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Letter from the Editors

After the success of this academic year, we are delighted to present the eight issue of the Aberdeen Historical Review (AHR). Our April 2025 issue, which was published on our website (https://abdnhistory.co.uk/published-issues) has excitedly welcomed more readers than ever! We hope that with each new issue published this engagement with the Review will continue to grow.

The Aberdeen Historical Review began in February 2021 amid the second semester of online teaching when a group of students from the university came together to discuss how they missed the uplifting atmosphere created by being on campus. As a result, the Review was established to celebrate the successes of Aberdeen University's students and continue to inspire academic accomplishments throughout the pandemic and beyond. The AHR is an open-access academic undergraduate journal that publishes first-class scholarship produced by students at the University of Aberdeen. Each paper was written for a History Honours course at the university and thoroughly peer-reviewed by a dedicated board of students. Authors and reviewers partake in an anonymised dialogue, through which authors are challenged to review and develop their papers. In this way, the essays are allowed to reach their greatest potential. Simultaneously, peer reviewers are enabled to take a unique approach to each paper and utilise their creativity, critical thinking, and academic writing skills in advising the author on improvements.

Throughout the 2024/25 academic year, we introduced our project to many Honours students. We were delighted to see students and staff referring to the journal as a continuing source of inspiration and a vital student-led project. Although the AHR is part of a global network of undergraduate publications it is primarily intended as a tool for its community in Aberdeen. We hope that students from across the year groups will use the AHR as a guiding voice as they write their assessments. This volume includes the course number and title for which each essay is produced, allowing students and tutors alike to refer to first-class essays from a specific History course.

As per usual, we have tried to sort the essays chronologically. This issue is especially intriguing, as it features four History of Medicine essays written by Medical students! Whether you are interested in the American Civil War (Rhona Logie), the Antarctic exploration (Andrew Croll), Humanistic Philosophy (Marcel Brzeszczyński) or Kuwait's medical progress (Abdulwahab Alomar), or perhaps all of these, we are certain there is lots to choose from! In terms of bodily explorations, we are happy to publish a HI306G History of the Body essay by Joel Thiel on Medieval Punishment. Dealing with trauma through the

lens of architecture/environment is Anna Dvořáková with her essay on Ancient Greek trauma responses in temples. A mix of politics and history can be enjoyed in Ida Roski's essay on Queen Mary of Scots' marriages' influence on Anglo-Scottish relations. Literary lens is employed by Melissa Murray, who is exploring the potential inclinations of the Anglo-Irish to gothic fiction. Second wave feminism in the US is then analysed by Mia Dawson in two chapters of her final year's dissertation! The impact of the Hamilton musical is then explored by Charlotte Horne.

As the 2024/25 editorial board, we would like to thank everyone who was involved in helping to create the Aberdeen Historical Review. Specifically, we wish to thank our peer reviewers who were crucial in the editing process and all the student authors who submitted their essays to the journal. We were honoured to work with many talented and dedicated undergraduate students who now embark on new paths within academia and beyond. Producing the seventh issue of the AHR has been a rewarding experience but we could not have achieved this without the support of our faculty advisors Dr. Bradford Bow and Dr. Owen Walsh. We also want to thank the History Department for their continuing guidance and support. Finally, thank you to the readers for supporting us, we hope you enjoy reading the journal as much as we enjoyed making it.

Your Editors

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A Remedy for Both the Landscape and the Soul: Architectural Responses to Trauma in Ancient Greece

ANNA DVOŘÁKOVÁ

Anna Dvořáková is an incoming fourth-year student of MA History, Theology & Religion with Arabic. She currently serves as History Society President and the General & Layout Editor for AHR. She is particularly interested in exploring the Cult of Saints in the late antique Mediterranean and hopes to continue developing her research and linguistic skills in postgraduate studies.[1]

As Beate Dignas writes, 'Statues of gods and their relationships make sense only if one adopts and accepts an entirely local perspective... the communal memory of the city is [thus] brought to life, and sense is given to the religious infrastructure of places.'[2] Drawing on this, my essay explores how local memory and historical experience shaped the artistic choices of Ancient Greek temples and sculptures. Were these simply expressions of universal ideals, or did they also respond to specific, often traumatic, events? I aim to showcase the intrinsic synergy between assumed polar opposites as a mutually reinforcing beautification process. This I do by examining how artistic choices work with concepts of defilement and beauty, demonstrating that Greek religious architecture was not merely decorative or functional, but therapeutic. Through an interdisciplinary approach combining material evidence with literary sources, I analyse two case studies, the Acropolis complex and the Temple of Apollo Epicurius in Bassai. This essay argues that to use architecture as a medicine to heal trauma, Greeks would use dichotomies to activate the trauma through outer defilement and subsequently heal it with the integral beauty of art.

[1] This essay was written for HI306G: History of the Body.
[2] *Historical and Religious Memory in the Ancient World*, ed. by Beate Dignas, R. R. R Smith, and S. R. F Price (Oxford University Press, 2012), p. 4.

To prevent confusion, I shall first define four terms: landscape, beauty, defilement, and beautification. Definitions of landscape vary across scholars and fields. Thus, to best encapsulate the complex interaction of local populations with the land whilst not handling scientific details, this essay uses a cultural geography approach. Cultural geographers use 'the concept of landscape as a springboard for engaging with a spectrum of phenomena,'[3] their focus shifting from description to interpretation. The landscape becomes a participant in cultural processes. Secondly, the dichotomy of beauty and defilement is the overarching theme of this essay. However, as will be demonstrated, it takes on different forms. Even though embodied differently, through ruins or plagues for example, defilement can, regardless, be understood through that of an inner world (trauma) as well as of the outer world (unorderly landscape). Similarly, then, beauty should evoke order of the soul as well as the outside world one interacts with while manifesting through different architectural devices. Beautification is the process of combining perceived beauty and defilement rather than installing beauty and disposing of the defilement altogether. This is the case as ordered structures remain in an unorderly environment, representing defilement. This essay understands beautification as the process of healing endured trauma by communities through the beautification of the landscape and oneself, using the synergy of opposites (defilement and beauty). Trauma, both personal and collective, is understood in this essay as a strong emotional response to a life-threating (or so perceived) event with long-lasting negative effects on a person's or community's functioning.[4]

[3] Betsey A. Robinson, 'Landscape and Setting' in *A Companion to Greek Architecture*, ed. by Margaret M. Miles (John Wiley & Sons Inc, 2016), pp. 1-14, <https://ebookcentral.proquest.com/lib/abdn/detail.action?docID=4557224> [accessed 15 April 2025].
[4] 'Trauma', *APA Dictionary of Psychology*, <https://dictionary.apa.org/trauma> [Accessed 5 August 2025].

Acropolis & Parthenon

The Parthenon serves as a symbol of resilience and beauty built on top of tragedy and defilement. The active use of defilement to beautify the landscape and heal citizens' identity shows the inherent 'symbiosis' even if it seems, to our minds, perhaps contradictory. These symbiotic dichotomies explored in this case study are *reality x myth* and *past x present*.

