

HISTORY CENTRE NEWSLETTER

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The papers of Sir Ronald Ross and the Ross Institute

The project to re-catalogue and preserve these collections was completed earlier in 2006 with funding from the Wellcome Trust's Research Resources in Medical History initiative.

Sir Ronald Ross discovered the mosquito transmission of malaria in 1897 and was the first Briton to be awarded the Nobel Prize for Medicine in 1902. The collection is very rich in material relating to Ross's scientific work, including correspondence between Ross and Sir Patrick Manson on malaria eradication and prevention work in a wide range of countries. There is correspondence with other leading medical and tropical medicine specialists such as Sir William Leishman, Sir David Bruce, Joseph Lister, Charles Laveran, Robert Koch and William Gorgas.

His papers also reflect his other interests such as his efforts to improve the pay of research workers and the improvement of sanitation in the colonies which involved correspondence with political figures such as J Ramsay MacDonald and Austen Chamberlain. He was interested in mathematics and statistics, as well as writing fiction and poetry. Ross was a great correspondent and there are a small number of letters between Ross and prominent individuals of the time including Sir Arthur Conan Doyle and Rudyard Kipling.

The Ross Institute and Hospital for Tropical Diseases was opened in 1926 on Putney Heath by the Prince of Wales as a memorial to and in recognition of Ross' work. The Institute was incorporated into the London School of Hygiene & Tropical Medicine in 1934, eventually to become the School's Department of Tropical Hygiene. The hospital became the Ross Ward of the Hospital for Tropical

Diseases in central London.

These papers include reports, minutes, correspondence and photographs on the establishment and administration of the Institute.



Sir Ronald Ross, reproduced with permission of the Library and Archives Service, London School of Hygiene & Tropical Medicine

The collections can be searched via the online archive database which is available on the archive website at:

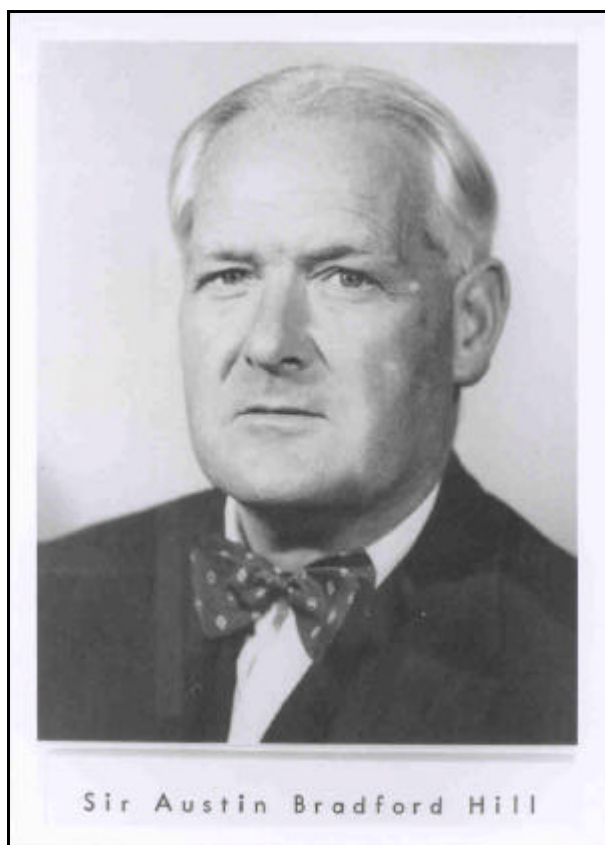
<http://www.lshtm.ac.uk/library/archives/>

Researchers are welcome to visit the archive by appointment. Contact details are also on the archive website.

Scientific breakthroughs in the London School of Hygiene and Tropical Medicine

Our history supporters network sprang into life recently when a query arrived at the press office from the *Times Higher Education Supplement*.

Steve Farrar, a journalist, is planning a series covering scientific breakthroughs. His articles will link the discovery with the specific location - the lab or the office where it all took place. What discoveries had taken place at the School, he asked?



