivaient à Palo Seco se sentaient la frustration et la solitude et cherchaient des espaces d'amour et d'espoir. Alors que ces émotions et cette instabilité ont souvent été instrumentalisées à des fins d'autorité, de publicité ou de résistance, elles semblent parfois n'avoir servi à rien d'autre que de témoigner de l'humanité, des bords déchiquetés, de l'affect profond de l'entreprise impériale et de ses institutions discriminatoires. Palo Seco était isolé au nom de la gestion rationnelle et de la santé publique, mais cet isolement créait ses propres irrationalités, ses propres horreurs persistantes et ses délices occasionnels. Un siècle plus tard, l'historienne doit tenir les habitants de Palo Seco et leurs émotions avec respect et pratiquer l'éthique de prendre soin des sentiments des morts.

Isabelle Perreault (Université d'Ottawa), « En archives psychiatriques et judiciaires : quelques enjeux et considérations éthiques dans la mouvance de 'l'affect turn' ».

Depuis plus de 15 ans, je dépouille des archives psychiatriques et judiciaires : dossiers de patient/es, archives médicales institutionnelles, enquêtes du coroner, décisions des cours criminelles, archives du ministère de la Justice, etc. Lors de présentations orales dans divers lieux, on me pose souvent les questions suivantes, « Que ressens-tu face à ces traces? Comment fais-tu pour gérer émotivement les formes de « violence » subie par ces hommes et ces femmes aux nombreuses épreuves de vie? Comment te protèges-tu lors de leur lecture? ». Ces questions, d'abord entendues avec étonnement de ma part, je l'avoue, donnent lieu à penser comment les archives nous affectent et comment nous les affectons par le travail de mise en récit que nous en faisons. Pour mettre en lumière les enjeux émotifs et éthiques de ce travail, je prendrai en exemple des traces précises, les photos de patients prises à l'hôpital psychiatrique pour l'enseignement clinique, les descriptions de décès par septicémie des suites d'avortements provoqués et les lettres de suicide.

En prenant pour repère les travaux d'Ann Cvetkovich, d'Arlette Farge, de Philippe Artières, et des récents travaux en études culturelles visuelles sur les archives personnelles, l'affect et la trace de même que la violence des mots écrits par d'autres sur autrui, il s'agira dans cette communication de penser ces matériaux à la fois extraordinaires et peu communs. Cette réflexion permettra de questionner les formes de conservation et d'accès à ces sources (comité d'éthique de la recherche, Loi d'accès à l'information), de gestion des émotions lors du dépouillement et de l'analyse des données recueillies de même qu'à la manière dont les historiens/nes négocient la confidentialité lors de l'interprétation et surtout lors de la diffusion des résultats de recherche.

PANEL SUMMARY

Reneé Davis, Kandace Bogaert, and Lyndsay Rosenthal, “Historical Perspectives on the Health of Canadian Soldiers and Veterans,”

In this panel, we propose to interrogate a range of topics in the history of medicine and health centred around Canadian soldiers and veterans of the First World War – including the Canadian Corps’ experience in Europe with the devastating 1918 influenza pandemic during the Hundred Days Campaign, an investigation of the contrasting narratives constructed around soldier deaths by suicide throughout the war, and the long term consequences of venereal disease on veterans and their families. Relying on a range of archival sources and documents including soldiers’ personnel files, veterans’ pension files, official correspondences, hospital admissions and discharge books, and war diaries the scholars in this panel bring together a diverse array of source material to answer questions including: has pandemic influenza mortality in the Canadian Corps overseas been underestimated? How did this affect military capacity during a critical period of the war? How did suicide come to be imbued with such drastically different meanings in the trenches and hospitals of the First World War? What can veterans’ pension files reveal about the post-war outcomes of sick or disabled soldiers and their families?

While exploring these questions, it is the goal of this panel to foster a critical discussion around topics such as the management of infectious disease in the past, the medicalization of suicide and conceptions of a “good death,” as well as the impact of death and disability among soldiers’ families. We also propose to examine the wider implications of our research within the broader history of medicine in Canada, exploring how military medicine in the early 20th century both reflected and influenced Canadian society. We would welcome any abstracts submitted for your consideration along these themes being added to our proposed panel.

Kandace Bogaert (Wilfred Laurier University), “Deaths by Suicide and SIW Commemorated in the C.E.F. Roll of Honour, 1914-1919.”

The discourse surrounding suicide in the Canadian Expeditionary Force (CEF) during the First World War ranged from the proud “suicide club” of machine gunners and deadly “suicide spots” in the trenches to soldier deaths marked as accidents, “but we know he killed himself.” Starting with the 111 deaths commemorated in Edward Wigney’s, *The C.E.F. Roll of Honour: Members and Former Members of the Canadian Expeditionary Force who Died as a Result of Service in the Great War, 1914-1919*, attributed to suicide and self-inflicted wounds (SIW), and gathering narrative statements from these soldiers’ personnel and pension files, this paper asks: how did military and medical officers make sense of these deaths? What do these official narratives reveal about social perceptions of suicide and mental illness during the first half of the 20th century in Canada?

Untangling the narratives surrounding soldier deaths commemorated as suicides and SIW reveals the ways in which military officials navigated the blurred lines between empathy, pathology and stigma.

Renée Davis (Université D'Ottawa), "The Fight Against the Flu: The Canadian Army Medical Corps and Pandemic Influenza During the Final Months of the First World War."

During the summer and fall of 1918, the Canadian Corps prepared and launched a series of assaults in quick succession to help defeat the German Army. The Hundred Days Campaign meant increased activity for the Canadian Army Medical Corps (CAMC) as thousands of soldiers became casualties during these final battles. Adding to the challenge was the outbreak of a virulent and deadly strain of influenza A(H1N1). This virus had mutated in such a way that is spread quickly, overwhelmed the body, and targeted individuals between the ages of twenty and forty. Right at a time when the Canadian Corps was experiencing thousands of casualties, it started losing men to disease. Pandemic influenza struck the world in three waves from the late spring to the winter of 1919. Although the effects of the pandemic on German, French, and British armies are well documented, the Canadian experience on the Western Front remains obscure. This paper addresses a key element of that experience by examining the reaction and response of the CAMC to HINI during the fall of 1918. It will briefly discuss how the CAMC dealt with outbreaks of other infectious diseases, while focusing on how they dealt with the outbreak of pandemic influenza, a disease which was not considered a reportable infectious disease until the fall of 1918. The paper will argue that the reaction to the second wave of the pandemic differed from that of the first wave, highlighting the various policies (both formal and ad hoc) that the CAMC implemented during this time. Additionally, it will argue that mortality from influenza has likely been underestimated and is not a true reflection of the pandemic's impact on the Canadian Corps. Establishing rather, that the CAMC's ability to adapt was key to keeping mortality rates low despite the alarmingly high number of sick. Based on primary sources such as hospital log books, administrative files, correspondence, war diaries, and personnel records, this paper adds important insight into one of the many challenges faced by the CAMC during the final days of the war: the fight against the flu.