To understand the 'type' of defilement discussed, however, one must realise the physical and mental impact of the Persian sack of 480 BCE. The trauma endured by Athenians and their understanding thereof indisputably shaped the subsequent response of reconstructing the Acropolis complex. Herodotus describes Persians as having 'plundered the sacred precinct and set fire to the entire acropolis.'[5] To support the notion of intentional defilement of art and Athenian identity to some extent, the broken-off limbs and head with axe attack on breasts and stomach/legs of this kore (Fig. 1) suggest a focused attack. Therefore, I would argue that these iconoclastic acts were not only 'collateral damage' in the Persian military conquest but a targeted defilement of a culturally significant monument, thus an attack on Athenian identity. This historical background shall help in further analysis of the 'new' Acropolis and its artistic choices incorporating defilement to create beauty and reestablish order.

[5] Herodotus, *Histories*, trans. by A. D. Godley (Harvard University Press. 1920), 8.53.2.

Fig. 1. (Statue of a Kore, 595, (500 BC), marble, height 0.97 m. The Acropolis Museum. <https://www.theacropolismuseum.gr/en/statue-kore-1> [Accessed 14 April 2025])

Landscape, specifically the Athens' outcrop as a place for the Acropolis complex, is crucial to explore in relation to its significance within the beautification process. The place itself seemingly played a substantial role in building these structures. I would argue that the Parthenon uniquely served mostly as a civic symbol despite being a religious site. Said religious aspect cannot be denied, however, as it fulfils the necessary elements for human-divine communication as outlined by Christopher Ratté – a sacred spot (that of historical significance and topographically elevated) with an altar for sacrifice and thanksgiving, presumably in honour of Athena who helped save Athenians and Athens from total destruction.[6] However, its civic statement is arguably more influential, especially in its beautification aspect, as a response to communal trauma. That is, of a war memorial celebrating victory and directly reacting to the Persian sack.

[6] Christopher Ratté, 'Athens: Recreating the Parthenon', *The Classical World*, 97:1 (2003), 31-55 (41-42).

This collective trauma, defilement, and its reconciliation, the process of beautification, can also be seen in art. As aforementioned, I aim to analyse sculptural and architectural choices that highlight two major dichotomies in this process - *reality x myth* and *past x present*, respectively.

Despite being stories, myths reflect reality.[7] In the case of Parthenon I argue that imaginary mythological scenes serve as a mirror to the reality. Concretely, I shall present an instance of art which, while depicting tragedy, is contrasted with its placement, highlighting the contrast of order and chaos through myth. The temple's metopes portrayed battles, specifically Gigantomachy (Olympian gods vs Giants), Amazonomachy (Athenians vs Amazons), and Centauromachy (Lapiths vs Centaurs), with the north side showing the defeat of Troy by the Greeks. These battles allude to the historical context of the Persian wars. While undoubtedly celebrating victories, these sculptures also indisputably carry the tragedy of war, portraying scenes of ongoing combat. (Figs. 2-6).

Fig. 2. (South metope XXVIII, Centauromachy, (447-438 BC), marble, 134.5 x 134.5 x 41.5 cm. The British Museum. <https://www.britishmuseum.org/collection/image/762581001> [Accessed 14 April 2025])

[7] Richard Buxton, 'Imaginary Mountains', *The Journal of Hellenic Studies*, 112 (1992), 1-15 (6).

Figs. 3 & 4. (East metope I, Gigantomachy, (445-440 BC), marble, 134.2 x 127,5 x 19 cm. The Acropolis Museum, <https://www.theacropolismuseum.gr/en/parthenon-east-metope-1> [Accessed 14 April 2025])

Figs. 5 & 6. (West metope II, Amazonomachy, (445-440 BC), marble, 136,5 x 131 cm. The Acropolis Museum, <https://www.theacropolismuseum.gr/en/parthenon-west-metope-2> [Accessed 14 April 2025])

These portrayals of active combat work with the tension of victory and loss (of life), evoking the memory of war trauma, hence serving as the defilement aspect of the otherwise clean and symmetric temple. Rachel Kousser attests that ‘paintings on mythological themes were

deployed allusively to commemorate recent history'[8] in other parts of Greece, proving that the Parthenon was not an outlier within the Greek tradition of beautifying tragedy through mythology in art. One might go further and ask a question: 'To what extent is collective memory of a shared experience a myth?' Naturally, events are remembered based on the current self-image of the community and do so via simplified narratives.[9] Therefore, we can view the mythological scenes as romanticised Athenian experience yet depicting some form of violence and defilement, aiming to help cope with trauma. Using art and myth is the beauty reflecting the real traumatic experiences, which are remembered through a 'work of reconstruction' that transforms traumatic memory in the process towards acceptance.[10]

The next dichotomy this essay explores in relation to the Acropolis is the architectural reuse of ruins (*spolia*) of older temples and walls to enact as memorial sites. I argue that this artistic choice is not supposed to 'defile' the new structures but beautify the *spolia*, representing the trauma.

Illustrating this are architectural decisions, such as the building's proportions, which stemmed from the destroyed Temple of Athena Polias. Indeed, the width of the Parthenon's cella equalled that of the platform of the earlier temple – 72 Attic feet (21,3 m).[11] It is these conscious decisions that combine destruction with innovation and defilement with beauty to strengthen the Athenian sense of identity, hence taking part in the beautification process of the outer and inner worlds. In fact, it was only through the evocation of this suffering that the achievements of the present took on meaning.[12] This recycling can be understood as a way of beautifying and commemorating. The defiled *spolia* still remain in plain sight for Athenians as a sign of destruction, serving a specific purpose for the restoration of order

[8] Rachel Kousser, 'Destruction and Memory on the Athenian Acropolis', *The Art Bulletin*, 91:3 (2009), 263-282 (273).
[9] Jenna M. Colclough, *Thucydides' Account of the Plague as Trauma Narrative* (Electronic Thesis and Dissertation Repository, 2019), pp. 1-122 (p. 29), <https://ir.lib.uwo.ca/etd/6075> [accessed 15 April 2025].
[10] Judith Lewis Herman, *Trauma and Recovery*, (New York: Basic Books, 1997), p. 175.
[11] Kousser, 275.
[12] Ibid., 275.

(outer and inner). Indeed, Kousser suggests that the reuse and arrangement of these fragments on the citadel were not accidental but rather a statement of commemoration and an attempt to come to terms with the trauma of the Persian sack.[13]

Thus, a closer look at the Parthenon and the Acropolis as a war memorial celebrating victory reveals that the sculptural scenes do not depict victory as effortless but as demanding a high price in human suffering.[14] Similarly, using *spolia* to rebuild the Acropolis visually beautifies the outside (the outcrop) and can lead to the beautification of the soul by setting a mirror of a healed self. Therefore, the temple serves as a symbol of healing at both a community and individual level in Athens after the Persian Wars. This process, however, incorporated said scars rather than erasing them in the new self. Such engagement with the defilement and its incorporation into the long process of Athenian landscape beautification exemplifies the complex Ancient Greek relationship of beauty and defilement in relation to trauma, specifically within warfare.

