

International Conference

Hippocrates without borders: treating in foreign lands during the nineteenth century (Europe, Atlantic and colonial worlds)

Académie de médecine, Université Paris-Sorbonne, Université Paris-Nanterre

November 15-16, 2018

Call for papers

In January 2016, the *Quotidien du médecin* reported that for the first time, interns in general medicine in France would be excluded from their unit for incompetence, and sent to complete a six-month refresher training course. What these students have in common is they had all begun their medical curriculum outside of France, and later took advantage of the possibility available to all European students to complete their internship in France up through the doctorate. This relatively anecdotic fact (8 interns among 8,881 ranked that year) was widely repeated in the national press, reawakening and revealing long-standing concerns surrounding foreign doctors.

While the situation (professional, legal, social) of foreign doctors during the twentieth century sparked interest in France among legal scholars (Wolmark, 2001 and 2012), political scientists (Déplaudé, 2011), and sociologists (Lochard, Meilland, Viprey, 2007; Bontron, Voisin, 2012), it struggled to fully become a part of historical problematics, in spite of Henry Nahum's research on Jewish doctors and Vichy (Nahum, 2006 and 2007), and Julie Fette's illuminating study on the interwar period and the Vichy regime (Fette, 2012).

The repeated topicality of questions surrounding the status of foreign doctors, along with their education, practices, and competence, tends to a great extent to efface the long-standing nature of the phenomenon, as well as its acuteness beyond French borders. The nineteenth century, which saw the invention of nation states as well as national legislative reforms on the teaching and practice of medicine, is nonetheless thought of as a relatively favorable period for the European circulation of medical students and practitioners, personified by Mateu Orfila, who became dean of the faculté de médecine de Paris, or by the itinerancy of Eduard Jacob von Siebold, a professor at Göttingen who went on an obstetrical tour of Europe during the 1830s. However, these major nineteenth century medical figures do not sufficiently explore the issues connected to practicing medicine abroad, regardless of the professional figures involved (doctor of medicine, "licensed" doctor, midwife, etc.).

The study of medical mobilities during the nineteenth century—a century of university reform and upheaval of scientific paradigms—provides an opportunity to examine not only the evolution of medical knowledge and the social expectations that drove them, but also relations with national institutions of training. In keeping with research on foreign students in Paris (Warner, 1998; Moulinier, 2012), this approach will shed light on student choices, the creation of national student communities, and the graduation methods of non-nationals in different European universities. This approach, like the one focusing on the practice of medicine abroad, requires an understanding, among other things, of the economic aspects at play in student and professional expatriation.

The movement of doctors is also related to the political expectations surrounding medical practice, and draws a connection, in a growing number of countries, between the maintaining or

regaining of health, and the national belonging of doctors. The development of national exclusivity for the right to practice raises the question of the national advantage granted to practitioners who were born and graduated in the country, and the victory of the principle that one is best treated at home by those similar to oneself. It also explores the attitudes of foreign doctors themselves as they faced the construction of these national exclusivities, as well as how they came to terms (or not) with regulations and the forms their practice took in their countries of adoption (type of clientele, medical practices, relations with local doctors).

Beyond this, the movement of doctors takes its place within European migratory dynamics that could lead to a foreign country or just as easily to a colony, as a policy of colonial expansion took hold in a number of home countries.

Practicing in colonies that did not belong to one's home country—assuming it possessed any—raises questions regarding medical practice methods in a colonial setting, where necessity determined the rules. Was legislation applied in the same way depending on whether it involved treating Europeans living overseas or colonized populations? Did the question of nation arise for missionary doctors in colonies where exclusivity was not required? For that matter, did the insertion of women doctors in colonies raise the same questions as that of men, given that in the late nineteenth century overseas could be considered a particularly favorable setting for feminine practice, especially if they did not compete with men?

Finally, do these mobilities explore the existence of migrations within communities, and the maintaining of a national medical culture fueled by continuous flows from the country or home country of origin in the context of these migrations? From this point of view, the medicine of the diaspora in the service of one's community in another country represents another area of possible exploration for this conference.

Without refusing to consider propositions focusing on related subjects, the advisory board would like for the contributions, as much as is possible, to fall within the following four areas of research:

- studying medicine abroad: student itinerancy;
- authorizing and supervising: foreign practitioners grappling with host country legislation;
- treating in colonial lands;
- practicing medicine on one's compatriots: the medicine of the diaspora.

Studies focusing on countries other than France are particularly welcome. The board is open to approaches on the national level and over the *longue durée*, as well as more micro-historical research on the individual or collective careers of doctors. The gender of medical staff or of their patients could be a pertinent angle of approach. Finally, the primary geographical areas involved will be Europe and its spaces of colonial expansion, however the migrations of Europeans across the Atlantic could be considered, as could the presence or the practice of non-European doctors in Europe.

Calendar and practical information:

Paper proposals (title, summary of one page maximum, brief CV) should be sent in **French, English, Italian, or Spanish** to the organizers before **February 15, 2018**. They will be examined and evaluated by the advisory board. Proposers will be notified if their proposal is selected by **February 28, 2018**. The papers can be presented at the conference in **French, English, Italian, or Spanish**, and should be accompanied by a **slide show in another language** (French or English) for broader general understanding. They will last 30 minutes, including questions.

Paper proposals should be sent to the following address: hippocrate19@sciencesconf.org.

Advisory board:

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