

Report on the 2007 Survey of Students Studying the History of Medicine

Introduction

This report focuses on the American Association for the History of Medicine Ad-Hoc Committee for Student Affairs' October-November 2007 survey of students studying the history of medicine. Between the Ad-Hoc Committee and the Joint Atlantic Seminar for the History of Medicine (JASHM, an otherwise unrelated organization), a core of student leadership has collected over the last five or six years that believes in the importance of peer interaction for intellectual development, professional networking, and socializing. The Ad-Hoc Committee wondered what the boundaries are of "the" community of students in the history of medicine, and whether there are students with whom we have not yet connected. Therefore, the major theme of the survey was collegiality. The Ad-Hoc Committee plans to use its results to direct their cultivation of current student members and its outreach to as-yet unaffiliated historians of medicine-in-training. We hope the Executive Committee finds these results useful in its guidance of the Association which is, gratefully, increasingly aware of its "next generation."

The first survey conducted by the Ad-Hoc Committee, in January-February 2004, was designed to assess students' relationship to the AAHM and whether a student caucus was needed. Respondents to that questionnaire indicated that they would appreciate incentives to increase student involvement in the AAHM, so the Ad-Hoc committee became a quasi-permanent "student section." Five years later, the fruits of better publicity among graduate students and of incentives such as student-priced housing are evident: in 2004, 65% of respondents were AAHM members, but only one third of the whole had attended an annual meeting in the previous five years (1999-2003). In 2007, 54% of respondents were AAHM members, while almost that many—exactly 50% of all respondents—had attended a recent meeting. The numbers are even more promising for student members of the AAHM: in 2007, 68% of member-respondents had attended a recent (2003-2007) meeting. Moreover, despite a wider target audience this past year, 77% of all the students who indicated they had attended an annual conference were at the 2007 meeting in Montreal. If participation in the annual AAHM meeting is a reliable indicator of active belonging to this community of medical historians, generously defined, then the organization has made positive gains in fostering student involvement.

This past year's survey looked more broadly at (mostly graduate) students who are studying the history of medicine, whether or not they are members of the Association. We asked what they are researching, what use AAHM and its related institutions have proven for them (if any), and, most important, how connected they feel to a community of (student) historians of medicine. The "average" student of the history of medicine appears to be pursuing a Ph.D. in the history of medicine or sociology of science in a specialized department for social studies of science or medical humanities. S/he may or may not be a member of the AAHM: 54% of respondents are currently members. As would be hoped and desired, AAHM membership and affiliation with a specialized department correlate with stronger feelings of community, but collectively these respondents feel only lukewarm affinity for a community of their peers: a 3 on a scale of 1 to 5.

Numerically, these results can be accounted for by the fact that, for this survey, we cast our net beyond students who are already connected to the AAHM and the Joint Atlantic Seminar for the History of Medicine. The mere fact that we received so many responses from "new"

students suggests that strategic enhancement of our outreach methods could put us in touch with many more individuals who already consider themselves historians of medicine-in-training. Whether they are members of AAHM or not, in special or general history departments, respondents indicated that the four most important influences on their networking are faculty in their department, other students in their department, other faculty on campus, and conferences such as the AAHM's. Hence, it is primarily up to current members—both students and faculty—to reach out and encourage new students to take advantage of the resources and camaraderie the existing community of students in the Student Section has to offer. The Ad-Hoc Committee hopes it and the Executive Committee can provide the necessary connections, support, materials, etc.

Therefore, the American Association for the History of Medicine Ad-Hoc Committee for Student Affairs would like to use this survey as an opportunity to discuss

- 1) the make-up of the known community of students of the history of medicine
- 2) how reach those who match the current profile of that community, and
- 3) whether it is necessary to expand who we are and what we are about to reach more and different kinds of students.

Methodology

A 34-question survey was formatted and distributed with www.freeonlinesurveys.com. (See Appendix 2 for a copy of the questionnaire.) AAHM Secretary/Treasurer Chris Crannert approved an up-grade to a student subscription (\$9.99/month for one month) to make the necessary features available. The survey was announced over the AAHM Student Section list-serve on Yahoo! (now up to 35 members), H-Grad, and the Joint Atlantic Seminar for the History of Medicine's (JASHM) faculty contact list. We greatly appreciate the aid of faculty who forwarded the link to their students. After one month (October 25-November 21, 2007), the survey was closed, the results downloaded, and the subscription canceled.

Basic Demographics

Results (Questions 1-8):

The survey received 57 unique responses; 48 students completed the entire questionnaire.¹ Respondents included 1 M.S. and 3 M.A. students in history and/or social studies of science; 49 Ph.D. students in history or the history of medicine (86%); and 4 M.D. students (7%). Of the doctoral students, 5 are also pursuing an M.D. and 1 an M.P.H. There is also 1 B.S./M.D. student for a total of 12% of all respondents currently pursuing dual degrees. (1 Ph.D. student already has an M.D. and another M.D. and M.P.H. degrees.)