Temple of Apollo Epicurius at Bassai

The historical context surrounding the construction of the Temple of Apollo Epicurius at Bassai is less comprehensive when compared to the Parthenon due to source scarcity. Nonetheless, scholars believe it to be a thank-offering to Apollo from Phigalians for his help during the plague.[15] This insight is crucial for the analysis of the Greek architectural response to trauma, as it reveals a direct reaction to a communal tragedy similar to the Acropolis. Specifically then the uncertainty and bereavement caused by sudden loss can have impact on one's understanding of the afterlife. The Temple of Apollo offers the exploration of the

[13] Ibid., 269-70.
[14] Ibid., 263.
[15] Robert Parker, *Miasma: Pollution and Purification in Early Greek Religion*, (1996, Clarendon Press), p. 275.

world x underworld dichotomy, which aims to illustrate the 'in-between' of healing from trauma and help with reconciliation of the sudden mass death caused by plague and offers a space for grief. Afterward, the meaning of landscape choice in relation to defilement will be analysed, followed by the purification tradition and its link to traumatic healing.

Architectural structures, columns specifically, play a crucial role in the Greek perception of beauty and symmetry. A helpful analysis of the *naos*, specifically one feature, is provided by Kakugyo Chiku. The centre column of the *naos* (Fig. 7) serves as a representation of a sealed channel to the underworld.[16] While Chiku utilises Hera's Temple of Samos island as a case study, these points can be clearly seen in the temple at Bassai, where it symbolises deep trauma. The layout of 'outer peristyle columns and an inner central colonnade with a column placed at the very centre of the *naos* entrance and the front porch should not be dismissed as merely transitional,' but rather as a 'symbolic seal, preventing the potent energy of the underworld (energised by sacrificial rites) from overflowing,' as Chiku argues.[17] His analysis focuses on deities' complex identities intertwined with the underworld, and while this is not the essay's focal argument, it uncovers another layer of the polar opposites (*underworld x earth*, *chaos x order*) symbiotically cooperating within sacred temples and joins in on the process of beautification. The reason for this architectural feature, I suggest, is the lack of 'physical evidence' of trauma. Rather, trauma was predominantly felt emotionally and manifested through the loss of community members. Indeed, unlike in Athens, the plague did not leave marks on the landscape, which results in the need for a symbolic representation of the defilement endured. In this case, it is the underworld through column placement, symbolising death and tragedy.

Furthermore, the intentionality of this centre column can be supported by a lack of it in Parthenon, which had the same architect, suggesting that this column indeed played a

[16] Kakugyo S. Chiku, 'A Study of the Space-Concept in the Archaic Temple of Ancient Greece', *Transactions of the Architectural Institute of Japan*, 337 (1984), 150-156 (151).
[17] Chiku, 152.

symbolic role of in-between. However, to fully understand why Ictinus has chosen to incorporate this spiritually powerful choice, we shall explore the meaning of the choice of landscape in building the Temple of Apollo Epicurius.

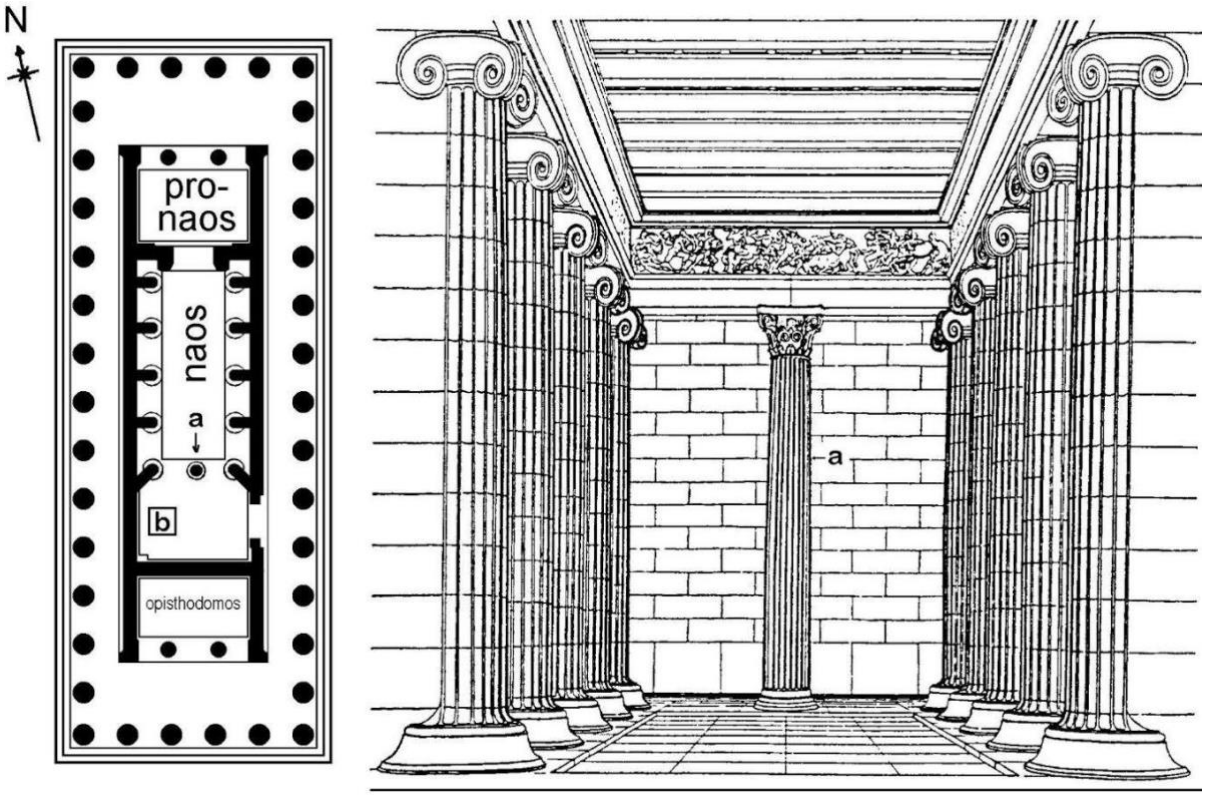

Fig. 7. (Plan, Temple of Apollo, Bassae, <https://www.worldhistory.org/image/5293/plan-temple-of-apollo-bassae/> [Accessed 16 April 2025])

Pausanias' commentary that the temple in Bassai, 'of the temples in the Peloponnesus, (…) might be placed first after the one at Tegea for the beauty of its stone and its symmetry'[18] reveals the aesthetic value of the monument and its positive effect on its visitors, albeit an outsider from a few centuries later in Pausanias' case. It is the physical contrast created between the symmetrical, orderly temple and the rough, austere mountain and its impact on trauma healing that will be analysed.

[18] Pausanias, *Description of Greece*, trans. by W. H. S. Jones (Harvard University Press, 1918), 8.41.9.

Aside from funerary monuments, Greek culture perceived, especially rivers and water, as connected to death.[19] Indeed, the transition between life and death, in mythology over the River Styx, was often symbolised through the usage of the natural landscape in human monuments remembering the dead. Therefore, the choice of landscape, I argue, also played a significant role in the construction of the temple in Bassai.

