White Rose Research Online

eprints@whiterose.ac.uk
https://eprints.whiterose.ac.uk
Universities of Leeds, Sheffield and York

Deposited via The University of York.

White Rose Research Online URL for this paper:
https://eprints.whiterose.ac.uk/id/eprint/64267/

Version: Published Version

Article:
(2002) Remembering Roy. Wellcome History. pp. 1-32. ISSN: 1477-4860

Reuse
Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown
If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

UNIVERSITY OF LEEDS
University of Sheffield
UNIVERSITY of York

ISSUE NO. 20
JUNE 2002
ISSN 1477-4860

Wellcome History

Remembering Roy

CONTENTS

EDITORIAL 2

IN MEMORY OF ROY
Articles celebrating the life of Roy Porter 2

FEATURE ARTICLE
Swastikas, medicine and Tibet 10

WORK IN PROGRESS
Western medicine in Bombay 13

RESEARCH RESOURCES
District archives in Sholapur 15
LSHTM archives 16

RESEARCH REPORTS
Pharmacists and pets 16
Old bones and Khmer medicine 18

CONFERENCE REPORTS
HOM meets palaeopathology 20
Issues in the history of TB 22

FORTHCOMING EVENTS 24

NEW INITIATIVES
History in medical education 25
Roy Porter bibliography 26

NEW PUBLICATION 27

BOOK REVIEW
British Hospital in Buenos Aires 27

RESEARCH AND JOB OPPORTUNITY 28

BOOK REVIEW
Madness: A brief history 29

UNIT NEWS
Oxford Unit news 30
New directions at Oxford Unit 31

CALENDAR OF EVENTS 32

The Wellcome Trust

Soon after the news of my appointment as editor of *Wellcome History* spread within the Wellcome Trust Centre, Roy dropped by my office to tell me how delighted he was for me and how glad he was that the newsletter had returned to London (Roy had, of course, started this newsletter at the Wellcome Institute in 1996). He also asked me if he could contribute an article for the first issue I'd be editing and promised to submit this piece very quickly. Delighted with the offer, I hastily accepted it. But, to be absolutely truthful, I wondered whether he'd be able to fit the writing of such an article into his obviously busy schedule, and whether it would be all right for me to hound him for his contribution. After all, a contribution from him represented to me an editorial coup; an absolutely wonderful way of kicking off my involvement with this newsletter. So, I started plotting ways of sending him gentle reminders, fearing that too many of these might irritate him. I need not have worried, though. After less than a fortnight, well before the promised date of submission, I found his article waiting for me in my pigeon-hole, alongside a hastily scribbled note stating: "As promised – please do what you like with this".

The article was a wonderful way of getting to know Roy (he had officially retired before I joined the Wellcome Trust Centre in September 2001). It was also very reassuring to read what he had to say – he had so many wonderful memories of a place I was now attached to and of colleagues I was going to work closely with. At another level, his piece scared the wits out of a young scholar like me – Roy obviously had a variety of exciting projects planned, which made me realize that one would have to work much, much harder to be able to emulate even a part of his productivity and vision. And, the article left me in very little doubt that Roy would be a wonderful model to have.

A week after Roy had left me his article, I met him in the Wellcome Trust Centre corridors. He enquired if I was happy with the piece, and if I was planning to 'censor' any part of his contribution. I assured him that I was delighted about leaving it as it was, and we parted having shared a few laughs about some of the things he had written about the earlier part of his academic career. My view of Roy was shaped by these interactions: his article and the short chats we had highlighted his great energy and his continuing commitment to a variety of very interesting academic projects. Thus, when the news of his passing reached us at the Wellcome Trust Centre, my reaction was one of great shock. I suddenly realized that not only was I no longer able to enjoy his amiable presence and discuss my research interests with him, but also that all the wonderful plans he had had would not see fruition. The books that remain unwritten due to his untimely passing will, undoubtedly, be a great loss to the academic community.

I have no doubt that others who had come to know him better will miss his presence even more. Some of them have kindly agreed to write about their interactions with Roy for this special issue of *Wellcome History*, which my colleagues within the Wellcome Trust and I dedicate to Roy's memory. His own article (below) forms the heart of the issue – its publication is, in my view, all the more important now, as it will allow those who did not have the pleasure of meeting Roy a glimpse of the energy and the creativity of the man.

I would like to end this note by thanking my colleagues Sharon Messenger and Bill Bynum for helping me prepare the section containing the tributes to Roy.

Sanjoy BHATTACHARYA
Editor, *Wellcome History*

IN MEMORY OF ROY Roy Porter

From a sunbed in St Leonard's

Unaccountable though it may seem to some, nearly six months into the new postwork existence, I've neither hanged myself nor asked for my job back; nor even regretted moving down within sight of the sea to the home of the ragged-trousered philanthropists. Hastings/ St Leonard's is so full of dubious playwrights, unhung painters, ex-skiffle band performers, junk shop owners, illegal immigrants, asylum seekers, seedy language schools, unfrocked clergymen, piercers, druggies, hippies, veggies, luvvies, unpublished novelists, old salts, dossers, dozers, dosers and their doxies as to make me feel that the law of plenitude required a superannuated academic to round it out, so I felt instantly at home (as, too, did Natsu).

I have, of course, as a result, been writing about Heaven (and Hell), fascinated by the way in which life in the Holy City as beatific vision (playing one's acoustic harp to the glory of God) gave way in the 19th century to a sort of muscular Elysium in which postreincarnation life was very strenuous indeed. I've been combining bits of both: strolling around, listening to the blues in pubs (especially the aptly named Bad Blue), reading Nick Hornby and sitting in the sun (it seems praeternaturally sunny down here, as though this was where the ozone disappeared first); but also digging the stiff heavy clay of my allotment (that sun did actually produce aubergines: I'll try bananas next year), pedalling up clifflike hills, taking a yoga class of paradoxically exhausting ferocity, and building up my breathing to prepare me to embark upon the trumpet (dropped the sax: trumpets seemed more in keeping with heavenly harmonies).

Back in January – to come to the point – at a surprise tea-party in the common room at the Wellcome Trust Centre, I was given a sheaf of cards and an album of letters expressing kind wishes on my retirement from many of my medical history colleagues up and down the country. Moreover, these came with gifts, above all a splendid reprint set of 18th-century books on the subject of man–animal relations. I am very moved by these kind thoughts and generous deeds: thanks to all for looking so benignly upon one who has taken the easy option and quit the rat race! I should say that, for better or worse, I'm not totally giving up 'scribble, scribble, scribble', and if you see in print one day something under my

Above: Roy Porter.

name on the rise of vegetarianism in the Georgian period or on enlightened attitudes to animal experiments, you'll at least know that your kind gift has not been stopping the door (or ended up at Waterstone's!).

The 20 or so years I worked at the Wellcome Institute were the most creative and easily the happiest of my scholarly career. When I left Cambridge in 1979 my friends all told me I was completely mad – this may have been one of the reasons why the history of psychiatry became one of my specialties in my new role as a historian of medicine. Far from being a crazy move, however, it was by far the sanest and wisest career choice I ever made. I exchanged a provincial university for a metropolitan centre; I swapped a restricting and arduous teaching regime for a go-ahead milieu where, thanks above all to the encouragement of Bill Bynum and the enlightened, liberal and trusting attitude of the Trust, I proved to be free to undertake whatever academic researches I wanted; and I acquired a wonderful tribe of warm and stimulating colleagues with whom it was possible to discuss everything, both in the history of medicine and beyond.

I loved my years at the Institute not least because they proved times of great collegiality and fruitful scholarly interaction. The first joint project in which I was involved was the Macmillan *Dictionary of the History of Science*, edited jointly with Janet Browne and Bill Bynum and brought to fruition in record-breaking time. Happy editorial days were spent amid piles of typescript, with Bill, banned by his fellow contributors from smoking his pipe, taking copious pinches of snuff.

A decade later found Bill and me working on an even bigger work of reference, the Routledge *Companion to the History of Medicine*, to my view a landmark account of the history of medicine as it stood near the end of the 20th century. Only an institution with ample funding, abundant back-up resources and technical help, and a broad vision, could make undertaking such ambitious projects a positive pleasure. These and other enterprises left very happy feelings of valuable work well done.

The Institute also provided the perfect milieu for a host of new academic initiatives. The three volumes of the *Anatomy of Madness* emerged out of a 'History of Psychiatry' seminar series staged in the middle of the 1980s. The edited volume *Patients and Practitioners* was also the product of a series of seminars held in the mid-1980s, and that provided much of the inspiration for the clutch of books on the 'patients' point of view' which I was able to write in the 1980s: *Patient's Progress*, *In Sickness and in Health* – both jointly written with Dorothy – and *Health for Sale*, my book about quacks and their customers.

Over the years any number of symposia which I was allowed to dream up – the last being the one held in October 2000 entitled 'The History of the Body' – provided unique opportunities to bring scholars together from Britain, Europe and around the world, to discuss topics of common interest. They offered splendid occasions to stimulate the mind and further one's research interests. It was a bit like being a fortunate child who could have a wish, snap his fingers, and all would come true as if by magic.

Whereas in my years in Cambridge, engulfed in teaching and admin duties to faculty and college, I found writing extremely difficult, at the Wellcome research time was always available aplenty – thanks in large measure over the years to the immense willingness of Bill Bynum to shoulder such heavy bureaucratic burdens. Overall, Euston Road proved a magnificently stimulating environment to pursue my interests in medical history – and one which readily allowed me to moonlight in fields beyond – for instance, my love of the history of London. It was great to be in an environment in which putting one's energies wholeheartedly into the work was a pleasure, because one's efforts were appreciated, rewarded and not thwarted at every turn. I wish to thank all who helped to make the Institute a fantastic place to work and who supported and encouraged my peculiar enthusiasms over the years. I shall miss the Wellcome and my colleagues enormously. There is always a time to move on, a time to make way for younger scholars, to stand aside and look and see one's work criticized, reappraised, sidelined, superseded. These will be among the pleasant occupations of my retirement – along with my old dreams of playing the trumpet, taking up amateur dramatics again and blitzing at chess – and the reality, at long last, of cultivating my garden!

Roy Porter (1946–2002)

In memory of Roy Porter

Roy Porter, the popular and well-regarded historian of medicine, science and the Enlightenment, died on 3 March 2002. Roy was well known to the public for his frequent appearances on radio and television in the UK, culminating in a recent one-hour television programme on the Enlightenment in Britain, which was based on his book, *Enlightenment: Britain and the creation of the modern world* (2000). He also authored *The Greatest Benefit to Mankind: A medical history of humanity* and over 200 other books and articles; he most recently published *Madness: A brief history* (2002), which has also been reviewed widely and appreciatively.

Roy was born on the last day of 1946 as the son of a jeweller, growing up in south London (New Cross Gate) until in 1959 his family moved to the pebble-dash suburb of Norwood, five miles away. He describes his as a happy childhood despite the roughness of the neighbourhood, and he remained a committed Londoner throughout his life. (He includes a few autobiographical remarks in the preface to his typically wide-ranging and energetic *London: A social history*, 1994.) His English teacher at Wilson's school in Camberwell, David Rees, awakened him to the life of the mind. Because of Roy's obvious intelligence, he obtained a scholarship to Cambridge and entered the history tripos, becoming a member of a remarkable group of students who studied with Jack Plumb and Quentin Skinner, graduating BA in 1968 from Christ's College (first-class Honours with distinction).

He continued at Christ's and at Churchill College, taking his PhD from Cambridge in 1974. In 1979 he joined the Academic Unit of the Institute for the History of Medicine at the Wellcome Trust, and rose to the rank of Professor at University College London, where he remained until taking early retirement in September 2001. At his death he was Professor Emeritus and had been nominated for the distinction of Honorary Fellow of UCL.

Roy commanded several fields: the history of geology, London, 18th-century British ideas and society, medicine, madness, quackery, patients and practitioners, literature and art, on which subjects (and others) he published over 200 books and articles. He much appreciated that famous 18th-century Londoner, Samuel Johnson, and admired (and wrote about) the work of Edward Gibbon. He was clearly happy in retirement at St Leonard's, near Hastings, where he spent time working his allotment as well as sometimes catching the train to London; he was hoping to learn how to play the trumpet or saxophone (stories vary) and had started to travel the world. Roy was of course also engaged in the planning for many other works of the mind. All who knew him (including several former wives) continued to appreciate his huge love of life and enormous energy, plentiful jewellery and stubble of a beard, and frank but generous criticism. He is survived by his mother, and by his partner, Natsu Hattori, to whom he dedicated his last books, calling her 'the love of my life'.

Harold J COOK
Professor and Director
Wellcome Trust Centre for the History of Medicine at UCL

Left: Roy admired the 18th-century Londoner, Samuel Johnson.

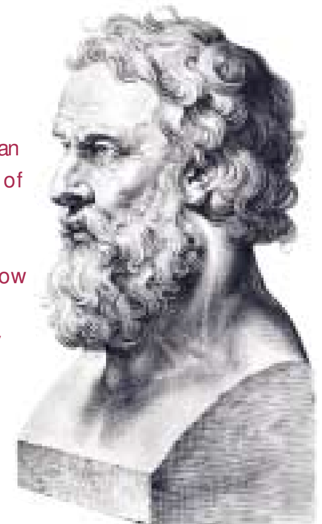
Bill Bynum

Obituary

A man of prodigious energy – needing only a few hours' sleep a night – the eminent historian and broadcaster Roy Porter, who has died aged 55, seemed to write faster than many people read, and the steady stream of books became an avalanche once he had mastered the computer.

Roy took his historical scholarship seriously – from 1993 until last year, he was professor of the social history of medicine at the Wellcome Institute for the History of Medicine – but he became something of a populist as he grew older. His style became more dazzling and bemusing as his brilliant command of language and playfulness led to distinctly Porterian turns of phrase. He moved easily between social, medical and psychiatric history, and was never better than when describing eccentricity and extremes of temperament.

Within medical history, he pioneered the now fashionable concern with patients (instead of doctors), and his books on 18th-century medical history (two of them written with his third wife, Dorothy Porter) rescued this century from the clutches of historians blind to its medical richness. He also wrote widely on the history of



Right: Plato: in his book The Greatest Benefit to Mankind, *Roy examined medical history through the ages, "from Plato to Nato".*

psychiatry and its patients, and on sex and the history of the body. *The Greatest Benefit To Mankind: A Medical History Of Humanity* (1997) was a blockbuster history from Plato to Nato.

In many ways, Roy's best book was *London: A Social History* (1994). He poured his heart into it, and his deep love and understanding of the city of his birth is reflected on almost every page. For several years, he spent his weekends tramping about greater London, getting a feel for the subject of this biography of a city. His introductory invocation of his south London childhood makes me regret that he wrote so much about other people, and so little about himself.

Roy was the only child of a Bermondsey jeweller. Although the home was without books, his early intellectual precocity led to a family myth that he was a changeling. A teacher at Wilson's grammar school, Camberwell, opened his eyes to the world of culture; he never forgot how much he owed to the school, returning each year to talk to its students.

His starred double first in history at Cambridge University (1968) led to a junior research fellowship at his college, Christ's, where his fascination with the 18th century had been awakened by Sir Jack Plumb (obituary, October 22 2001). In 1972, I attended Roy's lectures on the English enlightenment; they were the beginnings of one of his last books, *Enlightenment: Britain and the Creation Of The Modern World* (2000). He had also acquired an abiding interest in the history of science, and his PhD thesis, published as *The Making Of Geology* (1977), became the first of more than 100 books that he wrote or edited.

He moved to Churchill College, Cambridge, as director of studies in history in 1972. When he was appointed dean of the college in 1977, many were amused that this secular man should hold such a title. In fact, he would have made an excellent 18th-century parson, as long as his beliefs were not too closely scrutinised.

He found Cambridge too cosy, however, and, in 1979, we lured him back to London, to the academic unit of the Wellcome Institute for the History of Medicine, where, 14 years later, he became professor. He was a natural in the classroom – a fluent speaker, able to explain complicated things in simple ways, and to infect his audience, no matter what the medium, with his enthusiasms.