Lyndsay Rosenthal (Wilfred Laurier University), “Every Effort Has Been Made To Effect A Cure”: The Long-Term Consequences of Venereal Disease among First World War Veterans

During the First World War, the Canadian Expeditionary Force (CEF) had one of the highest rates of venereal disease (VD). By the end of the war 66,083 Canadian soldiers – or 15.8 percent of the CEF – had contracted VD. Concerned about the negative effects these diseases could have on manpower and public health, the CEF instituted a comprehensive VD management system to try and mitigate the problem. Wassermann and complement fixation tests were used to root out suspected cases of VD, while mercury and arsenic were used to ‘cure’ cases of syphilis and gonorrhoea. The long-term effectiveness of these so-called cures is a question that is often asked but until recently has been difficult to answer. The First World War pension files available at the Laurier Centre for Military and Strategic Disarmament Studies contain extensive documentation including medical reports and personnel letters that allow researchers to study the long-term effects of wartime service on veterans and their families. Using a random sample of one hundred former patients from Etchinghill Hospital (the main VD hospital in the CEF), this presentation will seek to answer the following three inter-related research questions: How many former patients continued to suffer from VD after the war? How did VD impact long-term health? Did VD impact soldiers’ families after the war? In doing so, we will begin to understand the efficacy of the CEF’s VD management system and the long-term consequences of VD.

PANEL SUMMARY

Bimadoshka Pucan and Vivian C. McAlister, “Indigenous Perspectives and Medicine”

We would like to pitch a panel discussion on the inclusion of indigenous narratives in historical scholarship. While an inclusive society would agree with the sentiment, significant barriers have prevented their inclusion in the past. We believe the discussion should focus on developments in scholarship to overcome these barriers and on the contribution of indigenous medical knowledge to a fuller understanding of the past and to medical research in the future.

Vivian C. McAlister and Bimadoshka Pucan (Western University), “Death of Tecumseh: Perspectives of History”

British historians considered the War of 1812 as a peripheral theatre of the final Napoleonic War. For Canada, survival set up the conditions for confederation and independence. For the indigenous peoples, the war resulted in the destruction of millennia-old self-governing societies. For the United States, achievement of their objectives, including control of the Great Lakes, defence of New Orleans and the defeat of Tecumseh's confederacy, permitted expansion. The death of Tecumseh during the Battle of the Thames is included in the foundation iconography displayed in the United States Capitol rotunda. The frieze depicts Richard Mentor Johnson fatally shooting Tecumseh during a suicide charge that won the day. Dr. Samuel Theobold remarkably took part in the charge and his account of aiding Johnson undermined the claim. Others reported that William Whitley, a Revolutionary War veteran who died during the charge, killed Tecumseh. Saugeen Anishinaabeg oral tradition of the death of Tecumseh was preserved and passed through generations of specific families at Saugeen First Nation #29. The story was included in recordings made in the medical school at the University of Western Ontario in 1939. Surgeon Edwin Seaborn, organizer of the recordings, was a lifelong friend of Chief Pewakanep, who sang and recited sacred songs and stories of Chief's Point Indian Reserve #28. The song describes Tecumseh fighting with 'a long knife' on a bridge, to his right, to his left. Tecumseh's lance snapped close to his grip and he fell after 'a long knife' was run through his shoulder from behind. The witness hid in the water by turning himself into a turtle under a log. Tecumseh's body was retrieved by the warriors who hid it to the woods.

The witness saw Americans take the body of another warrior to a tree and mutilate it. He then turned himself into a snake and escaped. The song affirms that Tecumseh lives still and is occasionally seen in the woods. Our presentation will discuss the unusual role of medicine in recording history and the need to include an indigenous perspective to arrive at a complete history of this place.

Vivian C. McAlister et Bimadoshka Pucan (Université Western), « Mort de Tecumseh: perspectives de l'histoire »

Les historiens britanniques considéraient la guerre de 1812 comme un théâtre périphérique de la dernière guerre napoléonienne. Pour Canada, la survie a créé les conditions de la confédération et de l'indépendance. Pour les peuples autochtones, la guerre a entraîné la destruction de sociétés autonomes vieilles de plusieurs millénaires. Pour les États-Unis, réalisation de leurs objectifs, notamment le contrôle des Grands Lacs, la défense de la Nouvelle-Orléans et la défaite de la confédération de Tecumseh, a permis l'expansion. La mort de Tecumseh lors de la bataille de la Tamise est incluse dans l'iconographie de la fondation affichée dans la rotonde du Capitole des États-Unis. Thefrieze représente Richard Mentor Johnson tirant mortellement sur Tecumseh lors d'une accusation de suicide qui a remporté la journée. Dr Samuel Theobold a remarquablement pris part à l'accusation et à son récit d'aide à Johnson sapé la réclamation. D'autres ont rapporté que William Whitley, un vétéran de la guerre révolutionnaire décédé pendant l'accusation, a tué Tecumseh. Saugeen Anishinaabeg tradition orale de la mort de Tecumseh était préservé et transmis à des générations de familles spécifiques à la Première nation de Saugeen # 29. L'histoire a été inclus dans les enregistrements réalisés à la faculté de médecine de l'Université Western Ontario en 1939. Le chirurgien Edwin Seaborn, organisateur des enregistrements, était un ami de longue date du chef Pewakanep, qui a chanté et récité des chansons sacrées et des histoires du Chief’s Point Réserve indienne # 28. La chanson décrit Tecumseh se battant avec un long couteau; sur un pont, à sa droite, à sa gauche. La lance de Tecumseh a cassé près de son emprise et il est tombé après un long couteau a traversé son épaule par derrière. Le témoin caché dans l'eau en se transformant en tortue sous une bûche. Le corps de Tecumseh a été récupéré par les guerriers qui l'ont caché dans les bois. Le témoin a vu des Américains amener le corps d'un autre guerrier à un arbre et le mutiler. Il s'est ensuite transformé en serpent et s'est échappé. La chanson affirme que Tecumseh vit encore et est parfois vu dans les bois. Notre présentation abordera le rôle inhabituel de la médecine dans enregistrer l’histoire et la nécessité d’inclure une perspective autochtone pour arriver à une histoire complète cet endroit.