A mountain, or *oros*, contrasts a cultivated area. It is not the plain (where you grow crops and fight), nor it is the *polis* or the village (where you live).[20] Mountains, therefore, existed outside the day-to-day experiences and cultural norms of settled Greeks and were, as Buxton argues, mostly visited due to economic necessity or hunting.[21] Hence, from a purely environmental perspective, mountains could be dangerous due to their rockiness, the summer heat of the Mediterranean climate, wildlife, and a lack of maintenance and settlement, unlike urban centres. In these conditions, even the forty stades (7,4 km) distance from the city of Phigalia to Cotilius[22] will pose a challenge to the pilgrim. (Figure 8)

[19] Hannah Kallin, *Plague and Devastation in Ancient Greece: Why Mourning Matters*, (Honors Scholar Theses, 2022), pp. 1-22 (p. 5), <https://opencommons.uconn.edu/srhonors_theses/883> [accessed 15 April 2025].
[20] Buxton, 2.
[21] Buxton, 3; Robinson, 'Landscape and Setting'.
[22] Pausanias, 8.41.7.

Fig. 8. (Temple of Apollo Epicurius before enclosure, <https://www.classicist.org/articles/classical-comments-the-temple-of-apollo-epicurius-at-bassae-and-its-orders/> [Accessed 22 April 2025])

Moreover, in mythology, *oros* was perceived as a dangerous place of human interaction with divinity, which then naturally attracted shrines.[23] Therefore, its natural defilement for a pilgrim and mythologically ambiguous and risky place create the needed counterpart for the symmetrical, beautiful temple. As with other dichotomies explored, even this landscape serves a metaphorical purpose, one of aid for trauma healing. One may imagine the landscape as a physical defilement that needed to be transcended to reach the remedy in the form of a temple. This physicality activates the endured trauma, acting as a ritualised struggle, and the pilgrimage serves as the healing road of both the outer and inner worlds of both body and soul.

To expand on the idea of a temple as a space for reflection and trauma healing, it is crucial to also understand the role of 'purification' in these spaces. Indeed, 'there is abundant

[23] Robinson, 'Landscape and Setting'.

evidence for stoups of lustral water sited at the entrance to sanctuaries, for the purification of those who entered,' [24] suggesting a physical beautification of oneself before stepping into a beautiful space to reflect and beautify one's soul. While this essay argues that defilement is an inherent part of beautification, the sacred sites did require the ritual of purification from outside defilement in order to keep their 'beauty'. Hence, we shall think of temples and sanctuaries as sites of completed beautification due to the order they symbolise. This order (beauty) is embodied in the architecture and art within. One's physical purification is also symbolic of the healing journey of one's inner world, which can be finalised in the temple. However, Parker argues that purification rites were a 'science of division', therefore retaining 'the good'and expelling 'the bad',[25] and while this can certainly be justified to some extent, I would argue that purification is part of an integration process with some defilement needed, whether that of an inner self or the outer world order. Specifically, the aforementioned water, while relating directly to the underworld and tragedy, was also a part of the healing and purification processes, proving the inherent entanglement of defilement and beauty in Ancient Greek culture.

To conclude, both case studies reveal that certain temples were built in reaction to a community-endured trauma of any sort. While an explanation of solely thanksgiving to the god(s) responsible for averting said tragedy is possible, this essay suggests a more nuanced view that involves a level of community care and trauma-healing efforts. We saw that the Greek position towards trauma was not trying to erase it but rather incorporate it into present life and heal with the scars. Thus, the physical defilement, whether *spolia* or *oros*, was not hidden or erased, but preserved, becoming an integral part of Ancient Greek architecture. Showcasing the intentionality of architecture and sculpture and its play with dichotomies to

[24] Parker, p. 19.
[25] Parker, p. 18.

(re)use said defilement in order to beautify space was done through two case studies, the Acropolis and the Temple of Apollo the Epicurius in Bassai. Temples and art more widely, thus served as a tool – an outer mirror for the ancient Greeks to heal from trauma by working with the landscape to create a positive process of beautification. This framework of trauma healing then highlights how healing incorporates tragedies instead of erasing them and how such incorporation can manifest architecturally in the case of temples or landscape.

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Pain, Punishment, and Power: Reality and Representation of Judicial Violence in the later Middle Ages

JOEL THIEL

Joel Thiel is a double-honours student of History and Divinity who has just finished his third year at Aberdeen. He is particularly interested in ancient and medieval history, art, and literature, and also enjoys researching how the reception of these has influenced modern discourse and representation. After graduation, he has plans to pursue postgraduate study in one of the aforementioned fields.[1]

At first sight, the impression of overwhelming violence conveyed by much late medieval visual culture seems to reinforce the—grotesquely exaggerated—modern stereotype of the 'brutish' Middle Ages as a time in which viewing extravagant executions was as everyday an occurrence as making bread or visiting an inn. While images of physical violence, especially in theological contexts, indeed played a central role in contemporary culture, deeper investigation of the topic reveals that treating these images merely as reflections of medieval bloody-mindedness not only ignores the complex and multifarious functions of the visual in this era, but also removes them from their social, religious, and philosophical contexts in a way that is bluntly anachronistic. It is precisely such continuities between depiction and wider reality that are the focus of this study. After a brief survey of the general functions and mechanisms of communication of medieval art, this paper will chart the ways in which visual culture, from roughly 1200-1500, responded to emerging cultural sensibilities by which pain became central to practices of devotion, a development embodied in the mangled and suffering flesh given by late medieval artists to the figure of the holy martyr. A second section will pursue the theme of pain into the legal and theological

[1] This essay was written for HI306G: History of the Body.

contexts, using the contemporary visual conflation of martyr-saints and convicted criminals to enquire into the relationship between depictions of violence and judicial reality, before the final part will consider the broader role of penal depictions in relation to institutional power.

In order to read visual representations of bodies, it is first advisable to somewhat contextualise the functions of images in the Middle Ages. Despite the apparent centrality of the visual in medieval European culture, art occupied an essentially pre-aesthetic position, playing instead a mediating role that can be characterised chiefly in terms of its didactic, affective, and ideological functions. Throughout the Middle Ages, the widespread use of images in Christian worship was upheld by Western Catholic authorities mainly with reference to their instructive and representative capacities. As the common people were largely illiterate, visual art, sculpture, or even mystery- and miracle plays depicting biblical and hagiographic stories were important tools for teaching about the Church's history, doctrines, and values.[2] Given this rather utilitarian conception, the 'success' of an artwork was not then measured by its degree of naturalistic verisimilitude, but instead by how well it pointed to the *idea* of what it aimed to represent.

This evocative quality became central to the spiritual function of religious art, which sought to provoke viewers' faculties of imagination, compassion, and self-identification with its subjects through such exercises as, for example, affective meditation on depictions of the passion of Christ. Art could furthermore invite viewers to paste events from biblical or hagiographic history into their own experiential reality, thus heightening immersion in the

[2] Charles Moseley, 'Speaking Pictures: Medieval Religious Art and its Viewers', in *The Edinburgh Companion to the Bible and the Arts*, ed. by Stephen Prickett (Edinburgh University Press, 2014), pp. 175-194 (p. 178), <https://ebookcentral.proquest.com/lib/abdn/detail.action?docID=6141433> [accessed 18 October 2024].

sacred.[3] In order to reach these ends, it might use various affective strategies, such as compositional tricks, eye contact, purposeful anachronism, or the shock value associated with graphic injury,[4] as 'we remember more easily those things which are gross and sensible'.[5] Thus, private devotional texts such the fourteenth-century prayer book of Bonne of Luxembourg might include among their passion cycles vividly-coloured and 'life-sized' illustrations of Christ's bloody wounds,[6] which, though disembodied, could serve their owners as confrontational reminders of Christ's sacrifice through their lovingly-rendered, gruesome detail.