What also developed was an exhausting schedule of public lectures, and frequent broadcasting on both radio and television. He wrote effortlessly, although the final version would often bear little resemblance to the first draft. He became a shrewd but generous reviewer, and a stickler for deadlines, which made him an editor's dream. Roy maintained this hectic pace for years. As he became busier and busier, he came increasingly to value efficiency. He once announced one of his divorces (there were four) by sticking a Post-it on the notice board in the mailroom. In his eyes, this was not brutal, merely an efficient way of letting everyone know his news. His communications were often scribbled notes at the bottom of letters, faxed back by return. He came to emails only in the last year or so.

Roy was larger than life in all that he did. He was forever bursting out of his clothes, mostly denims, with two or three buttons on his shirt undone. Rings and earrings came and went, with no discernible relationship to his moods, so far as I could tell. He was, in fact, also a very private person. Although he had great sympathy with the underdog, he kept his own political beliefs hidden. Although unconventional in so many ways, Roy was embraced by the establishment.

Elected a fellow of the British Academy in 1994, he was also made an honorary fellow by both the Royal College of Physicians and the Royal College of Psychiatrists. He gave practically every lecture in established series for which he was eligible, and was delighted to go, last year, to Peru on behalf of the British Council.

When he took early retirement last year from the Wellcome Trust Centre for the History of Medicine at University College London, as the unit had become, he wanted to take up a musical instrument, learn some foreign languages and cultivate his garden. Alas, he had time to make only a beginning of that last ambition. His sudden death is a shock for everyone who knew him, so full of life was he.

Roy's preferred transport was the bicycle he was found beside en route to his allotment. He was at the height of his powers, relaxed and happy with his partner, Natsu Hattori. The Greeks would have called it a good death, but it came much too soon.

Roy Sydney Porter, historian and writer,
born 31 December 1946; died 3 March 2002

Professor W F BYNUM
Wellcome Trust Centre for the History of Medicine at UCL

This obituary is reproduced with kind permission of the *Guardian*. © W F Bynum

Alan Shiel

A colleague's tribute

The recent death of Roy Porter has deprived us of a scholar, teacher, writer, media celebrity and great communicator. His life, his work and his achievements have been faithfully and lovingly recorded in obituaries published all around the world. But one area of Roy's work has passed with little or no attention, a situation that this short tribute will seek to address.

I used to tease Roy that I would reveal his *awful secret* and that in consequence he would lose all credibility. For under the stubble, the jewellery and the ink-stained denim was a manager and administrator of the highest order. He was, of course, clever enough to know that activities are essentially trivial in themselves but essential nevertheless; he discharged them not merely with elegance and humour but also with the utmost efficiency.

As Head of the Academic Unit he employed the same skills which served him so well as an academic: an attention to detail but with an ability to recognize the important and ignore the trivial, the ability to absorb rapidly large amounts of information and argument, the ability to express himself clearly, to listen to advice from others but to be resolute in forming his own judgement and arguing his case.

Early in 2000 Roy was looking for an experienced and able administrator to help him steer the Academic Unit towards its new role as the Wellcome Trust Centre for the History of Medicine at UCL. Apparently unable to find one, he appointed me instead. The next six months were the most enjoyable and fulfilling of a professional career which had spanned almost as many universities, vice-chancellors, deans and directors as Roy has written major books.

Roy, of course, feigned total ignorance of information technology in all its forms. That I did not even have to feign an equal level of ignorance, I think heartened Roy, and we developed a method of communication which I am sure one day some business consultant – possibly retained by the Wellcome Trust – will claim as his own. We used scraps of paper, envelopes and Post-its placed in and retrieved from pigeon-holes like spies in a B movie, *circa* 1959.

Often arriving at work at 7.30 a.m. I would find various missives, requests, suggestions and questions from Roy. My first task of the day would be to respond to these and to endeavour to ensure that by 9.00 a.m. they were mostly dealt with. By 9.30 they had magically re-appeared in my pigeon-hole with more comments and suggestions. Before I left in the evening I would put the results of the day's efforts back into Roy's pigeon-hole and thus the cycle continued.

Roy's comments on my efforts were brief but thankfully usually polite and often amusing. After I had (unasked) written a report to go out over his name, it was returned with the comment, "Will you write my lectures too?". But there must have been many occasions when my ignorance of the history of the Unit and its role within the Trust must have frustrated him, even though he never showed it. He would patiently take me through the issues and then move on to the

individuals involved with them. His pithy comments on individuals will remain with me: "He bears the imprint of the last person who sat on him" was one memorable comment.

As with his academic work, Roy as a manager worked cooperatively with others and was always someone who encouraged others rather than put them down. If he sometimes sought compromise rather than an outright resolution of an issue, it was a strength, not a weakness; he knew which battles had to be fought and won, and those which could be left as unresolved skirmishes. He inspired the administrative team that he led as Director, being thoughtful, energetic and generous with his time. Although he may have been initially reluctant to assume the role of Director, he did once confess to me that he enjoyed it and that had he had his time again he might consider a permanent administrative role, "and I'd have been good at it," he said. Yes, he would – but what a waste!

Possibly his greatest strength as a manager was to be brave enough to trust his staff. I return we trusted him and felt confident enough taking action in his name without him needing to know the detail of what we did. Thus, we could spare him much of the tedium of day-to-day business and allow him to concentrate on the larger picture, as well as on his academic activities.

The early morning exchange of notes would be supplemented by lunchtime briefings at any one of a number of local, cheaper international restaurants, where the business of the day might appear to take second place to gossip, banter, humour and general conversation – but would always be dealt with, even if rapidly, over coffee.

I can only recall Roy once giving me a *clear instruction*. "I haven't been able to do it, Nutton couldn't, and Bynum wouldn't, but I want you to," he said. Sorry, Roy; I let you down on that one.

I knew Roy for a little less than two years; so many knew him for so long that I guess I should feel cheated. But I don't. I feel sorry for those who knew him less, or not at all, and never had the chance to work with him. He never made me feel that I was working *for* him, but always *with* him. Above all he was fun to work with. Are there bureaucrats and accountants where he has gone? They will soon be regretting the arrival of one who knows their games, can outwit them time and time again and do it with a smile.

Yes, management is a trivial science but it was one at which Roy excelled without ever deflecting him from his major concerns. Of course Roy Porter will not be remembered mostly as a manager and administrator, but for his academic excellence. However, to fail to notice and record his skills in these areas would be to ignore and do a disservice to a very special talent.

Roy is missed by all, for all his qualities and talents. Maybe the greatest of all was to make all who knew him feel special. But it was you, Roy, who were special, and your passing has diminished us all.

Alan SHIEL
Administrator
Wellcome Trust Centre for the History of Medicine at UCL

Roy Porter, by his students

Elaine Murphy:

Let's face it, he wasn't what I was expecting. When I wrote asking Roy to consider taking me on as a part-time PhD student in 1994, I had never met him nor heard him lecture. As a former academic psychiatrist turned health service manager I'd read a fair bit of his stuff of course, but my ignorance of matters historical was profound. I guessed though that he could find someone who could supervise my apprenticeship. I had in mind a gentle five-to-six-year canter across the rolling downs of 19th-century lunatic history, nothing too adventurous, something to fill in the intellectual gaps in life left by the frantic pace of make-do-and-mend management that is the modern NHS.

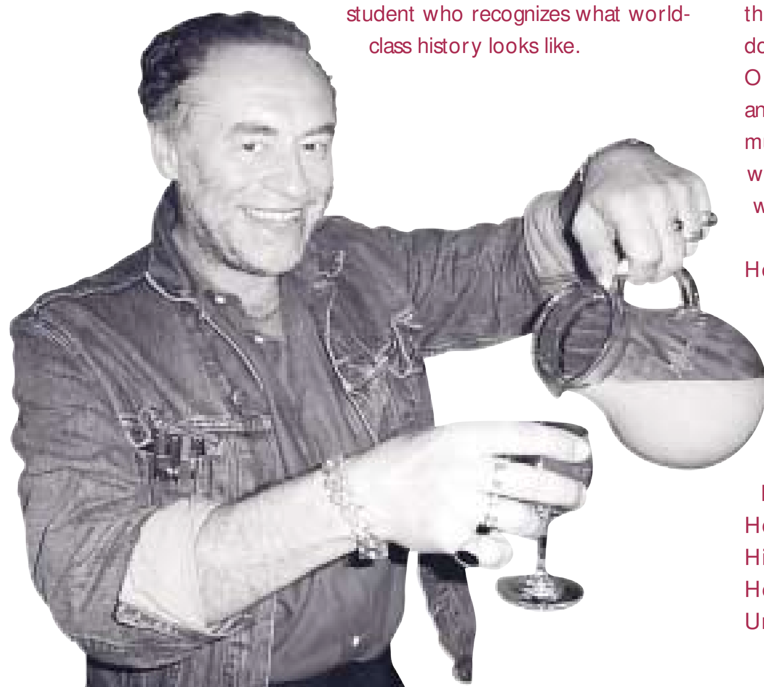
At first sight, the distinguished Professor Porter looked just like the photo of the deranged urban derelict on the front of my recent paperback. On closer inspection there was something more 'designer-eccentric' about the one pewter ear-ring, assorted 'knuckle-duster' rings and fraying denim jacket, a style reminiscent of the carelessly contrived grunge of the super-rich directors lolling around the Venice Film Festival. I was disarmed by his amiable surprise at my request; curiously he was very willing to take me on. Perched on sagging cushions in his gloomy office, he gazed wide-eyed at me from behind several tipsy heaps of books and manuscripts, interrogated me about NHS politics, the East End, the best restaurants in Brick Lane. An hour later I had the beginnings of an idea, a list of people to visit – experts, former students, historians he just thought I'd like to meet – and a reading list of 400 publications.

Being a methodical sort of girl, I started at authors beginning with A and was progressing towards B when an even longer list arrived by fax, it seemed no more than 48 hours later. I'd better speed up! Andrea Tanner showed me the ropes at the Metropolitan Archive ("She's done great stuff on the City, knows all about Boards of Guardians");

I met Ruth Richardson ("You'll like her, you're birds of a feather"), who initiated me into the British Library. E-mail exchanges engaged Nick Hervey, Jo Melling, Len Smith, Peter Bartlett in an extraordinarily helpful circle of encouragement. 'Work in Progress' seminars were in a language quite foreign to me (they still are). Worryingly bright young folk referred to 'discourses' of one sort or another and that dratted man Foucault kept cropping up. (I had long ago dismissed him alongside Freud and a gaggle of others as a charlatan.) Surely I would never understand what made historians tick. Gradually, largely through discussions and disagreements with Roy, I began to perceive the distinction between the original and the mediocre, the grounded from the pretentious, the importance of hazarding a view, trusting one's own experience and, crucially, that the hard slog of original research is the basis of historical scholarship.

The pattern of our working relationship was established early. Driven by his energy, I would spend far longer than intended immersed in the minutes of the early Boards of Guardians, write something largely for my own entertainment rather than specifically for the thesis and send it to Roy for comment. Within 48 hours it was back on my desk covered with spidery red comments, which would send me scurrying back to the Guildhall Library, to Hackney Archives or asylum hunting in the basements of the NHS institutions which still serve East Enders today. His curiosity about the characters that peopled my 19th-century world was insatiable. I had never done quite enough to answer his questions. So back I'd go, to trawl through more dusty tomes of copperplate script, trying to comprehend the decisions and revisions of Boards that seemed to behave surprisingly similarly to my own, yet within a political and ideological context which I could only in part comprehend.

Roy was unfailingly patient with my ignorance, truly kind-hearted about some howling mistakes. I have supervised many medical and psychiatric PhDs; Roy's attentive support makes me feel guilty about how casually I supervised my own students. I'd certainly be a much better supervisor now though, having seen how it ought to be done. Three years to the day of registering I submitted my thesis, never having imagined I could pack in so much learning in such a short time. Roy's extraordinary enthusiasm, constant encouragement, brooding furious moods of impatience and insistence on excellence turned me, if not into a *bona fide* historian, then at least into a student who recognizes what world-class history looks like.



Above: Roy Porter – an entertaining and informative lecturer with his own distinctive style.

Roy's relationships with women always had an element of the clandestine about them – it was a lifelong habit impossible to break whether the woman was 17 or 70. We were almost twins in age (I nearly slipped there and said 'are', so difficult is it to believe him gone) and shared similar backgrounds. Lunch dates, dinner in remote East End cafés, breakfast at the Barbican, our 'supervision' meetings turned into gossip and mutual support sessions during turbulent times in our private lives. We went to the theatre to see two appalling plays, his choice, and celebrated my PhD with drinks at Claridge's and dinner at the Ritz, wheeling the bike down Bond Street between the two to abandon to the care of a surprised Ritz porter. Roy wore 'The Suit', 'The Wedding Tie' and a fake diamond in his ear specially for the occasion.

I joined that group of many other colleagues, friends, wives, lovers and former students with whom Roy conducted an intermittent correspondence and sent copies of his books. Badly typed double-spaced notes arrived, repeatedly folded schoolboy-fashion like secret jokes passed across the classroom, instantly recognizable by being squashed down one end of the envelope. A really good phrase would no doubt be rehearsed a dozen times over on all those carefully compartmentalized people. One had to be very careful to remember Roy's capacity for self-delusion and relish for a good story. We were all surprised when he finally got his much-desired garden – well, at least an allotment – and who knows whether the trombone, the saxophone, the clarinet, whichever it was, would have been mastered eventually?

He was happier this past year than I have ever seen him. His genuine happiness with Natsu, his absurd delight in the follies of the St Leonard's Costa Geriatrica, his plans for the next happy years he was sure were coming make his grievous loss all the more poignant. My life and those of many of his students were unforgettably enriched by this strange, brilliant and singularly engaging man.

Elaine MURPHY
Honorary Research Fellow at the Wellcome Trust Centre for the History of Medicine at UCL, is Chairperson of North East London Health Authority and Visiting Professor in Psychiatry at Queen Mary, University of London.

Amy Norrington:

Many things about Professor Porter made him unique.There was his huge smile that would greet you whenever you knocked on his office door.There was his wild hair, unshaven face and mass of denims and jewellery.There was the fact that you could never hand him the original copy of anything, as it would always come back covered in yesterday's dinner, usually curry! However, on top of all this the characteristic that made him special was his infective enthusiasm and concern for all his students, whenever and for whatever reason they needed him.

I first met Professor Porter in September 1999 when I started my BSc in the history of medicine at the Wellcome Institute. He was certainly not what I was expecting. More the appearance of a salesman or student than of the traditional professor, was my first impression. However, over the year that I was his personal tutee I came to see him as a devoted, generous and energetic man whose unconventional character and fashion sense came as a breath of fresh air within the university establishment.

Put simply, Professor Porter made medical history fun. His lectures were entertaining and informative, and almost every point would be illustrated by a new story or anecdote. His lecturing style was also distinctive. He would come in, hang his denim jacket over the lectern, step down to the front row of seats and lecture. He would continue for an hour without a note or an overhead in sight. It was this, and his enormous knowledge, that kept his students attentive and made his lectures so popular.You never knew what he was going to say or do next, and I would always remember more after one of his classes than after any of my medical lectures.

Every month or so he would take both his personal tutees out for lunch, usually curry. He would always have a new project to tell us about and his productivity was amazing. Generally he would leave before pudding but with the instructions that he had paid and we were to stay as long as we wanted. I think he thought all students were starving. Like his lectures, these lunches were always entertaining with conversation covering a wide variety of subjects, including, on one occasion, where the best place nearby was for piercing and tattoos.

He was a stickler for deadlines, both with his own work and with that of his students but was also the fastest marker I have ever known. One evening, having worked until 11 on a draft of my dissertation, I left a copy for him to comment on.When I returned at eight the next morning to work on another section, the work I had left was waiting for me with a page of comments. I sometimes wondered if he ever slept. He must have read my dissertation 20 times in the run-up to finals but never complained, and even a year later when I had completed my BSc and returned to ask for his help, he was just as generous with his time as he had always been.

Roy was one of the most charismatic people that I have ever had the privilege of working with. His special gift was that he always had time, whatever he himself had to do, to talk, to teach or just to make you feel there really was a reason why you were studying so hard. He taught his students both history and lessons for life, and we were the richer for having known him. He was an inspiration and a support, and a man who helped me achieve things I never really believed I could.

Amy NORRINGTON
Royal Free and University College Medical School, London

Roy Porter Memorial Fund

To mark Roy Porter's astonishing contribution to the world of knowledge a Memorial Fund has been established.