Bimadoshka Pucan and Vivian C. McAlister (Western University), “Sacred Medicine Songs of the Anishinaabeg in Ontario”

Songs and stories are part of Anishinaabeg oral tradition. Medicine songs were preserved within specific families who were called upon to heal illnesses and treat wounds. Edwin Seaborn, later a surgeon in the University of Western Ontario, spent his childhood summers close to Chief’s Point Indian Reserve #28 where he was friendly with Robert Thompson, also known as Pewakanep. Late in life, the friends collaborated to record the sacred medicine songs and stories. Using early 20th century equipment owned by the medical school, the voices of Thompson and his wife Elizabeth were recorded on wax cylinders and lacquered aluminium discs. We do not believe that the recordings were ever played or studied. 80 years later, we located the cylinders and disks in vault 54 of Museum London. This presentation discusses the process used to make the recordings available to a modern audience. Permission from and collaboration with Saugeen First Nation acknowledged ownership of the content and guidance regarding sacred material. With the help of Northeast Document Conservation Center, a U.S. Non-profit organization, digital sound files were retrieved from the grooves using laser scanning. Not all recordings are considered sacred by the Anishinaabeg, but instead include humour, the fur trade stories, plant medicine, and family history. The first stage of the project resulted in construction by BP of a public exhibition, The Voices of Chief’s Point, which is currently on tour. The exhibit received the Lieutenant Governor’s Ontario Heritage Award for Excellence in Conservation (2019). The Anishinaabeg principles of w'daeb-awae [truth] and w'kikaendaun [knowledge] recognizes personal limits to truth and knowledge and, by having the listener create their own meaning, arrives at a fuller truth. Understanding these principles, the next phase of the project combines the linguistic and traditional knowledge of Saugeen First Nation with that of western medicine to create a dynamic, rather than static, publicly available understanding of indigenous medicine.

Bimadoshka Pucan et Vivian C. McAlister (Université Western), «Chants de guérison sacrés des Anishinaabeg en Ontario »

Les chansons et les histoires font partie de la tradition orale anishinaabeg. Les chansons de guérison ont été conservées dans des familles particulières appelées à soigner des maladies et des blessures. Edwin Seaborn, devenu plus tard chirurgien à l’Université Western, a passé les étés de son enfance près de Chief’s Point Indian Reserve # 28, où il était ami avec Robert Thompson, également connu sous le nom de Pewakanep. À la fin de leur vie, les amis ont collaboré pour enregistrer des chansons et des histoires de médecine sacrée. Au moyen de l’équipement du début du 20ê siècle équipement appartenant à l'école de médecine, les voix de Thompson et de sa femme Elizabeth ont été enregistrées sur cylindres de cire et disques en aluminium laqué.Nous ne croyons pas que les enregistrements aient déjà été joués ou étudiés. 80 ans plus tard, nous avons trouvé les cylindres et les disques dans le coffre 54 du Museum London. Cette présentation traite du processus utilisé pour mettre les enregistrements à la disposition d'un public moderne. Avec la permission de la Première Nation de Saugeen et grâce à la collaboration de celle-ci, on a pu déterminer à qui appartient le contenu et avoir des directrices sur le matériel sacré. Avec l'aide de Northeast Document Conservation Center, une organisation américaine à but non lucratif, des fichiers audio numériques ont été récupérés, des rainures grâce à un balayage laser. Tous les enregistrements ne sont pas considérés comme sacrés par les Anishinaabeg, mais ils incluent plutôt de l'humour, des histoires de traite des fourrures, des connaissances sur les plantes médicinales et l’histoire familiale. La première étape du projet a abouti à l’établissement par BP d’une exposition publique, The Voices of Chief’s Point, qui est actuellement en tournée. L’exposition a reçu le Prix du lieutenant-gouverneur pour l’excellence en conservation du patrimoine de l’Ontario (2019). Les principes anishinaabeg de w'daeb-awae [vérité] et w'kikaendaun [connaissance] reconnaissent limites personnelles à la vérité et à la connaissance. En laissant l'auditeur à créer sa propre interprétation, il parvient à trouver une vérité plus complète. Compte tenu de ces principes, la prochaine phase du projet combine les aspects linguistiques et les connaissances traditionnelles de la Première Nation de Saugeen avec celles de la médecine occidentale pour créer une compréhension dynamique, plutôt qu'une statique de la médecine autochtone qui est accessible au public.

PANEL SUMMARY

Alex Souchen, Enrico Moretto, and David Blocker, “Mobilizing Medicine: Doctors, Dangers and Disease during the Second World War”

The Second World War was the largest and most deadly conflict in human history. In practically every country, the war’s wide-ranging impacts and legacies profoundly reshaped societies and environments, while causing significant shifts in political, economic, and military power. Canada was not immune to these changes, as the government and military mobilized Canadian society for war to an unprecedented level. These three papers address the history of healthcare, medicine, and warfare in Canada during the 1940s. Enrico Moretto explores the history of the Health League of Canada and examines how this voluntary organization, composed primarily of physicians and public health educators, sought to halt the spread of venereal disease via extensive educational campaigns during the Second World War. David Blocker discusses doctors’ response to the federal government’s 1942 proposal for a comprehensive system of health insurance that would cover all Canadians under a certain income level, a program that most physicians were decidedly ambivalent about despite the participation and enthusiasm of the Canadian Medical Association. Finally, Alex Souchen examines the health and environmental hazards of munitions production by focusing on workplace safety at Canadian war factories in Ontario and Quebec and by exploring the ways in which workers, doctors, and government officials attempted to mitigate contamination and toxicity.

David Blocker (Western University), "'A Necessary Evil:' Canadian Doctors Respond to Public Health Insurance and Socialized Medicine, 1942-45"

Today, many Canadians perceive Medicare – the system of health insurance for all Canadians – as fundamental to Canadian identity. Yet Canadian physicians generally opposed proposals for public health insurance and "socialized medicine," most notably during the 1962 Saskatchewan doctor's strike opposing the government's program of universal medical insurance. However, when the federal government's Advisory Committee on Health Insurance (the Heagerty Committee) developed and recommended, after extensive consultation with the Canadian Medical Association (CMA), a comprehensive system of health insurance which would cover all Canadians, under a certain income level, based on a contributory plan, the proposal generated controversy.