The third function pertains to the role the public visual can play in encoding and projecting the central ideologies around which a society is organised. Given that medieval artists relied on institutional patronage from the Church, royal courts, and increasingly wealthy city councils, it appears justified to think of their work as an articulation—at least purportedly—of specific values espoused by these institutions. Public or semi-public images would have been exhibited to ends that were ostensibly their patrons' own.[7] At the same time it bears mentioning, specifically in reference to penal justice, that representations of a given punishment did not invariably *fulfil* the agendas of those who in reality performed it.[8] It will be useful to keep in mind the potential of violent imagery to invite multiple, conflicting interpretations, which on some level paralleled the equally diverse meanings assigned to real-life violence.

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[3] Mitchell B. Merback, *The Thief, the Cross, and the Wheel: Pain and the Spectacle of Punishment in Medieval and Renaissance Europe* (Reaktion Books, 1999), p. 125.
[4] Moseley, 'Speaking Pictures', pp. 184-185.
[5] Thomas Aquinas, *De Memoria et Reminescentia Commentarium*, section 93; quoted in Assaf Pinkus, *Visual Aggression: Images of Martyrdom in Late Medieval Germany* (Pennsylvania State University Press, 2021), p. 14, <https://ebookcentral.proquest.com/lib/abdn/detail.action?docID=6475450> [accessed 8 November 2024].
[6] 'The Prayer Book of Bonne of Luxembourg, Duchess of Normandy', Met Museum, n.d., <https://www.metmuseum.org/collection/the-collection-online/search/471883> [accessed 1 February 2025].
[7] Eamonn Carrabine, 'Picture This: Criminology, Image, and Narrative', *Crime Media Culture,* 12.2 (2016), pp. 253-270 (p. 256), doi:10.1177/1741659016637640.
[8] Robert Mills, *Suspended Animation: Pain, Pleasure, and Punishment in Medieval Culture* (Reaktion Books, 2005), p.16, <https://www.vlebooks.com/Product/Index/1513684?page=0> [accessed 12 October 2024].

Of course, the perceived abundance of violent imagery in the Middle Ages was in part due to the cultural prominence of its theological manifestation, that is, the phenomenon of martyrdom. Given the central importance of the Crucifixion as well the rocky history of the Early Church—for it is fundamental to this inquiry to recall that early Christian martyrs had themselves once been condemned as 'atheist' outlaws for their refusal to participate in the Roman Imperial cult[9]—it is no surprise that martyrdom accounts have been a prominent feature of Christian self-understanding since the time of the Apostles. Yet, depictions of martyrdom itself remained comparatively rare during the first Christian centuries, perhaps due to concerns around idolatry, as well as a lingering unease in depicting violent death that artists had inherited from Classical culture.[10] In a similar vein, it is likely that the servile and criminal associations of crucifixion prevented the crucified Christ from becoming a popular motif until well after Constantine I's abolition of this sentence in the fourth century CE.[11] Even in the earlier Middle Ages, references to the violent and occasionally grotesque tortures and deaths of martyr-saints were often of purely iconographic nature, employing more or less explicitly violent imagery more as a means of identifying the saint than for its own sake. Around the fourteenth century, however, certain examples of monumental art began to focus increasingly on provoking emotions in the viewer, depicting tortured martyrs more expressively, more bloodily, and overall less and less impassible to the physical tortures inflicted on them.[12] Theatrical expressions of agony, formerly the purview of sinners in Hell, became visible on the faces of the saints and Christ himself across the visual arts.[13] Alongside

[9] W. H. C. Frend, 'Persecutions: Genesis and Legacy', in *The Cambridge History of Christianity: Origins to Constantine*, ed. by Margaret M. Mitchell and Frances M. Young (Cambridge University Press, 2006), pp. 503-523 (pp. 505; 508-509).
[10] Roald Dijkstra, *The Apostles in Early Christian Art and Poetry* (Brill, 2016), pp. 364-365, <https://ebookcentral.proquest.com/lib/abdn/reader.action?docID=4355987&ppg=381> [accessed 3 December 2024].
[11] Robin Margaret Jensen, *Understanding Early Christian Art* (Routledge, 2000), pp. 130-134.
[12] Pinkus, *Visual Aggression*, pp. 16-20.
[13] Esther Cohen, 'The Expression of Pain in the Later Middle Ages: Deliverance, Acceptance, and Infamy', in *Bodily Extremities: Preoccupations with the Human Body in Early Modern European Culture*, ed. by

the previous, more iconographic one, a new style was emerging which increasingly focused on martyrdom in isolation from other elements of saints' *vitae*, and which did so with growing vividness and brutality.[14]

This art-historical trend was just one among a series of wider developments during the thirteenth to fifteenth centuries by which, broadly speaking, ever greater cultural import was being accorded to pain. On the level of popular religion, it was the rise of the Mendicant orders during the first half of the thirteenth century that brought extreme ascetic practices such as self-flagellation out of the confines of monasteries and into lay society, where they gained publicity and popularity.[15] Numerous late medieval mystics, especially women, prayed to be granted extraordinary torment or marked with the stigmata, regarding this as a means of attaining spiritual knowledge, relating to the suffering of Christ, or sparing others the pains of purgatory.[16] Arguably reinforced by wider preoccupations with suffering generated by the Black Death during the fourteenth century, lay piety became intensely fixated on pain, which it came to regard as something of an inherent, cleansing good.

It is here possible, then, to identify a first point of contact between art, specifically representations of martyrs or Christ himself, and popular culture. It appears that the 'philopassian'[17] iconographic shift in martyrdom representations arose at least partly in response to a cultural climate in which increasing credence was being given to idea that the suffering of the body could on some level affect the salvation of the soul. Testifying to the evocative representational power of images discussed above, meditating on such highly emotional sacred art became central to the affective devotional practices of the era. In lieu of the impassivity or impassibility more typically attributed to martyrs in earlier times, both

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Florike Egmont and Robert Zwijnenberg (Routledge, 2016), pp. 195-219 (pp. 213-214), <https://ebookcentral.proquest.com/lib/abdn/detail.action?docID=4817299> [accessed 30 October 2024].

[14] Pinkus, *Visual Aggression*, p. 24.

[15] Cohen, 'Expression of Pain', p. 211.

[16] Cohen, 'Expression of Pain', pp. 212-213.

[17] For the source of the term, see Esther Cohen, 'Towards a History of European Physical Sensibility: Pain in the Later Middle Ages', *Science in Context*, 8.1 (1995), pp. 47-74, <https://www.academia.edu/79733904> [accessed 15 August 2025].

narrative and visual portrayals were now commonly characterised by a radical acceptance of pain.