At the request of his partner, Natsu Hattori, the Roy Porter Memorial Fund will be used to support the work of a young history of medicine scholar.The fund will be administered by the UCL Development Office. Any initial queries may be directed to Alan Shiel at the Wellcome Trust Centre for the History of Medicine (E-mail: a.shiel@ucl.ac.uk).

To kick start the fund, the above cartoon (left), kindly drawn and donated by Klif Fuller of the Wellcome Library, will be framed and offered as a prize in a raffle.Tickets will be £5 each and the draw will be made on 31 July 2002. For further information about the raffle, please contact Alan Shiel.

Swastikas, medicine and Tibet

In the first of *Wellcome History*'s new Feature Article series, Alex McKay tells of a German scientific expedition to Tibet on the eve of World War 2.

In January 1939, just eight months before the outbreak of World War 2, a German expedition entered the Tibetan capital of Lhasa. The mission, which had travelled up from British India, was under the command of Dr Ernst Schaefer, a botanist who had trained at Göttingen University. Accompanying Schaefer were four other scientists: Bruno Beger, Edmund Geer, Karl Wienert and Ernst Krause (who at 38 was the eldest member of the expedition). Though Schaefer was ten years younger, he was already an experienced Central Asian traveller. During the early 1930s, he had made several expeditions through the northern and eastern Tibetan borderlands in company with the American naturalists Brooke Dolan and Marion Duncan. Now, however, the flag that Schaefer's expedition carried bore the Nazi swastika.

Schaefer and his party remained in Lhasa for two months and even persuaded the rather naive young Tibetan Regent to initiate a diplomatic correspondence with Adolf Hitler. The Germans then travelled south to Shigatse, Tibet's second-largest town, where they stayed for another two months before returning to India via Sikkim. By early August they were back in Germany, and the subsequent outbreak of war meant that their mission was largely forgotten. But all five of its members survived the war and lived on into the 1990s, with Bruno Beger, the mission doctor, still alive today.

Recently there has been something of a resurgence of interest in the Schaefer mission. Several books and articles in English have appeared, or are in preparation, while in the German language, Schaefer himself had written a number of accounts of his various travels in Tibet, and Beger's diary has recently been privately published. Interest in the mission has centred on its political aspects, and on ascertaining the extent to which the mission was associated with the interest in the occult held by several high-ranking Nazis.

Politically, the Schaefer mission came at a significant time. Tibet was then enjoying a period of *de facto* independence. After the expulsion of the Chinese in 1912, the conservative Buddhist state was ruled by the formidable figure of the 13th Dalai Lama until his death in 1933. Regents then ruled until the accession of the young 14th (and current) Dalai Lama in 1950. In the absence of the Chinese, Tibet came under British influence. British India had maintained diplomatic representatives there since the Younghusband mission in 1903–04 and, after 1936, there was a permanent British mission in Lhasa. For the British, Tibet was a 'buffer state', protecting British India from Russian and Chinese

"Interest in the mission has centred on its political aspects, and on ascertaining the extent to which the mission was associated with the interest in the occult held by several high-ranking Nazis."

The Tibetan medical tradition is largely based on Buddhism.

Left: Tibetan Buddhist monk. Monks specializing in healing opposed the 'invasion' of Western medical systems.

Above: Mandala representing eight medicine Buddhas, drawing in black ink on linen.

influence. In return for the support they offered to the Dalai Lama's Government, the British enjoyed considerable authority in Lhasa. In order to preserve Tibet's traditional Buddhist social system from the onslaught of modernity, both powers cooperated in refusing access to Tibet to foreign travellers who were not representatives or significant supporters of the Government of India. Lhasa thus continued to enjoy the reputation of being a 'forbidden city' that it had acquired in the 19th century, when the Tibetans had tried to exclude all Europeans from entering their territory.

"In pursuing their careers under dictatorship, the scientists who joined Schaefer may have been drawn into a Faustian pact."

Hugh Richardson, who died recently at the age of 94, headed the British mission in Lhasa for much of the period from 1936 to 1950, latterly as a representative of the newly independent Indian Government. Recognizing the threat that Nazi Germany posed to British interests, he was implacably opposed to the Nazis being allowed to enter Tibet. But he was overruled by the Viceroy of India himself, who reluctantly asked Richardson, in a personal telegram, not to oppose the mission. The policy of appeasement being followed by Chamberlain's Government in Whitehall meant that when Heinrich Himmler had intervened on the mission's behalf, the British Government felt it necessary to allow the mission to go ahead.

Heinrich Himmler had a well-documented interest in the occult. He was a member of the Thule society, a mystical group that drew on Nordic mythology and ideas of racial purity. Part of their mythology concerned Tibet. There, they imagined, might be the last refuge of a powerful race of pure-blooded Aryans who had fled there from their original arctic home, the island of Thule, to avoid a natural catastrophe. With the Nazis' rise to power, these ideas were given some credence by the Ahnenerbe, a section of the Nazi SS that was devoted to investigating such matters in a pseudoscientific manner.

In pursuing their careers under dictatorship, the scientists who joined Schaefer may have been drawn into a Faustian pact. All were to become members of the SS, which laid claim to the credit for their mission. Yet the extent to which Schaefer himself was committed to Nazi ideology is difficult to assess. He was described as 'almost a high priest of Nazism' by one British official, but Schaefer was suffering mentally at the time he set off for Tibet. He had killed his first wife in a hunting accident while planning the mission, on which he then formed a close emotional attachment to a Sikkimese servant. Highly strung and given to flying into rages, his habit, the British reported, was "to pay his servants well and beat them often".

"...the records of the Schaefer mission are also of importance to medical historians interested in the encounter between Western and Asian medical systems."

Certainly in the case of Bruno Beger, there can be little doubt of his commitment to the Nazi cause. His war-time researches drew on concentration camp victims and he was found guilty of war crimes in 1971.

But while these are colourful and controversial issues to consider, the records of the Schaefer mission are also of importance to medical historians interested in the encounter between Western and Asian medical systems. Most of the existing literature on this encounter is concerned with official systems; the implementation of Western medical modernity by colonial state authorities and institutions. But, particularly outside of urban areas, it was frequently the case that Asians first encountered Western medicine as it was dispensed by European travellers. In many cases these travellers were qualified medical practitioners, but often it was a case of Europeans with rudimentary medical knowledge dispensing medicine as a means of gaining favour with the local people among whom they were travelling. Historically, European influence on Tibetan medical systems has much earlier roots; Christopher Beckwith has demonstrated the influence of Greek medicine on Tibetan understandings in the first millennium of the Christian era. In addition, the Capuchin missionaries who resided in Lhasa in the first half of the 18th century had gained themselves considerable popularity by offering free medical treatment to the local people there. From that time onwards, the growing European influence in the Indian subcontinent ensured the spread of aspects of Western medical practice into even the remotest corners of Asia.

The formal introduction of Western medicine to Tibet was carried out by the British. Nineteenth-century imperial officials travelling in remote regions such as Tibet usually took a medical officer with them. This was primarily for their own protection, but political benefits also became apparent. Offering free medical treatment to the local people gained the British popularity, which could be translated into political credit.

This became official policy after the Younghusband mission, when the imperial Government of India established three diplomatic positions in southern and western Tibet. At Younghusband's suggestion, medical dispensaries were attached to these posts. This was, he argued, "extremely desirable on political grounds"; meaning that it was a means of obtaining goodwill. Free medical treatment was offered at these dispensaries, with aristocratic and elite patients receiving private consultations. This was judged a great success, with growing numbers of patients over the years. The idea was copied by the Chinese, most notably when they established a hospital in Lhasa in late 1944. The British recognized their medical competition was a political competition for influence over the Tibetans and they improved their services further; with the Chinese hospital eventually closing.

In addition to these official projects, however, private European travellers in remote parts of Asia also tended to take a generous supply of medicines with them and give these out to those who requested treatment. Indeed it was commonplace for travel books of the period to contain an appendix listing suggested supplies for a journey to Tibet, and various medicines to be given to the local people are invariably included in the list.

Medical conditions treated by unqualified travellers were generally limited to basic injuries, skin and stomach complaints, and the endemic venereal diseases, which afflicted Tibetan monks and laymen, aristocrats and peasants alike. But the volume of patient demand for treatment of more complex conditions often led to the dispensation of placebo medicine – it is something of a cliché in travel accounts from the period that they record the success of these placebos.

Despite the basic nature of much of the treatment, the success of Western medicine dispensed by both medically qualified and unqualified travellers must have been an important factor in preparing the way for the popular acceptance of Western medical systems. Treatment by injection became particularly popular among the Tibetans. By the 1930s and 1940s they were importing injectable medicines from Calcutta and dispensing them freely among themselves. The act of injection appears to have been considered of more importance than the substance injected. Resistance to Western medicine came primarily from the local medical practitioners. These were usually monks specializing in healing – a characteristic traditionally associated with Buddhist monasteries. But by the 1930s, without necessarily abandoning their own systems, many traditional Tibetan medical practitioners had begun to take on aspects of Western medical practice. Popular demand, initially stimulated by the free provision of Western medicine, appears to have been the key factor in this transition.

Bruno Beger had trained in anthropology and ethnography, but he also acted as the mission doctor. His diary records the extent to which this role occupied his time. "Already very early in the mornings and very late in the evenings, sick persons and petitioners still came for medicines. There were days when they were already in front of the gate before dawn." A few days later he wrote that "I am overrun by patients", but he also noted that "It surprises me that these often seriously ill patients are trusting in my weak art, especially as there are many local healers here and even a Sikkimese doctor with a European education".

The Sikkimese doctor referred to was attached to the British mission, which did not have a European doctor at that time. According to Beger, patients who had previously been treated at the British mission now came to him, with the result that the British became "quite annoyed about my activity" and refused to resupply him with medicines. Certainly this situation must have been a serious concern to the British, because the prime reason for their offering free medical services to the Tibetans was to obtain their goodwill. We may assume that it was the prestige of a European medical practitioner that led patients to prefer Beger's treatment to that available at the British dispensary, for there can have been little difference in the actual treatment. It is no surprise that in the following year the British created a position for a permanent European medical officer attached to their mission in Lhasa.

Above: Sikkimese making ambulance baskets in the early 20th century.

Local medical practitioners also opposed Beger's activity. After treating one patient with ointment for an abscess under her knee, he returned to find that the monks had diagnosed the case as one of an evil demon taking up residence in her leg. They had removed the dressing and replaced it with one of their own, comprising butter on lambskin, and, in a common Tibetan medical practice, were preventing her from sleeping by playing an array of instruments and shaking her violently. After the failure of this treatment, however, the patient sought to return to Beger's care.

While Beger provided his services free of charge, his patients invariably rewarded him with gifts. The poorer people offered eggs or tea, but wealthier patients gave items such as an ancient coat of chain-mail armour, many of which found their way into the mission's collection of artefacts. Beger apparently continued to treat all-comers throughout the mission's stay in Tibet, but the constant treatment of venereal diseases and similarly intimate illnesses was not to his taste. As he wrote in his diary: "Unfortunately the time here in Lhasa had put me off a bit from a registered doctor."

Schaefer's diaries tell a similar story of Beger's success, noting how Tibetans gave Beger their best horse to ride so that he might come and treat them more quickly. Even his failures were not held against him. The death of one patient, the sister of a high-ranking official, only brought him praise for his skill in prolonging her life and soothing her pains. Schaefer records that the Tibetans regarded Beger as a 'magician' and also describes being asked by one official "whether we had not invented a medicine yet which could prevent death completely". The question may, of course, have been ironical, but while there is considerable material concerning the pharmacology and practice of Tibetan medical systems, research into Tibetan understandings of the reception of Western medicine has barely begun. The records of travellers such as Beger are thus a valuable contribution to our understanding of this field, and offer useful contrasts with the predominance of British sources in this regard.

Acknowledgements

The author wishes to thank Dr Isrun Engelhardt for her assistance with, and translation of, the German sources used for this article.

Dr Alex MCKAY
Millennium Research Fellow
Department of History
School of Oriental and African Studies
University of London, UK
E-mail: dungog@hotmail.com or am50@soas.ac.uk

Western medicine in Bombay

The culture clash over public health issues between the colonial rulers and the local population of Bombay in the 19th century is described by Dr Mridula Ramanna.

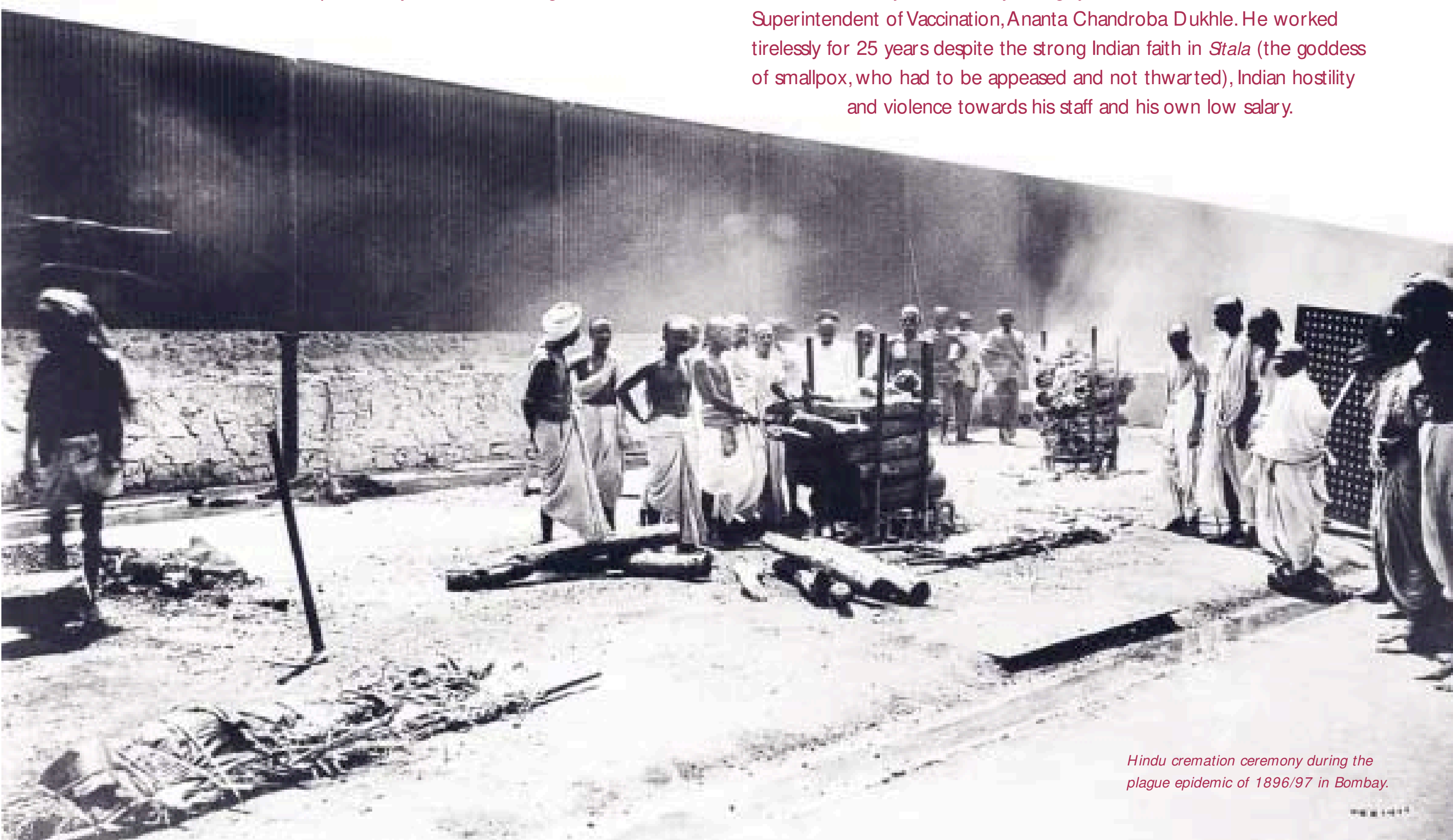
Bombay's emergence as a 'gateway to the world' during the 19th century meant there was also the ever-present danger of diseases coming in or going out. From the mid-19th century, the colonial British rulers increasingly believed that public health intervention was required to prevent epidemics – especially since they could spread to the European quarters. The introduction of Western medicine in Bombay can be dated to the establishment of the Jamsetji Jejeebhoy Hospital (1843), and the opening of the adjacent Grant Medical College in 1845 – both of which were endowed by Indian philanthropy. Indian doctors could train in and practise Western medicine here. However, Indian patients and medical students did not necessarily flock to these medical institutions or colleges. Despite the foundation of such facilities and the implementation of sanitation initiatives, the progress of Western medicine was slow and met with Indian ambivalence. A selection of facets to this encounter is discussed in this article.