This paper, after a brief background sketch, focuses on an analysis of doctors' responses to the Heagerty health insurance proposals from 1942 to 1945. Although the CMA supported the principle of national health insurance during the debate over the Heagerty Committee's proposals, and, indeed, had significant input into the drafting of the proposed plan, doctors, beyond the leading representatives of organized medicine, voiced decided ambivalence about health insurance in general, and the Heagerty committee's proposals in particular.Although a few socialist-identified doctors called for "socialized medicine" with doctors under salary, most doctors only acknowledged health insurance as inevitable, either offering qualified endorsement of the Heagerty proposals or registering considerable concern with their implications. With the exception of the socialists, other doctors, whether supportive of, opposed to, or ambivalent about the principle of health insurance, stood firm for complete professional autonomy in treatment, administration and payment. The CMA's participation in the discussion reflected this stance and aimed both to ensure the medical profession's influence and to solidify the CMA's status within the profession as the key representative of organized medicine.

Enrico Moretto (York University), "'The First Wealth is Health': The Health League of Canada and Venereal Disease Education in Wartime Canada"

The Second World War saw the revival of a campaign to combat venereal disease in Canada's civilian populace, an undertaking which had lain partially dormant during the interwar period. Economic depression complicated Ottawa's post-Great War pledge to fund public venereal disease treatment clinics across the Dominion, leading many doctors, activists and educators to conclude that the twin scourges of syphilis and gonorrhea had once again taken root among the nation's civilian populace. Yet, the onset of hostilities in 1939 brought to the fore the need to ensure that Canadians were fit for the fight, and the Health League of Canada was all too happy to see that its services as a tool for public venereal disease education were about to be in demand.

Based on research into the Health League of Canada fonds at Library and Archives Canada, this paper will briefly examine the work of the Health League during the Second World War in order to illuminate how this voluntary organization, composed primarily of physicians and public health educators, sought to halt the spread of venereal disease via extensive educational campaigns. Special attention will be paid to the various avenues pursued by the Health League in an attempt to warn as many Canadians as possible about the dangers of venereal disease. Such an investigation will allow for an assessment of the League's public health strategy, in addition to demonstrating how a fusion of moral and medical goals profoundly shaped the message of this organization and who it deemed to be worthy allies in the fight against venereal disease.

Alex Souchen (Trent University), 'Weapons of Mass Pollution: The Health and Environmental Hazards of Canada's Munitions Industry During the Second World War"

During the Second World War, Canadian industries produced mountains of weapons, ammunition, and explosives. Between 1939 and 1945, approximately 4.4 billion rounds of ammunition, 72 million artillery shells, 1.5 million firearms, and over 144,000 tons of Trinitrotoluene (TNT) were manufactured by a vast network of newly-constructed war factories. Although such productivity was a wartime necessity, manufacturing munitions was not only dangerous for workers, it also generated significant environmental contamination. Ordnance production requires a diverse and potent mixture of chemicals, acids, heavy metals, and other toxic substances. Despite specialized equipment and stringent safety guidelines, accidents and injuries were common. In addition to these energetic dangers, the scale and pace of production exposed workers to microscopic health hazards: residues, particulates, and vapours from explosive compounds infiltrated workers' bodies and the surrounding landscapes and waterways.

Drawing from a wide-range of archival sources and my on-going research into the history of munitions disposal after the Second World War, my paper will examine the health and environmental consequences of Canada's military-industrial complex. Using explosives production and destruction at several sites across Canada (such as the Defence Industries Ltd. factories in Brownsburg, Quebec, Nobel, Ontario, and Ajax, Ontario), I will explore how the dangers of munitions production were interpreted by government officials, scientists, medical experts, and workers in the 1940s. By contextualizing contemporary knowledge of toxicity and by exploring the history of workplace safety, this presentation offers new insights into the social, medical, and environmental history of Canada's industrial front.

PANEL SUMMARY

North de Pencier, Mary-Ellen Kelm, and Maureen Lux, “Paradoxes of progressive intervention: Public policy and medical care in Indigenous communities in the late 20th century”

This panel explores the paradoxes that arose when progressive policy and practice were enacted through medical interventions in Indigenous communities. Maureen Lux’s paper considers how reproductive justice for Indigenous women was affected by the decriminalization of birth control and abortion in 1969. Fears of a ‘population bomb’ in Indigenous communities, overblown as they were, nonetheless placed Indigenous women and their reproductive lives under greater scrutiny and control by health professionals. Indeed, their access to reproductive justice narrowed as other women’s reproductive choices proliferated. Mary-Ellen Kelm’s paper focuses on the range of contradictory health interventions designed to promote maternal and child health in the Sioux Lookout Zone of Northwestern Ontario. Doctors advocated hospital births while community health committees sought support for home births. Maternity ward nurses pressed women to adopt birth control while Indigenous women focused on keeping their children safe from the grasp of child welfare authorities. All agreed that breast-feeding was healthy for mother and baby but were devastated by reports of environmental contamination of human milk. Kelm’s paper explores how nurses, doctors, researchers and Indigenous women defined maternal and child health situated within intersecting contexts of environmental degradation, Indigenous feminisms and political resurgence, government policy shifts and emerging health research infrastructure. North de Pencier’s team considers how the Sioux Lookout Project – by which the University of Toronto sent resident doctors to train in the Sioux Lookout hospital – embodied tensions between the needs of the medical school and community autonomy. De Pencier’s team finds that Indigenous resentment arose when they asked for experienced physicians able to meet the mental health needs of their communities in the region but received young residents to whom the School had promised an adventure. Policy moves towards the decriminalization of abortion and birth control, efforts to support maternal and child health and to improve access to mental health professionals were all touted as progressive interventions in Indigenous health but their results ranged from the counterintuitive to the paradoxical.

North de Pencier, Gerald McKinley, and Allison Crawford (University of Toronto), "'They would feel more confidant with older doctors' : Trainees and the Mental Health Services at the Sioux Lookout Zone Hospital, 1969-1996"

The Sioux Lookout Zone Hospital was a federally-funded hospital for Status Indians in Northwestern Ontario. Between 1969 and 1996, physicians from the University of Toronto implemented new mental health services in the region in order to serve the patient population of approximately 13,000 people, most of whom lived on reserves. The objective of this project is to analyze the role of resident physicians in the implementation of mental health services in the Sioux Lookout Zone from 1969-1996. Using critical discourse analysis, I will review relevant documents from the primary sources related to the Sioux Lookout Zone Hospital, located in the University of Toronto Archives.