Sir Austin Bradford Hill, reproduced with permission of the Library and Archives Service, London School of Hygiene & Tropical Medicine

Our immediate thought was for the discovery of the association between smoking and lung cancer by Sir Austin Bradford Hill and Sir Richard Doll as part of the work of the Statistical Research Unit. First published in the *British Medical Journal* in 1950, the work has

long been recognised as of path breaking importance in the reorientation of post war public health. But where did it happen? Enquiries revealed that Bradford Hill's office was the end room on the first floor Gower Street corridor, nurses' home end. And we heard that Doll's chair is still in use in Julian Peto's office!

Our supporters have pointed to other candidate discoveries. Hill figures again with the streptomycin trial for tuberculosis in 1948, often hailed as the first randomised clinical trial, also for his *Principles of Medical Statistics* and for Hill's postulates for deducing causality out of associations. Breakthroughs do not always have to happen in a lab.

On the tropical side one of the most important discoveries in tropical medicine and parasitology was made by Shortt and Garnham. In 1948, they discovered the exoerythrocytic stages of human malaria parasites, which had eluded investigators for fifty years. This led to changes in the way prophylactic drugs and vaccines were designed or developed. These discoveries were made along the third floor corridor on the east side of the Keppel Street building.

The ELISA test, the NHS, the PHLS - our informants have given us a wealth of information. We are passing this on to the *Times Higher* and look forward to reading the series.

Virginia Berridge

Events

Workshop report – NGOs, voluntarism and health: historical and contemporary perspectives

On Wednesday 22 November researchers from around the School and from other institutions came together for an afternoon workshop on NGOs, voluntarism and health. This workshop was designed to provide historical and contemporary perspectives on the role of

voluntary organisations in health and healthcare.

The workshop began with a presentation from the Centre's own Martin Gorsky who spoke about community involvement in hospital governance before the NHS, looking specifically at the contributory schemes supporting the hospitals run by voluntary organisations. Particularly interesting were the connections he made between this work and the current attention being devoted to community involvement in foundation hospitals.

This contemporary focus was extended by Professor Judith Allsop (University of Lincoln). Judith presented a summary of her collaborative project on health consumer groups, assessing their contribution to policy and practice, but also looking at the limits to this. She began by addressing some definitional problems, explaining why she had chosen to use the term 'consumer group' rather than patient or user group.

Issues of definition also cropped up in Dr James McKay's (University of Birmingham) presentation on the Database of Archives of UK Non-Governmental Organisations (DANGO). He explained that the term NGO was used instead of voluntary organisation because the team felt this conveyed a sense of 'doing'; a sense that these organisations were (and are) socio-political actors.

After tea, Alex Mold (LSHTM) gave an overview of the project she and Virginia Berridge have been working on around illegal drug user groups and voluntary organisations. Alex questioned the extent to which there had been a 'rise of the user', pointing to user involvement in the past, and to tensions around the current position of the drug user in policy and practice.

The afternoon's final speaker was Professor Jude Howell, Director of the Centre for Civil Society at the LSE. Jude outlined some key issues in the changing contours of donor-civil society relations. A central concern was an apparent backlash against the notion of civil society, and the dilemmas this raises for donor and receiver countries alike.

The workshop was concluded by Susanne MacGregor (LSHTM). In her closing remarks, Susanne offered the view that the 'big idea' at work in all of these presentations was the rise and fall of the welfare state and the move to issue-based politics. This stimulated further discussion from speakers and audience alike, giving everyone more to think about for their own future research.

Alex Mold

History Centre Annual Lecture 2006

The social contract of health in the 20th and 21st centuries: individuals, corporations and the State.

Speaker. Professor Dorothy Porter, Department of Anthropology, History and Social Medicine, University of California, San Francisco.