Bombay's high mortality figures from cholera and 'fevers' led to the inauguration of sanitary reform from the 1850s. The first phase was the provision of a regular piped water supply. In the 1860s, Arthur Crawford, Municipal Commissioner, and Thomas Gilham Hewlett, Health Officer, implemented vigorous measures to clean up Bombay, including spraying of carbolic acid, closure of burial grounds and the employment of streetcleaners. While praised by some, the changes were not welcomed by all Indians, whose increasing representation in the civic body meant that they questioned the heavy expenditure that these reforms had entailed. The public campaign against Crawford's extravagance eventually led to his resignation.

A contentious initiative was the underground drainage of Bombay. Opposition centred on cultural sensibilities: water from wells was considered sacred by both Hindus and Parsis, and privies located inside houses were regarded as unclean. The issue remained unresolved even towards the end of the century, and the high mortality figures just before the plague epidemic of 1896–97 were attributed to poor drainage.

An important aspect of the story of public health in Bombay is how the authorities perceived and coped with specific diseases, which periodically appeared as epidemics. While cholera was regarded as endemic to India, there was uncertainty as to the aetiology and nature of fevers which included enteric, intermittent and relapsing. Initially, they relied on Indian doctors to dispense cholera pills, a combination of black pepper and an extract of opium, but soon colonial officials were convinced that Western methods of sanitation could prevent its spread.

Hewlett and his successor, Thomas Stephenson Weir, supervised the sprinkling of disinfectants in the drains, the lime washing of walls and even taking roofs off houses where cholera victims resided. Sanitary reforms reduced cholera deaths by the end of the century, but fevers remained a killer. With the other great killer, smallpox, a successful vaccination campaign reduced mortality considerably – largely due to the efforts of the Indian Superintendent of Vaccination, Ananta Chandroba Dukhle. He worked tirelessly for 25 years despite the strong Indian faith in *Stala* (the goddess of smallpox, who had to be appeased and not thwarted), Indian hostility and violence towards his staff and his own low salary.



Hindu cremation ceremony during the plague epidemic of 1896/97 in Bombay.

Jamsetji Jejeebhoy Hospital, Grant Medical College and surrounding grounds, Bombay. Wood engraving after H Hinton.

While these preventive measures checked the spread of disease, what of the curative aspect? Hospitals and dispensaries grew steadily in number during the latter half of the 19th century. Indian benefactors gave generously towards their establishment – an indicator, perhaps, of the acceptance of Western medicine. It was also a part of Indian tradition to make endowments for public welfare – most hospitals and dispensaries in the Bombay Presidency received generous endowments.

However, hospitalization required the willingness to overcome firmly entrenched reservations regarding caste pollution and prejudices among communities. There was the belief that people who went to hospitals never returned. Indians came to hospitals mainly for surgery, which became more acceptable with the use of chloroform and antiseptics. Also popular was the eye hospital, which attracted patients not only from other parts of the Presidency but also from West Asia.

In the 1880s, the concept of separate facilities for infectious diseases led to the establishment of a hospital. The majority of the patients at hospitals were men, perhaps reflecting the fact that a number of migrant workers in Bombay city left their families in their villages. Greater ritual pollution also seems to have been associated with stay at hospitals, which explains probably the fact that more women and children willingly went to dispensaries rather than to hospitals for medical treatment. Bombay city had the unique distinction of providing medical facilities, attended by women doctors, exclusively for women and children. This was a nongovernmental effort, initiated by reformer Sorabji Shapurji Bengali and US businessman George Kittredge. Even as early as 1851, an obstetrics wing attached to the Jamsetji Jejeebhoy Hospital was opened.

Crucial to an understanding of the place of Western medicine is to look at who its promoters were. While the health officials and doctors in large hospitals were from the IMS, it was the Indian doctors who played the vital role of intermediaries. Grant Medical College graduates ran most dispensaries in the Presidency. But poor salaries and the fact that all higher positions were closed to them led some to seek more lucrative employment.

Indian doctors evolved, in these five decades, into a group, aware of their right to be recognized. They agitated, albeit unsuccessfully, for 'breaking' what they considered a monopoly over all higher posts by the IMS. The methods they used to vent their grievances were in keeping with the moderate political temper of the time: petitions, memorials and raising the issue with representative bodies.

What kind of medicine did they dispense? Though they had been trained in Western medicine these doctors tried a combination of therapies using Indian remedies. Only one-tenth of the population, in the 1880s, according to the Surgeon-General W J Moore, went to doctors – the majority continued to use *hakims* and *vaids* (indigenous practitioners).

As for the Bombay Government, it appears not to have had a well thought-out plan of action. Differences within the establishment become more apparent in this study of Bombay. Medical officials, all from the IMS, were the men on the spot, and made recommendations, based on their experience. Some of them revealed genuine concern and advocated schemes like the provision of home relief to the poor, but they had little support from civil servants. Again, the Government did not always approve of endowments of medical facilities, because it would be expected to maintain the institutions and pay the salaries of the staff. Financial restraints were a constant feature. The implementation of the Contagious Diseases Acts in the early 1870s and 1880s also highlighted these tensions. In practice the Acts were financially burdensome, and the police faced difficulties in rounding up prostitutes for examination and treatment, while medical officials were divided on the effectiveness of the Acts.

Indian responses to both Western medicine and public health reforms were mixed. What is striking is the increasing awareness of the public, which was expressed in various ways: by the educated through the press, by civic leaders in the municipality, by doctors through memorials, and by ordinary citizens through petitions and counter-petitions. Thus, in 1887–88, the relocation of prostitutes on a particular street, during the working of the Contagious Diseases Acts, led to numerous petitions. To gauge Indian attitudes, the local press and writings by contemporary civic leaders and doctors are invaluable as source material, for example the *Indian Medico-Chirurgical Journal* and *Hindi Punch*. The latter was a monthly of cartoons and caricatures, which commented about the municipal handling of health matters. Bombay was depicted as a beautiful maiden in distress and 'melancholic', whenever disease struck.

It is noteworthy that some of the institutions and facilities established in Bombay during the latter half of the 19th century still serve her residents today. These and some other issues are explored in much detail in a forthcoming monograph entitled *Western Medicine and Public Health in Colonial Bombay 1845–1895*, which is published by Orient Longman Ltd (Hyderabad, India), as part of its 'New Perspectives in South Asian History' series.

Dr Mridula RAMANNA
Reader in History
SIES College
University of Mumbai, India
E-mail: mridularamanna@hotmail.com

For details about her forthcoming book contact Ms Priti Anand, Lead Editor (History and Economics) at Orient Longman Ltd (E-mail: editor@pol.net.in).

District archives in India: The Collector's Record Office, Sholapur

The neatly organized stacks with records tied in cloth at the Sholapur Collector's Record Office. (Image courtesy of S Bhattacharya)

The Collector's Record Office at Sholapur, with its neatly organized racks stacked with records tied in colourful rumal (cloth) bundles and friendly, efficient staff, contains a wealth of material, but few researchers consult these archives. Yet there are records in this collection that may be of interest to history of medicine scholars.

Medical records

Of particular use are the files in the Medical Department (MED). The bulk of them relate to the Pandharpur fairs in the period between 1901 and 1930. Pandharpur is a pilgrimage centre in the Sholapur district where four large pilgrimages take place every year. The pilgrims mainly comprise members of the *Varkari* sect, which has its base among the peasant communities of western India.

The pilgrimage and the religious rituals associated with it were seen by the British administrators at Sholapur as a nerve centre for the spread of epidemics across the Bombay Presidency, primarily through the returning pilgrims. Unsurprisingly, therefore, the records that deal with the Pandharpur fairs were classified under the Medical Department in the Sholapur Collectorate. The sheer bulkiness of the files in epidemic-prone years, in contrast to their lightness in others, is a notable indicator of the significance accorded by officials to the pilgrimage's link with epidemics.[1]

Other files in the Medical Department that may be of interest include:

- Special License for Chemist and Druggist (1914)
- Dispensary at Madha (1924)
- Birth Registers (1930) (1934)
- Death Registers (1929)
- Birth–Death Registers (1929) (1935)
- Birth and Death Registers of Europeans and Eurasians (1935)
- Births and Deaths among Europeans and Eurasians (1936)
- Registration of European and British Women (1944)
- Registration of Europeans (1945)
- Sanitary and Medical (Arrangements) at Kurduwadi (1931)
- Village Baby Scheme at Pandharpur and Barsi (1931).

Access to the archives

To obtain access to the Collector's Record Office at Sholapur,[2] a researcher needs a letter of reference from his or her research guide, which should be presented to the Resident Deputy Collector of Sholapur for permission to work in the Record Office. Foreign researchers should seek advice from the provincial archives in Mumbai[3] regarding the necessary documentation to work in district archives before proceeding to Sholapur.

The filing system at the Collector's Record Office at Sholapur is based on *The ABCD Lists for the Filing, Preservation or Destruction of Official Records in District Revenue Offices* (nd) compiled by F G H Anderson, ICS.

Dr Manjiri N KAMAT
Lecturer
Department of History
University of Mumbai
Ranade Bhavan, Vidyanagari
Santacruz (East)
Mumbai 400 098, India
E-mail: mnkamat@yahoo.com

A fuller version of this article, which includes information on non-medical records available and suggested improvements to the Record Office by N V Malwadkar, is available at www.wellcome.ac.uk/wellcomehistory.

Notes

1. For an analysis of the interconnections between the official perceptions that conditioned the Government's invasive policies and the local responses to state intervention, refer to: Kamat M N (2001) 'The Palkhi as plague carrier: The Pandharpur Fair and the sanitary fixation of the colonial state, British India, 1908–1916', in B Pati and M Harrison (eds) (2001) *Health, Medicine and Empire: Perspectives on colonial India*, Delhi: Orient Longman.
2. Address: Huzur Record Room, Collector's Office, Sholapur 413001, India.
3. Write to the Director, Department of Archives, Government of Maharashtra, Elphinstone College Building, Fort, Mumbai 400032, India.

Those dusty archives…

The London School of Hygiene and Tropical Medicine is about to have a new post – a School archivist. A joint bid from the School history group and the Library was awarded three years' funding from the School Initiative Fund.

The School has played an important role in public health initiatives in the past and a vital key to understanding this role and its development is the contemporary records and papers of the protagonists. Important figures like Patrick Manson, the School's founder, Major Greenwood, Professor of Epidemiology, Wilson Jameson, Dean of the School and Chief Medical Officer during the Second World War, and Austin Bradford Hill, Professor of Medical Statistics and also Dean, all left collections of materials relating to their involvement in public health and tropical medicine; and a majority of the archives of Ronald Ross, discoverer of the mosquito transmission of malaria, are held by the School's Library and are in demand by those studying the history of malaria and its control. There are collections of photographs as well.

The Library has some archival holdings deposited randomly over the years. Up to now, apart from the Ross Archives, few of the papers have been listed and are therefore inaccessible to outside researchers. In the School at large, it is known that there are 'seams' of such materials ready to be mined for their historical interest. Not only are scientific archives of interest: so are the School's administrative records. MSc students on the History and Health study unit have started to use some of the materials. From time to time visiting historians attempt to work on them but are hampered by not knowing quite what is held or where. There is no entry in the National Register of Archives, a key starting point for research.

So there is plenty for the new person to do. Part of their overall brief will be to look at what the School should do in the long term about archives and how to raise their visibility both within and outside the School. The archivist will advise on what should be considered as archives, survey what is held throughout the School and carry out appropriate conservation work where necessary on those already held. The postholder will also be involved in applications seeking funds for archival projects related to the holdings. So everyone in the School is being told hold on to the contents of drawers and boxes for now...

Virginia BERRIDGE and Brian FURNER are at the London School of Hygiene and Tropical Medicine.

RESEARCH REPORT

Stuart Anderson

Chambers of death: Community pharmacists and sick animals in Great Britain 1900–48

For many years, community pharmacists in Great Britain have played an important part not only in human welfare but also in animal health. In the second half of the 19th century many pharmacists, particularly those in country districts, built up thriving businesses based on the preparation of animal medicines.[1] A wide range of such medicines was supplied, including drenches, salves, horse balls, suppositories, greases and ointments.[2]

The late 19th century was a period when individuals so inclined could gain basic qualifications in a number of occupations, and set themselves up in practice accordingly. In 1900, for example, one Alfred Lambert Smith APS, DDS, RSVL, was in practice at 37 Milk Street in Bristol, and advertised himself as a chemist, dentist and veterinary surgeon.[3] However, the growth of industrial pharmaceutical manufacturing during this period meant that chemists, or community pharmacists as they later came to be called, became less involved in the preparation of veterinary products themselves. Nevertheless, they continued to be the principal suppliers of medicines for animals in country districts, and they supplied a wide range of commercial products, including sheep dips and horse balls, as these became available.

Even when the value of a proper veterinary qualification became widely recognized, a range of practitioners continued to be involved in the care and treatment of animals. Pharmacists in the country continued to stock veterinary medicines, and the public still turned to them for advice regarding the health of domestic pets and animals, not least because it was a lot cheaper to go to the chemist's than to take the animal to a vet. For the public a particularly troublesome problem was what to do with a pet that was no longer wanted, or that was too sick to keep alive humanely. One answer was to take the animal to the chemist's to be put down.

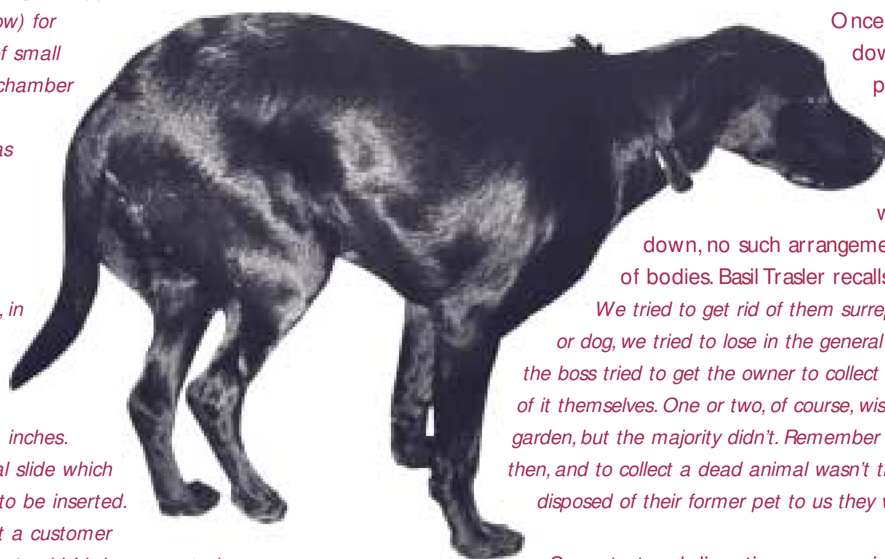
Evidence for this activity came from the oral history of community pharmacy practice in Great Britain.[4] For example, Ronald Benz, a retired pharmacist who was born in 1910, spent part of his childhood in the flat over his grandfather's pharmacy in Eastbourne, in East Sussex. He still remembers people bringing animals in to be put down. In about 1916, he recalls that at the back of the pharmacy his grandfather had a metal galvanized box, about two feet six inches long, about two feet wide and about two feet six inches high. It had a glass panel in the top, and a hinged lid. He remembers that "the animal was put in, and the lid was put down.

"For the public a particularly troublesome problem was what to do with a pet that was no longer wanted, or that was too sick to keep alive humanely."

A small entry port was opened, the anaesthetic was put in first, and this was followed by hydrocyanic acid".[5] Such lethal chambers appear to have been in widespread use in pharmacies until the late 1940s.