The role of residents at the Sioux Lookout Zone Hospital was emblematic of the tensions between the differing aims and interests of the University of Toronto's involvement in the Sioux Lookout Zone. The goal of providing service to the region was often pitted against the goals of creating opportunities for trainees and the goal of recruiting more long-term physicians to the region. Preliminary critical discourse analysis illuminated themes of power and othering and affects of resentment. These themes suggest an underlying dynamic of tension between community autonomy and the needs of the educational program at the University of Toronto. Community resentment arose as their requests for older and more experienced physicians were met with the provision of young trainees. In advertising to recruit residents, the Indigenous communities in the Sioux Lookout Zone were exoticized, and the experience of working with Indigenous patients was promoted as an exciting adventure. These power dynamics were emblematic of the colonial framework of care.

Indian Residential Schools have been in the eye of the Canadian public since the report of the Truth and Reconciliation Commission in 2015. However, over the same period that the Canadian government operated Indian Residential Schools, it also operated Indian Hospitals, which share a parallel history of racism, neglect and bad health care. This project is part of a growing body of scholarship that studies the history of Indian Hospitals.

Mary-Ellen Kelm (Simon Fraser University), “Mothers’ milk: health promotion, community-based research and environmental contamination in the Sioux Lookout Zone.”

Maternal and infant health are key indicators of population health and reducing the mortality of mothers and infants was a focus of health programs in Indigenous communities in Canada in the 20th century. By the 1970s, medical service providers boasted that maternal mortality had been radically reduced in the northwestern Ontario administrative zone, Sioux Lookout, and that infant mortality was dropping. Health care workers, researchers and Indigenous women diverged on the appropriate mechanisms by which the health of mothers and children could be preserved. Physicians urged the evacuation of all primipara births to the Sioux Lookout hospital. Nurses working on the hospital maternity ward argued that fertility control preserved family health and pressed women to use IUDs or to opt for post-partum sterilization. Community health committees comprised mainly of Indigenous women saw the health of mothers and babies being upheld through home births, alongside culturally- appropriate and community-based pre- and post-natal care. All agreed that encouraging Indigenous mothers to breast-feed was an important ameliorative intervention given the compromised nature of the water supply on this region’s reserves. The threat of the PCB (polychlorinated biphenyls) contamination of human milk challenged this consensus. This paper explores how nurses, doctors, researchers and Indigenous women defined maternal and child health, and how they situated the health of mothers and children within intersecting contexts of Indigenous feminisms and political resurgence, policy shifts toward primary health care, emerging health research infrastructure and environmental concerns. Participants of the Sioux Lookout Project – a joint initiative of the University of Toronto Medical School, Medical Services Branch and the Hospital for Sick Children working in and with Cree and Anishinaabe communities of Treaty 9– formed a community of research and practice. Tracking their divergent perspectives, knowledge bases and research methods offers a relatively small-scale analysis of the flow of data and dollars the informed health policy and practice initiatives in 1970s and 1980s Canada.

Maureen Lux (Brock University), “Race and Reproductive Politics in 1970s.”

In a 1969 address, Edmonton obstetrician Dr. Charles Ringrose likened Indigenous communities to “underdeveloped” nations in the global south where birth rates exceeded the food supply: “In our own country, the plight of our native people resembles an underdeveloped nation in that many have insufficient amounts of food of the appropriate quality and their birth rate is very high.” Despite concerns about the birth control pill’s side-effects, Ringrose claimed that “for native women, taking the pill is 50 times safer than having a pregnancy.” Speaking in March 1969, on the eve of Criminal Code amendments that decriminalised birth control and abortion, Ringrose foreshadowed the population control rhetoric that accompanied family planning efforts aimed at Indigenous communities.

This paper examines reproductive politics in the 1970s when Canadians were assured that the state had no business in their bedrooms, yet for Indigenous communities the legal changes brought renewed interest in their reproduction. The powerful image of a ‘population explosion’ in the global south that conflated unbridled fertility with poverty and race found a receptive audience in Canada. Population control groups found that this looming threat to order and stability offered a ready discourse both to frame the problem of poverty in Indigenous communities and provide its solution. It raised what historian Matthew Connelly calls the critical question of who would actually do the ‘planning’ in ‘family planning’. Despite constituting a little more than 1% of Canada’s population of just 22 million (in 1971), Indigenous peoples apparently represented a significant population problem.

In June 1969, the same month that Bill C-150 legalizing birth control and abortion became law, the Trudeau Liberal government introduced its Statement of the Government of Canada on Indian Policy, better known as the White Paper. More than mere coincidence, policy makers saw themselves as charting a new liberal course for Canadians. Withdrawn by 1971, the White Paper’s legacy was a deepening distrust of a government intent on termination, or what Harold Cardinal called “cultural genocide.” At the same time, Red Power militancy seemed to confirm population controllers’ greatest fears of disorder and instability. Indigenous women’s access to reproductive justice narrowed as population control anxieties met the gendered nationalisms of Indigenous political activism.

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Preliminary Program

2020 Conference

Canadian Society for the History of Medicine

30 May – 1 June 2020
Western University
London, Canada

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Programme préliminaire

2020 Conférence

Société canadienne d’histoire de la médecine

Du 30 mai au 1er juin 2020
Western University
London, Canada

CSHM-SCHM session locations / lieux des séances:

- FIMS & Nursing Building (FNB)
- International & Graduate Affairs Building (IGAB)
- Windermere Manor (200 Collip Circle)
- Kresge Building (KB) * *interdisciplinary session with / session interdisciplinaire avec CSHPS*

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UNIVERSITY · CANADA

FRIDAY MAY 29 | VENDREDI 29 MAI

18:00 – 21:00 **CSHM Executive Meeting | Réunion de l'exécutif de la SCHM**

SATURDAY MAY 30 | SAMEDI 30 MAI

08:00 – 08:30 **Coffee & Networking | Café et réseautage**

FNB Atrium, 1st floor / 1er étage

08:30 – 09:00 **Welcoming Remarks | Mot d'ouverture**

FNB 1240

09:00 – 10:30 **Concurrent Sessions | A1 – A3 | Séances simultanées**

09:00 – 10:30 **A1: Medicinal Plants and Drugs**
FNB 1200 **A1: Plantes médicinales et médicaments**

Chair/président: James T.H. Connor (Memorial University of Newfoundland)

Missionaries and Patent Medicines in the Seventeenth Century Medical Marketplace
Justin Rivest (University of Cambridge)

*Galenizing the New World: Joseph-François Lafitau's "Galenization" of Canadian Ginseng, c.1716-1724 **
Gianamar Giovannetti-Singh (University of Cambridge)

*Experimental Andes: Exploring Invocations of Indigeneity in Mid-Twentieth Century Peruvian Psychiatry **
Taylor Dysart (University of Pennsylvania)