How should we think about public health in the long run of history? It is conventional to envisage stages of development linked to the disease environment and medical science: in the 19th century public health as 'sewers and drains', in the early 20th century the coming of preventive medicine, in the late 20th century the 'new public health' addressing the diseases of civilisation.

In her Centre lecture Professor Dorothy Porter proposed a different conceptual framework. Instead, she argued, we might consider public health history as a changing social contract, politically negotiated between the individual, the state and business corporations.

Porter dated the emergence of this social contract to the French Revolution and to the later work of progressive doctors such as Virchow, who articulated the notion of health as a right of citizenship. Political foundations were laid for a contract of responsibility between the democratic state and its citizens. This initially took the form of an attack on infectious diseases, with local and national governments overriding private interests on behalf of the citizen, through public programmes of sanitation and housing.

By the mid-20th century, though, with infectious diseases on the wane, Porter argued that the nature of the social contract changed. Academic analysis of cancers and cardiovascular disease emphasized a bio-psychological model of chronic illness, which challenged ideas about the State's role. Now the job of government was to prevail on individuals to change their behaviour, with a new focus on personal lifestyle.

Porter illustrated this with a discussion of heart disease and the obesity pandemic in the United States. However, she also detected in the 'obesity wars' the first signs that the social contract is once again being reconfigured. Now the catalyst of change is nutrition activists in academia, the media and the voluntary sector who attribute responsibility not to the individual but to corporate capitalism. This has led to calls for the State to rein in the food industry by curbs on advertising, taxes on high-fat products and so on.

Despite the resistance of rightist groups defending food manufacturers in the name of individual liberty, Porter concludes positively that this new coalition has a good chance of reshaping the social contract for health in the new millennium. By happy coincidence the day after the lecture saw Britain's television watchdog proposing curbs on 'junk-food' advertising during children's programmes, perhaps underscoring the optimistic message of Porter's talk!

Martin Gorsky

Thirty years in public health: a seminar with Dr. Jeff Koplan

On 21 November students and members of staff had an opportunity to meet Dr. Jeff Koplan, former director of the Centers for Disease Control (CDC) in Atlanta, and to ask him questions about his career.

The seminar, which was organized by the History Centre, aimed to raise awareness of the recent history of public health by focusing on the contribution of a key player in the field.

Dr. Koplan has had an interesting and varied career. A graduate of a number of leading US academic institutions, he began his public health work in the early 1970s as one of the CDC's celebrated 'disease detectives', and is now Vice-President for Academic Health Affairs of Emory University's Woodruff Health Sciences Center. His long career has involved work on most major public health issues, including infectious diseases such as smallpox and HIV/AIDS, the Bhopal chemical disaster, bioterrorism and the health toll of tobacco and chronic disease.

After a short biographical introduction, Dr Koplan fielded questions on a variety of topics – from the response to the SARS epidemic, to the relationship between science and policy. It was particularly interesting to hear his insights into the Bush administration's approach to public health crises such as the 2001 anthrax scare. At one point he commented that he felt he had received better treatment from the Chinese government than from George Bush's!

Ornella Moscucci

Forthcoming events

Binge drinking: a 'confused concept'

Binge drinking is a matter of current social, media and political concern. Virginia Berridge, Rachel Herring (Centre for History in Public Health) and Betsy Thom (Middlesex University) are conducting a one year study, funded by the Alcohol Education Research Council examining the history of binge drinking, its definition and measurement and current prominence.

A review of literature and policy documents has highlighted the ubiquitous use of the term 'binge drinking' but also the lack of consistency in definition. This arises in part because the term has been used to describe two distinct phenomena. The first is a pattern of drinking occurring over an extended period (usually several days) set aside for the sole purpose. This definition is the historical one, linked to more clinical definitions of alcohol abuse or dependence and the type of drinking portrayed in Charles Jackson's classic 1944 semi-autobiographical book and Oscar winning film

Lost Weekend. The second refers to a single drinking occasion leading to intoxication and during which more than X drinks are consumed. It is this meaning that has come to prominence in recent years and informs current UK policy, but there is no consensus as to what level of intake constitutes binge drinking.