Average year in current program for respondents is 3.86, with a low of 1 year, a high of 8 years, and modes of 2 and 4 years. 28 (49%) of students are All But Dissertation (ABD.); 27 (47%) are not yet; and for 2 respondents in medical school this designation was not applicable.

¹ Percentages were calculated according to how many respondents completed the question block. Respondents were dropped from the totals only if they answered no more questions. Those who answered sporadically were retained under the rationale that they commented on those issues that were important to them. N/A refers to those who continued answering questions but who did not provide an answer for a particular question.

As to departmental affiliation, 47 (82%) are affiliated with History of Medicine or Science; Medical Humanities; or Science & Technology Studies (STS) departments in universities or medical schools. 8 (14%) are enrolled in general History departments, and 2 (4%) took independent classes in a medical school. Nineteen institutions are represented (Appendix 1.1).

For a glimpse of the breadth of geographical, chronological, theoretical, and thematic interests, please see Appendices 1.2-1.3 for respondents' research interests and dissertation titles.

Discussion:

One of the issues this report considers is what the use of a community of peers in history of medicine has been and should be, so it is pertinent to discuss what the ideal parameters of that community are. A slightly lower percentage of Ph.D. students responded to this survey than the last one (86 vs. 91%), most likely representing the effort to find students who are not already affiliated with the AAHM, and therefore less likely to be historians of medicine-in-training (i.e. future professors). It is unknown how many undergraduate or medical students currently take classes in our disciplines and therefore could be considered to be "studying the history of medicine." As the AAHM is properly a professional organization, however, the Student Section's appropriate audience seems to be doctoral students. Medical and undergraduate students are of course welcome, as clinicians (and graduate students!) are in the Association as a whole; but the center of gravity for the community of "students" is among graduate and specifically doctoral students. These make up the majority of the existing core *and* the group of as-yet unknown colleagues.

Unsurprisingly, given the methods of distribution, the survey finds that departments and programs in Medical Humanities and Science & Technology serve the majority of respondents, including those not pursuing degrees in the history of medicine. What is uncertain is how many more students in History, East Asian, English, or other departments remain uncanvassed. Because we are focused on graduate students, this is a more important untapped well than that of undergraduates or medical students. How to reach currently unaffiliated graduate students has also been debated among the student leadership of the Joint Atlantic Seminar for the History of Medicine. The larger the community, the more the connections, the stronger the camaraderie, the more social and professional support. As it is unwise from a long-range organizational standpoint to strive merely to be welcoming to those students who seek us out, and considering that there are graduate students in and out of specialized departments who fit the "typical" description of our known community, the Student Section needs to develop more pro-active ways to reach out to new students. The planning of a Joint Atlantic-style West Coast or Midwestern graduate student seminar and the launching of the AAHM student webpage are therefore positive steps in the right direction.

Connections to AAHM

Results (Questions 9-12):

Concerning the American Association for the History of Medicine, 28 (54%) of respondents affirmed that they are currently members, 24 (46%) that they are not. Reasons for not being a member, in order of decreasing influence are:

have not been encouraged to join	14 (58%)
haven't gotten around to registering	9 (38%)
don't consider it a necessary professional group for my career	4 (17%)

cost is prohibitive	4 (17%)
[didn't know about it]	3 (13%)
have been discouraged from joining	0

Students in general history departments are no more or less likely to be members: 4 are and 4 are not. 18 (43%) of students in specialized departments are not members. One of the 24 non-members has been a member in the past; another shared that the AAHM “gives an impression of being more about image than scholarship.” Only Johns Hopkins University pays its students’ membership fees; this is not so for 92% of respondents.

Students reported that they had found out about the AAHM from these sources:

local sources (i.e. professor, department, students in your program)	42 (81%)
the Bulletin for the History of Medicine	12 (23%)
other students (from another institution)	9 (17%)
web search	4 (8%)
[this survey]	2 (4%)
HNet	2 (4%)
Other: AAHM Montreal (1)	

Discussion:

Although of course we would like to consider ourselves a “necessary” group for future scholars and aficionados of the history of medicine, it would be easier to accept that not all those studying the history of medicine and related fields need or *want* to join our organization, if it were not for the brutally honest response of one student, that AAHM “gives an impression of being more about image than scholarship.” This particular respondent, who comes from a specialized department, rated his or her connection with a community of peers in the history of medicine 4 out of 5, where 5 meant “not at all connected;” has presented only at other conferences; doesn’t think AAHM would be an “appropriate audience” for his or her work; and “didn’t feel welcome to submit” a Shryock Paper. While these negative sentiments may be due to individual proclivities and/or situation, the comment, in addition to one from another student about the tendency of Montreal conference attendees to favor hallway socialization over listening to papers, may give us a moment’s pause.² We will discuss student reactions to the conference in greater detail below.

