Local Medicine, Local Health 1700-2011

Knowledge Sharing Day
Friday 7th September 2012
University of Worcester, City Campus
Introduction

How do studies of localities add to our wider understanding of the history of medicine?

What can be learnt from comparing health and healthcare provision from across the British regions and how does this relate to the national and even international picture? The broad ranging themes of the day draw on evidence from diverse research approaches, regions and periods.

Bringing together speakers from Universities from across the country, we hope that the day will provide participants not only with a chance to share their personal research, but also to enjoy conversations that may bring renewed richness to current thinking, lead to future collaborations, or perhaps just generate a new interest. The day aims to encourage individuals from diverse backgrounds to share their experiences whether academics, former medical practitioners, local historians or geographers in facilitating new perspectives and the sharing of knowledge.

Emergent questions arising from the themes include: How far have we challenged or used medical explanatory theories of the past? How significant is medicine to exploring wider historical narratives? What is the value of medical historical geographic and cross-disciplinary approaches? Where are the voices in local medicine and do we fully understand the difference they have made? Are we capitalising sufficiently on research sources, data and evidence which may strengthen our wider understanding of the history of medicine?

Place is inherent in the theme of the day with the location being the former Worcester Royal Infirmary, a building still imbued with the memories of former patients, staff and local residents. The programme enables participants to view the newly opened Infirmary exhibition which has at its heart the medical stories of Worcester.

The Infirmary

The former Worcester Royal Infirmary has a rich and varied history spanning some 240 years. Since opening its doors in 1771, the hospital has stood as a monument to healthcare in Worcester and to its dedicated staff in the form of physicians, nurses, porters and voluntary staff and to each patient who spent time within its walls. The impact of hospital staff went beyond the local; from the writings of John Wall in the use of tree bark in the treatment of smallpox and the value of water therapies; the research and practice of the Johnstone family, in particular the senior James Johnstone who made great strides in researching the causes of diphtheria and health issues related to occupation; to the surgical developments of Henry Carden and the biological discoveries of Martin Skirrow.

The Infirmary is perhaps best known thanks to endeavours of Charles Hastings and other eminent colleagues as the site of the founding of the Provincial Medical and Surgical Association in 1832, the precursor of the British Medical Association established in 1856. Hastings demonstrated his commitment to medical reform through his participation in many different areas of public life. He campaigned for greater public health provision and was a great exponent in the belief that doctors could learn much about a region’s health by studying its landscape and industries.

Charles Hastings
Charles Hastings was a physician at the Infirmary for 35 years, after becoming House Surgeon aged only 18. A promising young student, he was expected by many to go to London after his training but instead chose to return to Worcestershire to work in his home county.

James Johnstone Junior
Johnstone and his wife Hannah had eleven children, three of whom also became physicians. Their son James joined the Infirmary in 1774 when he was only 20 years old, but sadly died ten years later from typhus following a visit to treat the inmates of Worcester Gaol.

Front cover images:
Anthony Keck’s plans for Worcester Infirmary, c. 1760 and Charles Hastings Building, City Campus, University of Worcester.
### Local Medicine, Local Health, 1700 – 2011