Comparable developments were also observable in the legal and theological domains. The general trend throughout the Middle Ages of increasing institutionalisation and centralisation brought with it changes in legal systems. From the twelfth century, endeavours of state formation were in many regions of Western Europe accompanied by a shift from looser bodies of customary law to a series of organised legal systems which each corresponded to increasingly specific facets of public life. Generally speaking, these moved from addressing crime as a private injury to viewing it as a wrong done to the entire social body to be remediated by- and, to some extent, on behalf of the state.[18] An increasing replacement of ordeal- or accusation-based trials with closed law courts furthermore led to public participation in the judicial process concentrating, in an unprecedented manner, around the most visible and vivid stage of the penal proceedings— that is, the torture and execution of the condemned.[19]

In *Discipline and Punish*, Foucault remarked upon the ways in which penal justice prior to the modern era centrally focussed on the body rather than the 'soul' of the condemned, making physical pain into its 'constituent element'.[20] While this observation succinctly captures, once more, the ways in which pain takes centre stage in so many facets of late medieval life, it might bear clarifying that medieval theorists of punishment did not so much treat the body and soul as two entirely separate instances as much as they, with some consistency, thought of the physical as a means of access to the spiritual.

[18] Merback, *The Thief, the Cross, and the Wheel*, pp. 130; 134.
[19] Merback, *The Thief, the Cross, and the Wheel*, p. 132.
[20] Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. by Alan Sheridan (Vintage Books, 1979), pp. 17; 23, <https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cbibliographic_details%7C3995905> [accessed 7 December 2024].

Conceptualising evil as a 'lack' of good rather than a separate instance *in se*, theologians such as Thomas Aquinas formulated theories of punishment that hinged on the power of physical pain to 'humble' and to disrupt the spiritual desire to do evil which had, initially, disrupted proper behaviour in the offender.[21] Consequently, notions of physical and 'cosmic' suffering were sometimes taken to stand in for one another, effectively entering into a chiastically inextricable relationship with body and soul. While each of these was—theoretically speaking—distinct, in practice this meant that the metaphysical pains of the soul could be signified through and in earthly violence.[22] The fact that corporal punishment visited upon the condemned while alive was sometimes understood to lessen their sentence in Purgatory after death,[23] additionally points to the influence of the doctrine of Purgatory, 'canonised' at the 1245 Council of Lyon, toward making explicit this continuity by stressing the connectedness of earthly and 'postmortem' expiation.[24] While the wages of sin, though afflicted upon a sort of 'bodily semblance' in postmortem punitive contexts,[25] are properly speaking felt in the soul, the earthly torment of the body can act as 'penal substitute' for the cosmic torment of the soul. In so doing, it anticipates the sentence in a temporal—and, presumably, more *timely*—dimension.

Given the parallel trajectories of art with these wider developments in theological and legal theory—and, most notably, their common 'motifs' of salvific pain and the dramatic centrality of the execution—it is not entirely surprising that there was considerable iconographic cross-pollination between religious art depicting martyrdom and the visual language employed by public executions in the later Middle Ages. Thus, the mangled and

[21] Trisha Olson, 'The Medieval Blood Sanction and the Divine Beneficence of Pain', *Journal of Law and Religion*, 22.1 (2006-2007), pp. 63-129 (pp. 96-97), <https://www.jstor.org/stable/27639038> [accessed 8 November 2024].
[22] Olson, 'Blood Sanction', p. 84.
[23] Cohen, 'Expression of Pain', p. 216.
[24] Isabel Moreira, 'Purgatory in Historical Perspective', in *St Andrews Encyclopaedia of Theology*, ed. by Brendan N. Wolfe and others (University of St Andrews, 2023), sections 1.5; 5.1.2, <https://www.saet.ac.uk/Christianity/PurgatoryinHistoricalPerspective> [accessed 4 December 2024].
[25] Pinkus, *Visual Aggression*, p. 26.

contorted limbs of martyrs in religious art come to resemble those of criminals broken on the wheel both in painting, and sculptural art.[26] Groups of martyrdom representations, such as the fourteenth-century reliefs described by Pinkus at Thann Cathedral in Alsace, appear to appropriate the language of judicial violence both in visually paralleling the range of contemporary legal punishments, and in adding to the scene additional characters which are not just bystanders, but specifically representatives of the law.[27]

In fact, this conflation occurred along a two-way street both on a concrete and representational level. As a result of its growing visibility, the late medieval execution came to be a thoroughly choreographed spectacle that operated on codified systems of iconography. Just as a martyr's iconographic attributes were an outward signifier of their *gesta* and modes of death, so too did various aspects of ceremony accompanying the execution—down to the method—serve to symbolise to the public the criminal's specific wrongdoings. As with saints, some spectators took relics from the site of execution.[28] Depictions such as that seen in a popular fifteenth-century woodcut from Bavaria, showing a criminal broken on the wheel supplicating the Holy Virgin alongside other tormented figures, resemble a sort of gory *sacra conversazione.*[29] Another, just slightly later woodcut from the (likewise Bavarian) city of Bamberg shows the torture- and execution instruments in use by the local court in a manner that visually parallels the *arma Christi,*[30] an artistic motif popular in the fourteenth and fifteenth centuries that in a similar way collaged the diverse instruments of Christ's passion into one pictorial space.[31] Items such as the column

[26] Merback, *The Thief, the Cross, and the Wheel*, pp. 110-112; figs. 44-47.
[27] Pinkus, *Visual Aggression*, pp. 56; 58-59.
[28] Olson, 'Blood Sanction', p. 123.
[29] Gabriella Mazzon, 'The Rhetoric of Crime and Punishment', in *Pathos in Late Medieval Religious Drama and Art: A Communicative Strategy* (Brill, 2018), pp. 159-176 (p. 169), <https://ebookcentral.proquest.com/lib/abdn/detail.action?docID=5449711> [accessed 10 November 2024].
[30] Valentin Groebner, *Ungestalten: Die visuelle Kultur der Gewalt im Mittelalter* (Carl Hanser Verlag, 2003), pp. 108-109 (fig.13).
[31] Compare for example:
New York, New York Public Library, MA 77, fol. 17v (from Nuremberg, ca. 1450);
New Jersey, Princeton University Library, Garrett 40, fol. 98r (from Nantes, ca. 1471-1476).

and restraints, whips, and pincers here pull double duty, appearing by the cross just as they do beside the wheel and gallows. Finally, a spectacular example of the late medieval spillings-over between the penal and the pious appears to have occurred in some French passion plays, which reportedly cast real criminals in the role of Christ and subjected them to actual beatings during the show.[32]

Occurring on a popular level, this 'sublimation' of punished criminals was enabled by the modes of image-reception which, detailed above, were characteristic of medieval culture—especially the affective devotion to images and the spacio-temporal translation of the sacred into an everyday context. Though this framework of 'sacral approximation' notably excluded social others, as well as those guilty of especially abominable deeds such as treason,[33] audiences could and did show compassion to a degree that occasionally proved troublesome to authorities, with contemporary observers recording instances of crowds disrupting executions out of sympathy and even attacking executioners.[34] As a point of caution against generalising too far in either direction, one may at this point stress that, although culturally-conditioned, reactions to violence are also always subject to the viewer's personal feelings and circumstances. In view of this, it is entirely possible that a given handful of townspeople viewing the same execution could have felt a range of reactions ranging from pious satisfaction about the convict's good, repentant death, to compassionate deterrence, abject horror, or even hatred. Still, the phenomenon of crowd intercession proves that the meanings and ends attributed to punishment from a popular and institutional level did not always match.