Of the 58% of students who are not members because they have not been encouraged to join, it is worth considering which might benefit from an association with the AAHM and/or Student Section and how to encourage them. At least no one reported having been discouraged from joining! But as student dues are already discounted a generous 70%, from \$85 to \$25 *pro annum*, it is unknown whether those who responded that they could not afford to be members are actually aware of the cost or whether they are in truly straightened circumstances.

Finally, as suggested in the introduction, “local sources” such as faculty, departments, and other students are vital to perpetuating a student community. They serve as beacons of continuity against the turn-over of graduates, as reservoirs of experience, and as authoritative sources to confirm the legitimacy and usefulness of groups such as AAHM and the Student

² “At the Montreal meeting, it definitely felt as though the papers were the last thing on many attendee's [sic] minds. So many of the rooms seemed empty during presentations, or interrupted by latecomers. The rooms were very poorly arranged to accomodate latecomers. There were several scholars with whom I had hoped to speak and whom I knew were in attendance, but I never saw them. This is hardly something the organizers can control, but it was disappointing all the same! Many people commented that Montreal was just too interesting a city to spend the day listening to papers. This is too bad, because all the panels I attended were very good.”

Section. The Association is structured to accommodate graduate students, so person-to-person interaction (even over email) seems to be the key to opening the door to increased student participation in the community.

Results (Questions 13-15):

As indicated in the introduction, 26 (50%) of students who answered the survey have attended an AAHM annual meeting in the last five years. Of the 26 affirmative responses, the following percentages attended each meeting:

Boston 2003	4 (15%)
Madison 2004	10 (38%)
Birmingham 2005	7 (27%)
Halifax 2006	9 (35%)
Montreal 2007	20 (77%)

Students who have attended at least one AAHM meeting ranked the following influences on their decision to attend, where 1 indicates “very important” and 5 “not very important.”

opportunity for peer interaction	1.67
opportunity for professional development	1.78
encouragement by a professor	2.15
received financial assistance (scholarship, department, AAHM, grant, shared a room)	2.22
particular papers/sessions were relevant to my work	2.30
presenting a paper	2.67
other	2.70
encouragement from other students	2.85

Students were then asked what factors had contributed to their ever having missed an AAHM meeting, where again, 1 indicates “very important” and 5 “not very important.”

cost was prohibitive	1.67
not giving a paper	2.09
too busy (in general)	2.76
schedule conflict that weekend	2.82
new grad student	3.24
was not aware of the meeting	3.36
family reasons (i.e. unable to make childcare arrangements)	3.55
was discouraged from attending by someone	3.91

Discussion:

The high percentage of respondents who attended the 2007 conference in Montreal may reflect any number of things: the peculiarities of the timing and location of this meeting; that the current crop of students is more involved (in meetings and in surveys!) than those who were around for the earlier meetings; and/or that the student-priced accommodations positively influenced students to attend. Cost is the single most determining factor in student non-attendance, and the Student Section is pleased that the 2008 Local Arrangements Committee has already located cheaper accommodations for students. Indeed, asked to share comments with either the conference organizers or the student leadership, respondents agreed that student

accommodations are greatly appreciated and that a student lunch is a better option than a student breakfast (See also Appendix 1.3).

The survey respondents rated peer interaction and professional development as the most important factors in their attendance at AAHM meetings, and this can be confirmed anecdotally from the student lunch in Montreal. (What the perceptive student quoted above might have missed is that many scholars attend meetings for social and professional networking opportunities in addition to intellectual development, although disrupting a session by coming in late is certainly not professional.) Interestingly “giving a paper” was rated relatively lowly in terms of its impact on a student’s decision to attend a meeting, whereas “not giving a paper” was voted the second most important factor in non-attendance. Only four students consistently ranked whether they were giving a paper or not as a “very important” factor in their decision to attend an annual meeting, so what the numbers probably indicate is (at least) two different groups of students: networkers and opportunists. Networkers will attend for peer interaction professional development, if they can bear the costs (and although this was not asked, it is known that departments offer variable amounts of support to attend conferences such as the AAHM’s); opportunists attend AAHM to give papers and may include non-members (for whatever reason), medical students, those whose interests tangentially touch the history of medicine, new students with little or no research experience yet, etc. Interestingly, 9 (32%) members have not attended an AAHM meeting in the last 5 years, while 7 (29%) non-members have, in which case membership may not be an entirely accurate predictor of integration.