Basil Trasler remembers that the pharmacy in Liverpool where he spent much of his apprenticeship during the 1940s had a lethal chamber for the destruction of small animals. He recalls that:

There was a notice on the glass of the front door of the shop, printed on green paper. It was an official sign of approval (by what authority I don't know) for undertaking the destruction of small domestic animals. The lethal chamber was kept in a cellar at the back of the shop. It was made of zinc-coated metal, was about five foot six long by two foot six inches tall, and about the same wide. The whole of the top opened, in the form of a hinged lid. In the top of the lid there was a glass observation panel, about 12 inches by 18 inches. At one end there was a metal slide which allowed a wide metal funnel to be inserted. The usual procedure was that a customer would come into the shop, say 'could I bring my cat along to be destroyed?, and the boss would say, 'oh yes, bring it in tomorrow afternoon, and we will do it for you. In practice, of course, the 'we' was always one, or sometimes both, of the apprentices.[6]



Getting the dose right was not an exact science, and even an apparently large amount of chloroform might not be sufficient. Basil Trasler recalls:

On one occasion, we were dealing with a particularly large cat. After about half an hour we went down and saw that the animal appeared to be dead. We [the two apprentices] examined the animal through the glass, and saw that it was slumped down. We opened the lid, and there was just a streak of lightning... This animal leapt I don't know how high in the air. The cat leapt out in one leap, half-way across the cellar, over a balcony, and dropped down to the yard below. By the time we two apprentices had followed it out we were just in time to see it about a quarter of a mile away going hell for leather down a nearby road!

The two apprentices concluded that there was nothing they could do about it, so they cleaned out the lethal chamber as usual, and the boss upstairs simply assumed that the job had been done.

While the outward appearance of the animal was sometimes deceptive, clearer indications of inadequate dosage were sometimes apparent. Basil Trasler recalls:

On another occasion we put in a large quantity of chloroform, because the animal concerned was a large Alsatian. We decided to leave it quite some time to take effect. In due course we went down to the cellar, and inspected the animal through the glass lid. All we could see – and it scared us stiff – were these great bared fangs, these two malevolent eyes looked up at us, and [the dog's] teeth were all exposed. It was still not only very much alive but also ready for a fight, and this was after half an hour inhaling chloroform fumes! We decided to call the boss in for this one, and as usual he took it in his stride. He just said "give it more chloroform". We must have poured in at least another pint of chloroform this time, and then we walked away. This time round we were more successful.

"The cat leapt out in one leap, half-way across the cellar, over a balcony, and dropped down to the yard below."

Once the animal was put down there was usually the problem of what to do with the carcass. While arrangements existed for approval of premises where animals were put down, no such arrangements existed for the disposal of bodies. Basil Trasler recalls:

We tried to get rid of them surreptitiously. The odd small cat or dog, we tried to lose in the general dustbin service. If we could, the boss tried to get the owner to collect the dead animal, and dispose of it themselves. One or two, of course, wished to do that in their own garden, but the majority didn't. Remember that people didn't have cars then, and to collect a dead animal wasn't that easy. Once they'd disposed of their former pet to us they walked away from it.

Some tact and discretion was required when writing out the bill for this service. Some years after the experience in his grandfather's pharmacy, as an apprentice with another pharmacist in the same town (Eastbourne in about 1926), Ronald Benz was asked to help the other pharmacist in using the lethal chamber. He was given the task of pouring in the prussic acid. He recalls that:

After the animal was dead (it was a pet cat) I was told to write a bill for what I'd done. So I carefully wrote out the bill: 'To Mrs Smith, to killing one cat, two shillings and six pence'. The pharmacist in question looked at my handiwork with disgust, and then he addressed me sternly. "Boy", he said, "You do not write like that. What you have to write is 'To Mrs Smith, to lethargizing one feline, two shillings and six pence'." That properly put me in my place.[7]

"What you have to write is 'To Mrs Smith, to lethargizing one feline, two shillings and six pence'."

Although lethal chambers like this were available from early in the 20th century it is clear that great expertise in dealing with small animals was achieved by a previous generation of chemists and druggists. Basil Trasler recalls an occasion slightly later in his career, when he was working as an 'improver' (someone who had completed their apprenticeship but had not yet undertaken the studies and taken the examinations to qualify as a pharmacist) in a retail pharmacy in Northampton in 1946.

I remember a customer wanted a dog destroyed. The dog in question turned out to be a black Scottie. The premises concerned didn't have anything in the nature of a lethal chamber, or a seal of approval for its use, like the earlier one. It was a long-established business and the destruction of animals had been undertaken there for many years.[8]

Basil Trasler remembers that on this occasion the elderly pharmacist said, "Yes, we will do that", and the animal was duly brought in. He describes what happened:

> *The little Scottie was sat on its haunches on a workbench in the dispensary. The old gentleman pharmacist took a little glass-stoppered dropper bottle, a ribbed poison one. It apparently contained Scheele's hydrocyanic acid [stronger hydrocyanic acid BPC 1934, an aqueous solution containing 4 per cent of hydrogen cyanide]. He held this in his right hand, controlling the glass stopper between his first and second fingers. He then spoke to the dog, which looked him in the eyes, turning his face towards him. The pharmacist dextrously flicked a drop of this acid straight into the dog's eye, and the dog fell dead virtually instantaneously.*[9]

Basil Trasler recalls that he had never seen this done before, or even heard of it being done before, and he never saw it done again throughout the course of his long career. He nevertheless recalled the incident vividly. He also remembers that one of the other pharmacists in the establishment objected so much that this was the last time it was carried out in that particular pharmacy. As he says, "It was certainly quick and effective, and almost unbelievable".[10]

The Veterinary Surgeons Act of 1948 further restricted the list of unqualified persons who could carry out veterinary activities, and the range of procedures they could perform, with effect from 30 July 1949. As a result the arrangement by which small animals could be put down in this way at the chemist's came to an abrupt end.

Acknowledgements

The oral history of British community pharmacy practice on which this paper is based was supported by a history of medicine project grant awarded by the Wellcome Trust to Professor Klim McPherson and Professor Virginia Berridge at the London School of Hygiene and Tropical Medicine.

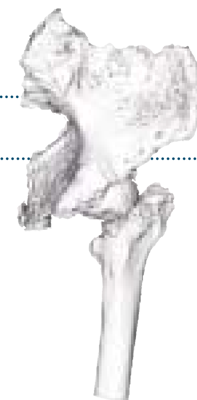
Dr Stuart ANDERSON
Senior Lecturer
Department of Public Health and Policy
London School of Hygiene and Tropical Medicine
Keppel Street
London WC1E 7HT
E-mail: stuart.anderson@lshtm.ac.uk

Notes

1 Matthews, Leslie G (1962) *History of Pharmacy in Britain*. London: E & S Livingstone, pp. 206–7.
2 Fishburn A G, Abbott C F (1954) Development of veterinary pharmaceutics. *The Pharmaceutical Journal* 173: 124–6.
3 Burnby J G L, Rawlings F (1994) Pharmaceutical dentists. *Dental Historian* 27: 16.
4 The oral history of community pharmacy in Great Britain study involved interviews with a total of 50 retired retail chemists. The interviews were recorded, and the tapes are lodged with the National Life Stories Collection, National Sound Archive, The British Library, 96 Euston Road, London NW1 2DB. Quotations are used and interviewees identified, by kind permission of the participants.
5 Benz Ronald Benz, (retired pharmacist born on 17.6.10), interview recorded on 2.8.95, Community Pharmacy Tape Collection, PIP/18, 1A, 140–154.
6 Trasler 1 Basil Trasler, (retired pharmacist born on 13.5.22), interview recorded on 8.8.95, Community Pharmacy Tape Collection, PIP/03, 1A, 23–54.
7 Ibid., PIP/18, 1A, 155–167.
8 Ibid., PIP/03, 1A, 55–86.
9 Ibid., PIP/03, 1A, 106–165.
10 Ibid., PIP/03, 1A, 380–422.

Rethy K Chhem

Ancient Khmer medicine, osteoarchaeology and Angkor



Computerized tomography image of the left hip of one of the Prey Khmeng skeletons. (Image courtesy of R Chhem)

Despite the numerous research projects on medical anthropology in Cambodia conducted since the mid-1970s, published information on the history of Khmer medicine is limited. In order to understand this lack of information and interest, it is important to examine the background of the field of Khmer studies in general. Khmer studies include all scholarly works related to the investigation of Khmer culture such as history, archaeology, linguistics, art history, architecture, religious studies, literature, etc. Khmer studies were inaugurated at the end of the 19th century by French 'scholars', who worked for the French colonial administration in Indo-China. Most were senior administrators, doctors or army officers, but a few others were historians of art, architects, epigraphers and Sanskritists.

The 're-discovery' of Angkor by Henri Mouhot, a French naturalist, in 1860 during his expedition to Cambodia, Siam and Laos, boosted research in archaeology, epigraphy and art history. The most urgent task for those scholars was to establish the chronology of temples and reigns of Khmer kings. The study of epigraphy shed light on the lives of the Khmer elite at the expense of that of the commoners. Also, social history was not fashionable in the early 20th century. All these factors explain why there are so few publications on the history of Khmer medicine.

History of medicine

I became interested in the history of Khmer medicine about four years ago and initiated independent research in this field in order to answer several questions:

- What was the cultural foundation of medical practice in ancient Cambodia?
- How did the Khmer perceive his/her natural environment and his/her own body?
- What were the medical theories of the Khmer?
- Who were the doctors? What were their practices?
- What types of tools did they use for the diagnosis of diseases?
- What were the different types of treatments available?

Four face temple at Bayon Buddhist temple built in 12th century AD, under King Jayavarman VII. (Image courtesy of R Chhem)

To answer these research questions many sources have been exploited, including written sources, such as inscriptions on stone, royal chronicles and palm-leaf manuscripts; and unwritten sources, such as archaeological finds (temples, sculpture, artefacts and skeletal remains). In addition to these data, I have also used results from medical anthropological research in contemporary Khmer society. Finally, a comparative approach was applied using data from the history of medicine of ancient India and China as well as the history of indigenous medical practices in the South-East Asian region. Under the guidance of a French archaeologist of the French School of the Far East, digital photography of medical scenes from bas-reliefs and temple pediments of Bayon temple and the Neak Poan temple as well as the chapels of hospitals were taken and stored on CD to serve as sources for my study.

Osteoarchaeological research

For historians of Cambodia, pre-Angkor means the period before the establishment of the Angkor capital in AD 802 by King Jayavarman II. Before the 1970s, most research projects on early Khmer civilization were conducted by the French and were focused on the Angkor period (AD 802–1432). Since the mid-1990s, scholars from several other countries have conducted research on ancient Khmer culture. At the same time, the historical period covered by such studies has gone beyond the Angkor era to include both the pre-Angkor and post-Angkor periods.

At a conference on the pre-Angkor period, held at the Center for Khmer Studies in Siemreap, Cambodia, I presented a preliminary report on the investigation of the two skeletons recovered from the pre-Angkor site of Prey Khmeng by Dr Christophe Pottier. Carbon dating of charcoal found in the same stratum suggested that these two skeletons are approximately 2000 years old, pre-dating the construction of the Prey Khmeng temple which was founded in the eighth century according to epigraphic data.

One of the skeletons is an adult and the second is a child. Despite the destruction of both the skull and pubic bone during excavation, we were able to confirm, with anthropometric measurements, that the adult skeleton was a male and approximately 40–50 years old. The child skeleton is undergoing the same type of investigation.

X-rays and CT (computerized tomography) scanner investigations allow the study of palaeopathology (disease that occurred in the past) and the imaging of the skeleton itself for physical anthropological evaluation. Our radiological tests confirmed the diagnosis of a healed fracture of the distal right femur, with an anterior bowing. As no findings suggest any underlying tumour or infection, this fracture was most likely the result of a trauma and had occurred before death. In addition, scoliosis of the thoracic and lumbar spine was either an idiopathic deformity occurring before death, or post-mortem alteration. Here again, there was no tumour or infection.

In terms of procedural information, we were able to demonstrate that CT scanning of the specimen before the removal of its soil matrix preserved data that may be lost after cleaning. Therefore we believe that there may be no need for a thorough cleaning of the skeleton for anthropological study, as has been done in the past. However, this is anecdotal evidence as a study of a larger series must be done in order to validate these preliminary findings. If further studies support these current results, CT imaging may open the door to a 'virtual osteoarchaeology'.

A mitochondrial DNA study of the skeleton's bone and teeth is underway. There are many potential applications of ancient DNA study, including study of kinship, identification of gender and, rarely, detection of the presence of pathogens such as tuberculosis or malaria.

It must be emphasized that valid conclusions cannot be drawn from a study that includes only two skeletons. In addition, a comparison of these findings with DNA from different populations of South-East Asia is necessary in order to investigate the migration of ethnic groups and/or infer the distribution of Austro-Asiatic linguistic groups in the region.

Finally an analysis of the microstructure of the bone itself was performed, using an electron microscope. The histological pattern of a normal ancient bone was demonstrated with the identification of its ultrastructure such as the Haversian system and vascular grooves. In addition, some unidentified microorganisms were demonstrated within the bone that may represent contamination from the soil. A pathogen affecting the bone itself is less likely.

Our investigation has shown that medical high technology is useful in the investigation of the human past. Osteoarchaeological findings may also soon become an additional historical primary source that will alter the historiography of the history of medicine in general and the history of disease in particular.

Hospital chapel at Angkor Thom. One of the 102 hospitals built under King Jayavarman VII. (Image courtesy of R Chhem)

In conclusion

There has been a surge in interest in Khmer studies in the last five years. After three decades of armed conflicts there is now free and safe access to the region of Angkor Wat and many other archaeological sites scattered over the rest of Cambodia. Soon, new findings will shed light on many unknown historical facts concerning this once flourishing and powerful empire of South-East Asia.

Acknowledgement

Thanks to Dr Christophe Pottier and APSARA Authority for sending the Prey Khmeng skeletons to the Osteoarchaeological Research Group (ORG) in Singapore for a bioarchaeological investigation. The author thanks also members of the ORG who participated in the investigation of the skeletons.

Rethy K CHHEM
Associate Professor of Radiology and
Director of the Medical Education Unit
National University of Singapore
E-mail: dnrckr@nus.edu.sg

A-H Maehle, M-C Bernard and C A Roberts

History of Medicine Meets Palaeopathology: A seminar series at Durham

A 15th-century syphilitic skull from Blackfriars cemetery at Gloucester. It shows caries sicca (dry-type) lesions and has a damaged palate. (Image courtesy of C A Roberts)

In Michaelmas term 2001 the medical historian Holger Maehle (Department of Philosophy), together with the biological anthropologist, specializing in palaeopathology, Charlotte Roberts (Department of Archaeology), organized a series of five interdisciplinary research seminars at the University of Durham on the theme of history of disease.

The seminars were held at the University's Science Site and attracted about 20 participants per seminar session. The audience consisted chiefly of postgraduates and staff from Durham and Newcastle Universities. The disciplines represented in the audience were predominantly archaeology and history of medicine and science, plus attendees from anthropology, medicine and history. It was the first larger seminar series of Durham's newly founded Research Centre for the History of Medicine and Disease.

The purpose of the seminar series was to bring together researchers from the history of medicine and from palaeopathology to discuss the strengths and limitations of their different methods applied to the study of diseases in the past. While medical historians have emphasized the social construction of disease entities, and the cultural and historical relativity of their classifications, palaeopathologists have focused on the manifestations of disease in human remains from archaeological sites and on retrospective diagnosis. From this morphological basis palaeopathologists also explore the cultural context of disease. Accordingly, each of the five seminars had two invited speakers, one from the history of medicine and one from palaeopathology. The themes and the speakers of the five seminar sessions were:

- On syphilis: Roger Davidson (Edinburgh) and Charlotte Roberts (Durham)
- On dental diseases: Anne Hargreaves (Newcastle) and Tony Waldron (UCL)
- On respiratory diseases: Adrian Wilson (Leeds) and Simon Mays (English Heritage)
- On leprosy: Carole Rawcliffe (East Anglia) and Charlotte Roberts (Durham)
- On cancer: Cay-Rüdiger Prüll (Durham) and Don Brothwell (York)

In Epiphany term 2002, an extra lecture on the palaeopathology and history of leprosy was given by Keith Manchester (Bradford).

Historians' view

Several main issues emerged from the presentations and led to lively discussions, which often linked to the previous session. The historians of medicine highlighted the social, political, ethical and religious dimensions of disease. Syphilis and leprosy, for example, can only be properly understood historically if the social implications for the ill individual are explored. Disease could mean social marginalization, but not necessarily and solely. The medieval understanding of leprosy, for instance, had room for an interpretations of the disease both as a punishment for a sinful life and as the privilege of being chosen by God for redemption through suffering.