* Eligible for student prizes | Admissible aux prix étudiants

09:00 – 10:30 A2: Science, Bodies and Evidence
FNB 1220 A2: Science, corps et preuves

Chair/présidente: Sasha Mullally (University of New Brunswick)

*The 'Atypical' Example: Gender and Racial Bias in the Canadian Anatomy Classroom **
Carly Naismith (York University)

"Go Take a Look at Millie Now": What Murder and Tattoos Reveal About Museums, Bureaucracy, and Access to Information in Quebec
Jamie Jelinski (Queen's University)

What made medicine modern?
Jonathan Fuller (University of Pittsburgh)

09:00 – 10:30 A3: Psychiatric Institutions and Practices
FNB 1240 A3: Établissements et pratiques psychiatriques

Chair/présidente: Esyllt Jones (University of Manitoba)

*Behind Closed Doors: The Regulation of Patient Movement in English and Scottish Insane Asylums, 1890-1914 **
Vesna Curlic (University of Edinburgh)

*A European Failure? The medico-pedagogical method in France and Scotland, 1870-1914 **
Axelle Champion (University of Edinburgh)

The Birth of Autism: Discovery, Credit, and Consensus Formation in Science
Marga Vicedo (University of Toronto)

10:30 – 11:00 **Coffee & Networking | Café et réseautage**
FNB Atrium, 1st floor / 1er étage

11:00 – 12:30 **PATERSON LECTURE | CONFÉRENCE PATERSON ***

FNB 1240 **Kim Anderson**, Canada Research Chair in Indigenous Relationships
University of Guelph

"A 2020 view on Ethics and Indigenous Health Histories: Are we Asking the Right Questions?"

Financial support for this session was provided by Associated Medical Services
Cette session est financée par Associated Medical Services

In this lecture, Kim Anderson will discuss how the last two decades of scholarship on Indigenous research methodologies have shifted the landscape on how research pertaining to Indigenous peoples and lands has changed. Discussions in Canada were at first primarily focused around ethical conduct in health research. As universities take up processes of "Indigenizing the academy," ethics offices have an opportunity to review their processes, to ponder, "Are we asking the right questions?" In the context of self-determined Indigenous research, questions about what is ethical are much broader, crossing methodological lines. Using story-work from her own practices in oral history and drawing from conversations with colleagues who do Indigenous health history, Dr. Anderson will invite conference participants to engage in a 2020 visioning of how our disciplines might move forward in ethically co-constructing Indigenous health histories.

About the Speaker: Dr. Kim Anderson is a Metis scholar with a PhD in history from the University of Guelph. She holds a Canada Research Chair in Indigenous Relationships and is an Associate Professor in the Department of Family Relations and Applied Nutrition at the University of Guelph. Dr. Anderson has published seven books and over thirty peer reviewed articles on subjects including gender and Indigeneity, Indigenous health and well-being, Indigenous research methodologies and Indigenous knowledge transfer in urban settings. Much of her work involves oral history. Her latest book publication is a co-produced memoir with Anishinaabe artist Rene Mesake, entitled *Injichaag, My Soul in Story: Anishinaabe Poetics in Art and Words* (University of Manitoba Press, 2019).

12:30 – 14:00 **CSHM Annual General Meeting (with lunch provided)**

FNB 1240 **Assemblée annuelle de la SCHM (avec dîner)**

* Eligible for student prizes l Admissible aux prix étudiants

14:00 – 15:30 Concurrent Sessions | B1 – B3 | Séances simultanées

14:00 – 15:30 B1: Emotions and Ethics
FNB 1200 B1: Émotions et éthique

Chair/présidente: Isabelle Perreault (Université d'Ottawa)

*"Joy Comes in the Mourning" : The Science and Politics of Post-Abortion Trauma **
Megann Licskai (Yale University)

Troubling Archives: Enchantment and Emotion at Palo Seco Leprosarium
Caroline Lieffers (King's University)

En archives psychiatriques et judiciaires :quelques enjeux et considérations éthiques dans la mouvance de « l'affect turn »
Isabelle Perreault (Université d'Ottawa)

14:00 – 15:30 B2: Medical Education in the 20th Century
FNB 1220 B2: L'éducation médicale au 20e siècle

Chair/président: Geoffrey Hudson (Lakehead University)

Mission Plus Accreditation Equals Conformation: Catholic Ideals and Institutional Transformation During the Formative Years of University of Ottawa's Medical School, 1945-1965
Susan Lamb (University of Ottawa)

*The role of the Pernkopf atlas in modern medical education **
Arita Alija (Western University)

*The Historical Evolution of Postgraduate Medical Education (PGME) in Canada, 1990-2020 **
Hasan Kettaneh (Queen's University)

14:00 – 15:30 B3: Infectious Diseases in the 19th Century
FNB 1240 B3: Les maladies infectieuses au 19e siècle

Chair/présidente: Shauna Devine (Western University)

*Cholera Mortality Patterns in Victorian London Revisited **
Rebecca Stieva (McGill University)

Reclaiming the role of food security in health history: Evidence from Colonial South Asia
Sheila Zurbrigg (Independent Scholar)

*'The Great Conflagration': Disease and Death in the Ashes of the Great Fire of 1892 **
Daniel B. Rees (Memorial University of Newfoundland)

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* Eligible for student prizes I Admissible aux prix étudiants

15:30 – 16:00 **Coffee & Networking | Café et réseautage**
FNB Atrium, 1st floor / 1er étage

16:00 – 17:30 **Concurrent Sessions | C1 – C3 | Séances simultanées**

16:00 – 17:30 **C1: Mental Illness and Treatment**
FNB 1200 **C1: Maladie mentale et traitement**

Chair/présidente: Susan Lamb (University of Ottawa)

Du « Désordre mental » des soldats marocains rapatriés de la guerre d'Indochine au chemin de la résilience soixante ans après
Aziza Doudou (Independent Scholar)

*Crafting Care: Postwar Discussions of Veteran Mental Health in Canada, 1918-1939 **
Heather Ellis (Western University)

*A Clear View of the Self: LSD's Ego-Enhancing Effects in Psychiatry, 1950-1970 **
Andrew Jones (University of Toronto)

16:00 – 17:30 **C2: Medical Experiences in Nova Scotia**
FNB 1220 **C2: Expériences médicales en Nouvelle-Écosse**

Chair/président: Travis Hay (Lakehead University)

*Private Bodies and Public Immunity: Nova Scotia's Unique Approach to Smallpox Vaccination **
Adriana Fraser (University of Pennsylvania)

Communities of Healing: Nova Scotian Networks and the Medical Humanitarian Impulse
James Burnham Sedgwick (Acadia University)

*Shubenacadie Indian Residential School: Biomedical Experimentation on the Mi'kmaq in Twentieth-Century Nova Scotia **
Courtney Mrazek (University of New Brunswick)

16:00 – 17:30 **C3: Revealing Outlets: Art and Magazines**
FNB 1240 **C3: Révéler des debouches: Art et magazines**

Chair/présidente: Delia Gavrus (University of Winnipeg)

*Diagnosing Images of Injury: Sir Charles Bell's Watercolours and Compassion in a Warzone **
Kaitlyn N. Carter (Brock University)

Confinia Psychiatrica: Patient Art and Diagnosis of Mental Illness
Jacalyn Duffin and Lynda Mikelova (Queen's University)

*Not For The Waiting Room: An Analysis of a 1990's Canadian Medical Humour Magazine **
Kelly Salman (Queen's University)

17:30 – 19:30 **Graduate Student Happy Hour | Cinq à sept des étudiants diplômés**

Location to be determined / Emplacement à déterminer

* Eligible for student prizes I Admissible aux prix étudiants

SUNDAY MAY 31 | DIMANCHE 31 MAI

08:30 – 09:00 **Coffee & Networking | Café et réseautage**
FNB Atrium, 1st floor / 1er étage

09:00 – 10:30 **Concurrent Sessions | D1 – D3 | Séances simultanées**

09:00 – 10:30 **D1: Tuberculosis in the 20th Century**
FNB 1200 **D1: La tuberculose au 20e siècle**

Chair/président: Kevin Siena (Trent University)

*Veterans, Tuberculosis and the Politics of Non-Visible Disability, 1914–1939 **
Eric Story (Wilfrid Laurier University)

*Diagnosis and Dispossession: Tuberculosis X-ray survey programs in northern Ontario, 1923-1951 **
Leah Wiener (Simon Fraser University)

*"Symbol of the IGA": The International Grenfell Association Hospital Ship Strathcona III and medical surveillance in northern Labrador, 1971 **
John R.H. Matchim (University of New Brunswick)

09:00 – 10:30 **D2: International Encounters in Health Practice**
FNB 1220 **D2: Rencontres internationales en pratique de la santé**

Chair/président: David Wright (McGill University)

Instrumentalisation des discours scientifiques européens et prédominance de la race blanche dans l'Uruguay du 19e siècle
Nancy Gonzalez-Salazar (Université Paris 8)

*Black Bodies & Blue Helmets: How the colonial history of international health law impacted the Haitian cholera epidemic **
Adam R. Houston (University of Ottawa)

*Le contexte international et l'éradication de la nécrose maxillaire au Canada **
Kathleen Durocher (Université d'Ottawa)

09:00 – 10:30 **D3: Physician Impact**
FNB 1240 **D3: Impact sur les médecins**

Chair/présidente: Lucy Vorobej (University of Waterloo)

De l'expérience locale aux préoccupations globales : Dre. Jessie MacBean et la médecine préventive en Chine du Sud, 1906-1935
Kim Girouard (Université d'Ottawa)

Medical Adventures in Newfoundland and Labrador: The 1968 Summer Autobiographical Travel Log of Don G Bates MD (UWO '58) PhD
James T.H. Connor (Memorial University of Newfoundland)

'It All Started in 1968 As the Result of a Fishing Trip': H.W. Bain and the History of the University of Toronto Sioux Lookout Project
Kristin Burnett and Travis Hay (Lakehead University)

10:30 – 11:00 **Coffee & Networking | Café et réseautage**
FNB Atrium, 1st floor / 1er étage

11:00 – 12:30 **PRESIDENTIAL ADDRESS | ADRESSE PRESIENTIELLE**
FNB 1240 Catherine Carstairs, University of Guelph

"Diversity and Discrimination in Dentistry"

12:30 – 14:00 **Lunch Break (on your own) | Heure du dîner (tout seul)**

14:00 – 15:30 **Concurrent Sessions | E1 – E3 | Séances simultanées**

14:00 – 15:30 **E1: Medical Delivery, Theory and Letters**
FNB 1200 **E1: Livraison médicale, théorie et lettres**

Chair/présidente: Jacalyn Duffin (Queen's University)

*Medical Access in Deir el-Medina **
Bianca Grier (University of Toronto)

"Some Writers Would Pronounce them Different Races": Disease, Class and Race in Eighteenth-century Stadial Theory
Kevin Siena (Trent University)

"Nothing Hidden:" Place and the Private Self in Wilder Penfield's Correspondence with his Mother
Annmarie Adams (McGill University) and Delia Gavrus (University of Winnipeg)

14:00 – 15:30 **E2: Medical Research and Innovation in the 20th Century**
FNB 1220 **E2: Recherche médicale et innovation au 20e siècle**

Chair/président: Kenton Kroker (York University)

Cold War, Cold Room: Alan C. Burton and the Science of Environmental Physiology
Matthew S. Wiseman (Western University)

*Physician Advertising, Patient Demand, and the Laparoscopic Revolution in Surgery **
Cynthia L. Tang (McGill University)

Bridging Clinical Investigation with Ethical Regulation: Four Pioneering Gynecologic Cancer Trials in Canada, 1974-1984
Fedir Razumenko (University of Calgary)

14:00 – 15:30 **E3: Paradoxes of Progressive Intervention: Public Policy and Medical Care in Indigenous Communities**

FNB 1240 **E3: Paradoxes de l'intervention progressive: Politiques publiques et soins médicaux dans les communautés autochtones**

Chair/présidente: Mary-Ellen Kelm (Simon Fraser University)

"They would feel more confidant with older doctors" : Trainees and the Mental Health Services at the Sioux Lookout Zone Hospital, 1969-1996
North de Pencier, Gerald McKinley, Allison Crawford (University of Toronto)

Mothers' milk: health promotion, community-based research and environmental contamination in the Sioux Lookout Zone
Mary-Ellen Kelm (Simon Fraser University)

Race and Reproductive Politics in 1970s
Maureen K. Lux (Brock University)

15:30 – 16:00 **Coffee & Networking | Café et réseautage**
FNB Atrium, 1st floor / 1er étage

16:00 – 17:00 **Concurrent Sessions | F1 – F3 | Séances simultanées**

16:00 – 17:00 **F1: Healthcare Encounters in Ireland**

FNB 1200 **F1: Rencontres de santé en Irlande**

Chair/présidente: Jenna Healey (Queen's University)