Results (Questions 16-26):

The next set of questions asked whether the student had ever submitted a paper to the annual conference and/or to the Shryock and Osler competitions (if eligible). 18 (35%) of students have submitted an abstract to the AAHM conference; 17 of them more than once.³ Students who have ever not submitted cited as reasons:

nothing to present	3 (41%)
didn’t know about the call for papers (CFP)	8 (25%)
missed the deadline	3 (9%)
didn’t feel welcome to submit	1 (3%)

Other: “although i am interested in history of medicine, my own work is not really historical;” “have mostly presented at other conferences (so far);” “didn’t seem to be an appropriate audience;” “[as a single parent,] I knew I wouldn’t be able to attend meeting.”

Just 5 (10%) of respondents have submitted a paper to the Shryock essay competition, all of them once apiece. The most prevalent reasons against submission were “nothing to submit” (18, 41%) and “didn’t know about the competition” (15, 34%). Other reasons given included “thought my essay would be better suited to other competitions/journals” and “although i am interested in history of medicine, my own work is not really historical.” The remaining respondents missed the deadline (2), “didn’t feel welcome to submit” (2), or were not eligible (3).

Only 1 respondent has submitted (1) to the Osler essay competition for medical students. Reasons against submission included “not eligible” (24, 51%), “didn’t know about the competition” (14, 30%), “nothing to submit” (7, 15%), or “didn’t feel welcome to submit” (1). One student indicated “will submit this year.”

³ The breakdown of submissions is once: 1 student, twice: 10 students, thrice: 4 students, four times: 3 students.

Discussion:

There seems to be a healthy understanding among students that they are welcome to submit an abstract to present a paper at an AAHM meeting: just over half of member-respondents have submitted an abstract (15 of 28); the organization is friendly to student presenters. The essay competitions, however, seem to be a much smaller part of most students' interactions with the AAHM. Perhaps the Student Section could bolster the visibility of the Shryock Award, at least (as graduate students make up the bulk of our target membership).

Exposure at Other Conferences

Results (Questions 27-31):

The questionnaire then inquired about the Joint Atlantic Seminar for the History of Medicine (JASHM) which, while independent of the AAHM, draws from much of the same pool of students. The conference, held in late September or early October, is organized by and caters to graduate students. 15 (31%) of respondents have ever attended a JASHM meeting, held at the following locations:

I - Johns Hopkins (2003)	2 (4%)
II - Harvard University (2004)	8 (16%)
III - University of Pennsylvania (2005)	7 (14%)
IV - Yale University (2006)	9 (18%)
V - Johns Hopkins University (2007)	11 (22%)

9 respondents out of these 15 (60%) have attended more than one JASHM.

The 33 students who have never attended a JASHM ranked the reasons in the following way:

was not aware of the meeting	16 (48%)
cost was prohibitive	13 (39%)
was not giving a paper	10 (30%)
too busy (in general)	10 (30%)
schedule conflict that weekend	8 (24%)
too far away	8 (24%)
thought it didn't apply to me	3 (9%)
family reasons	2 (6%)
(i.e. unable to make childcare arrangements)	
was discouraged from attending by someone	1 (3%)

One student noted that "meetings almost all held in expensive cities."

In addition, 27 (55%) of students responding to the survey have shared their work at other conferences, including the American Historical Association, MEPHISTOS, the Society for the History of Technology, the Society for the Social Studies of Science, the History of Science Society, the Berkshire Conference of Women Historians, the Midwest Junto for the History of Science, the Canadian Society for the History and Philosophy of Science, the Canadian Society for the History of Medicine, the Mid-American American Studies Association, the Society for Disability Studies, the German Studies Association, the American Sociological Association, and the Latin American Studies Association. 21 (43%) of respondents have not presented work at a(nother) conference.

Discussion:

Despite the comment that JASHM meetings tend to be held in expensive cities, the conference nevertheless offers students an alternative to the AAHM meeting for peer interaction

and professional development. That 33 (67%) of students have not attended JASHM is unsurprising considering that the Joint Atlantic, like its cousins in the History of Biology and the History of the Physical Sciences, caters to East Coast students. Recognizing a need, negotiations are underway to create a similar, graduate-student oriented conference in the Midwest and/or on the West Coast, as previously suggested. That 16 students who have never attended were not even aware of the meeting is, however, disappointing, considering the amount of advertising done through HNet, HGrad, directors of graduate study, etc. Nevertheless, the Ad-Hoc Committee and JASHM are not synonymous, and graduate students in the history of medicine evidently experience no shortage of venues at which to present their work. This is to be celebrated even as we discuss ways in which to draw them toward our own resources.

