

Segregation and integration have shaped hospitals throughout their histories from a variety of perspectives: political, economic, social, religious, cultural, architectural and environmental. This conference will foreground the concepts of segregation and integration in health care institutions from Ancient times to the modern day and in an international context.

Ideas about segregation and integration in relation to hospitals could influence decisions regarding location, design, specialisation, the patient body, representations and publicity, funding and civic purpose. In so doing, they affected the internal and external function of the hospital. Within the hospital site itself patients might be segregated on the basis of their behaviour, gender, race or even class as well as their physical condition. The integration of medical teams changed, often as new technologies and specialisms were adopted. Once healed, patients could require assistance in order to reintegrate with their former communities and resume their ordinary lives. The conference will also consider the factors which affected the degree of integration and segregation which was deemed to be desirable between urban and rural sites, as well as hospitals across communities, countries and continents.

Although segregation and integration have been a prominent feature of many studies of individual institutions, this conference will be the first to examine them from a comparative perspective. In so doing, the conference will not only tell us more about hospital history but will illustrate yet again how the study of hospitals can shed light upon the history of their wider contexts.

The tenth INHH conference will consider the impact of segregation and integration on the history of the hospital through an examination of three key themes: (1) hospital sites and spaces; (2) hospital images and representations; and (3) hospital policies. Further details on each of these themes can be found below.

## The tenth INHH conference will consider the themes of segregation and integration in the history of the hospital through an examination of three key themes:

## 1. Hospital sites and spaces

Architecture, location or environment reflecting or determining segregation and integration; relationships between urban, rural and convalescent sites; relationships between institutional and domestic sites; regional, national or transnational hospital services; interactions between hospitals and communities; isolation hospitals and fever hospitals; hospitals within other institutions (or vice versa); separation of patients within or between institutions based upon type of infection, age, gender, religion, race, ethnicity, citizenship, social status or wealth; treatment of acute or chronic illness; hospitals as sites of cultural encounters; hospitals, disability and accessibility; hospitals as sites of conversion; changing uses of hospital sites; isolation and general wards; death and burial.

## 2. <u>Hospital images and representations</u>

Hospitals, segregation and integration in art and literature; hospitals within travel or miracle narratives; ideal and Utopian representations of hospitals, architecture and design; hospitals and town planning; hospitals and civic or religious rituals; staff portraits and their display; naming of institutions; political rivalries and conflict resolution; public philanthropy and fundraising.

## 3. Hospital policies

Segregation or integration as a public health policy; dealing with isolation for epidemic and non-epidemic disease; hospital administration and hospital statutes, including comparisons with other charitable or welfare institutions; rules, regulations and exclusion; supplying the hospital; preference for locals versus strangers; dealing with difficult and disruptive patients; paying and public wards; seasonality and the organisation of hospitals.

The Advisory Board of the INHH, as organisers of this conference, wish to invite proposals for 25 minute papers which address one of these themes. Potential contributors are asked to bear in mind that engagement with the conference themes of integration and segregation will be a key criterion in determining which papers are accepted onto the programme.

Abstracts should be between 200 and 300 words in length, in English and accompanied by a brief Curriculum Vitae (maximum of one side of A4). Proposals should be sent to <a href="mailto:inhhxconference@gmail.com">inhhxconference@gmail.com</a> and will be received until 30 April 2014. A full programme will be advertised in June 2014. Full texts of papers will be requested three weeks before the conference. As with previous successful INHH conferences, it is intended that an edited volume of the conference papers will be published.

Upon provision of full receipts, we hope to be able to support attendance at this conference, particularly for postgraduates and early career researchers. Speakers will be asked to make use of alternative sources of funding to cover their travel and accommodation where these are available.

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