<table>
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<tr>
<th>Time</th>
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<tr>
<td>9.30am</td>
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| 10.00am   | Welcome & Talk - *The Infirmary: Creating a New Medical Exhibition at the University of Worcester*  
            Catriona Smellie, Medical Museum Curator/Manager, University of Worcester |
| 10.20am   | *Mapping the Health of Localities: Medical Topographies in the Late Eighteenth and Early Nineteenth Centuries.*  
            Dr Jonathan Reinarz, Reader and Director of the History of Medicine Unit, University of Birmingham |
| 10.40am   | *Politeness and Place in Late Eighteenth Century Provincial English Medical Culture*  
            Dr Michael Brown, Senior Lecturer in History, University of Roehampton |
| 11.00am   | Q & A and comment                                                       |
| 11.15am   | COFFEE & TEA BREAK                                                     |
| 11.30am   | *Personalities, Politics and Healthcare in Barnsley and Eastbourne between the Wars*  
            Dr Alysa Levene, Reader in History, Oxford Brookes University |
| 11.50am   | *Communities, Hospitals and Engagement: Capturing the Vitality of Medical Voluntarism in Leicester and Nottingham between the Wars*  
            Dr Nick Hayes, Reader in Urban History, Nottingham Trent University |
| 12.10pm   | Q & A and comment                                                       |
| 12.30pm   | LUNCH The Infirmary, Jenny Lind Chapel  
            Opportunity to view the new Infirmary museum                        |
| 1.30pm    | *Middle-class Medicine: Private Hospital Provision in Regional Perspective before the NHS*  
            Dr George Campbell Gosling, Research Affiliate, Oxford Brookes University |
| 1.50pm    | *Me and My Database: Restoring Personal Identity to Patients at Powick Lunatic Asylum 1852-1912*  
            Dr Frank Crompton, Historical Advisor/Research fellow, University of Worcester |
| 2.10pm    | Q & A and comment                                                       |
| 2.20pm    | COFFEE & TEA BREAK                                                     |
| 2.40pm    | *Geographies of Medical Knowledge: Anthrax and Nineteenth Century Bradford as a Case Study*  
            Dr Jamie Stark, AHRC Knowledge Transfer Fellow, University of Leeds |
| 3.00pm    | *A Long Tale of Filth, Neglect, Carelessness and Disease: The Local and the Rural in Public Health*  
            Dr Keir Waddington, Director of Research, Cardiff University |
| 3.20pm    | Q & A and comment                                                       |
| 3.30pm    | Discussion  
            This session will contribute to our question ‘how do studies of localities add to our wider understanding of the history of medicine’, by exploring new research approaches and methodologies and ways we can work collaboratively. |
| 3.45pm    | Feedback and Summing up                                                |
| 4.00pm    | Close                                                                  |
The Speakers

**Catriona Smellie**
Catriona is the Curator and project manager of the new exhibition of medical history at the former Worcester Royal Infirmary. A key aspect of this role is ensuring the strategic fit of the new museum within the University, as well as developing its ongoing role as a part of Worcester’s heritage offer. Prior to this, Catriona was Curator of the George Marshall Medical Museum, also in Worcester, with responsibility for most aspects of the Museum’s running, including strategic management, collections, learning programme development and delivery, managing volunteers, and publicity. She studied Archaeology at Durham University and gained an MA in Museum and Artefact Studies at the same institution.

**Jonathan Reinarz**
Jonathan was educated in the Midlands and has consistently engaged with the history of the Midlands in his work, ranging from the history of brewing and printing, to hospitals, medical education and, more recently, the senses. His recent publications include *Health Care in Birmingham: The Birmingham Teaching Hospitals, 1779-1939* (2009) and *Permeable Walls: Historical Perspectives on Hospital and Asylum Visiting* (2009; edited with Graham Mooney). His forthcoming books include a history of smell (*Past Scents*, Northern Illinois University Press) and edited collections on the history of skin (*Pickering & Chatto*, *Hospitals and Communities, 1100-1960* (Berg) and *Medicine and the Workhouse* (Rochester). He is currently Reader and Director of the History of Medicine Unit at the University of Birmingham.

**Michael Brown**
Michael is a Senior Lecturer in History at the University of Roehampton. He has published extensively on the history of eighteenth and nineteenth century British medical culture and his most recent work is *Performing Medicine: Medical Culture and Identity in Provincial England, c.1760-1850* (Manchester University Press, 2011).

**Alysa Levene**
Alysa is a Reader in History at Oxford Brookes University. She principally works on the history of childhood and the family in the early modern period; but also on child welfare and health across a broader time period. The current paper arises from her time as a Research Officer on a Wellcome Trust funded project at the Universities of Bath and Oxford Brookes. A monograph from this project was published earlier this year (*Cradle to Grave: Municipal Medicine in Interwar England and Wales*, Peter Lang).

**Nick Hayes**
Nick is currently researching inter-war voluntarism in provincial hospitals, with a forthcoming article due in *Historic Research*, this follows earlier published research on public opinion and the NHS (*English Historical Review*). Previous research themes include aspects of twentieth century civil society contributing articles to Urban History. He is a Reader in Urban History at Nottingham Trent University.