Communal Feeling

Results (Questions 32-34):

Finally, students were asked, How closely connected do you feel with a community of graduate students in the history of medicine? Where 1 means “very connected” and 5 means “not at all connected,” they answered,

	All respondents (49)	AAHM members (28)	Non-members (21)	Specialized department (42)	General history dept. (7)
1	10 (20%)	8 (29%)	2 (9%)	9 (21%)	1 (14%)
2	7 (14%)	4 (14%)	3 (14%)	6 (14%)	1 (14%)
3	11 (22%)	7 (25%)	4 (19%)	10 (24%)	1 (14%)
4	13 (27%)	7 (25%)	6 (29%)	11 (26%)	2 (29%)
5	8 (16%)	2 (7%)	6 (29%)	6 (14%)	2 (29%)
Avg.	3.04	2.68	3.52	2.95	3.43

Students were then asked how much each of the following factors connected them to a community of peers in the history of medicine, where again, 1 means “very much” and 5 “not very much:”

	All respondents (46)	AAHM members (27)	Non- members (19)	Specialized department (39)	General history dept. (7)
students in my department	2.37	2.37	2.36	2.13	3.71
faculty in my department	2.09	1.78	2.52	2.08	2.14
students on my campus	3.50	3.59	3.37	3.41	4.00
faculty on my campus,	2.78	2.59	3.05	2.72	3.14
other local scholars	3.85	3.78	3.95	3.85	3.86
(if there are multiple campuses near you)					
conferences such as the AAHM	2.85	2.44	3.42	2.74	3.43
HNet	3.50	3.04	4.16	3.62	2.86
other	4.00	3.60	4.36	4.00	4.00

Finally, students were asked if they had any particular concerns as students in the history of medicine which they would like addressed? (See Appendix 1.4 for complete answers.)

Discussion:

As the numbers indicate, respondents range across the board on how connected they feel to a community of students in the history of medicine. The rather ambivalent cumulative result of 3.04 hides the fact that while even students in the AAHM and specialized departments vary in terms of collegiality, non-members and students in general history departments definitely tend away from communal feeling. The next question is whether students in specialized versus general history departments ought to be approached differently. Going on the assumption that students work with faculty of similar interests, whatever their departmental affiliation, the Student Section may need to consider how it approaches faculty as intermediaries (assuming they are already members of AAHM). As some students strike off in new directions, it is also advisable to consider student-to-student interactions. In both cases, the publication of the Student Section webpage is but a first step. We could expend more effort publicizing ourselves on-line and at relevant conferences to students who could benefit from our resources.

Finally, the students who chose to leave final comments often had perceptive things to say about not only their personal positions in the history of medicine, but also the future position of the discipline itself. Some find the history of medicine too conservative and believe it should branch out to other humanities (including “history”), social sciences such as STS, and to the natural sciences. That the range of respondents included all these fields gives the lie to too much concern about the inability of future historians of medicine to cross whatever disciplinary boundaries may have been erected in the past; but this is not to say that it couldn’t be easier for a historian (of medicine) to get a job in a STIM department, or a biotechnologist to access and understand works on the sociology of science. Moreover, one medical student asserted that it is medicine that is too conservative; this person believes medical students ought to be required to complete a thesis in the medical humanities, in order to break down the barriers of artificially-inflated medical egos.

Conclusion:

In conclusion, the Ad-Hoc Committee for Student Affairs feels this survey was a worthwhile exercise both for defining the known community of historians of medicine-in-training and for orienting us toward our as-yet unconnected peers. The survey demonstrated above all that—as diverse a group as “students studying the history of medicine” is—there are many more like the core group “out there” who could be recruited to join AAHM and the Student Section. We are mostly doctoral students, frequently AAHM members, and almost always in contact with AAHM faculty and/or appropriate webtools. We are sometimes dual-degree seekers and usually connected to multiple outlets for our research. It is the experience of the core group of student leaders in the history of medicine that there is simultaneously enough to draw us to together and enough to make things interesting.

The Ad-Hoc Committee further believes that the intellectual development, professional networking, and socializing opportunities of our group are important and should be encouraged. It is to our great chagrin that we neglected to ask respondents in the survey what they thought of these goals. Part of our folly was in understating the size of the potentially unknown student population; the rest was in naively assuming everyone would agree with these goals. That there

might be disparate needs and desires became evident in the analyzation of the data. That having been said, we are not trying to be all things to everyone. We believe we have identified a target audience who—*probably*—shares our concern for collegiality among future historians of medicine. Existing networking resources include the AAHM website and student page, the AAHM newsletter, the student section and H-Net listserves, and student-student and student-faculty interactions. Our next step is to maximize these resources to recruit others like us who do, in fact, want to be part of our community.

Respectfully submitted,⁴
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Chair, AAHM Student Section

⁴ Thank you to Nate Moon for suggesting useful ways in which to approach the data!

Appendix 1: Responses

1.1 ~ *Institutions Represented*

Cornell University - Georgia Institute of Technology - Harvard University - Johns Hopkins University - McGill University - Northwestern University - Oregon State University - Princeton University - Saint Louis University - University of California, Berkeley - University of California, Santa Barbara - University of Illinois at Chicago - University of Illinois at Urbana-Champaign - University of Minnesota - University of Oklahoma - University of Pennsylvania - University of Toronto - University of Wisconsin-Madison - Yale University

1.2 ~ *Areas of Research Interest:*

Twentieth Century - History of Psychiatry - American History - Twentieth Century America - Domestic Medicine - 20th century - history of biomedicine and bioethics - social/cultural history - 19th-20th century - America - Environmental Health - 1912-1926 - Japan's Tuberculosis Epidemic - Evangelical Organizations - 1930s - Maternal and Child Community Health Activism - Harlem, New York - 1899-1999 - Canadian immigration, religion, minorities - collective memory and identity history - Early Modern - History of Natural History / Botany - New France - 20th United States - Sex - Security and Personal Safety - 20th United States - Sex - Security and Personal Safety - 1769-1820 - History of medical practice - History of medical education - 1898-1920 - Military medicine - Institutional knowledge production - 1898-1920 - Military medicine - Institutional knowledge production - 18th/19th centuries - 1926 - 1986 - biography of Sheldon C. Reed; history of Institute of Human Genetics - medicalization of genetics at University of Minnesota - 1970-1975, 1990-2000 - 1920-2000 - epidemiology - Occupational disease - 1750-1950 - Lay traditions of medicine in India - Visual representations of disease - late 19th C. - early 20th C. - Geriatric Med. - Alzheimer's Disease - 20th century U.S. - intersections of history of medicine and history of religion in the U.S. - history of patient advocacy & leprosy - Progressive America - history of psychiatry - history of psycho-physiological research & psychosomatic medicine - Nineteenth Century - Women's health - Reproduction - 1900-1950 - Public Health Nutrition - School Foodservice - 1980-now - EBM - objectivity - Modern (1800-present) - East Asian science and medicine - gender and sexuality - Progressive Era - history of sexuality - history of quackery - 1905-1932 - U.S. foreign relief and diplomacy - Progressive public health and scientific charity - 1940s-1980s - American - medical technology - Late nineteenth century - European neurology and psychiatry - 17th Century - Current - Typhus - 1890-1940 - 1750-1900 - History of Epidemiology - Public Health and "Filth Diseases" - 1800-2000 - History of Medicine - US History - 17th-18th Century - Food, Diet, Medicine - 19th Century - American Medicine - Ethics - 1890 - 1932 - Starting with the influenza epidemic of 1890 - Ending with the revamping of the Chicago Department of Health in 1932 - 1910-1930 - History of eugenics, disability and femininity in the United States and Germany - 1650-1850 - history of parasitology/helminthology - disease causation - 20th century - American - social history, policy - 1900-today - 1950-1980 - Epidemiology - International Health - 1960s-1970s - Healthcare radicalism - Community and free clinics - 1876-present - East Asian Science, Medicine, and Technology - esp. South Korea, Taiwan, Japan and North Korea - 20th century - American - medicine/psychiatry - 200-600 AD - religion and medicine - cultural history - military medical history - 1500-1800 - medical science - 20th century - popular health in the US - reproduction/prenatal care - late 19th-mid 20th century - Latin America - Contraception - 1600-1730 - patients - gender - U.S., 1945-present - psychiatry - drugs - 20th century - heart disease - cardiovascular epidemiology - 1918-1933 - public health - Germany