The medical historians also made clear that present disease concepts must not be naively projected back to the previous historical periods, that disease categories are scientific as well as social constructs, and that they also suffer limitations of evidence. Pleurisy, for example, had not yet the anatomical connotation of the pleural membrane and the pathological connotation of inflammation in the Hippocratic writings, but acquired these only gradually from the first century AD with Aretaeus, and then Galen. Cancer gained its modern meaning of uncontrolled and pathological cell growth only after Rudolf Virchow's influential cell theory of disease in the late 1850s. It was also shown that even apparently straightforward diseases, such as those of the teeth and mouth, reveal unexpected links between the historical 'tooth worm' and the wormlike shape of henbane seeds given to the sufferer; or between the diagnosis of 'scurvy of the gums' and syphilis.

Palaeopathologists' perspective

Despite human remains being the primary evidence for disease in the past, a common theme of the palaeopathologists' presentations was the limitations imposed on them by the nature of the human remains that are available to them for diagnosis. There are three main limitations: not all diseases affect the skeleton as, for example, pinta; the disease might not have progressed as far as to affect the skeleton before the person died, and also fragmentary remains, which are so common in palaeopathological work, might be missing those bones that could provide the crucial evidence for the disease.

Research on the soft tissues of mummies is a rare opportunity and usually informs us of only a certain stratum of society, the rich. While, as one speaker put it, 'bones and teeth do not lie', differential diagnosis is a difficult task. There are only three processes that bones go through as a result of disease: production of new bone, destruction of bone and a mixture of the two. Therefore diseases that differ in terms of aetiology might resemble each other on the skeletal remains. Apart from post-mortem changes, distinguishing bone changes caused by osteomyelitis, syphilis, tuberculosis and leprosy may cause considerable difficulties.

A 26-year-old woman with syphilis in the cervical vertebrae. Infected by her husband, she had been left uninformed about the nature of her disease. From A Neisser (ed.) Stereoscopischer Medicinischer Atlas, *Kassel 1896.* *(Image courtesy of A-H Maehle)*

Difficulties in diagnosis have also to be kept in mind in the current debate about the evidence for pre-Columbian syphilis in Europe. Another problem, which was repeatedly highlighted by the palaeopathologists, is that of sample sizes too small for meaningful statistical analysis (sample of a sample) and of older descriptions in the palaeopathological literature too inaccurate for good cumulative statistics. Often the critical question was raised, regarding what a certain frequency of a disease in the remains of a certain burial site can tell us about the actual importance of that disease in the living population of a historical period. On the other hand, ancient DNA analysis of pathogens in bone samples from skeletons can help in diagnosis, e.g. by differentiation of the mycobacteria of leprosy and of tuberculosis, and even between the bovine and human forms of the latter.

In conclusion

It became clear that both historians and palaeopathologists strive for a better assessment of the experience of illness in the past. The chiefly text-based analysis of the historians and the predominantly biological analysis of the palaeopathologists were seen as complementary in this effort. 'Both sides' concluded that a critical use of the research methods and openness about their limitations are paramount for the further study of the history of disease.

Acknowledgement

The seminar series was generously supported by a grant from the Wellcome Trust.

Professor Andreas-Holger MAEHLE
Director, Research Centre for the History of Medicine and Disease
Wolfson Research Institute
University of Durham Stockton Campus
Stockton on Tees TS17 6BH
E-mail: a.h.maehle@durham.ac.uk
Web: www.dur.ac.uk/wolfson.institute/hmd.htm

Dr Charlotte ROBERTS
Marie-Catherine BERNARD
Department of Archaeology
University of Durham
South Road
Durham DH1 3LE
E-mail: c.a.roberts@durham.ac.uk
marie-catherine.bernard@durham.ac.uk

From urban penalty to global emergency: Current issues in the history of tuberculosis

An international conference held at Sheffield, between 23 and 25 March 2002

Despite the growth of work on tuberculosis in recent years, there had been no major symposium devoted to the history of the disease in Britain. This meeting thus aimed to bring together historians – some of whom had made key contributions to the revision of the history of tuberculosis since the 1980s – with doctors, epidemiologists and policy makers involved with current tuberculosis (TB) control. To this end, the conference was held to coincide with the WHO's World TB Day 2002.

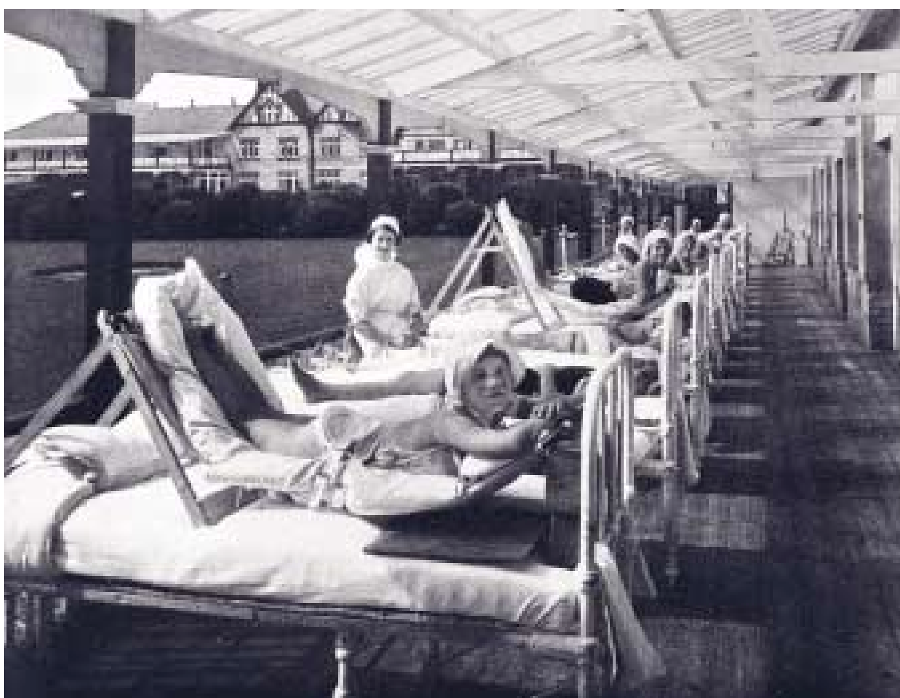
Linda Bryder's introduction on the historiography of TB charted the reshaping of the history of TB over the past decade or so, marking a shift away from positivistic, individualistic narratives of progress, and towards an approach influenced by medical sociology, stressing the interaction of biological and cultural knowledge in socially 'constructing' tuberculosis.

From urban penalty to global emergency

The framework for the meeting was established by a number of papers that charted the historical epidemiology of tuberculosis, offering what Greta Jones called 'successive snapshots' of the disease over time. One group of papers traced the rise and decline of tuberculosis as the major killer in the industrialized world at the end of the 19th century; and the transition from 'urban penalty' to 'urban advantage'. A second group of papers, however, highlighted the alarming 're-emergence' of tuberculosis in large parts of the developing world and former Soviet Union. More generally, Hans Rieder's paper stressed the need for better epidemiological indicators to measure trends in tuberculosis.

The social construction of tuberculosis

A number of the papers focused on the role of scientists and policy makers in the 'construction' of TB, including a focus on their responses to and understandings of its changing incidence. These papers illustrated the ways in which notions of contagion, 'vectors', and susceptibility emerged out of myriad scientific and political debates, and shaped policy. For example, the paper by Michael Worboys and Flurin Condrau illustrated this with reference to changing contemporary explanations of the shift from 'urban penalty' to 'urban advantage' in TB mortality in late-Victorian/Edwardian Britain.



Contemporary scientific debates, changing understandings of the nature and incidence of TB played a central role in debates on citizenship, migration and contagion. This was well illustrated by the paper by Alison Bashford, which compared the treatment of consumptives and lepers in early 20th-century Australia; whereas TB was perceived as a 'disease of civilization', affecting the European population, leprosy was seen as an alien and invading disease, associated with the presence of immigrants and, later, the aboriginal Australian population.

State responses

If policies were informed by scientific, and popular, notions of transmission and contagion, they were also formed within the broader arena of the state:

Left: Stannington Sanitorium was the first British sanatorium for children with TB.

Left: Top bus with an anti-tuberculosis notice, c. 1912.

a number of the papers focused on the formulation of policy towards particular groups in society; the impact of political debate and intragovernmental rivalry in policy formation; and the changing locus of accountability for TB policies, between central and local government, and between public and private agencies.

Narratives of TB

Within the context of changing methods of treatment and shifts in policy, a number of discourses surrounding 'the tuberculosis patient' emerged – different types of TB patients were differentiated by physicians, public authorities and epidemiologists. For example, the construction of a typology of TB patients was illustrated in extreme form by Sylvelyn Haehner-Rombach's discussion of consumptives in Nazi Germany. In the postantibiotic era, and particularly with the 're-emergence' of TB in the developed world, patients increasingly came to be a category defined in specific ways through the attention of others. A pair of papers by David Barnes and Jeremy Greene discussed the origins of 'Patient Zero', and 'the noncompliant patient', respectively.

Cultural and aesthetic representations

One of the most stimulating features of the conference was the attempt to relate the changing treatment of TB, and the shifting categories employed by physicians and public officials, to the cultural history of TB – the gendered and aesthetic representations of the disease and its victims in film, photographs, popular music and architecture. A number of papers illustrated both how deeply bound up the cultural history of tuberculosis is with the history of political and scientific debates, and – at the same time – the relative autonomy of the sociocultural logic underpinning artistic representations of the disease.

Future directions?

Perhaps the most emphatic common theme running through the conference was the need to revise any linear picture of the history of TB. Accounts positing a progressive move from quarantine to the 'new public health'; from treatment in sanatoria to chemotherapy; or those charting the 'defeat' of TB, need to be carefully revised to take into account the complexity of change, and the impact of contemporary trends. It was repeatedly emphasized that many of the categories which historians and policy makers have taken for granted are contingent and contextual, obscuring much ambiguity. The relationship between TB and poverty, for example, needs to be situated and historicized.

There were also a number of notable silences, which might reflect the need for more research: patients' perspectives did not feature prominently in any of the papers presented; very little was said about the experience of TB in large parts of the developing world since 1945; and there were few sustained international comparisons. An encouraging conclusion to be drawn from the conference, however, regards the potential complementarity of the concerns of historians and policy makers, both in terms of the technicalities of measurement, and in understanding the social context and causation of TB. Flurin Condrau suggested at the outset that each group had much to learn from the other; the conference certainly bore out this proposition.

The meeting was held as part of the Society for the Social History of Medicine's conference series. It was organized by Professor Michael Worboys (Sheffield Hallam University) and Dr Flurin Condrau (Sheffield University), and supported by the Wellcome Trust.

Mr Sunil AMRITH is a doctoral scholar attached to the Centre for History and Economics, University of Cambridge (E-mail: sunilamrith@yahoo.com)

A fuller version of this article, with further details of the papers given at the conference, is available at www.wellcome.ac.uk/wellcomehistory.

Below: 'Artificial pneumothorax treatment' for TB at Stannington Sanatorium.

Vth Congress of the European Association for the History of Psychiatry (EAHP)

12–14 September 2002, Madrid, Spain

Venue
Facultad de Medicina
Universidad Complutense
Ciudad Universitaria
28040 Madrid

Registration fees
Before 15 May 2002:
- Members (EAHP, SHFP): €100
- Residents: €200
- Non-members: €300

After 15 May 2002:
- Members (EAHP, SHFP): €150
- MIR-Residents: €300 (Spain)
- Non-Members: €400

Organizing committee
Prof. Filiberto FUENTENEBRO DE DIEGO
Dept. de Psiquiatría
Facultad de Medicina, UCM
Ciudad Universitaria
28040 Madrid, Spain
Tel: +34 913 941 499
Fax: +34 913 941 506

Secretariat
Cristina L NÚÑEZ RONCHI
Tel: +34 913 148 603
E-mail: EAHP_secretary@hotmail.com

Symposia
- Subliminology session, 1900. Glosolalia, automatic painting and self in Hélène Smith
- Mind, Society, and Control
- Psychiatric Institutions
- Child Psychiatry
- Psychoanalysis and Knowledge
- Mental Hygiene in Spain and France (1918–45)
- Madness in the History of Psychoanalysis
- One hundred years of Psychopathology in Spain
- Social Psychiatry in Latin America
- Clinical Symptoms, a Historical-Conceptual Perspective
- History of Forensic Psychiatry
- Artistic Expression, Asylum Architecture, and Mental Illness
- Philosophy, Epistemology and History of Psychiatric Ideas
- Psychiatric History and Histories: Methodology
- Voices, Narratives and Transmission of Psychiatric Knowledge
- Psychopathology in the Spanish Golden Age
- Gender as a Category of Analysis: History and Epistemology
- Console and to Cure: Church vs Civil Society
- Psychiatry and Literature
- Neuropsychiatry and History
- History of Critic Psychiatry

Plenary sessions
Germán E Berrios (UK) Lecture dedicated to the memory of Professor Roy Porter: Mapping Mental Symptoms: A conceptual history

Dora Weiner (USA) Psychiatry Comes to the Americas: A global perspective

Georges Lantéri-Laura (France) Psychiatric Semiology: History and structure

Jean Garrabé (France) The Works of Huarte de San Juan and the European Humanist culture

Jean Canavaggio (France) The Desired Death in the Cervantes Works

Hugh Freeman (UK) Psychiatry and the British State: 1948–98

Paul Hoff (Germany) What is Biological Psychiatry? Conceptual history and actual relevance

José Luis Peset (Spain) Philippe Pinel's Hippocratic Revolution

Antonio Linage (Spain) Between Ilness and Sin: Acedia in the monastic tradition

Evidence, Health and History

A seminar series at the London School of Hygiene and Tropical Medicine, Autumn term 2002

10 October (5.15p.m.)
Improving the Nation's Health: British pharmaceutical companies and the assault on chronic diseases, 1948–78
Dr Viviane Quirke
Business School, Oxford Brookes University

7 November (5.15p.m.)
The History of Narcotic Culture in China, 1700–1950
Dr Frank Dikotter
Director, Contemporary China Institute, School of Oriental and African Studies

5 December (5.15p.m.)
The Epidemiology of the Black Death: Europe, 1348–1450
Prof. Samuel K Cohn (author of *The Black Death Transformed*, 2002).
University of Glasgow

For information
e-mail: kelly.loughlin@lshtm.ac.uk

History in Medical Education Working Party

Below left: Mark Jackson, one of the members of the History in Medical Education Working Party which aims to raise the profile of medical history in the UK's medical schools.

Mark Jackson explains how the study of history will increasingly be integrated into the UK's medical curriculum.

In 1993, the General Medical Council (GMC) published *Tomorrow's Doctors*, its blueprint for the future of undergraduate medical education. Driven by growing concerns that the undergraduate curriculum was over-crowded and too narrowly focused on biomedical sciences at the expense of the humanities, and by anxieties that students were graduating without attaining the requisite clinical skills, the intervention of the GMC gave momentum to a process of curriculum reform that had been implemented in a piecemeal fashion throughout the UK since the mid-1980s. In particular, the guidelines recommended the division of the curriculum into a core curriculum, in which students learned key scientific and clinical skills, and special study modules, which comprised short periods of focused study allowing students to explore broader issues relating to the practice of medicine. The special study modules were conceived as a means of expanding clinical horizons beyond biomedical sciences into medical history, ethics, law, art and medicine, literature and medicine, and the philosophy of medicine.

In the wake of the GMC's report, many British medical schools began to make substantial amendments to their curricula, not only embracing the new format for medical education but also adopting new educational techniques (notably problem-based learning), largely imported from Canada and elsewhere. The curriculum facilitators in many institutions that were introducing sweeping changes to undergraduate education were often receptive to the potential contribution of medical history. Conversely, an extensive and active network of medical historians throughout the country (many of whom were affiliated to university medical schools) facilitated the integration of history into the curriculum at various sites. In general, history surfaced in the special study modules, with occasional contributions to core courses. In Liverpool, however, under the guidance of Drs Sally Sheard and Helen Power, medical history was successfully incorporated into the new course as a compulsory component of the core curriculum. And in larger centres, such as London, Manchester and Birmingham, undergraduate students have been offered opportunities to pursue an intercalated degree in the history of medicine.

The potential role of history in medical education attracted interest not only from academic historians but also from many within the medical profession. In 1996, the Royal Society of Medicine convened a conference entitled 'History of Medicine and Tomorrow's Doctors'. The conference stimulated a full and frank discussion of the benefits and pitfalls of incorporating medical history into the curriculum at various levels.[1] Two years later, the Royal Society of Medicine (in conjunction with the Wellcome Trust and the Worshipful Society of Apothecaries) organized a follow-up conference, 'Clio Consulted'.

Between the two conferences, a number of clinicians, historians, and curriculum facilitators formed a National Action Group, with Professor Vivian Nutton as chairman. The aims of the Group were to promote closer cooperation between the various parties interested in medical history, to encourage more effective integration of history into new curricula, to provide a forum for discussing new initiatives, and to support those teaching history in medical schools. At the same time, a number of smaller regional groups, aimed at coordinating local developments and encouraging the sharing of facilities and expertise, were established.

Two years ago, feeling that many of its early aims had been achieved, the National Action Group ceased to meet. In the last year or so, however, a growing recognition of the need to train more doctors has led to the foundation of new medical schools (such as those in Norwich and south-west England), or the expansion of existing schools. In the process, as these new schools devise their curricula to meet the demands of modern medicine and as a variety of local and national initiatives in medical humanities emerges (such as the Centre for Medical Humanities recently established at UCL and sponsored by Pfizer, or the

Association for Medical Humanities, which held its inaugural meeting at the University of Birmingham in February this year), the role of the humanities in general and history in particular in medical education has once again come to the fore. Partly in response to these recent developments and in recognition of the imminent opening of new medical schools this year, members of the Worshipful Society of Apothecaries of London and the British Society for the History of Medicine (BSHM) took the initiative of restarting the National Action Group. The group, now masquerading under the title 'History in Medical Education Working Party', met for the first time in November 2001 at the London School of Hygiene and Tropical Medicine. The new group comprises a broad mix of historians and clinicians: Robert Arnott (Birmingham); Virginia Berridge (LSHTM); Debbie Brunton (Open University); John Ford (Society of Apothecaries); Anne Hardy (UCL); Mark Jackson (Exeter); Andreas-Holger Maehle (Durham); Denis Gibbs (BSHM); Carole Rawcliffe (UEA); Sally Sheard (Liverpool); and Colin Stolkin (GKT School of Medicine).

The broad aims of the group are to raise the profile of medical history within medical schools, to stimulate discussion about the relevance of history in modern medical education, to encourage integration and cooperation between various disciplinary groups committed to teaching and researching medical history, to promote discussion about links with other medical humanities, and to provide a network of support and information for those teaching history to medical students.

As a first step, the Working Party is organizing a conference, to be held in spring 2003. The conference, provisionally entitled 'Tomorrow's Doctors – Ten Years After', will be aimed at reviewing recent developments and exploring future possibilities. If anyone has any suggestions for issues, topics or speakers that could be included in the conference, please do not hesitate to contact us. Equally, we are keen to hear about new initiatives, successes, problems or ideas on any aspect relating to teaching history in medical schools.

For further information, please contact:

Mark JACKSON
Centre for Medical History
Amory Building
University of Exeter
Exeter EX4 4RJ
Tel: 01392 263003
E-mail: m.a.jackson@exeter.ac.uk

Robert ARNOTT
Centre for the History of Medicine
School of Medicine
University of Birmingham
Edgbaston
Birmingham B15 2TT
Tel: 0121 414 6804
E-mail: R.G.Arnott@bham.ac.uk

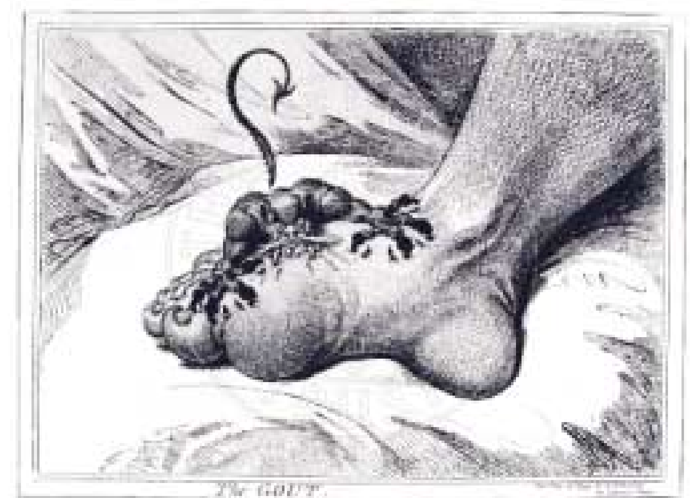
Note

1 Biddiss M (1997) Tomorrow's doctors and the study of the past. *British Medical Journal* 349 (22 March): 874–6.

NEW INITIATIVE

Carole Reeves

Roy Porter bibliography



*Right: 'The Gout' by James Gillray, 1799. Roy co-wrote a social and literary history of gout (*Gout: The Patrician Malady*, 1998).*

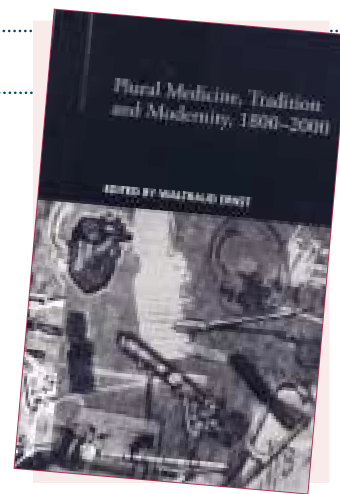
Roy Porter was, without doubt, the most published historian of his generation. The Wellcome Library for the History and Understanding of Medicine holds over 250 works which he wrote or edited. However, Roy was also a seasoned broadcaster on radio and television, a dynamic and popular public speaker, a regular reviewer for newspapers and their supplements as well as arts, history, science and educational journals. He even contributed programme notes to selected productions of the English National Opera. Unfortunately, much of this material is not well documented.

As a memorial to Roy and as a valuable historical resource, the Wellcome Trust Centre for the History of Medicine at UCL is compiling a bibliography of his works, which will include as much of the lesser-known material as possible. The bibliography may be published as an online resource together with an overview of his work and an appreciation of his contribution to late 20th-century intellectual thought. Anyone who is able to contribute material or who could provide references or information which would help trace Roy's less-documented works is invited to contact Dr Carole Reeves who is coordinating the project.

Dr Carole REEVES
Wellcome Trust Centre for the History of Medicine at UCL
Euston House
24 Eversholt Street
London NW1 1AD
Tel: +44 (0)20 7679 8135
Fax: +44 (0)20 7679 8194
E-mail: c.reeves@ucl.ac.uk

NEW PUBLICATION

Plural Medicine, Tradition and Modernity, 1800–2000



This book brings together current critical research into medical pluralism over the last two centuries. It includes a rich international selection of historical, anthropological and sociological case studies ranging from New Zealand to Africa, China, South Asia, Europe and the USA.

Contributions focus on the exchanges and overlaps between various strands of different medical theories and tackle different aspects of current debates on medical pluralism, including nationalism, globalization and spirituality. Topics include:

- The underlying dynamics that lead to the perceived marginalization of 'indigenous' medicine in non-Western countries, and of 'heterodox' or 'alternative' medicine in the West.
- The problematic nature of dichotomous categorizations, such as 'traditional' and 'modern' medicine.
- The scope and limitations of medical pluralism within different geographical and cultural settings and historical periods.
- The ideological and economic factors that contribute to the ways in which different medical systems are imagined as 'rational and scientific' or 'irrational and unscientific'.

See www.routledge.com for further details.

Waltraud Ernst (ed.) (2002) *Plural Medicine, Tradition and Modernity, 1800–2000*. London and New York: Routledge.

BOOK REVIEW

Jonathan Spencer Jones

The British Hospital of Buenos Aires. A history 1844–2000

Argentina has been much in the news of late with its ongoing financial crisis but the usual absence of that country from the media belies the important role played by Britain in its development, and the many links established between the two countries over the past two centuries.

Britain's involvement in Argentina had its origins in its invasions of Buenos Aires of 1806 and 1807. Although unsuccessful in themselves, these were sufficient to break Spain's strong commercial hold on the region and opened the way for trade and immigration, and in due course the institutions of a growing community – churches, schools, libraries and not least medical facilities.

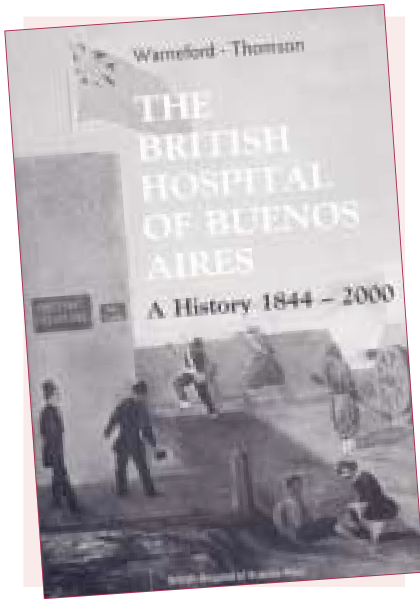
One of these was the British Hospital in Buenos Aires, which was established in July 1844 and to this day remains a major asset of the Anglo-Argentine community as well as serving the broader Argentine community.

Little is known about the first British doctors who went to Buenos Aires but among the earlier of them were James Lepper and Andrew Dick, who were two of the 15 founder members of the Argentine Academy of Medicine in April 1822. Lepper, a former Royal Navy surgeon, became one of the more prominent due to his relationship with the Governor of Buenos Aires of the day, Juan Manuel de Rosas, and was called upon frequently to treat the latter's urinary ailment, as was another Irishman, one Dr James Eborall. Indeed it was this association with Rosas that allowed British medical practice to develop largely unhindered – but it was the church that was at the forefront of this development.

The British Hospital of Buenos Aires. A history 1844–2000 by a long-time former staff member of the Hospital and former Medical Director and Director-General Dr Hugh Fraser Warneford-Thomson, describes the history of this institution from its founding to the present day.

Its origins, however, are to be found in an earlier body, the British Friendly Society, later renamed successively the British Philanthropic Society and British Medical Dispensary, which was founded in 1827. Little is known about this body apart from its object of providing medical assistance to the down-and-out, but by the start of the 1840s it was proving increasingly inadequate while at the same time a growing number in the community began to feel that they should provide their own hospital rather than rely on those funded by the Government.

In 1843 a committee of prominent businessmen, presided over by Revd Barton Lodge of the Episcopalian Church, who had championed the need for a community hospital since his arrival in Buenos Aires a decade earlier, was set up to establish the hospital. Space accommodating 15 to 20 people was found in a private house close to the city centre and the staff comprised a surgeon, Dr John Mackenna, physician, Dr M Robinson (replaced when he left shortly after by Dr Dick) and a matron-cum-scullery maid and cook, Mrs Nesbit. Lodge, who is credited as the



founder of the British Hospital, was also the major financial supporter of the fledgling institution, as he had been of the Medical Dispensary.

This was the first effort by a foreign community in Buenos Aires to care for its own sick. Notably a request from the British Consul to the Government for financial support was turned down as the grounds to justify it were not considered 'sufficient'.

The early records are sparse but by 1848 the management committee was able to report that the Hospital had "completely fulfilled the expectations of those who suggested it", and that 333 people had received treatment there. Of note in that period was the first use in Argentina – and possibly in South America – of ether for an operation, on 18 June 1847.

The Hospital grew steadily – from 69 patients and three staff members in 1847 to around 13 000 patients and 400 medical professionals by the end of the 1990s – and has moved twice to successively larger premises and finally, in 1887, to its present location in the south-east of the city (the current Hospital was completed in 1940).

It played a leading role in dealing with the yellow fever epidemic in 1871 and already by the end of the 19th century a growing number of patients were of non-British origin – a trend that has continued subsequently with the decline of the British community since then, largely triggered by the First World War and the societal impacts that it wrought. At that time too, the British Hospital, along with the then newly established German Hospital, had the lowest mortality rates of any in the city.

Other notable events were the establishment of a nursing school in 1890 and the arrival of the first specialist in 1902 (one Dr G Welchli, ophthalmologist), while in 1908 the first X-ray device was installed. In 1946 the first postgraduate course was given – on Gerontology – and as recently as 2000, the first cochlear implant in Argentina was carried out there.

Warneford-Thomson has recovered as many as possible of the early records – many of the originals having been lost – in order to give a comprehensive overview of the history of this hospital, and this makes up the first half of the book. The second section is a chapter of reminiscences entitled 'Forget-me-Nots' by the late Annabella Macintosh, matron of the Hospital from 1933 to 1951, which gives a picture of 'the other side' of hospital life during that period. The final section comprises several appendices, including patient and financial statistics, management committee members, staff doctors and executives, special donations and legacies, and a list of key events.

The book is intended for a general readership and it doesn't cover areas that would be of interest to more specialized readers, such as biographical information on the leading medical figures and disease patterns. Indeed, apart from the 'Forget-me-Nots', the more personal aspects are largely absent. Nevertheless, overall it is an informative account of an important institution, which deserves to be better known outside the borders of Argentina – and in particular in Britain, which has contributed both directly and indirectly to its many achievements.

Hugh Fraser Warneford-Thomson (2001) *The British Hospital of Buenos Aires. A history 1844–2000*. LOLA (Literature of Latin America) ISBN 9 509752 44 7. US$25, 254pp.

Jonathan SPENCER JONES is the former News Editor of the *South African Medical Journal* and has lived in Buenos Aires (E-mail: jspencerjones@yebo.co.za).

RESEARCH AND JOB OPPORTUNITY

Archives grants at AIP

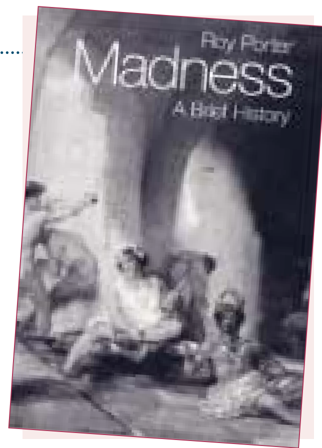
The Center for the History of Physics, American Institute of Physics (AIP), is pleased to announce its 2002 Grants to Archives programme. The deadline for applications is 1 July 2002. The grants are intended to make accessible records, papers and other primary sources which document the history of modern physics and allied fields (such as astronomy, geophysics, and optics). Grants may be up to US$10 000 each and can be used to cover direct expenses connected with preserving, inventorying, arranging, describing or cataloguing appropriate collections. Expenses may include staff salaries/benefits and archival storage materials but not overheads or equipment.

The AIP History Center's mission is to help preserve and make known the history of modern physics, astronomy and allied fields, and the grant programme is intended to help support significant work to make original sources accessible to researchers. Preference will accordingly be given to medium-size or larger projects for which the grant will be matched by the parent organization or by other funding sources.

For grant guidelines visit the Center's website at www.aip.org/history/grntgde.htm. Enquiries are welcome and sample proposals are available on request. A list of previous recipients is on our website.

Namrata R Ganneri

Madness: A brief history



Mental illness has intrigued people all over the world, and philosophers and scientists have speculated about the mysteries of the mind ever since the dawn of civilization. The images that madness conjures in popular perceptions are partially a result of stereotyping and partly due to our own fertile imaginations spurred by artists' and littérateurs' long-standing fascination with mental disorders. However, even films, one of the most influential meda of our times, have come a long way in their depiction of mental illness from *Psycho* to *A Beautiful Mind* – the radically different perceptions best reflected in the titles. Movies like *Girl Interrupted* have successfully raised profoundly disturbing questions not only about madness *per se*, but also about matters other than those of the mind.

The perceptions of madness have changed down the ages and Roy Porter explores theories of madness from antiquity to the present. The medical history of madness and growth of academic and hospital psychiatry in the Western world are the twin themes of this book. Porter's preoccupation with north-western Europe and the USA notwithstanding, the book makes interesting reading, combining a history of ideas with the development of social institutions. Porter captures a myriad of issues brought into focus as a result of modern scholarship: the impulses behind the growth of psychiatry, its pursuit of objectivity, its role as a tool of social control, the controversies about asylum organization, and the efficacy of various treatments. The style is witty, the book is easy to read, especially as it does not attempt to mystify concepts (however, a non-technical explanation of diseases like tabes dorsalis, dementia precoce and tertiary syphilis would have helped readers from a nonmedical background).

