



West of England and South Wales  
Women's History Network  
and the  
Centre for Medical History, University of Exeter

*Gender, Health and Medicine  
in historical perspective*

*July 5-6 2008*

Conference Papers: Abstracts

**Saturday 5 July**

**11.30am**

**Panel A**

**Sue Hawkins, Kingston University**

**Far from Being Universally Subordinated and Oppressed?<sup>1</sup> A study of the gendered nature of roles and responsibilities in 19<sup>th</sup> century London hospitals.**

The role of women in Victorian society is the subject of much discussion and debate among historians. Recent work, especially by feminist historians, has cast doubt on the traditional view of a Victorian woman as leading a ‘sheltered life drained of economic purpose and public responsibility ... cramped by custom, corset and crinoline.’<sup>2</sup> This paper will explore the extent to which the role of nurses in late 19<sup>th</sup> century hospitals was defined and constrained by general societal restrictions placed on women, by the patriarchal nature of that society and its associated obsessions with respectability, public and private spheres and women’s subordination to men. The stereotypical nurse of this era is Florence Nightingale, wafting through wards in the Crimea carrying her lamp aloft, peering anxiously at the injured soldiers who lie in shadows; or of young, modest women, dressed in neat crisp uniforms, demurely mopping the brows of fevered patients. These images will be challenged in this paper, as will the impression of nurses as meek and unquestioning. In addition the paper will examine how the role of nursing evolved in the last 50 years of the 19<sup>th</sup> century, particularly in relation to the emerging new science of medicine.

The lives and experiences of nurses of St George’s Hospital, London (in the period 1850-1900) have been studied, through examination of the archive of that hospital, and the results form the basis of this paper. The study has revealed details of their roles and relationships which challenge some of the commonly held ideas about nurses and nursing in this period.

**Rebecca Wynter, University of Birmingham,**

**‘His Real Remedies’: Gender and Medical Treatment at Staffordshire County Lunatic Asylum, 1818-1840**

This paper will outline how gender was conceived at Staffordshire County Lunatic Asylum, and what implications this had for life inside. In order to do this, this paper will concentrate on two key areas: work and physical medical intervention until 1840, when the first phase of the asylum was drawing to a close. However, what this also does is help divorce what has come to be recognised as ‘Victorian morality’ from the earlier part of the nineteenth-century.

The medical officers at Stafford did not explicitly or implicitly suggest any conceptual difference between male and female mental illness; with the exception of confinement after childbirth, there was no real distinction between the causes assigned. That only fourteen out of 303 females recorded in the case book at Stafford were confined for reasons related their gender – menstruation and childbirth – does not make a male conspiracy.

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<sup>1</sup> Amanda Vickery ‘Golden age to Separate Spheres? A review of the categories and chronology of English Women’s History’ in Pamela Sharpe (ed) *Women’s Work: the English experience, 1860-1914*

<sup>2</sup> Vickery ‘Golden age to Separate Spheres?’

The female mind, and the perceived connection between the body and the brain, did not affect the medical treatment given by the medical officers. What did was an apparent confused sensibility of how to interact with the female body. This meant that the physical manhandling of women was to be avoided whenever possible. The only significant differences between the treatment of the genders were, therefore, associated with the reticence to force-feed and the more frequent use of mechanical restraint.

Perhaps the greatest hallmark of ‘moral treatment’ – employment – was subject to a division of labour along gender lines. Women inmates were employed inside, sewing, knitting and laundering; men usually worked outside, on the farm, in the grounds or, later, undertook skilled labour. This did not appear to be because male doctors wanted to force external images of femininity onto their patients, rather to reflect what women did in their everyday lives; this might eventually assist female patients to forge an independent life.

**Julia Neville, University of Exeter**

**‘A certain lady is trying to rule the County Council’: Dame Georgiana Buller and the shaping of health service policy in Devon in the 1930s**

This paper, drawing on a local case study for Devon, forms part of a developing argument that, in spite of the expanding opportunities in the 1920s and 1930s for women to contribute to shaping health policy through the democratic process, individual women were more likely to make a successful impact on local health services by using the established path of voluntary service.

The case study examines the work done by Dame Georgiana Buller to establish the Devonian Association for Cripples’ Aid, including the Princess Elizabeth Orthopaedic Hospital, a network of local orthopaedic centres and the St Loye’s Training Centre, which together formed arguably the most imaginative change to health services in Devon between the wars. Dame Georgiana’s formidable experience of running Red Cross hospitals was harnessed by orthopaedic experts to set up locally appropriate services for Devon. As the quotation in the title, from the Chair of the County’s Finance Committee, shows, this was not always an easy task. At the end of her career she remarked that, in her experience, ‘Nothing is ever done unless one shouts long and hard’, something she may have felt freer to do unconstrained by the etiquettes of local politics.

Her work is contrasted with the role played by the first women elected as county and county borough councillors in Devon, Plymouth and Exeter. Although previous experience in the voluntary sector probably helped their nomination as electable candidates, there appears to be no evidence that they were able to use their positions to influence further innovation. The paper raises the question whether this experience is unique to Devon, or whether similar evidence can be found in other local studies.

## **Panel B**

**Vicky Sparey, University of Exeter**

### **The Mother's Blood in Renaissance Generative Theory and Shakespeare**

To date, literary and historical criticism has failed to discern the potency of the mother's blood in the formation of early modern offspring. Blood, one of the four bodily humours, when located in the female body has become entrenched in ideas that equate women's blood with menstruation and monstrosity. Renaissance scholars have almost exclusively focused upon negative images of menstruation when confronting the issue women's blood. This has obscured tensions within Renaissance generative theory where infants were imagined to be nourished by the mother's menstrual blood for 9 months in the womb, and at the breast for an additional year or more in the form of milk. As a humoral substance that influenced physical and emotional condition, this paper will argue that the mother's blood presents a troubling complication to fantasies of male parthenogenesis. Using the tensions within Renaissance generative theory, I offer new readings of Shakespearean texts and expand upon criticism that has highlighted masculine anxieties towards maternity, but that has failed to address the issue of the mother's blood.

In this paper I will begin to show how rethinking the nature of women's blood helps to explain the complicated relationships between parents and progeny on the Renaissance stage. Through a reading of Shakespeare's *The Winter's Tale* I focus specifically upon how the character of Leontes struggles to confirm paternity in light of the mother's "too much blood" (*The Winter's Tale*, 2.1.57).

## **Paul Atkinson**

### **Maternity in industrial northern England, 1860-1920**

Between 1860 and 1920, the lives of English families were transformed. Demographic change - fewer births, smaller families and less infant and child mortality - was accompanied by changes in culture such as diet, childbirth practices, better sanitation and more homogeneous household structure. This paper explores the relationship between fertility and culture, describing beliefs and practices in the fields of pregnancy, childbirth and infant care. It tests the hypothesis that female labour market participation was a key influence on both culture and fertility by studying three towns with contrasted labour markets. Bradford and Leeds had substantial female employment in the textile and tailoring trades, whereas in Middlesbrough paid employment was hard for women to find.

This paper examines themes which emerge as important to mothers at the time: attitudes to family size, relationships between women and men, the impact of work and money, knowledge about pregnancy and childbirth, the events of birth and lying-in, and care of young infants. Sources used include the writings and recollections of women themselves, as well as reports by philanthropists of the early infant welfare movement, doctors and other professionals.