1.3 ~ *Proposed Dissertation Titles:*

“Mental Health and Ideals of Citizenship: Patient Care at St. Elizabeths Hospital in the Twentieth Century;” “The Role of Christian Evangelism in Combating the Tuberculosis Epidemic of Taisho Japan;” “Plants and People in Early Canada;” “Security, Sex, and Strangers;” “War and the Production of Knowledge: The Technologies of Triage and the American Military and Medical Institutions during the First World War;” “Surgery in Avignon: The Practice of Jean-Baptiste-Antoine-Benezet Pamard, 1763-1827;” “From Eugenics to Medical Counseling: Human Genetics Transformed;” “Epistemology in flux: changing conceptions of objectivity in Russian biomedicine;” “Adolf Meyer and the Phipps Psychiatric Clinic at Johns Hopkins;” “Eating to Learn, Learning to Eat: School Foodservice and Children's Nutrition in Early Twentieth-Century America;” “Localization and Democratization of Clinical Practice Guidelines;” “Passionate Corporeality: A History of Sex-Alteration in China;” “Diseases of Men: Syphilis, Scientific Medicine, and the Business of American Advertising Medical Institutes, 1900-1930;” “Humanitarian Occupations: Disaster, Diplomacy, and the American Red Cross, 1905-1932;” “The Effect of Mast Cells on Dendritic Cells in a Murine Model of Multiple Sclerosis;” “From Drains to Dairies to Contaminated Shellfish: Rethinking the Epidemiology of Filth in Britain, 1850 to 1900;” “Managing American Bodies: Diet, Nutrition, and Obesity in the United States, 1840-1920;” “Epidemics and Civil Liberties, the Impact of the Influenza Epidemic of 1918 in Chicago;” “Bodies of Surveillance: Disability, Femininity and the Keepers of the Gene Pool;” “Perceptions of child health in 20th century Zambia;” “Constructing Postwar International Health: The CDC, Epidemiology and the Politics of Foreign Aid;” “Hanmi Hyopcho (Korea-American Cooperation) and the Origins of South Korean State Science, 1945-1975;” “Buddhism and Medicine in Early Medieval China;” “The Whole Nine Month: a Social and Cultural History of Pregnancy in the United States, 1913-1968;” “Nineteen Parishes, and Other Stories about Having Children in Peru, 1895-1976;” “Gendered Perceptions of Sickness in 17th-Century England;” “Stimulated Nation: A History of Psychostimulants Drugs in Postwar America;” “The Cholesterol Controversy: Atherosclerosis, Diet, and Health in Twentieth-Century America;” “Through the Hygiene Eye: Nutrition and Public Health in Germany from the Perspective of the German Hygiene Museum in Dresden, 1900-1933”

1.4 ~ *Comments on AAHM annual meetings:*

“Separate student housing (with reduced rates) is much appreciated.”

“I hope to attend upcoming 2008 conference as it is near my home institution and (hopefully) an affordable trip from a department with limited funds for graduate students.”

“At the Montreal meeting, it definitely felt as though the papers were the last thing on many attendee's minds. So many of the rooms seemed empty during presentations, or interrupted by latecomers. The rooms were very poorly arranged to accomodate latecomers. There were several scholars with whom I had hoped to speak and whom I knew were in attendance, but I never saw them. This is hardly something the organizers can control, but it was disappointing all the same! Many people commented that Montreal was just too interesting a city to spend the day listening to papers. This is too bad, because all the panels I attended were very good.”

“I planned to go to Halifax, but the cost was prohibitive, including the lack of hotel rooms at grad student rates.”

“I very much enjoyed the grad student conference [JASHM] at Johns Hopkins. I thought the range of disciplines and paper subjects was excellent.”

“Would like to continue receiving e-mails and maintaining contact; my primary focus is East Asia, but medicine remains a major component”

“having conferences near large airports would be useful.”

“I can comment only on the 2007 students lunch meeting, which I attended: in my view it was a great success, and I would like to attend similar events in future meetings”

“Students need an increased presence on the AAHM website; conference organizers may wish to follow the lead of the Montreal LAC by providing alternative (i.e. less expensive) arrangements specifically for graduate students”

“Keep up the good work!”

“Lunch is such a better idea than breakfast! And I love sharing a room: both for the discount and for the comraderie.”

1.5 ~ *Final, parting shots:*

“I worry that history of medicine still too conservative of a field. There needs to be better attempt to link with other fields (e.g. sexuality studies or science studies) not quite so conservative.”

“make a thesis on this topic mandatory. the modern technological paradigm has absolutely destroyed medical students’ ability to search for old information, and to avoid anachronistic errors in thinking about history of medicine. this is needed to maintain a healthy skepticism towards modern advancements, to temper optimism in the furnace of historical realism. you can also learn a lot about how historically, physicians were more classically 'literate' than are today’s students and doctors. this difference spills over into humanism, communication skills, critical thinking, etc.”

“Where does the field see itself in the next 10 years? For example, do scholars in the History of Med. see themselves engaging with scholars doing work on biomedicine and/or biotechnology?”

“I would attend more AAHM conferences if they were more accessible. Graduate students at public universities don't typically get much travel money, and it costs a lot of money to travel places like Halifax or even Birmingham. Quite frankly, the costs vastly outweigh the benefits. I don't think the AAHM should give travel money to grad students unless as an organization you are disappointed with grad student turnout. Personally, I don't worry that much one way or another if I get to go, but I will submit proposals in the future.”

“As a student who straddles the divide between history of medicine and more general history, I worry about my job prospects Will I seem too marginal to history departments? Will I not have enough SST background for history of medicine and science departments? I see myself applying to jobs in both departments, but am not sure how competitive I will be in either.”