A presentation is being given at the 2006 Social Research Association conference on myths in policy and an invited workshop bringing together historians, policy makers and practitioners is being organised which will take place in February 2007. The aim of the workshop is to share knowledge regarding current perceptions of binge drinking, current responses and possible future approaches.

Rachel Herring

New books by Centre members

Mutualism and health care British hospital contributory schemes in the twentieth century. Martin Gorsky & John Mohan with Tim Willis, (Manchester University Press, 2006).

Mutualism and health care presents the first comprehensive account of a major innovation in hospital funding before the NHS. The voluntary hospitals, which provided the bulk of Britain's acute hospital services, diversified their financial base by establishing hospital contributory schemes. Through these, working people subscribed small, regular amounts to their local hospitals, in return for which they were eligible for free hospital care.

The book evaluates the extent to which the schemes were successful in achieving comprehensive coverage of the population, funding hospital services, and broadening opportunities for participation in the governance of health care and for the expression of consumer views. It then explores why the option of funding the post-war NHS through mass contribution was rejected, and traces the transformation of the surviving schemes into health cash plans.

This study aims to illuminate the attractions and limitations of mutualism in health care and

contributes to debates about organisational innovations in the delivery of welfare services.

Financing Medicine: The British experience since 1750, Martin Gorsky and Sally Sheard eds. (London, Routledge, 2006).

The question of how much, and in what way, we should pay for our health services is never far from the political agenda. Today Britain relies predominantly on central taxation, but before the National Health Service arrangements were much more diverse, and included private medicine, mutual health insurance, philanthropy and local taxation.

The essays in *Financing British Medicine* tell the story of this changing mix, from the charity-funded voluntary hospitals of the eighteenth century, to more recent debates about the desirability of an insurance-based NHS.

The book begins by examining the long-run development of the voluntary sector acute care hospitals, and the shift from the philanthropy of the rich to a system based on mass contribution by patients themselves. The focus then turns to the provision of tax-funded medicine, initially through resource-constrained Poor Law institutions, and subsequently through municipal hospitals open to all citizens.

Next the book traces the emergence of health insurance as a means of accessing the general practitioner, exploring the innovation of friendly society sickness benefit, and its successor, the statutory national health insurance arrangements established in 1911. The final section deals with the period since 1948, when, despite the NHS settlement, the old problems of meeting ever-expanding needs in an equitable manner from limited resources remained as pertinent as ever.

Also just published

Medicine, the market and the mass media:: Producing health in the 20th Century (Routledge, 2005). ed. Virginia Berridge and Kelly Loughlin

Making health policy: networks in research and policy after 1945 (Rodopi, 2005) ed. Virginia Berridge

And forthcoming in 2007:

Marketing health. Smoking and the discourse of public health in Britain, 1945-c.2000. Virginia Berridge. (Oxford University Press)

CLEAN: a history of personal hygiene and purity Virginia Smith (Oxford University Press, May 2007)

CLEAN is a history of the ideas and practices of personal cleanliness and purity. It argues that our universal animal cleansing mechanisms and grooming behaviour were gradually overlaid, on the different continents, by a late Neolithic culture and technology of cleansing which can be found in the very early

history of domestic habits, the early history of luxurious cosmetic adornments, the history of religious ascetic philosophy, and in later Greco-Roman medical science. After the fall of Rome these different strands of thought and activity were resurrected in Europe via neo-classical science and health education, and (in England) via a radical Protestant interpretation of physiology. Cosmetic beauty care had a more chequered career, but the skin-cleansing warm bath finally became widely available in the mid 19th century. The microbiological science of 'hygiene' was celebrated in personal and public health-care during the first half of the twentieth century; suffered an ideological post-war eclipse after Nazism, but has since been embraced by the public in new forms – personal health regimes, green pollution ecology, food scares and puritan fundamentalism.

The Centre for History in Public Health, LSHTM, January 2007