In fact, the increasing monopoly of the state over penal violence meant that the punished body, both real and fictional, could serve as a canvas for narratives of state power.

[32] Mazzon, 'Rhetoric', p. 169.
[33] Merback, *The Thief, the Cross, and the Wheel*, p. 144.
[34] Olson, 'Blood Sanction', p. 111.

In the case of martyrdom depictions, this violence was, at least allegedly, a theological one, even if certain penal undertones were amplified by the visual 'homages' public executions and sacred art had begun to pay to one another. There existed a second line of thinking, however, on the part of both secular and clerical authorities, which justified judicial violence with reference to deterrence in a rather more explicit manner. In this reading, publicly exhibited images of brutalised bodies—canonised or not—essentially symbolise the same thing. As the 'spectacle of secular power' is translated into a religious context,[35] the martyr's original outlaw status is in a way reacknowledged even as his image serves to maintain an appearance of Christian piety and order. This 'sacralisation' of violence is not limited to the domain of the holy, however: Sandford-Couch observes that during the Italian *trecento*, frescoes of Hell began to model the punishments they depicted on real-life criminal justice practices at about the same time as actual sentencing to violent and humiliating punishments decreased in favour of fines or imprisonment.[36] This leads her to interpret these depictions as a 'visual trick': Occupying a prominent place within public—ecclesiastical or civic—spaces, their sight made viewers recall what executions they *had* seen in real life, exploiting this shock value in order to create a sort of 'penal fiction' according to which the law operated on harsher terms than was true in reality.[37] Secular criminal justice representations, such as Gerard David's depiction of the Flaying of Sisamnes in Bruges town hall, could have similar functions. There are some indications that the spectators in the painting were fashioned to resemble contemporary town officials— an affective mechanism which invites identification with the bystanders rather than the victim, to the effect of provoking horror and awe before justice more than sympathy with the condemned.[38] Ultimately, the intended

[35] Mazzon, 'Rhetoric', p. 159.
[36] Clare Sandford-Couch, 'Changes in Late-Medieval Artistic Representations of Hell in the *Last Judgement* in North-Central Italy, ca. 1300-1400: A Visual Trick?', in *The Art of Law: Artistic Representations of Law and Justice in Context, from the Middle Ages to the First World War*, ed. by Stefan Huygebaert and others (Springer, 2018), pp. 63-86 (pp. 73-74), doi:10.1007/978-3-319-90787-1.
[37] Sandford-Couch, 'A Visual Trick?', pp. 79-81.
[38] Mills, *Suspended Animation*, pp. 46-48.

takeaway in both cases appears to be fearful awe before a legal system which, mostly, was not as fierce as its self-fashioning required spectators to believe.

This exploration has revealed a number of ways in which late medieval depictions of both sacred and 'profane' convicts can be seen to have reflected and—indeed—embodied several key characteristics of contemporary legal, theological, and devotional thinking. Notably, these include the theatrical preoccupation with suffering, symptomatic of a wider cultural shift towards philopassianism, that infused various depictions both of martyrs and, to a considerable extent, of 'common' criminals. The conflation of these groups on a pictorial level was, furthermore, enabled by theological ideas which intimately connected the experience of pain to ideas of redemption and sanctification. However, the ways in which punishment imagery could be used to reify and perpetuate narratives of institutional power in the public space ultimately also testifies to a certain tension between the salvific and deterrent functions accorded to penal violence in the minds of contemporary secular and canon-law authorities.

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How did Mary Queen of Scots' marriages influence Anglo-Scottish relations?

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Ida Roski is a History and English student from Zurich who has just completed an undergraduate exchange semester in Aberdeen and is now pursuing her Master's degree. She is particularly interested in Ancient Greece and the Roman Empire, having written her dissertation on the social acceptance of pederasty under Emperor Hadrian, but has enjoyed delving into Scottish history as part of her exchange. After her studies, she would like to pursue a career in academia and work part-time as a secondary school teacher.[1]

Mary Stewart was Queen of Scotland from shortly after her birth in 1542 until 1567. After her first husband died young, her remarriage became a central issue for Scotland's internal politics as well as its diplomatic relations with England. As Mary had a claim to the English throne through her grand-mother Margaret Tudor, daughter of Henry VII, her choice of husband could either strengthen or jeopardise her chances of succession. Thus, this essay will discuss her marriages chronologically in order to determine their respective impact on Anglo-Scottish relations. The negotiations leading up to her first marriage, including the Rough Wooing, shall not be included, as this would involve extensive discussions of the context and other factors unrelated to her marriage. In contrast, the suit of Robert Dudley will be examined although it did not result in a marriage, as it demonstrates the dynamic between Mary and Queen Elizabeth I during the search for a husband. This essay primarily draws on two contemporary sources: Thomas Randolph's reports as English ambassador collected in the *Calendar of State Papers* (CSP), as well as the memoirs of Scottish diplomat Sir James Melville published by his grandson in 1683. The scholarly works of Dawson (1986, 2002 and 2007), Stedall (2017), and Wormald (2017) provide additional insights and well-founded interpretations.

[1] This essay was written for the HI355W course.

Marriage to Francis II

Mary married Francis in 1558 and was crowned Queen of France in 1559 when her husband succeeded to the throne. In December 1560, he passed away, leaving her widowed in a foreign kingdom, until she decided to return to Scotland despite its recent development towards Protestantism. Although her first marriage fell short, it played a key role in the dynamics she found herself in as she returned to the throne that had been managed by her half-brother James, Earl of Moray. In her absence, Moray had promoted a pro-English policy, which now became subject to question. As Queen of Scotland and France, Mary's succession right to the English crown had already posed a threat to Elizabeth, whose claim through Henry VIII's second marriage could have been pronounced illegitimate by the Catholic powers supporting Mary. With her reign reduced back to Scotland, Mary voiced her English succession rights, possibly pursuing a more powerful kingdom such as the one she had grown accustomed to at French court, creating tension within the Anglo-Scottish friendship.[2] This tension increased when she decided to remarry: to gain advantages for her own rule, she wanted a husband of high status, preferably a royal, and if he was Catholic, the Protestant England might yet again be threatened by their union. Wormald finds that Mary hoped this would lead to her acceptance as heir despite the English parliament vehemently arguing against it.[3] Intermittently, Don Carlos of Spain and Charles IV of France were considered, and her Guise family proposed a match with Archduke Charles of Austria.[4] In contrast, Stedall argues that such a political threat would jeopardise her chances, thus eliminating any powerful Catholic sovereign, especially since she required him to reside

[2] Dawson 1986, p. 3; Mason 2004, p. 285.
[3] Wormald 2017, pp. 181-2.
[4] Stedall 2017, p. 121; Wormald 2017, p. 182.

with her in Scotland.[5] In fact, Elizabeth warned Mary in August 1563 that she would become her enemy if she married into Spain, Austria, or France, and instead advised her to choose an Englishman or Protestant prince.[6] Her disapproval of a marriage with the Archduke is attested in Melville's memoirs, who reports that Elizabeth tried to sabotage the suit by having a marriage with England indirectly proposed at the imperial court. Mary was made aware of this, leading to grudges between the two queens.[7] Therefore, the direct effects of Mary's marriage to Francis on Anglo-Scottish relations may have been marginal, but her life in France may have motivated her aspirations to rule over a wealthy and powerful kingdom such as England, and her struggles to remarry as a queen dowager not only created tension, but were reinforced by it as England continuously mingled in the marriage affairs.