While writers such as Simon Szreter (*Fertility, class and gender in Britain, 1860-1940*, Cambridge, 1996) and recent social historians of medicine stress the importance of culture as a determinant of demographic change, little has been published in the specific field of pregnancy, childbirth and early infant care. Szreter, starting from a statistical analysis of fertility and employment, wrote of a rich variety of communities or subcultures, each with its own experience

of demographic change. This paper discusses a few such communities and so aims to increase our understanding of the interplay between demography and culture, particularly by testing Szreter's hypothesis about the role of female employment.

**Martine Stirling, University of Nantes**

### **Controlling maternity and childbirth: the 1936 Midwives Bill**

In June 1935, amid general concern in political circles about a falling birth-rate and high maternal mortality, conservative MP Thomas Moore highlighted the tragedy of "all these apparently strong and healthy young women" who were "cut off" as the result of child-birth. A lack of hygiene, poverty and non-existent or inadequate medical provision in many parts of the country had already been highlighted in several government enquiries as some of the main reasons for this state of affairs. So crucial was the problem that women MPs like Eleanor Rathbone and Edith Summerskill as well as numerous feminist associations had made the improvement of maternity services their main battle-axe. Under pressure from independent lobbies and politicians alike, a health reform was announced in the King's Speech in December 1935 and in June 1936 debates on the Midwives Bill started in the House of Commons.

The purpose of the proposal was to ensure adequate follow-up for pregnant women all over the country by enforcing stricter control and higher standards in healthcare during pregnancy and childbirth. At the time, the major debate topics put forward were the level of funding to be allocated and the setting up of an efficient administrative framework. However, the parliamentary debates soon took on an unexpected turn which went much further than political divisions and the provision of healthcare, revealing deep-seated and conflicting visions of the role played by midwives and the amount of control women should have over pregnancy and childbirth.

By analysing the content of the 1936 Midwives Bill parliamentary debates, this paper aims to highlight the historical impact of sexual stereotypes and gendered role division on legislation. It also seeks to show that although the current situation and health provision for pregnant women is far removed from what it was seventy-odd years ago, some of the main issues at stake remain unsolved.

## **Panel C**

**Hannah Newton, University of Exeter**

### **Miniature Patients? Medical Perceptions of Children's Constitutions**

The paper unveils medical perceptions of children's constitutions, bodies, and minds, asking whether doctors regarded children simply as 'miniature patients', differing from adults in stature alone, or in fact, perceived the differences between the young and the grown-up to be more fundamental. This question is inextricably linked with the debates about whether a concept of 'childhood' existed during the early modern period; these debates were first raised by the Philippe Ariès in his book *Centuries of Childhood* (1960). This paper argues that almost every physical and mental characteristic of children was distinguished in some manner from those of

adults, and therefore a concept of ‘childhood’ did exist during this period. However, this concept must be nuanced, appreciating that there were also many commonalities between all ages of human being. Further, within the age of childhood, distinctions were drawn between individual children according to their age and strength. Throughout the paper, I will consider the question of gender, asking whether doctors made distinctions between male and female children. It will be asserted that whilst in theory there was a difference between the constitutions of boys and girls, in practice, these distinctions were rarely invoked.

**Angela Davis, Centre for the History of Medicine, Department of History, University of Warwick**

**‘When I got married my mother said to me, “Bet, you’ve been a jolly good son to your father”.’ Child development and the father/daughter relationship, Britain c. 1910-1960.**

Much has been written about the mother/daughter relationship in women’s psychological development. The currency of psychoanalytical theories, particularly (since the 1920s) those surrounding child development, charged mothers with new responsibilities for their children’s psychological formation. Mothers were seen in relation to the growing child, serving or frustrating their various developmental needs. Furthermore, psychoanalytic theory highlighted how the mother/daughter relationship was instilled with a renewed importance when women had a child of their own as they relived their experience of being mothered.

The well-known post-war paediatrician and child psychologist Donald Winnicott praised mothers and emphasised the positive benefits to both the individual and society which ‘the ordinary good mother’ made through being devoted to her infant. In contrast a father’s only role was to provide ‘moral support’.<sup>3</sup> More recent analyses of the mother/daughter relationship have reached similar conclusions, with Nancy Chodorow asserting that, ‘Women come to be mothers because they have been mothered by women.’<sup>4</sup> But what about fathers? What role were fathers expected to play in the their children’s psychological wellbeing? How has the father/daughter relationship influenced how girls have grown up into adult women? This paper will investigate how the father/daughter relationship was at work in forming women’s identities as mothers. Based on ninety-two oral history interviews with women born between 1912 and 1946, it will investigate how the father was portrayed in contemporary psychological and child-development literature and how this related to the presentation of the father the women offered in their narratives. I will conclude that fathers played a far more complex and active role in development of their daughters’ identities than many contemporary texts, and subsequent analyses, have allowed for.

**Lesley Dibley, King’s College London**

**Lesbian parents in the healthcare system: positioning to protect needs**

Despite an increase in the number of same-sex families, many of whom will require healthcare support for their children, there is a dearth of research evidence to inform practice for this

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<sup>3</sup> D.W. Winnicott, *Playing and Reality* (London: Tavistock, 1971), p. 10.

<sup>4</sup> Nancy Chodorow, *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender* (Berkeley and Los Angeles: University of California Press, 1978), p. 211.

specific parent group. Recent changes in UK law, including the inception of the Civil Partnership Bill should enhance the visibility of lesbian and gay clients and same-sex parents within the health care system, and practitioners will need information and education to ensure they meet the needs of this client group appropriately. Similar legal amendments worldwide suggest the issues presented here may have international relevance.

The presentation is based on a research study which used a Heideggerian phenomenological approach with snowball sampling and unstructured interviews to explore narratives of the experiences of same-sex parents in health care settings. The researcher claimed insider status, being connected with the field on a professional and personal level, and adopted a reflexive attitude throughout the study to evidence her role in its development.

Narrative data was analysed using McCormack's Multiple Lenses, to construct insights and understandings on four levels, and to present findings as they appeared within and between interpretive stories. Findings suggested that although most respondents (all female) initially identified their experiences as being 'okay', deeper exploration during interviews revealed subtle and overt evidence of homophobia, with experiences ranging from intolerable to good, with isolated episodes of excellent care.

The presentation aims to illustrate the challenges faced by lesbian parents when accompanying their child within the healthcare system, to demonstrate the ways in which lesbians negotiate their position and the tactics they employ to protect themselves and their children. From this evidence it is possible to develop simple strategies which can inform delegates of ways in which health care providers can positively meet and support the needs of this specific client group.

**1.45pm**

**Panel A**

**Fiona Reid, University of Glamorgan**

**The Croix Rouge Française: femininity and female patriotism in interwar France**

This paper will look at the role of women in the Croix Rouge Française (CRF) during the 1920s and the 1930s. Nursing has long been a site for debates about the proper role of women in France, and arguably the role of the wartime nurse allowed women to be feminine and actively patriotic at the same time. However, as Darrow has effectively argued with reference to the First World War, the role of the nurse is an ambiguous one: nurses are both administering angels and sexually provocative.<sup>5</sup>

This paper will argue that, despite the acknowledged ambiguities of the nursing role, the CRF organisations grew in stature and strength during the Great War. Moreover, the women involved were determined to ensure that their organisations would become even more significant in the postwar world. Given the importance of familial feminism in France, it is unsurprising that these claims for influence were initially couched in very traditional terms, namely those which stressed the importance of a woman's biologically-determined nurturing role.