**George Campbell Gosling**
George completed his PhD on ‘Charity and Change in the Mixed Economy of Healthcare in Bristol, 1918-1948’, funded by the Wellcome Trust, at Oxford Brookes University in 2011. He has published widely on medical charity in the early twentieth century, most recently in the journal *Medical History*. He is a trustee of the Voluntary Action History Society and interested more widely in the social and cultural history of medicine, charity and social work in modern Britain and beyond. He is currently Research Affiliate for the Centre for Health, Medicine and Society at Oxford Brookes University.

**Frank Crompton**
Frank has over 25 years experience as a lecturer in Higher Education supervising 20 Research Degree completions at MPhil/PhD level, with 5 years experience as Director of Graduate Research. He also founded the exhibitions of the George Marshall Medical Museum and has been a Research Fellow at Universities within Exeter, Worcester and Birmingham. With many publications in print and electronically, his wider activities include the role of Co-Chair in a successful project funded by the Higher Education Funding Council for England promoting the use of computers in teaching history in Higher Education. He is currently a Historical Advisor to the George Marshall Medical Museum and the Infirmary.

**Jamie Stark**
Jamie is an AHRC Knowledge Transfer Fellow at the University of Leeds, working in collaboration with the Thackray Museum. His doctoral thesis (2011) examined the social, cultural and medical construction of anthrax in local, national and global contexts during the decades around 1900. He has published on the history of industrial illness, the relationship between disease and the skin and the international exchange of medical knowledge, practices and materials. He is currently working on the histories of patents in medical innovation, sanitation in nineteenth-century Leeds and chemical disinfection in the home.

**Keir Waddington**
Keir is a social historian of medicine whose main field of research relates to Victorian and Edwardian Britain. Author of *An Introduction to the Social History of Medicine: Europe since 1500* (2012), he has particular research interests in institutional medicine (hospitals and asylums), food and disease, and Gothic literature and the laboratory, and is currently working on a history of rural public health in Victorian and Edwardian Wales. He is Director of Research at Cardiff University.
Abstracts

Knowledge Sharing Day – Friday 7th September, The Infirmary, City Campus
Locality has influenced the spread of disease and quality of healthcare. The study of medical topographies and place in medical practice and history has a long standing tradition stemming from works in the ancient Hippocratic Corpus, to the endeavours of enlightened individuals in the eighteenth and nineteenth centuries who were especially proactive in working across disciplines in areas of medicine, the environment, philosophy, science and technology. Speakers will be drawing on various aspects of provincial practice from North, South, East and West, highlighting how studies of localities may add to our wider understanding of the history of medicine.

The Infirmary: Creating a New Medical Exhibition at the University of Worcester
- Catriona Smellie
For almost three centuries Worcester Royal Infirmary stood in the community as a monument to Worcester healthcare with links to well-known figures in medical history but, perhaps most importantly, the building is imbued with the stories of the people who once occupied it—those who were healed here, gave birth to their children, lost loved ones, made friends for life, fell in love or visited only briefly. This talk will introduce delegates to the process involved in creating The Infirmary, the ways in which we developed local stories, characters and collections, while at the same time endeavouring to retain interest for general audiences who may be without any particular affinity to Worcester. The talk will also draw out the approach we have taken to the exhibition structures and the ways in which we deliberately exploited the exhibition’s unique context.

Mapping the Health of Localities: Medical Topographies in the Late Eighteenth and Early Nineteenth Centuries
- Dr Jonathan Reinarz
Roy Porter, in his study of public health in eighteenth-century London perceptively drew attention to the subject of medical topographies, which he regarded as a highly promising and entirely uncharted sub-field for medical historians. This particular medical sub-genre stems directly from the work on airs, waters and places as articulated in the works comprising the ancient Hippocratic Corpus. Rediscovered in the seventeenth century for medical purposes, adherents of this early environmental creed emphasised that the peculiarities of place directly influenced disease and that illness often originated from the filth that accumulated in an individual’s habitat. With the development of scientific instruments, eighteenth-century environmentalists collected vast pools of detailed measurements relating to air purity, for example, and often constructed grand explanatory theories to explain diseases at the local level. Provincial practitioners were particularly convinced that many benefits would result from comparing the incidence and character of disease in one locality with that in another. The genre was therefore encouraged by a number of medical societies that emerged between the late eighteenth and early nineteenth century, many pages in medical journals being devoted to such epidemiological reports. This paper will explore this neglected tradition of medical writing in the context of the Midlands, present some relevant case studies, compare and contrast them, before considering what these accounts tell us about local medicine and local health.