Porter begins with the views in early Greek legends, where the causes of madness were associated with fate and punishment, a result of supernatural forces smiting the sinners with divine fury. Witchcraft and evil spirits retained their sway on people's minds til the early modern period. Nevertheless, the move to dethrone the supernatural was begun centuries earlier and efforts to provide 'naturall' explanations have dominated the history of psychiatry. In fact, the farther the opinions were from the supernatural and divine, the more palatable to the enlightened elites. There is a remarkable continuity in the efforts of experts in their pursuit of objectivity, distancing psychiatry from sorcery at first and later integrating it with general medicine, thus establishing its scientific credentials. That this simply meant a move away from the tyranny of religion and witch doctors to the tyranny of medical men is not difficult to see. Aretaeus of Cappadocia, the high priest of reason, diagnosed religious outbursts of zealots as maniacal, and the most outlandish explanations were accepted so long as they were garbed in naturalistic jargon.

A principal argument presented in the book is that development in philosophy opened new psychological approaches. So it was the Greek philosophers theorizing about the rational man (propertied privileged males) that accompanied the humoral theory. Descartes inspired medical materialism, egalitarian ideas of the French Revolution did the same for the pioneers of moral therapy and John Locke's ideas about the mind

> "The mad have always been seen as 'problem people', rather than people with problems."

revolutionized psychology. Porter finally attempts to link the antipsychiatry movement with the radical left-inspired counterculture movements of the 1960s. It was the job of the experts to 'medicalize' the abstract ideas of the thinkers and develop disease categories. Hippocratic thinking with its binary opposites had mania and melancholia, while 'ideal insanity' (hallucination) was distinguished from 'notional insanity' (delusion) based on the Lockean philosophy of the mind. The conceptual dualism characteristic of Western thought led to the mind and the body being alternatively implicated as the source of mental illness and, consequently, the subject of psychiatric enquiry.

The story of psychiatry is marked by multiple classifications, the building of taxonomies, the rise of psychoanalysis and a range of therapeutic innovations. In the forefront were German and French psychiatrists – Pinel, Charcot, Griesinger and Kraeplin – obsessed with unfolding the mysteries of mind, separating the neurological from the psychological, by clinical observations, studying case histories and training a generation of hard-nosed psychiatrists in pursuit of scientific causes and cures. Porter characterizes German psychiatry with its university orientation as "theoretical and investigative rather than bureaucratic and therapeutic" (p. 145). Doctors were more interested in diseases than cures, some of them like Morel and Lombroso openly endorsing eugenic theories, while others like Mobius were blatant misogynists. This brings under scrutiny the precise role of the psychiatrists in inventing disease categories, hegemonizing their place as the caretakers of the ill and the benefits they derived out of professionalization of care. The rise of psychiatry opens new vistas of enquiry, for example, about the training of young psychiatrists and nurses, the role of lay professionals, methods of dissemination of knowledge and questions about the shifting fortunes of psychiatrists in the hierarchy of medical men.

The powers of psychiatrists are fully manifest in the question of invasive treatments of the deranged, right from bloodletting, prolonged sleep therapies, insulin induced coma, shock treatments for the epileptics to psychosurgery: turning patients into quiet, placid, unproblematic individuals. Crucial even to moral therapy was moral control. Porter shows that Degenerationism was freely used to explain failure of treatments and the psychiatrists often sat in judgement deciding which lives were worth living. Perhaps a more blatant disregard for the patients' rights was represented in the discussions about the compulsory sterilization of patients; a paranoid response to threats of demographic proliferation of the 'unfit'. This brings into serious question the ethics of the whole psychiatric enterprise. The mad have always been seen as 'problem people', rather than people with problems. Porter does well to include the voices of the mad, the major participants in this sordid drama. There are cries of protest, accusations of being not only wrongly detained but also forcibly shut up as one gentleman wrote, "men acted as though my body soul and spirit were fairly given up to their control to work their mischief and folly upon… I was never asked, Do you want anything? Do you wish for, prefer anything? Have you any objection to this or to that?' (quoted in pages 159–60). This denial of autonomy and personhood to the mad was a natural consequence of the worship of the rational model of man.

Porter argues that in the prescientific age, though madness was perceived as diabolical, the divide was not between the sane and insane. Therefore, the witty fool and the gloomy genius, who found in madness the true outpouring of their talents, were not doomed to isolation. Scientific secularism rendered the rational (normal) and irrational (mad) divide as the most significant of categories in modern civilization. The construction of the sick 'other', representing the mad person as a deviant, is part of the whole process of stigmatization, and its best representation is the asylum where the insane are tucked away from the rest of humanity. Porter, however, disagrees with Foucault who equated the institutionalization drive with police measures in absolutist Europe – a control of 'unreason'. Instead, he argues that the 'trade in lunacy' was spawned by the needs of the market economy, buoyed by optimism about therapeutic abilities of the asylum to nurse the sick back to health. The pioneers of moral therapies idealized the asylum and the hospital transformed itself into a research centre. However, arguments have to be developed to understand the dynamics of the rise of the private asylum, notably the success of nonmedical professionals as in the York Retreat (England). The public asylum and the attitudes of the State towards the mad reveal the basis of the antipsychiatry movement's hostility towards institutionalization.

The pharmacological revolution hastened the end of the asylum, rendering the sane/insane divide useless, with everybody identified as suffering from some or other form of mental illness. While the pill promised a revolution in eliminating mental illness, more and more people seem to be jumping on to the psychiatric bandwagon – a growing number of illnesses being subsumed under the list of mental disorders. Interestingly, the book opens with the views of philosophers and psychiatrists who have questioned the reality of madness, calling it a myth or a cultural construct. Though Porter does not pursue this debate any further, he remains ambivalent about the progress of psychiatry and the host of psychotherapies that attended the process. Indeed, he concludes that "it [psychiatry] still lacks the cognitive and professional unity enjoyed by general medicine and remains torn between biopsychosocial and medical models both of its object and of its therapeutic strategies" (p. 217). The question, thus, remains: Are we any closer than before to unravelling the mysteries of the mind?

Roy Porter (2002) *Madness: A brief history*. Oxford: Oxford University Press, ISBN 0 192802 66 6, 241pp.

Ms Namrata GANNERI is a postgraduate student of the University of Mumbai (E-mail: namgan@rediffmail.com).

UNIT NEWS

Wellcome Unit for the History of Medicine, Oxford

Since the appointment of our new Director, Dr Mark Harrison, in November 2001, and Dr Maureen Malowany as Deputy Director, the Unit has been a hive of activity. The writing of research proposals and organization of seminars and conferences, as well as the day-to-day teaching of our MSc course and advanced papers, has kept both the academic and administrative staff fully occupied.

Recent successful grant applications

Dr Mark Harrison, Wellcome Trust programme grant: Hospitals in the 'developing world': a study of two former British colonies – Ceylon (Sri Lanka) and KwaZulu-Natal

Dr Krista Maglen, Wellcome Trust Research Fellowship: Preventing imported infections, maritime quarantines and the colonies of Australia 1859–1908

CONFERENCES

Historical Perspectives on African Trypanosomiasis: Origins, effects, and efforts to control

A two-day conference organized by Helen Tilley, sponsored by the Wellcome Trust, 18–19 May 2002, held at St Antony's College, Oxford. A distinguished list of speakers included Maryinez Lyons, David Rogers, Michael Worboys, Megan Vaughan, Tony Jordan.

Revisiting the History of Indigenous Medicine in Africa: Reflections on methods and meanings

A one-day conference co-organized by Maureen Malowany and Lyn Schumaker, sponsored by the Wellcome Trust, Green College, Oxford, and the Journal of Southern African Studies, 14 June 2002, held at the Osler-McGovern Centre, Green College. Participants included Steve Feierman, Alcinda Honwana, Nancy Rose Hunt and Sue Schuessler.

Medical Missions in Asia and Africa

A joint two-day conference with the Centre for the History of Medicine at Warwick, 31 May – 1 June 2002 at Warwick University. Mike Jennings and John Manton from the Oxford Unit each gave a paper.

Beating Biases in Therapeutic Research: Historical perspectives

A two-day conference organized by Irvine Loudon, Sir Iain Chalmers and Maureen Malowany, sponsored by the Wellcome Trust, the UK Cochrane Centre and Green College, Oxford, 5–6 September 2002 to be held at the Osler-McGovern Centre, Green College. Speakers include Mattias Egger, Ulrich Tröhler, Sir Iain Chalmers, Sir Richard Doll, Peter Armitage, Sir Walter Bodmer, Harry Marks, Michael Dean, Kay Dickersin, Jan Vandenbroucke, Sir Michael Rawlins and Frederick Mosteller.

Visitors

We are very pleased to have at the Unit:

Marianne Fedunkiw, Hannah/AMS Fellowship, Canada
Lyn Schumaker, on research leave from the Manchester Unit
Emilio Quevedo, Wellcome Trust Travelling Fellow, National University of Colombia
Anne Marie Rafferty, London School of Hygiene and Tropical Medicine

New staff

Shruti Kapila, Research Officer: The development of the hospital system in the Bombay Presidency 1900–50
Belinda Whitty, Unit Secretary

Carol SPICER
Administrator and Research Development Officer
E-mail: carol.spicer@wuhmo.ox.ac.uk

New directions at the Oxford Unit

The Oxford Wellcome Unit specializes in research in the history of infectious diseases and tropical medicine. Both are construed broadly so as to include all aspects of medicine in the tropical world (everything from parasites to psychology) and any aspect of the history of infectious disease, anywhere, anytime. So far, most of the research projects located at the Unit have been on medicine in the period after 1800 but it is hoped, in future, to support research over a broader chronological range.

Over the last few years, the Unit has become identified closely with its research on the history of malaria in East Africa. This is an important interdisciplinary project, which has brought together clinicians, laboratory scientists and historians. The first phase of research is now complete and Dr Michael Jennings is in the process of writing it up. Other researchers may find the material collected during this project useful to their own research and they are welcome to look at it in the Unit's designated 'Malaria Room'.

The Unit supports a good deal of other work on Africa too. Dr Maureen Malowany, who has recently been appointed Deputy Director of the Unit, is researching the history of the Wellcome laboratories in the Sudan, as well as continuing to have an important role in the malaria project. There are also several doctoral students working on African topics, including Irish medical missionaries in West Africa and psychiatry in East Africa. There are strong links between the Unit and those engaged in related aspects of history, such as Professor Megan Vaughan at Nuffield College. Unfortunately, the Unit is to lose one of its Research Fellows – Dr Helen Tilley – to a distinguished institution on the other side of the Atlantic. We will all miss her very much but wish her the best of luck in her new position as Assistant Professor in the History Department at Princeton.

But while we are about to lose one Africanist, we are set to gain another and in due course the Unit will become a centre for research on southern Africa. It has recently been awarded – subject to ethics committee approval – a Wellcome Trust programme grant to research the history hospitals in the developing world. One of the research projects within this programme is on the history of hospitals in the KwaZulu-Natal region of South Africa; research that will be undertaken by Helen Sweet, when she joins the Unit next year. The Unit also enjoys close links with historians of South Africa such as Professor William Beinart and further collaboration is planned.

The other research project within the new programme grant is on the history of hospitals in Sri Lanka (formerly Ceylon). This project focuses on hospital provision in Columbo and will be undertaken by Dr Margaret Jones, who is in the process of writing a book on other aspects of health in colonial Ceylon. The hospital programme grant builds upon research that has already begun on the history of hospitals in the Bombay Presidency of British India. The project began last year and is a collaborative venture, involving Dr Mark Harrison and Dr Shruti Kapila (who has recently joined the Wellcome Unit from SOAS), Dr Sanjoy Bhattacharya of the Wellcome Trust Centre in London and Professor Michael Worboys of Sheffield Hallam University, soon to become Director of the Wellcome Unit in Manchester. The South Asian focus of research at the Unit is also reflected in the projects of some of its doctoral students, who are working on a range of topics from family planning to curative medical care.

The Wellcome Unit for the History of Medicine at Oxford.

The geographical scope of the Unit is also set to widen later this year when we will welcome Dr Krista Maglen – formerly a doctoral student at the Glasgow Wellcome Unit – who will begin a three-year Wellcome Trust Research Fellowship on the history of quarantine policy in the Australian colonies. A few of us even have global ambitions. The Director is currently researching the history of Western medicine and imperial expansion between *c.*1700 and *c.*1900 and will shortly engage a research assistant to help him.

The Unit also hosts the International Leprosy Association's Global History of Leprosy Project (see *Wellcome History* 19, p. 16). Dr Jo Robertson and her assistant, Debbie Emmit, have already compiled an enormous database of archives on the history of leprosy from 1800. The project is not yet completed but a good deal of material can be accessed through its website (http://leprosyhistory.org).

Dr Mark HARRISON
Director, Wellcome Unit for the History of Medicine
University of Oxford
E-mail: mark.harrison@wuhmo.ox.ac.uk

Wellcome Library stocktaking closures 2002

As usual the Wellcome Library will close for two short periods during the summer months. Please check the dates below before planning a research trip.

History of medicine collections
Closes: 1.00 p.m. on Saturday 22 June Re-opens: 9.45 a.m. on Monday 1 July

Information Service (Current biomedical collections)
Closes: 1.00 p.m. Saturday 27 July Re-opens: 9.00 a.m. Monday 5 August
This information also appears on the Wellcome Library's website at www.wellcome.ac.uk/library.

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

July 2002

8–12 History of Psychiatry and Mental Healthcare in Eastern Europe, University of Amsterdam
Contact: www.ialmh.org

10–11 The Normal and the Abnormal: Historical and cultural perspectives on norms and deviations
University of Manchester
Contact: c.sengoopta@man.ac.uk

August 2002

18–24 5th International Congress on Traditional Asian Medicine (ICTAM)
Martin Luther University Halle–Wittenberg, Germany
Contact: www.ictam.de/; info@ictam.de

28–30 Hippocrates in Context (XIth International Hippocrates Colloquium)
University of Newcastle upon Tyne
Contact: www.ncl.ac.uk/classics

September 2002

1–6 Congress of the International Society for the History of Medicine, Istanbul
Contact: nilsa@turk.net or nilasari@Istanbul.edu.tr

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

5–6 Beating Biases in Therapeutic Research: Historical perspectives
Osler–McGovern Centre, Green College, University of Oxford
Contact: wuhmo@wuhmo.ox.ac.uk

12–14 Vth Congress of the European Association for the History of Psychiatry (EAHP)
Universidad Complutense, Madrid, Spain
Contact: EAHP_secretary@hotmail.com

21 Thomas McKeown: His life and work
Postgraduate Medical School, Queen Elizabeth Hospital, Birmingham
Contact: R.A.Arnott@bham.ac.uk (organization); JReinharz@bham.ac.uk (programme)

October 2002

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

November 2002

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

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

December 2002

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

SUBMISSIONS TO WELLCOME HISTORY

The next issue of *Wellcome History* is due out in October 2002. Please send your contributions to Sanjoy Bhattacharya at the address shown. Preferably, contributions should be pasted into an e-mail and sent to the Editor (sanjoy.bhattacharya@ucl.ac.uk). Alternatively send the Editor a disk with a paper copy of the article. For more detailed instructions, visit the *Wellcome History* web pages at www.wellcome.ac.uk/wellcomehistory.

Dr Sanjoy Bhattacharya
Wellcome Trust Centre for the History of Medicine at UCL
Euston House
24 Eversholt Street
London NW1 1AD
Tel: +44 (0)20 7679 8155
Fax: +44 (0)20 7679 8192
E-mail: sanjoy.bhattacharya@ucl.ac.uk

DEADLINE FOR SUBMISSIONS: 15 JULY 2002

The views and opinions expressed by writers within *Wellcome History* do not necessarily reflect those of the Wellcome Trust or Editor. No responsibility is assumed by the publisher for any injury and/or damage to persons or property as a matter of products liability, negligence or otherwise, or from any use or operation of any methods, products, instructions or ideas contained in the material herein. All images are from the Wellcome Trust collections, unless otherwise indicated. Designed and produced by the Wellcome Trust Publishing Department. The Wellcome Trust is a charity whose mission is to foster and promote research with the aim of improving human and animal health (registered charity no. 210183). Its sole Trustee is The Wellcome Trust Limited, a company registered in England, no. 2711000, whose registered office is 183 Euston Road, London NW1 2BE.
Web: www.wellcome.ac.uk MA-2602.p/3k/06-2002/SW