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<sup>5</sup> M. Darrow, French volunteer nursing and the myth of war experience in World War One, *American Historical Review* 101/1 (1996) pp.80-106.

Yet the context of the period, for example the institutional legacy of the Great War and the importance of *defense passive*, ensured that service in some branches of the CRF allowed women to develop non-traditional skills and roles. One striking example is the *Sections Sanitaires Automobiles Féminines* (SSA), an exclusively feminine organisation created by, and for, women who ‘had a greater inclination for driving cars than for tending the sick’. The SSA was a small and elite organisation but its existence indicates that French women were able to create an autonomous role for themselves. By the Second World War they could be suitably patriotic without having to be either administering angels or sexually provocative sirens.

### **Linda Martz, American University of Paris**

#### **‘That splendid body of women’’: nursing, registration, and suffragette militancy**

Because of the weight of the popular vision of Florence Nightingale as the founder of nursing, we tend to think that the profession emerged from her head fully formed, Venus-like, in the aftermath of the Crimean War. This of course is far from the truth, and the decades that followed were ones of tension as structures for training nurses and for recognizing the qualification of these women professionals emerged. In the years leading up to the First World War, conflict focused on the question of registration, on who would be able to define – and control – who could be called a nurse. This was a crucial designation: a large, amorphous and unregistered body would have difficulty standing up to the power of hospital administrators and government decision-makers, while a highly-trained body of professional women would have a better chance of controlling their professional destiny.

As this fight for self-determination and professional citizenship, as it were, took place during the crucial years in the fight for women’s suffrage, it is not surprising that many both inside the profession and out saw the campaigns as being related. This paper will examine the interactions between these campaigns and in particular the role nurses played in the suffragette struggle, where militant tactics led a nurse to be among the first hunger strikers and where nurses saw their suffragette sisters forcibly fed, their bodies violated at the hands of agents of the medical and governmental authorities that sought to maintain control over their profession.

### **Margaret Olszewski, University of Cambridge**

#### **Winning the Minds of Men / No Field Service Required: Poster Visions of the American World War I Nurse**

World War I began in the lazy days of the summer of 1914 when three European superpowers mobilized their troops and clashed in a fervor of activity. While the battle occurred, the United States watched from a position of safety across the Atlantic Ocean. However, the death and destruction reached a critical point when a series of “accidental” attacks on American civilians culminated in the sinking of the *Lusitania*. On the eve of April 2, 1917, President Woodrow Wilson stood before a joint session of Congress and demanded a declaration of war. Four days later, it was official: the United States had entered the Great War. Persuading the American public to agree to a war while in the care of a president whose re-election slogans had been “He Kept Us Out of War” would not be an easy task. For the three odd years during which America had maintained neutrality, its citizens had naturally developed opinions about the overseas conflict but despite differing viewpoints, the general consensus had always been to avoid war

and to uphold American honor. A strong declaration necessitated unity. How was the task of changing this foreign affair into a homegrown issue accomplished?

I examine American World War I posters that fought to “win the minds of men” at the home front using representations of female nurses at the battlefield. These illustrations will be contrasted with the memoirs and personal narratives of American nurses involved with the Red Cross during World War I, as well as the diaries of male doctors stationed overseas. By comparing these “visual images” with “textual images,” I consider the gender constructions involved in government propaganda and argue that these representations created a new public identity based on nineteenth-century ideals that temporarily ignored the private revolution taking place in the twentieth-century woman.

## **Panel B**

**Sarah Scutts, University of Exeter**

### **Saint Æthelthryth of Ely: Holy Virgin or Disobedient Wife? Anglo-Saxon Female Hagiography in Reformation Polemic**

The topic of clerical celibacy was at the forefront of Reformation debates concerning the apparent corruption of the Medieval Catholic Church and the need for reform. Recent historiography has investigated early modern perceptions of the male dimension of celibacy within holy orders, with particular emphasis placed upon those individuals who enforced clerical celibacy, such as the tenth century Archbishop Dunstan who expelled married priests from religious houses. Religious celibacy, argued Protestants, was an ideal advocated by the Roman Catholic Church to merely give the appearance of piety, while, in reality, it concealed and distracted from the corruption within the establishment. Very little attention, however, has been given to Reformation perceptions of *female* chastity within the Medieval Church. Through investigating female religious virginity, and its role in Reformation polemic, an interesting picture emerges as to early modern attitudes towards marriage and procreation. Like their male counterparts, reformers argued that pious virgins were masking vice with outward displays of piety. However, reformers took a particularly aggressive stance against female virginity in religious orders, charging these women with insubordination to men and God by not performing their procreative duties.

This paper will examine Reformation perceptions of Saint Æthelthryth, an Anglo-Saxon princess twice married but resolute in maintaining her virginity. After twelve years of marriage she left her husband to enter a convent. There she led a life of abstinence and chastity and was eventually made abbess of Ely. She performed many miracles during her lifetime, including foreseeing her own death. Sixteen years later her body was exhumed and found to be incorrupt, a divine miracle and evidence of her chastity and piety. This hagiographical episode played an intrinsic role in reformed polemic against clerical celibacy. Moreover it underlined Protestant and Catholic opinions on women’s roles in marriage and procreation in early modern England.

**Anita Higgie, Catholic University of Paris**

**Mortification or Meditation? Medieval Women Mystics and the Violation of Health in the Name of Piety**

The Middle Ages witnessed the practise of self-abnegation, extreme asceticism and mortification of the body by some of its anchorites and mystics, of whom some, but not all, would eventually be canonised. If the *Ancrene Wisse*, a guide for anchoresses, demanded careful regulation and training of the body as part of its ascetic approach to the spiritual life, it also warned against very severe ascetic practices, such as long-term fasting, whipping, sleep-deprivation and self-mutilation. And yet, examples of life-threatening practices by a number of holy women abound. What were their motivations? Some mystics, such as Margery Kempe, who did not self-harm, claim in their writings to have participated in Christ's pain through their visions. It has been suggested that this was also the case for the 'hardened' ascetics. But this paper would like to propose another reason. It posits that by openly exposing themselves to the illnesses of others, by ingesting bodily waste-products, or by rendering themselves ill through their own dangerous practices, these devout women were aiming at achieving a higher level of piety.

This paper will firstly examine those practices which were and were not tolerated by the *Ancrene Wisse*, whilst necessarily taking into account the background medieval medical context as a guideline as to what was considered 'permissible' practice at the time. Secondly, concrete examples of self-injury and the often degrading practices of female mystics and anchoresses such as Catherine of Siena and Beatrice of Onnacie will be examined through their own writings. Finally, through these writings, the paper will attempt to discover if these holy women did succeed in finding access to a more profound level of piety.

**Carmen M. Mangion, Birkbeck College, University of London**

**'Arousing the imagination and exposing modesty to danger': Catholic women religious and sexual purity**

The 1901 papal document *Normae* forbade women religious from performing surgical and obstetric work. This social regulation of women religious reflected centuries old ideas about women's sexuality and, in particular, the sexual purity of women religious. This canonical prescription became a source of tension for some women's congregations in both the domestic and foreign mission fields. By the early twentieth century, women religious were managing and working in numerous hospitals in North America, Australia and Ireland where maternity and surgical cases were the norm yet they were required to avoid any involvement with these types of cases. In the foreign mission fields, Catholic missionaries were at a disadvantage when compared to their Protestant counterparts who had professionally trained women doctors, nurses and midwives involved in mission work.

Women religious reacted to this ban in a number of ways. Many complied with the ban, some worked around the ban and others actively attempted to reverse the ban. This paper shall examine first, how the Roman Catholic Church constructed the identity of women religious and why their social regulation was considered necessary. It will look in detail at women's response to the ban. How and why did some religious congregations circumvent the ban to meet the needs of their patients? What were the tactics and arguments they used to argue for the reversal of the ban? How influential were they in the eventual reversal of the ban in 1936 when the decree

*Constans ac sedula* not only allowed women to perform surgical and obstetric work but also encouraged women religious to obtain medical and nursing degrees.

## **Panel C**

**Linda McGuire, Independent Researcher**

### **The many meanings of *saga*: sorceress or practitioner of medicine in ancient Rome?**

The *saga* is an intriguing figure from ancient Rome, not least because she is so difficult to define. Surviving references do not paint a particularly coherent picture of her – hence the many translations in the dictionary for this term. The etymology of the term links it with divination, so along with her male equivalent the *sortilegus*, she might have been a fortune-teller. Her strongest association, however, in literature is with magic use and for this reason she is often perceived as a sorceress. But the dictionary provides a third definition of the *saga* as a wise woman. This figure is well known to us from the Middle Ages where she was involved in various activities including healing the sick, finding lost goods and foretelling the future.

It is true that the *saga*, like the wise woman, performed a variety of activities. Yet no evidence survives linking her with any form of healing, although it is always possible that evidence of this has been lost over time. But perhaps other sources can be examined that might support this connection. For example, were there any other people in Roman society associated with magic that also healed the sick? What medical options were available to the Romans, especially those belonging to the lower classes, at the beginning of the Empire? What were Roman attitudes towards illness and its causes?

**Tatiana Trofimova, St. Petersburg State University of Technology and Design, Russia**

### **Women teaching and practising medicine in Medieval Italy**

Throughout medieval Europe women were practising medicine and surgery with a degree competence. But it was Trotula and the ‘Ladies of Salerno’ who helped to bring about the medical Renaissance that signalled the end of the Dark Ages in Europe and renewed the interest in the science of the ancient Greeks. In both popular tradition and in scientific circles, the ‘Ladies of Salerno’ were renowned as physicians and medical scholars, and Trotula was preeminent among them. The school of Salerno in Southern Italy was the first medieval medical centre not connected with the Church. By the 11<sup>th</sup> century it had gained a reputation for its scientific and practical course of study and qualified as the first European university. The universities of Italy were open to women and there existed a tradition of female students and professors.

A member of the old noble family Trotula had an extensive medical practice and wrote several treatises. When the university was reorganised in the mid-eleventh century, she joined her husband and sons, and together they worked on a medical encyclopaedia. Trotula’s most important work was *The Diseases of Women*, later another treatise, on cosmetics and skin disease, was incorporated into the first. Trotula emphasised the importance of cleanliness, a balanced diet and exercise, and warned against stress. Her cures rarely employ astrology or superstition. Her works on midwifery and gynaecology are widely known. Trotula’s explanation of excessive menstrual flow illustrates her understanding of the Galenic and Hippocratic theories. Trotula discussed birth control and the causes and treatments of infertility, pointing out

that ‘conception is hindered as often by a defect of the man as of the woman’. She reintroduced perineal support during labour, to prevent the tissue between the vulva and the anus from tearing. She also described for the first time how to stitch a torn perineum after childbirth. Trotula’s famous treatise was a standard medical school text until the 16<sup>th</sup> century.

**Anne Stobart, Middlesex University**

**Title: From control to compliance: Lay therapeutics and the life cycle in the early modern household**

Abstract: This paper focuses on household healthcare in the South West of England in the late seventeenth century. I have chosen to look at aspects of therapeutic control in relation to dealing with health and the life cycle, particularly gendered aspects of determining approaches to treatment. Both Bridget Fortescue in Devon, and Mary Clarke in Somerset, wrote numerous letters to their spouses in London on political business as Members of Parliament. These letters provide a window on household healthcare from childhood to chronic conditions of older age. By examining these letters, alongside household accounts and receipt collections, I aim to consider the medical involvement of these women both as household practitioners and as patients. Overall these women demonstrated confidence as lay practitioners in the management of childhood complaints, though the accounts and receipt collections present different views of their therapeutic activities. Differences emerge in their relationships with other medical practitioners and lay advisers in relation to certain complaints. Mary Clarke was able to draw on the advice of practitioners such as John Locke, who was a family friend, and she was critical of lay advice. From childhood to later life Bridget Fortescue suffered from a chronic complaint known as the King's Evil and tried various practitioner treatments including her own remedies. As Mary Clarke became older she suffered also from chronic illness. Both women were encouraged by their spouses to take the advice of medical practitioners and both women had strong views about the appropriateness of their treatment. Their letters reflect attempts to exert therapeutic control over medical care by using a variety of strategies. They also demonstrate the pressures affecting their later compliance as patients when suffering chronic complaints of older age.

**Sunday 6 July**

**9.00am**

**Panel A**

**Jane Potter, Oxford Brookes University and Carol Acton, St Jerome's University (federated with the University of Waterloo), Ontario**

**‘These frightful sights would work havoc with one’s brain’: women’s war texts and the psychology of trauma**

In a 1918 letter American Army chief nurse, Julia Stimson, records ‘My nurses are beginning to show the effect of the emotional strain . . . I have had about a dozen of them weeping . . . naturally I cannot do any weeping here, since I have to be wept upon.’ (*Finding Themselves*,

92/3) In spite of such representations of severe emotional stress, it was not until after the Vietnam War that nurses claimed traumatic stress as a legitimate response to constantly witnessing terrible injury and death. Previously, this condition had been defined solely in terms of combatant experience, though when we look back to women's writing from earlier wars it is clear that, although they rarely claimed 'shell-shock' or 'battle fatigue', it is embedded in their war texts. Because much of this experience is what Caruth would call 'unclaimed', it largely absent from the medical history of war trauma, which has privileged combatant psychiatry over the trauma suffered by the medical teams who receive the injured and dead.

While literary critics such as Marcus, Higonnet and Das have drawn attention to the link between the nurse's contact with the soldier's wounded body and resulting psychological trauma, this trauma has been excluded from the medical history. Gendered issues surrounding women writing war contribute to the problem for women in claiming trauma, since the texts themselves conspire in hiding that trauma, in that the narrator often withdraws behind the story of male injury, bearing witness to war through that male body rather than her own. To recover the missing medical history, this paper applies literary-critical analysis and theories of life-writing to published and unpublished writing by women nurses and ambulance drivers during the First World War, to show how a careful unpacking of these texts can reveal the trauma present but often undeclared.

**Tracey Loughran, University of Manchester**

### **Male hysteria, traumatic neurosis, and war trauma: re-reading shell-shock as a gendered diagnosis**

Since the publication of Elaine Showalter's influential analysis of shell-shock as an 'epidemic of male hysteria' in the mid-1980s, historians have largely accepted that shell-shock represented a crisis of masculinity. Important new research has explored the subjective dimensions of male trauma in First World War Britain, but the *medical* construction of shell-shock as a gendered category has not been re-examined. This paper argues first that medical understandings of shell-shock employed a distinction between the 'effeminate' and the 'un-masculine'. Rather than the parallels historians have drawn with the 'feminine' category of hysteria, doctors saw shell-shock as the direct heir of traumatic industrial injuries. To this extent, the war neuroses were an essentially masculine category of diagnosis. The traumatised soldier fell short of the standards of an idealised masculinity, but was not perceived as necessarily effeminate. To understand the gendering of medical constructions of shell-shock, it is necessary to resist the temptation to basic binary divisions presented by the concept of gender as an analytic tool. The diagnosis of shell-shock was formulated within a basic and widespread evolutionary framework of understanding which placed the shell-shocked soldier was placed on a scale of mental development extending from the mute animal to the 'civilised' white European. The judgments made as to status within this scale depended on a complex network of alignments, not on a binary opposition between male and female. This re-reading of shell-shock as a gendered diagnosis suggests that it was perceived not just as a crisis of masculinity, but a catastrophe of civilisation – of humanity itself. The paper therefore reframes the role of doctors in a key early twentieth-century health crisis; illuminates understandings of the relations between psychiatry, medicine, and the human sciences.

**Lesley Coates, Birkbeck College, University of London**

### **The Myth of Hysteria and the Wandering Womb in Eighteenth –Century Britain**

This paper will assess the different therapies recommended to treat the symptoms of what medical practitioners of the eighteenth century classified as ‘female disorders’. These were a recognised set of conditions which included commonplace menstrual irregularities (the whites, amenorrhoea, green sickness) and disorders associated with pregnancy and childbirth. They also included more serious and life-threatening conditions such as breast cancer. Hysteria was another distinctly female complaint that the medical elite believed that few would ever escape from completely.

My research analyses the important medical and cultural changes that were taking place in the understanding of female disorders in general and highlights the wealth and diversity of therapeutic practices that existed at this time. Some historians emphasise the similarities between domestic, quack and professional medical practice, arguing that they vaguely shared the same ideas about what ingredients could be used and for what purpose. I would argue that medical therapies were not always vague and that the compilers of recipe books, for example, did not necessarily follow the same medical practices, or share the same ideas about the cause and treatment of a particular female disorder. This paper will also demonstrate that the medical elite’s perception of hysteria, as one of the most common chronic diseases of the period, is at variance with the ideas of other practitioners (licensed and unlicensed, skilled and unskilled) and of many women themselves.

From my own research at the Wellcome Library (utilising more than 100 manuscript recipe books) I will provide some insight into the compilers’ interest in specific disorders (breast cancer) and of collecting remedies with a particular patient in mind. Overall, I hope to provide some new interpretations on the gender and cultural diversities of medical therapeutics in the eighteenth century.

### **Panel B**

**Ofra Koffman, Goldsmiths’ College, London**

### **From ‘Unmarried Mothers’ to ‘Teenage Pregnancy’ – the Emergence of the Problem of the ‘Young Unmarried Mother’**

This paper looks at governmental work with ‘unmarried mothers’ and the rise of the concern with ‘teenage pregnancy’ in Britain in the late 1950s and early 1960s. It is based on archive research examining the London County Council’s institutional practices associated with the management of residential accommodation for this group of women and children. I suggest that although the concept of ‘adolescence’ was very prominent at the time, it did not influence most of the London County Council’s provision for ‘unmarried mothers’. In voluntary Mother and Baby Homes funded by the Council and in the large Nursing Homes run directly by the Council ‘adolescent unmarried mothers’ were not differentiated from older ‘unmarried mothers’ and were not considered as a problematic group. However, from the late 1950s officers of the Children’s Department became concerned with the rates of pregnancies among adolescent girls in their care. In 1961 amid growing popular anxieties regarding the rates of ‘teenage’ promiscuity, venereal disease and illegitimacy the Council established the first Mother and Baby Home to specialise in the care of the ‘schoolgirl unmarried mother’. Based on an investigation of the institutional

practices of this Home I suggest that the emergence of the care of the ‘young unmarried mother’ as a distinct field of government work was associated several changes: a shift to a therapeutic approach, an individualisation of care, the professionalisation of social work and the expansion of governmental efforts to protect the welfare of children.

**Julie S Phillips, University of the Western Cape, South Africa**

### **Sexual risk behaviour among adolescent school girls in the Western Cape, South Africa**

Youth in Sub-Saharan Africa are faced with a changeover from adolescence to adulthood shadowed by the growing HIV/AIDS epidemic sweeping through the African continent. With this growing HIV/AIDS epidemic in South Africa it is important to understand the behaviours that place youth at risk of HIV/AIDS, other STD’s and unwanted pregnancies in order to develop and to implement appropriate health-promoting interventions. Sexually transmitted diseases that destroy or diminish reproductive potential and early pregnancies are obvious health risks unique to adolescent women. The prevalence of self-reported sexual risk behaviours of high school girls was investigated in the Strand, Western Cape, South Africa. Data was collected using a self-administered questionnaire adapted from the *Youth Risk Behaviour Surveillance System*. Statistical methods of data analysis included cross-tabulations using the Chi-square test for association between sexual risk behaviours and socio-demographic variables.

The study sample consisted of 801 female high school learners aged 13-19 years ( $X=15.75$  years,  $SD = 1.57$ ). Twenty –seven percent of the learners reported being sexually active with 3.6% reporting sexual intercourse onset before 14 years of age. Forty-five percent reported having had more than one sexual partner and 50% of the sample reported no condom use. More than 5% of the learners had already been pregnant. Most learners (78.9%) indicated that they had been informed about HIV/AIDS at school, and 82.5% indicated that they are aware of the consequences of unprotected sex.

The results emphasize the need to provide learners with targeted information and skills at an early age. It is recognized that both males and females are vulnerable to sexual risk behaviours, but when one examines the context of women’s and girls’ lives, the impact of individual health risks can become cumulative and are compounded by gender relations.

**Tania Steyl, University of the Western Cape, South Africa**

### **Drinking, binge drinking, and substance use among health professional students**

Assessing and understanding the health needs and abilities of university and college students is vital in creating healthy campus communities. Student learning is a central part of the higher education academic mission, and health promotion serves this mission by supporting students and creating healthy learning environments. Alcohol abuse is a major concern on college and university campuses. Heavy episodic drinking or binge drinking has also become a major health hazard. High levels of alcohol use among university students are also associated with a broad array of other risk behaviours, such as tobacco use, unintentional injury and drinking and driving.

The aim of this study was to examine the relationship between binge drinking and substance use among health professional students at a university in South Africa. A self-administered

questionnaire adopted from the National College Health Risk Behaviour Survey and the American College Health Association National College Health Assessment was used to collect the data. Overall, 34.3% of the study sample reported binge drinking, i.e. having had five or more alcoholic drinks at a sitting. The prevalence of binge drinking varied significantly by gender. Very little differences were observed between the prevalence rates of current and lifetime alcohol use between males and females. These findings suggest that female alcohol consumption has been on the increase, particularly among women in the younger age groups. This trend is an international phenomenon and is cause for concern as a particular burden of disease is associated with the increase in alcohol consumption in women. The heightened adverse health effects of excessive alcohol use and the unique risk associated with being female point to the need for gender-specific prevention efforts.

## **Panel C**

**Cathy McClive (Durham University)**

### **Engendering Taboo: Attitudes to Menstruation in Early Modern France**

Early modern attitudes towards menstruation were inherently paradoxical; oscillating between the polarities of polluting and purifying, sacred and defiling. At the heart of these contradictions lies the key to perceptions of femininity and womanhood. Respectful of the mysteries of procreation and the sacred role of the female and her menstrual fluid in this process, whilst simultaneously fearful of female sexual potency, desire, and control over reproduction, attitudes towards menstruation reflect the extent to which gendered and sexual hierarchies were culturally embedded in the pre-modern world.

In this paper I examine the evolution of menstrual taboos, particularly those surrounding sexual intercourse during menstruation, in medical and casuistic texts across the early modern period. I argue that the enigma surrounding menstruation stemmed from medical uncertainty regarding the exact nature of the role and function of menses in reproduction and that such taboos must be read in the wider context of early modern anxieties about generation and the production of healthy progeny.

**Yolanda Eraso, Oxford Brookes University**

### **Medical styles, diverging spaces: The detection and treatment of gynaecological cancer in Argentinian women, 1920-1960.**

This paper proposes to analyse the history of detection, treatment and conceptualization of gynaecological cancer in Argentina and its relationships with surgery and radiotherapy. It will focus on what determined different developments in each medical specialty, and how they structured later services and cancer care policies on the national and regional stage.

Since the first cancer services and centres were established around 1920s, X- rays, radium and surgical techniques were developed for the treatment of cervical and breast cancer giving rise to different practices and schools. The activities of contending medical actors (gynaecologists, pathologists, radiologists) as they sought to define a role in the fight against female cancer, gave room to the exploration of different therapeutics which combined a series of physical and surgical interventions.

During the following decades, improvements in diagnostic methods and equipment (colposcope, Pap smear test, and frozen biopsy) created new pre-cancer categories such as 'leukoplakia', 'pre-malignant lesion' and 'cancer in situ'. These diagnostic techniques increased in turn the 'surgical activism' both by operating the suspicious lesions and by enlarging the area of intervention (radical hysterectomy and mastectomy). However, the generalization of those diagnostic techniques in Argentina's main regions was conspicuously uneven. As a result, some cities seemed to offer an 'advanced' cancer treatment at the time that significantly increased the number of women diagnosed with the disease, while others showed both, less number of cancer patients and a wider range of treatments.

By analysing regional medical practice about the nature of cancer detection and treatment that led to a redefinition of cancer categorisation and policies over time, this paper argues that while uncertainty – regarding the evolution of pre-malignant lesions- informed much of the medical rationale in the 1950s, therapeutic treatments and choices became considerably reduced.

**10.50 am**

**Panel A**

**Jennifer Evans, University of Exeter**

**Infertility, Aphrodisiacs and Sexual Performance in Early Modern England**

This enquiry seeks to expand on this basis of the many works addressing infertility during this period by examining the treatment of impotence and barrenness through the use of aphrodisiacs; focusing on how remedies related to, and enhanced, sexual performance. To do this the paper will discuss the causes of barrenness and impotence during the period and highlight how the humoural understanding of the reproductive body defined aphrodisiacs and allowed for their use in a medical context. Within this section the understanding of aphrodisiacs will be explored in detail to establish their effects on the sexually dysfunctional body. This discussion will also look at the moral and religious framework in which sexual performance, demonstrated by conception, became a key concern of early modern society. The argument will conclude that aphrodisiacs were an explicit element of early modern sexual health regimes used to augment and enhance a couple's chance of conceiving.

**Antje Kampf, Institute for the History, Philosophy and Ethics of Medicine, Johannes Gutenberg-University Mainz, Germany**

**Private Matters? Negotiating male infertility in post war Germany**

In the post-war decades, hundreds of men each year revealed their private matters to doctors when visiting the emerging "fertility labs" at university hospitals in Western Germany, seeking advice about the state of their reproductive capacities. However, with female bodies traditionally in the focus of the reproductive debate within society and medicine, the male reproductive body, implicitly considered as the normative model for medicine, has still been the subject of little historical analysis- setting aside Viagra stories that have prominently propelled men's reproductive roles and the cultural meanings attached to reproduction to centre stage of late. What has been nearly absent from this analysis is the 1950s and 1960s, which however were

crucial decades with regard to professional formation of medical specialties dealing with the male body as well as in the context of male identity formation in post-war German society.

Using restricted patient case files of the leading "fertility-lab" in post-war Germany, run by the later doyen of Andrology, Carl Schirren, and analysing medical literature, judicial and popular sources, this paper focuses on the ways in which male reproduction was defined and controlled within the wider social, moral and economic context of reproduction in post-war Germany. It will first assess the production of medical knowledge regarding male infertility in the aftermath of Nazi bio-politics, including an analysis of the professional constraints of reproductive 'experts in the making' and the emergence of psycho-sexual expertise. Secondly, the paper deals with the relationship of male patients and their male doctors by focusing on medical practices, illustrating the negotiation processes by which treatment regimes were applied. The last section investigates, what perception of men and their masculinity and sexuality were reflected by the German media, the medical profession and male patients on the seemingly private matter of infertility.

## **Panel B**

**Marc Bush, University of Surrey**

### **Constructing an 'autistic pathology': Hans Asperger, Austria & the profession of Psychiatry, 1900-1945**

In reading Hans Asperger's early works (1938; 1944) it has always struck me as peculiar, that no meaningful engagement with these texts has been undertaken by social historians or psychoscientists writing about the life and works of Hans Asperger. Writing from the vantage point of a sociologist; an understanding of the historical context in which he was writing his initial observations enriches our contemporary understanding of the 'Asperger Syndrome' label or the experience of living with it.

To date there have been few references to the context in which Hans Asperger was writing and how this shaped his construction of 'autistic behaviours' and the 'autistically pathological' child. In the main, any reference to the context has been relegated to the footnotes of diagnostic analyses. The most prominent indication, thus far, was given in the first full translation of Asperger's 1944 article 'Die "Autistischen Psychopathen" im Kindesalter' by Uta Frith in 1991. In her footnotes she writes: 'the historical background to this passionate defence of the social value was the very real threat of Nazi terror which extended to killing mentally handicapped (sic) and socially deviant people (sic)' (Asperger, 1991 [1944], p. 91). Similarly, Majia Holmer Nadesan (2005, p. 78) in her supposed 'cultural history' of autism writes; 'the political exigencies of Nazism would certainly have contributed to Asperger's desire to valorise his student's special abilities', however does not provide any evidence to support her assertion.

That these observations have ever been consigned to unreferenced footnotes and endnotes provides a stimulus for me to explore the construction here, in this paper.

**Matthew Smith, University of Exeter**

**The Most Oversensitive, Obnoxious, Overbearing Mother There Ever Was' or How Mothers Saved the Feingold Diet**

My research investigates the history of the Feingold hypothesis, an alternative theory about hyperactivity which proposed that the disorder was being caused by the high levels of food additives in the American child's diet. Although the diet gained a great deal of popular attention during the 1970s, it was largely rejected by mainstream medicine, despite promising reports from parents and inconclusive scientific trials. My thesis explores why this was the case and suggests that many social, political and economic factors were more important than science in establishing the legitimacy of Feingold's theory. Moreover, as many of these factors have changed during the last decade, the Feingold diet is becoming an alternative for a new generation of hyperactive children.

Part of my research involves oral history, specifically, interviewing the members of families who have tried the Feingold diet, as well as physicians and researchers who are familiar with the diet. I am also considering using web logs or blogs as another source of oral history. During my presentation I will discuss my use of oral history, the challenges I have encountered in using such sources and how it has shaped my approach to the history of the Feingold diet.

**Mary Clare Martin**

**Gender, Power and Resistance: institutional care of “mentally defective and feeble-minded” girls in Glasgow in the 1930s and 1940s.**

Despite recent research on mental deficiency, only limited research has been undertaken on institutions for “mentally defective” girls as an aspect of the history of childhood and adolescence. This case-study of a home founded in 1906 under the umbrella of the Glasgow Association for the Mentally Defective and Feeble-minded, demonstrates how a few women could exert power over girls within an increasingly state-funded system.

By the 1930s, when detailed minutes survive, there were about 110 inmates at Waverley Park Certified Institution. Most were paid for by local education authorities, but a few were private, demonstrating the complexity of the “mixed economy of care”. The institution was intended for “higher grade” or “educable” mentally defective girls, from the ages of 5-16. Many were re-certified and remained until the age of 21.

The records demonstrate the powerful roles played by the matron, employed for several decades, and the medical officer of the institution, whose father had been the first medical superintendent. The head teacher in the 1930s had a very good reputation, and was well known in the field of special education. The institution regularly received approving comments in Glasgow newspapers.

This paper will explore the complexity of interpreting institutional records of this nature. The reports of the annual inspections were usually very positive, stressing how the girls were well looked after and seemed happy. Nevertheless, the matron could and did restrict the visits of parents or other relatives for often unlimited periods. Despite frequent requests for the girls' release by parents, teachers and others, very few returned to their own communities. Those who resisted by escape, or through complaints made by relatives experienced further

institutionalisation. In 1938 there was an inquiry when girls had been threatened (and in one case given) the “sick needle” . Yet the staff responsible retained their posts and shortly before the home was to be handed over to the NHS, the matron and other long-serving staff were to be given pensions.

## **Panel C**

**Eyah Amalsaleh and Manije Abdolahi, Paramedical School, Shiraz University Medical School, Iran**

### **The Gender and Social Status of the Patient in Old Persian Medical Texts**

This study investigates linguistic expressions featuring the identity and gender of patients in old medical texts. It has studied six medical texts from the fourth up to about thirteenth century. During these years, medical practice is noticed to be more scientific than years before or even after that. That is, it was far from superstitious and used to follow the scientific procedures of the day. From these medical texts, falling within this scientific category, the book entitled “Khofi Allae” is studied in more details mainly because it, in addition to being considered a scientific text, was of general use and was intended to be a kind of *pocket book* people read while in trips or something being accessible at the time of emergency when they are out. The word ‘khofi’ in Arabic language means ‘boot’ and the book was published in two volumes so that each volume could be placed inside one of the boots while the carrier (person) is out. Identity and power are among the issues investigated broadly in sociolinguistics. Medical texts are commonly considered to be written following an objective and neutral fashion. A medical text, however, is of no exception and like all other texts, while accomplishing its main tenets, involves, constructs and sustains power differences ( Briggs, 1997). The present study is an attempt to analyze the book from the sociolinguistics perspective. More specifically it tends to find the gender as well as the social status of the patient implied in the text.

Reference: Briggs, Charles (1997) Notes on a ‘confession’: On the construction of gender, sexuality and violence in an infanticide case. *Pragmatics* 7/4: 519-546.

**Jerri Daboo, Department of Drama, University of Exeter**

### **‘Where did the tarantula bite you?’: an examination of illness and therapy in the ritual of tarantism.**

This paper will examine a culturally-conditioned approach to illness and healing in the southern Italian ritual of tarantism.

*Tarantism* is a performative dance ritual from Salento, and the oldest recorded form of the use of dance and music as therapy in Europe, with written records dating back to the early 15<sup>th</sup> Century. In *tarantism*, the ‘victim’, or *tarantata*, is supposedly bitten by a spider, most commonly a tarantula, and falls into a state of lethargic trance. They are ‘cured’ from this by dancing in response to an indigenous form of music, the *pizzica*, which helps to ‘sweat’ the poison out of their bodies. The movements and rhythms of the dance mimic and represent those of the spider,

and a mythological and ritualised landscape is created around the performance of the dance using coloured ribbons, mirrors and sounds. It is usually acknowledged that the spider is not necessarily 'real', but its bite and the subsequent illness become a metaphor for and somatic expression of coping with the socio-economic pressures of life in rural southern Italy. It is also a collective therapeutic experience for the community, who come together to share in the 'cure' of the dance, which can last for three days. There is a continuity of extensive written records about the ritual from the 16<sup>th</sup> Century to today, by a rich array of historians, medical practitioners, philosophers, sociologists and anthropologists. A research of these historical views offers a fascinating insight into the changing medical, scientific and philosophical paradigms of each period.

Most often, the 'victim' was a woman and tarantism, and the women associated with it, became appropriated as a site of debate by medical practitioners, each seeking to explain the phenomenon through their own understanding. Particularly in the early modern period, medical writings often labelled the women as being sexually frustrated, and 'faking' the bite in order to be able to expose themselves in a sexual way through the dance. Other practitioners remained adamant that the condition was caused by the actual venom of the bite of a spider.

This paper will chart some of these changing views, questioning how notions of the body, mental illness and healing were seen in each period, and ways in which the voices of the women themselves were absent until the 20<sup>th</sup> Century, when the introduction of psychiatric medicine led to another shift in the performance of the ritual, and changing notions of what constitutes illness and therapy within a specific cultural context.

**Mokshika Gaur, National University of Singapore**

### **Body, Space and Gender: Notions of Health and Illness among the Korwa of India**

In contrast to the western biomedicine that treats body and mind as discrete units - each independent of the social contexts and relationships, the ethnomedical systems of several indigenous communities conceptualize body and mind as a unitary system which is integral to the social, cultural and environmental matrix. The Korwa community is under transition from the forest based economy to wage labor. The change in relationship with the environment has brought about changes in the relationship that people shared among themselves and with the supernatural. Consequently, the state of health which is seen to be altered with the change in any of the components among mind, body, space and relationships is considered a thing of the past. In the Korwa cognition, mind and emotion form the two vital components of the body that not only determine its vulnerability to be 'caught' by an illness but also predicate the possibilities to imbibe important (and sacred) knowledge and skills. The Korwa health care system is devoid of women, because, it is believed that a woman's body is endowed with evil properties (*pap gunn*) which makes them ineligible to learn healing but gives them an edge to imbibe skills of the black magic to inflict illness. The belief that women have a smaller size of mind (*kotthi*) further excludes them from the arena of healing which is essentially a men's domain. Anthropologists have shown that the cultural construction of body, and about its various processes and functions, has contributed in sustaining particular views of society and social relations. The paper dwells on the notion of health and illness among the Korwa, exploring their gendered conceptualization of body that keeps women out of the healing system and aligns them more towards the pole of illness.

2.35pm

### Panel A

**Peter Yang and Jennifer M. Kidd, Birkbeck College, University of London**

#### **Do women experience a greater amount of informal support at work than men? A study into gender and power effects on networking**

**Introduction:** Inequality in social capital can be studied in terms of various demographics, such as gender and power differentials (Granovetter, 1973; Lin, 2000), and research on personal consequences of these differences is needed. This study examines the role of informal support (psychosocial support and coaching) at work in determining employees' positive affectivity, work efficacy, and career self-management.

**Methods:** Data were collected from 1095 strong support ties, and were analysed using a two-way (2 x 3) multivariate analysis of variance.

**Results:** The main effects of gender were not significant. Namely, women and men received a similar amount of psychosocial support and coaching from their most intense support ties at work. Positive affectivity, work efficacy, and career self-management that they perceived in informal support relationships were similar. However, the informal support and benefits that employees experienced in these relationships varied significantly between three types of support ties (ties with peers, with superiors, and with subordinates). Statistically, interaction effects of gender and power inequality were found.

**Discussion:** Gender provides a key dimension for the study of informal support relationships. However, findings from existing research in this area are confusing, as some studies also found that the gender effect is not significant (*e.g.* Geller & Hobfoll, 1994). Although most studies seems to suggest that women perceive, as well as receive, a greater amount of informal support from work colleagues than men (*e.g.* Roxburgh, 1999), the results of this study show that gender effects are far more complicated than such links, and power differential needs to be considered. Effective networking should be achieved by strengthening the power of diversity (Baker, 1994), which considers the difference in organisational position as well as gender. Further examination based on solid theoretical perspectives will help clarify gender effects, and contribute to the understanding of the effectiveness of differential networking strategies.

**Debbie Palmer, University of Exeter**

#### **Who cared for the carers? The problem of tuberculosis and its threat to British nurses' health, 1880 – 1950**

Despite a recent growth in interest in the history of nursing, the history of the occupational health of nurses has been ignored. This paper argues that nurses' risk of contracting tuberculosis, confirmed as high by a number of international studies from 1925 onwards, challenged both a nursing ideology that emphasised self-sacrifice and the existing framework of health care offered

to sick nurses. During the late nineteenth and early twentieth century, nurse leaders refused to acknowledge the significant health risk nursing carried because it was thought it would detract from their campaign for professional status. Health risks were to be endured as part of a nurse's commitment to sacred duty. As the image of the British hospital nurse changed from dirty, immoral and working class to clean, chaste and middle class with a robust health, notions of gender and class not only shaped beliefs about who was qualified to care but also explanations of nurses' ill health. Scientific confirmation of the high incidence of TB amongst nurses suggested that the sick nurse problem could no longer be ignored. This paper will examine the extent to which scientific research changed perceptions of nurses' health.

My methodology involved a comparison of international and national scientific studies, nursing and medical journals with the nursing records from three British hospitals: The London Hospital, Whitechapel, the South Devon and East Cornwall Hospital, Plymouth and the Cornwall Mental Asylum, Bodmin.

Principal conclusions suggest that nurses' susceptibility to TB was partly explained by a lack of exposure to tubercle bacillus due to declining rates in the general population. However, a lack of consensus about TB as a disease, despite Koch's discovery in 1882, allowed commentators to continue to understand nurses' health in relationship to notions of class, gender and environment. Working class nurses in chronic, long stay hospitals were at a higher risk of disease than their middle class counterparts in London teaching hospitals. The perception of nurses' risk to TB was also shaped by the recurrent nurse shortages throughout the 1930s.

## **Panel B**

**Ali Haggett, Centre for Medical History, University of Exeter**

### **Housewives, neuroses and the domestic environment in post-war Britain: individual perspectives**

This paper will explore the personal recollections of women who endured affective disorders (anxiety and depression) during the 1950s and 1960s. The oral testimonies are taken from the oral history component of my doctoral thesis on neuroses in post-war housewives. This paper will focus not only upon women's experience of symptoms – but specifically upon the ways in which they 'coped' with their illness, and, for those that sought medical help, their encounters with physicians. It will examine housewives' assessment of medical consultations, and, for those who were prescribed anxiolytics or antidepressants, the effects of psychotropic drug treatment.

Feminist scholarship since the 1960s has repeatedly alleged that educated housewives developed symptoms of neurosis as a result of the banality inherent in the domestic role. They further argue that psychotropic drugs were over-prescribed to women in order to 'adjust' them to the domestic role with which they were unhappy. The oral testimonies from this project have raised points of concern with this reasoning. Firstly, by and large the women interviewed did not locate the cause of their symptoms in their domestic role. Secondly, in contrast to the popular conception of housewives as 'victims' in these circumstances, the women demonstrated considerable agency, strength and resilience.

**Jo Gill, University of Exeter**

**“A Wholesome Disorder”: Health and Hygiene in the Literature of the American Suburbs**

This paper assesses the contradictory discourses of health and disease which pertained in women’s writing from and about the suburbs of 1950s / 1960s America.

The fast-growing suburbs of post-World War II America were conceived and promoted as a clean and wholesome environment in which to live and to raise a thriving family. The suburbs were planned, as Lynn Spigel puts it, according to an ‘antiseptic model of space’ and a rhetoric of freshness dominates much of the writing of the period. Yet at the same time, the suburbs were fiercely and repeatedly indicted for heralding a host of medical, psychiatric and social complaints. These ranged from a general ‘housewives’ malaise’ (or the ‘problem which has no name’ famously examined in Betty Friedan’s 1963 *The Feminine Mystique*) to problems associated with juvenile delinquency, mental illness, alcoholism, family breakdown and sexual dysfunction.

In addressing these profound contradictions, this paper will draw on a wide range of material from the work of ‘housewife poet’ Phyllis McGinley (1905-1978) and her peers Anne Sexton and Sylvia Plath, to editorials, articles and letters in contemporary periodicals such as *Ladies’ Home Journal* and the *Saturday Evening Post*, to the plethora of commentaries by psychologists, sociologists and politicians which emerged in the period – including the findings of President Johnson’s 1967 task force, appointed in order to examine ‘suburban problems’.

The paper will identify and critique moments of contradiction, tension and dissent in these increasingly fraught debates. In particular, it will look to the poetry of the period for an understanding of some of the nuances, ambivalences and necessary compromises or accommodations (Sexton’s ‘wholesome disorder’) of otherwise entrenched positions.

**Carina Bartleet, University of Reading**

**'Better Out than In': Representations of Women's Experiences of the Mental Health Systems in Contemporary British Drama'**

This paper explores the representation and re-representation of women's experiences of mental health systems through the prism of contemporary British theatres. The paper will focus on the exploration of four texts; two (David Edgar's *Mary Barnes* and Anna Furse's *Augustine: Big Hysteria* present modern-day depictions of female patients and their doctors (R.D. Laing and Jean-Martin Charcot) and two others (Sarah Daniels's *Head-Rot Holiday* and Sarah Kane's *4:48 Psychosis*) present fictional accounts of modern-day mental health systems gleaned from research into women in secure units (Daniels) and from personal experience of severe depression (Kane). The paper will explore these texts as documentary evidence of the discourse that surrounds mental health, through feminist critiques of mental health systems and depictions of madness and the stage as spectacle such as the 'Charcotian paradigm' (see Bartleet, 'Sarah Daniels's Hysterical Plays: Re-presentations of Madness in *Ripen Our Darkness* and *Head-Rot Holiday*', *Modern Drama*, vol. 46.2, 2003) and theatre as a talking cure *par excellence*. It will argue that, whereas Furse and Edgar in working with historical figures, stage the female psychiatric patient as the object of the spectacle both Daniels and Kane resist the reification of the female mental health patient as the objective 'other' of the theatrical discourse and, in so doing, intervene in and place the patient experiences at the centre of the dialogue and action, rather than the spectacle.