Politeness and Place in Late Eighteenth Century Provincial English Medical Culture
- Dr Michael Brown
This paper explores the importance of locality and of place in shaping the social identities and performances of late eighteenth-century provincial English medical practitioners. Using the case study of Alexander Hunter, the Yorkshire physician and natural philosopher, it demonstrates how English medical practitioners could embrace their regionality, utilising local social networks and local natural resources to shape social profiles that may have been provincial but were never merely parochial.

Personalities, Politics and Healthcare in Barnsley and Eastbourne between the Wars
- Dr Alysa Levene
This paper investigates some of the more unexpected but key influences on local healthcare in interwar England. It is often forgotten that healthcare in the 1920s and 30s was still heavily localised, given the large-scale nationalisation that occurred so soon afterwards. In fact, the form and development of healthcare schemes was dependent on a whole range of factors, including the political inclinations of the council at any given time, the personality and proclivities of local medical officers, the wealth of the local authority, and where it chose to spend its money. This paper examines two quite different case studies: Barnsley, in Yorkshire, where local politics had a strong influence on local healthcare, and Eastbourne, on the south coast, where the primary impetus came from a strong-minded and long-serving Medical Officer of Health. By utilising local records, the paper illustrates the responsiveness of some local authorities to the needs of their inhabitants; but in other cases, the legacy of long-held political, personal and medical concerns. This paper forms part of a larger project on municipal healthcare in interwar England and Wales, funded by the Wellcome Trust and completed in 2006. The other academics involved were Prof Martin Powell (Birmingham), Prof John Stewart (Glasgow Caledonian) and Dr Becky Taylor (Birkbeck).
Communities, Hospitals and Engagement: Capturing the Vitality of Medical Voluntarism in Leicester and Nottingham between the Wars
– Dr Nick Hayes

Any welfare history that focuses on the transition from the ‘active citizen’ to the ‘active state’ needs, as Finlayson rightly notes, to take into account the many ways in which ‘past traditions survive and influence what comes after them.’ Perhaps this was more likely still within a local rather than national environment – where identity, belonging and response were more closely inter-linked. Yet by the end of the nineteenth century the rhetoric and practice of philanthropy as an expression of urban civic attachment was supposedly losing its appeal. Local association, and a sense of localism itself, arguably succumbed to a homogeneous national middle-class identity, which was in many ways anti-local and anti-working class. Cities in this rendition became essentially working-class spaces, bereft of middle-class influence, marking the beginning of the end of ‘a once vibrant urban culture.’

How did this work in practice; indeed was it or was it not the case? Beyond certain religious charities, the wealthiest of urban voluntary bodies after 1918 remained the voluntary hospitals. They were also the most vibrant. Yet the standard medical historiography ascribes this vitality to the rapid expansion of working-class self-insurance – the mutualistic Hospital Saturday funds – rather than as a consequence of ‘traditional’ charitable activity, which was apparently progressively squeezed out of the funding mix. While such explanations dovetail neatly with the dominant urban history discourse of elite disengagement, they also deftly ignore the complexities of the totality of voluntary hospital expansion before 1939, and the high continuing levels of community engagement which supported this. This paper looks at the experiences of two major hospitals in the East Midlands to highlight not only the continuing importance of medical voluntarism in each city, but also the ways in which voluntary activity expanded into new spheres of activity which were more, not less, community based.

Middle-class Medicine: Private Hospital Provision in Regional Perspective before the NHS
– Dr George Campbell Gosling

The introduction of payment into the voluntary hospital system in the early twentieth century has been long acknowledged but rarely considered in any detail. Did this amount to a commercial system of hospital provision? Did these changes mean the voluntary hospital system can no longer be viewed as a charitable one? Although the assumption has long been that the voluntary hospital system was reformed beyond recognition in the years preceding the introduction of the NHS in 1948, the evidence is not so clear. This paper will present the evidence for the introduction of private hospital provision in the 1930s and 1940s. Attention will be drawn to the system of income limits that excluding those on middle-class incomes from the ordinary provisions of the hospital. Contrasted against the charitably-subsidised provision made for roughly four-fifths of the British population, there was also a genuinely commercial system in operation for the middle classes. This paper will consider the controversial nature of such provision within a charitable system and examine rarely used contemporary data to assess the extent of this provision. A regional case study of the Bristol area will be used to explore the regional pattern in greater depth. Ultimately, it will be argued, middle-class private provision before the NHS was limited overall, marginal within the hospital, and geographically restricted to the South of England.