The suit of Robert Dudley

This interference grew stronger in 1563 when Elizabeth suggested her personal favourite and secret lover Robert Dudley as a suitor. Albeit unsuccessful, this suit largely impacted the relationship of the two queens and would result in Mary's second marriage. To protect their friendship, Mary was determined to rely on Elizabeth's advice, but as her marriage would also impact the succession question, the Queen of England was hesitant.[8] The sources show her unwillingness to make a decision in that regard. In November 1563, she voiced her conditions: a nobleman from England or Scotland, of Mary's own choosing, who was committed to the amity and would reside in Scotland after their wedding.[9] Over two months later, Randolph still reports in his letters that Mary was unable to respond to these terms, being hesitant to marry someone of lower status. She demanded a name rather than general conditions, if she was to reject the Archduke's suit. However, Randolph continued to

[5] Stedall 2017, p. 118.
[6] Ibid., p. 121; Wormald 2017, p. 189.
[7] Merville, Memoirs XVIII, ed. Thomson, p. 58.
[8] Dawson 2007, p. 252.
[9] Stedall 2017, p. 123.

reiterate the general statements as per his queen's instructions. There seemed to be no advancements.[10] Until March 1564, when Randolph delivered the proposal to marry Dudley. According to Melville, his name had already come up a year before, but the unofficial offer had then been made to Maitland, who did not take it seriously as he knew of Elizabeth's affair with Dudley and that Mary would find it offensive to be offered her cousin's former lover. Moreover, Dudley was not royal or wealthy enough for such a match.[11] To make him more suitable for a queen, Elizabeth declared Dudley earl of Leicester.[12]

But why did Elizabeth suddenly make an explicit suggestion and promote him intensively, when she adhered to such vague terms before? Stedall argues that Randolph made this decision to dissuade Mary from the Archduke's suit.[13] In March, the ambassador reported that Emperor Ferdinand had raised his son Charles' chances as a suitor by offering notable sums of money and allowing them to stay in Scotland. Moray had privately informed him of this, determined to protect Anglo-Scottish amity by supporting Elizabeth.[14] On the same day, Randolph reports extensive attempts to persuade Mary to accept Leicester, arguing that Scotland's friendship with England depended on the marriage, as opposed to the enemies she might create if she married other European sovereigns. However, Mary demanded assurance in terms of succession to the English throne, asking what would happen if Elizabeth married or produced heirs.[15] Since early 1563, Randolph's letters indicate Mary's rising frustration at Elizabeth's lack of clarity and assurance, and it seems to have changed little even when Leicester was proposed. The maintenance of friendly relations between England and Scotland are of evident importance to all parties involved, yet it is put at risk as Elizabeth fails to provide the certainty Mary needs. Only in October did Elizabeth

[10] CSP Scotland II, ed. Bain, no. 60.
[11] Melville, Memoirs XVIII, ed. Thomson, p. 58.
[12] Ibid., p. 64.
[13] Stedall 2017, p. 127.
[14] CSP Scotland II, ed. Bain, no. 68.
[15] Ibid., no. 69.

promise she would inquire into Mary's succession right if she married him, and if the claim was found legitimate, Mary would be proclaimed her heir.[16] The Leicester suit thus intended to resolve the Anglo-Scottish tensions caused by the marriage question as well as the succession. However, Melville suggests another agenda: Elizabeth's anxieties about a potential usurpation, given Mary's claim to the throne supported by Catholic parties, were eased by the thought of a Leicester marriage, "being assured that he was sa loving and trusty, that he wald never geue his consent, nor suffer sic thing to be enterprysed during her tym"[17]. Her close relationship to Leicester might thus keep Mary at bay. Stedall even argues that Elizabeth hoped he could function as her puppet in Scotland; Stedall finds it unlikely, however, given Leicester's high ambitions and arrogance.[18] Regardless, the suit failed because he refused to marry Mary.

Marriage to Henry Stuart, Lord Darnley

Meanwhile, Elizabeth requested permission for Matthew Stewart, Earl of Lennox to return to Scotland after being exiled. This was granted in September 1564, and in October, his son Henry Stuart, Lord Darnley was allowed to join him.[19] Darnley had been suggested as a suitor before, but this was never taken seriously.[20] Although he was of both Scottish and English blood and had a distant claim to the English throne through Margaret Tudor's second marriage, Mary was not initially interested in him as he lacked wealth and lands.[21] However, marrying him would unite and strengthen their claims: if Elizabeth indeed intended to acknowledge Mary's succession right, English-born Darnley would be a useful tool to convince the parliament. In addition, Melville writes that Darnley was sent to Scotland to

[16] CSP Scotland II, ed. Bain, no. 112.
[17] Melville, Memoirs XVIII, ed. Thomson, p. 64.
[18] Stedall 2017, pp. 126-7.
[19] Beem 2018, pp. 113-4; Stedall 2017, p. 128; Wormald 2017, p. 191.
[20] Dawson 1986, p. 5; Dawson 2007, p. 253.
[21] Ibid., p. 7.

sabotage the Leicester suit because "the Quen of England began to fear and suspect that the said marriage mycht perchance tak effect"[22]. This suggests Elizabeth was not ready to let go of her lover after all. On the other hand, Darnley was Catholic like his father, which posed a threat to the Protestants in Scotland as well as England. That his arrival in Scotland added to the tension rather than soothing it is supported by the fact that Elizabeth attempted to withdraw her request for Lennox' return.[23] Dawson argues that she must have felt increasing pressure regarding the succession question when Darnley travelled to Scotland, realising this marriage would strengthen Mary's claim and force Elizabeth to finally acknowledge it.[24] This might have been the cause for the letter she sent to Mary in March 1565, which has only been preserved in secondary accounts. In the letter, Elizabeth states she would not decide on the succession until she herself had married or decided to remain a virgin.[25] Delivering it, Randolph was met with Moray and Maitland's outrage while Mary burst into tears; she then decided to use the Darnley suit to convince Elizabeth to re-open negotiations.[26] With one uncalculated act on Elizabeth's part, Mary's marriage turned into a tactic to pursue England. Dawson regards the letter as evidence of Elizabeth's panic. Suddenly, Mary's succession became a real possibility and Elizabeth's unwillingness to accept it was revealed.[27] By drawing out her answer and suddenly refusing Mary's claim, Elizabeth abandoned Anglo-Scottish amity. According to Dawson, she realised the detrimental effect of her letter and tried to deny it had ever been sent, returning to her vague statements, but to no avail.[28] Melville's memoirs convey the tension. Despite her initial disinterest, Mary fell in love with Darnley when he fell ill and she cared for him, and he proposed to her. Upon hearing of this, Elizabeth sent ambassador Throckmorton to dissuade

[22] Melville, Memoirs XVIII, ed. Thomson, p. 69.
[23] Stedall 2017, p. 128; Wormald 2017, p. 191.
[24] Dawson 1986, p. 8.
[25] Ibid., p. 8; Wormald 2017, p. 192.
[26] Dawson 1986, p. 10.
[27] