

Minutes of the Third Ordinary Meeting

Held on Tuesday 15th November 2016

Joint Meeting with Liverpool Medical History Society

The Twelfth Annual History of Medicine Medical Students' Prize Evening



Back (left to right): Dr Leon Rocha; Dr Stephanie Snow; Eanna Mulvihill; Joshua Shields; Dr Geoff Gill; Dr Stephen Kenny; Prof Sally Sheard
Front (left to right): Kayleigh Wall; Beth Massam; Gemma Stevenson

Gemma Stevenson - Winner

'Prophetic Medicine': The Medicinal Teachings of Muhammad and his Followers'

The study of medicine was a central feature of Islamic culture throughout the medieval period. Beginning with the traditional Bedouin folk medicine practised throughout the early Islamic period between AD 661-750, the general belief was that the teachings of the prophet Muhammad provided a remedy for every form of malady. This practice of medicine, Al-Tibb al-Nabawi or 'Prophetic Medicine', encompassed the words (Hadith) and actions of the prophet in relation to illness, treatment and personal hygiene. Prophetic medicine is distinct to the Islamic medicine developed during the Islamic Golden Age of the eighth to thirteenth centuries in that Islamic medicine was formed through the adoption of the medical techniques of Classic physicians and scholars such as Hippocrates and Galen.

Prophetic medicine emphasised the importance of using natural products, such as plants and foods for treating a wide variety of afflictions and illnesses, including henna, olive oil and honey. The diet and nutrition of an individual was deemed to be crucial to good health, as it was thought that the body may be damaged due to excessive amounts of a particular substance. The Hadith also included many recommendations regarding sexuality and fertility and encompassed many beliefs regarding women's bodies and health. For instance, during childbirth women were advised to eat asparagus to help ease the pain of labour and to consume dates before giving birth in order to encourage the bearing of sons. The medical ideas of the Hadith were to acquire even greater significance throughout the Islamic Golden Age of the eighth to thirteenth centuries, which saw Islamic scholars adopting and combining the teachings with those of the Classic medical texts of the Greeks and Romans.

The contributions of the early Islamic world on the development of medicine are great and have influenced not only the views on illness and health of the later Islamic period, but also the practice of medicine across the world today. Through exploring the medical traditions and teachings of this period, we can gain a deeper understanding and appreciation of medicine as a discipline encompassing not one, but many influential cultures.

Beth Massam - Joint Second Place

'The Immortal Life of Henrietta Lacks: Biomedical Ethics and Racism in Mid-Nineteenth Century America'

In 2010, 'The Immortal Life of Henrietta Lacks' by Rebecca Skloot was published to critical acclaim. In her book, Skloot provides an intensively researched and highly detailed narrative history of the life, death, and 'afterlife' of Henrietta Lacks, an African-American woman whose cervical cancer cells were found to be 'immortal'. These cells were taken from Henrietta post-mortem, and without her family's knowledge, yet have aided numerous important developments in the biomedical field. The repercussions of these actions - including the emotional struggle of Henrietta's family after they became aware of her 'immortality', and their lack of financial gain from the multi-million dollar industry based upon Henrietta's cells - led Skloot to question the morality of biomedical experimentation, and focus on the dearth of knowledge about biomedical ethics in the public sphere.

While the themes of power, knowledge, and morality are clear in Skloot's work, the issue of racism is not thoroughly explored. Indeed, Skloot maintains that class divisions, rather than racialized understandings of black medical patients, were pivotal in the decision to obtain tissue samples from Henrietta without full permission. Conversely, Henrietta's family maintain that white-on-black racism was central to the treatment that they, and Henrietta, have experienced from the American medical community. This presentation views Henrietta's story through the prism of racism and racialized medical assumptions, to explore the links between experimentation on black slaves during the nineteenth century, systemic racism, and American biomedical research ethics of the mid-nineteenth century. In doing so, it explores white perceptions towards, and white treatment of, the black body, alongside African-American perceptions of the medical community. In particular, two medical institutions in Maryland that were important during Henrietta's life are examined - the Johns Hopkins Hospital, Baltimore, and Crownsville Mental Hospital, Crownsville, known in the mid-nineteenth century as the 'Hospital for the Negro Insane'.

Eanna Mulvihill - Joint Second Place

'The Lobotomy: A much maligned procedure - but is the reputation deserved?'