Me and My Database: Restoring Personal Identity to Patients at Powick Lunatic Asylum 1852 - 1912
– Dr Frank Crompton

Logically, investigating the history of institutions from the inmates’ perspective is essential if an empathetic view of incarcerated individuals is to be obtained. Workhouse Children (Sutton, 1997) was an attempt to examine the plight of pauper children in the workhouses of Worcestershire between 1834 and 1872. Whilst this was a reasonably effective endeavour it was apparent that in writing History From Below the quality of the sources available was imperative.
After the publication of this book my investigation of the Pauper Lunatic Asylum at Powick began; where it was apparent that the quality of the sources available on many individual patients was amenable to writing a History From Below of patients in that institution. There are about 35,500 pages of handwritten Patients’ Notes from Powick Asylum that provide material to create autobiographies or ‘asylum careers’ for many patients. This approach has opened up interesting new perspectives on individual patients at the Powick institution. The paper to be presented will discuss the methodology used to make this material available, to illustrate the quality of the data obtained and to open up a discussion of the usefulness of this approach in furthering the investigation of pauper lunatic asylums between 1845 and 1912.

Geographies of Medical Knowledge: Anthrax and Nineteenth Century Bradford as a Case Study
- Dr Jamie Stark

Historians of science, technology and medicine have recently begun to cultivate a historical geographic approach to knowledge production and exchange. David Livingstone and Charles Withers are pioneers of this methodology, whilst James Secord’s ‘knowledge in transit’ thesis has been enthusiastically applied to a number of areas within the field. Such studies have attracted criticism for their broad extrapolations from a given historical context. Meanwhile, specifically local histories have become increasingly cast as parochial and outdated. This paper offers an alternative approach to the study of diseases in historical contexts. By examining the close relationship during the nineteenth century between the disease of anthrax and the West Yorkshire town of Bradford it will be argued that locally-focused studies can avoid many of the pitfalls characteristic of both global and local accounts of disease identities. Expansion in the global wool trade during the nineteenth century shifted the dynamic in human-animal disease relationships. Fleeces from across the world arrived in Bradford – the global wool capital of the world – and their introduction resulted in the emergence of a new and disturbing condition amongst the local workforce: ‘woolsorters’ disease’. This illness was just one manifestation of ‘proto-anthrax’ (alongside ‘Cumberland disease’ in Australia and ‘Dallack’ in Turkey), yet such was the strong connection between Bradford and anthrax-related diseases that the term ‘Bradford’s disease’ became synonymous with anthrax. Examining local-level interactions between anthrax and Bradford, before moving towards national and global contexts, reveals the extent to which the relationship between place and disease identity matters for historians.

A long tale of filth, neglect, carelessness and disease: The local and the rural in public health
– Dr Keir Waddington

Although historians have become increasingly sensitive to the contested nature of public health theories and practices, and the limitations of the public health movement, both at a national and local level, studies have concentrated on urban problems. This paper extends debate by raising questions about the form of public health when the focus is shifted to the rural environment. Drawing on evidence from rural communities in Wales between the 1870s and the 1890s, the paper addresses what an examination of the ‘rural’ and ‘local’ can tell historians about public health problems encountered in non-urban environments and how this influence local sanitary policy. Welsh sources reveal that the rural idyll masked serious health problems that were slow to be addressed. By the 1890s, a number of rural epidemics focused attention on the inadequacies of rural sanitary improvements and pointed to tensions between rural and urban authorities as it was feared that local rural communities had become reservoirs of disease. An examination of rural public health in Wales hence not only allows an investigation of the sanitary problems facing rural communities but also of how the rural landscape, sanitary environment and the problems encountered by rural communities shaped rural public health.

Archive images courtesy of the Charles Hastings Education Trust and George Marshall Medical Museum
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