*The Introduction of Insulin Therapy into Ireland **
Lauren Young (Queens University Belfast)

*"It was the best of times, it was the worst of times,": Providing healthcare during the Northern Ireland Troubles **
Ruth Coon (Ulster University)

16:00 – 17:00 **F2: Women's Bodies, Medicalization and Colonialism**
FNB 1220 **F2: Corps des femmes, médicalisation et colonialisme**

Chair/présidente: Catherine Carstairs (Guelph University)

*Dirty Bodies, Bloody Women: Managing Menstruation in Colonial Punjab (1885-1947) **
Nikita Arora (University of Oxford)

The French Colonial Medical Regime Comes to the Levant: Sex Work in Interwar Lebanon and Syria
Pascale N. Graham (McGill University)

16:00 – 17:00 **F3: Indigenous Perspectives and Medicine**
FNB 1240 **F3: Perspectives autochtones et médecine**

Chair/présidente: Maureen Lux (Brock University)

Sacred Medicine Songs of the Anishinaabeg in Ontario
Bimadoshka Pucan (Western University)

Death of Tecumseh: perspectives of history
Vivian McAlister (Western University)

17:00 – 18:00 **Book Launch | Lancement de livres**

International & Graduate Affairs Building Atrium
IGAB 0A01

18:30 – 21:30 **CSHM-SCHM Banquet**

Windermere Manor
200 Collip Circle

MONDAY JUNE 1 | LUNDI 1er JUIN

08:00 – 08:30 **Coffee & Networking | Café et réseautage**
FNB Atrium, 1st floor / 1er étage

08:30 – 10:00 **Concurrent Sessions | G1 – G3 | Séances simultanées**

08:30 – 10:00 **G1: Women's Health, Women's Professionalism**
FNB 1200 **G1: Santé des femmes, professionnalisme des femmes**

Chair/présidente: Annmarie Adams (McGill University)

British prestige, hygienic modernity and nation building: the story of Ethiopian nursing in the postcolonial era
Sioban Nelson (University of Toronto)

*Gender, Body and Health: Women's College Hospital (Toronto, Canada) **
Denisa Popa (University of Toronto)

A Panel Decision for Every Woman: Therapeutic Abortion Committee at Kingston General Hospital, 1970 – 1988
Kuan Ting (Michael) Chen (Queen's University)

Kneeling Deeply: Jo Lutley, Nursing, and Indigenous/Settler Engagements in 1960s "Great Whale River"
Naomi Adelson (Ryerson University)

08:30 – 10:00 **G2: Disease Treatment and Monitoring**
FNB 1220 **G2: Traitement et surveillance des maladies**

Chair/présidente: Vincenza Mazzeo (Johns Hopkins University)

The use of alternative medicine to treat cancer in nineteenth century Belfast and Dublin *
Eugenie Scott (Ulster University)

*Electricity, Needles, Hooks, and Herbs: Treating Blindness in Nineteenth-Century North America **
Joanna L. Pearce (York University)

Material cultures of diabetic sugar monitoring and the redistribution of expertise
Elizabeth Newald (Brock University)

INTERDISCIPLINARY SESSION WITH | SESSION INTERDISCIPLINAIRE AVEC
CANADIAN HISTORICAL ASSOCIATION | SOCIÉTÉ HISTORIQUE DU CANADA

08:30 – 10:00
FNB 1240

G3: Mobilizing Medicine: Doctors, Dangers and Disease during the Second World War

G3: Mobiliser la médecine: médecins, dangers et maladies pendant la Seconde Guerre mondiale

Chair/président: Jonathan Vance (Western University)

Weapons of Mass Pollution: The Health and Environmental Hazards of Canada's Munitions Industry During the Second World War
Alex Souchen (Trent University)

*"The First Wealth is Health": The Health League of Canada and Venereal Disease Education in Wartime Canada **
Enrico Moretto (York University)

'A Necessary Evil:' Canadian Doctors Respond to Public Health Insurance and Socialized Medicine, 1942-45
David Blocker (Independent Scholar)

10:00 – 10:30 **Coffee & Networking | Café et réseautage**
FNB Atrium, 1st floor / 1er étage

10:30 – 12:00 **Concurrent Sessions | H1 – H2 | Séances simultanées**

10:30 – 12:00
FNB 1200

H1: Public Health, Class and Race

H1: Santé publique, classe et race

Chair/présidente: Heather MacDougall (University of Waterloo)

*Historical Analysis of Occupational Therapy in Public Health, 1914-2019 **
Kathryn Lewis and Michelle Lehman (University of Toronto)

A Little Agitation for Better Health: National Negro Health Week and Black Health Activism in Cleveland and Detroit, 1915-1930
Michael Aloisio (Independent Scholar)

Sanitary Cordons in Southern Italy in the Early 19th Century
Alberto Tanturri (Università Cattolica del Sacro Cuore, Milan)

10:30 – 12:00 **H2: Historical Perspectives on the Health of Canadian Soldiers and Veterans**
FNB 1220 **H2: Perspectives historiques sur la santé des soldats et vétérans canadiens**

Chair/présidente: Kandace Bogaert (Wilfred Laurier University)

*The Fight Against the Flu: The Canadian Army Medical Corps and Pandemic Influenza During the Final Months of the First World War **
Renée Davis (Université d'Ottawa)

Deaths by Suicide and SIW Commemorated in the C.E.F. Roll of Honour, 1914-1919
Kandace Bogaert (Wilfred Laurier University)

"Every Effort Has Been Made To Effect A Cure": The Long-Term Consequences of Venereal Disease among First World War Veterans
Lyndsay Rosenthal (Wilfred Laurier University)

12:00 - 12:15 **Student Prizes | Prix étudiants**
FNB 1240 **Closing Remarks | Mots de clôture**

INTERDISCIPLINARY SESSION WITH | SESSION INTERDISCIPLINAIRE AVEC
CANADIAN SOCIETY FOR THE HISTORY AND PHILOSOPHY OF SCIENCE

13:30 – 15:00 **Roundtable / Table ronde: *Stanley's Dream: The Medical Expedition to Easter Island* (MUQP, 2019) with / avec Jacalyn Duffin**
KB 203

Financial support for this session is provided by the Federation for the Humanities and Social Sciences
Cette session est financée par la Fédération des sciences humaines.

Chair/président: Geoffrey Bil (University of Delaware)

Jenna Healey (Queen's University)
Rohini Patel (University of Toronto)
Sarah Qidwai (University of Toronto)
Matthew Wiseman (Western University)
Jacalyn Duffin (Queen's University)