The mention of few medical interventions throw up such strong emotions as does that of the lobotomy. Emotions of shame, remorse and regret among the medical profession, and suspicion, fear and anger among the public towards the medical profession. However, the practice of psychosurgery, beginning in the 1930s, must be viewed in the context of its time to be fully understood. With no real alternative except the prospect of life long institutionalisation under inhumane conditions, the lobotomy flourished as a treatment option as it offered something patients and caregivers had never had before when faced with severe psychiatric or behavioural ailments – the hope of a cure. In an era long before the advent of evidence based medicine, clinical trials, standardised treatment or patient centred care and when the only other alternative was the patient remaining in long term asylum care – patient's families, medical practitioners and patients themselves embraced this new treatment in a desperate hope of attaining some relief or a cure for those afflicted.

In this talk, I will explore the circumstances that allowed this procedure to become common practice for decades, why it fell out of favour and what lessons can be learned from it. I will outline and explore the particulars of this surgical intervention, the surgeons who pioneered it, the details of the procedure and the types of patients that underwent treatment. I will also talk through variations in the procedure by surgeon and region and how the procedure developed over time. I will explore the ethical issues surrounding the procedure and its legacy and discuss how psychosurgery is still performed today and offers effective treatment in some specific illnesses. I will finish up by examining current best treatment of mental illness today and outline what progress, if any, has been made since 1930.

Joshua Shields – Joint Second Place
‘A History of the Autopsy’

Why does a patient die? Was foul play involved or was death due to natural disease? If the latter, what was the disease? How can we find out about it? These questions, essential aspects of our current medical thought, were equally important 500 years ago when medical theory were relatively undeveloped by our modern standards. The word 'autopsy' literally means "to see for one's self". But how did this practice come about? In ancient Babylon, perhaps as early as 3500 BC, autopsies on animals were performed not for the study of disease, but rather for the practice of predicting the future by communicating with divine forces. Galen (131-200 A.D.), a disciple of Hippocrates practicing in ancient Greece, performed surgical dismantling (dissection) of animals and humans. By the 1500s, the autopsy was generally accepted by the Catholic Church, marking the way for an accepted systematic approach for the study of human pathology. While a number of "giants" around this time, such as Vesalius (1514-1564), Pare (1510-1590), Lancisi (1654- 1720), and Boerhaave (1668-1738) advanced the autopsy, it is Giovanni Bathista Morgagni (1682-1771) who has been considered the first great autopsist. Some historians say that the power of the autopsy in medical education peaked during the 1800s. In the beginning of that century the Allgemeine Krankenhaus in Vienna was considered the premiere medical center of the Western World. This talk will cover a brief history of the autopsy, tracing its origins, identifying key individuals instrumental in its development and ultimately aims to explain the significance of autopsy pathology as an integral component of medical education and modern clinical and forensic enquiry.

Kayleigh Wall – Joint Second Place
‘Chinese’ Medicine in Africa after Decolonization

The focus of this project is on the movement of Chinese medical practitioners into Africa, and their uses of ‘Chinese’ medicine within African society. This has occurred within both state funded aid and trade, as well as a form of private enterprise. Since the first state-funded team landed in Algeria in 1963, over 15,000 medical teams have served in 47 different African states. While propaganda posters produced by the People’s Republic of China depict these teams as primarily performing Traditional Chinese Medicine, in reality these teams provided additional care within established healthcare bases such as hospitals and rural healthcare teams. While many had received training in both Chinese and Western biomedicine, the latter was their main practice during their time in Africa. Moreover, their training and practice are similar to those of the Barefoot Doctors in China, who are well known for being the crucial providers of basic Western Medicine to rural communities where Western Medicine had never reached before.

Those who migrated to Africa and established private healthcare businesses did practice within the realm of Chinese Medicine, however their everyday clinical practices deviated substantially from what had become known as ‘Traditional Chinese Medicine’ within China. This ranged from diagnostic methods, to spatial and time considerations for their practice and even included prescribing methods. Some of these changes came from an attempt to shift the medical practices to suit the needs of consumers in an already highly competitive medical market comprising of both Western and Traditional African Medicine. Overall, in both instances of both state funded medical teams and private enterprise, the practices performed were substantially removed from the Traditional Chinese Medicine that was established during the Cultural Revolution.