“No childcare = cannot attend conferences. (I'm a single parent.)”

“Nope, I'm pretty much a newbie to the field so I'm still figuring it all out.”

“Would be amazing to have an event at AAHM this year for clinician-historians in training!”

“We should reach out more strongly to students in history of science/medicine programs who are currently under the radar, as well as to students working in history of medicine fields (e.g. body, sexuality) in general history departments”

“To continue our efforts to build a broad network of graduate students who work in and around the history of medicine.”

Appendix 2: AAHM Student Survey Questionnaire (2007)

- 1) Name and email address (optional):
- 2) Please tell us which degree(s) are currently in progress: in what subject? at what institution? estimated completion date?
- 3) What year are you in this graduate school program? (1-10)
- 4) In what kind of department are you studying the history of medicine?
History

History of Medicine/Science/etc.
Other

- 5) Are you currently ABD (All But Dissertation)? Yes/No
- 6) What is the title of your dissertation (if known)?
- 7) Please describe your research: (two descriptives and a time period)
- 8) Please tell us about the degrees you have successfully completed as of this date: in what subject? at what institution? in what year?
- 9) Are you a member of AAHM? Yes/No
- 10) If "no," please share why not: (Choose all that apply.)
cost is prohibitive
have not been encouraged to join
don't consider it a necessary professional group for my career
haven't gotten around to registering
have been discouraged from joining
Other
- 11) Does your department or program pay for your membership? Yes/No
- 12) How did you find out about the AAHM? (Choose all that apply.)
local sources (i.e. professor, department, students in your program)
other students (from another institution)
web search
HNet
the Bulletin for the History of Medicine
Other
- 13) Have you attended an AAHM annual meeting in the last five years? Yes/No
- 14) If "yes," please indicate which one(s):
Boston 2003
Madison 2004
Birmingham 2005
Halifax 2006
Montreal 2007
- 15) If you have any comments or suggestions you would like to share with either the conference organizers or the student leadership, please feel free to type them below.
- 16) If you have attended at least one AAHM meeting, taking the sum of your experiences in mind, please rank the following influences on your decision to attend. (1, "very important" – 5, "not very important")
presenting a paper
opportunity for professional development
opportunity for peer interaction
encouragement by a professor
encouragement from other students

received financial assistance (scholarship, department, AAHM, grant, shared a room)
particular papers/sessions were relevant to my work
other

17) If you have attended every possible AAHM annual meeting, just skip this question! Otherwise, if you have ever not attended an AAHM meeting, please rank the following influences on that decision: (1-5)

not giving a paper
cost was prohibitive
was not aware of the meeting
family reasons (i.e. unable to make childcare arrangements)
too busy (in general)
schedule conflict that weekend
was discouraged from attending by someone
new grad student

18) Have you ever submitted an abstract to the AAHM conference? Yes/No

19) If yes, how many times? (0-10+)

20) If no, why not?

missed the deadline
nothing to present
didn't know about the call for papers (CFP)
didn't feel welcome to submit
Other

21) Have you ever submitted a paper to the Shryock essay competition for graduate students in the history of medicine? Yes/No

22) If yes, how many times? (0-10+)

23) If no, why not?

missed the deadline
nothing to submit
didn't know about the competition
didn't feel welcome to submit
not eligible
Other

24) Have you ever submitted a paper to the Osler essay competition for medical students? Yes/No

25) If yes, how many times? (0-10+)

26) If no, why not?

missed the deadline
nothing to submit
didn't know about the competition
didn't feel welcome to submit
not eligible
Other

- 27) Have you ever attended the Joint Atlantic Seminar for the History of Medicine (JASHM)? Yes/No
- 28) If yes, please indicate which one(s):
I - Johns Hopkins (2003)
II - Harvard University (2004)
III - University of Pennsylvania (2005)
IV - Yale University (2006)
V - Johns Hopkins University (2007)
- 29) If no, please tell us why: (Choose all that apply.)
was not giving a paper
cost was prohibitive
was not aware of the meeting
too far away
family reasons (i.e. unable to make childcare arrangements)
too busy (in general)
schedule conflict that weekend
was discouraged from attending by someone
thought it didn't apply to me
Other
- 30) Have you ever presented your work in the history of medicine at another conference? Yes/No
- 31) If yes, please share which one(s):
- 32) How closely connected do you feel with a community of graduate students in the history of medicine?
(1-5)
- 33) Please tell us how much each of the following factor into your community of peers in the history of medicine: (1-5)
students in my department
faculty in my department
students on my campus
faculty on my campus
other local scholars (if there are multiple campuses near you)
conferences such as the AAHM
HNet
other
- 34) Last question! Do you have any particular concerns as a student in the history of medicine, which you would like addressed? If so, please feel free to describe them below.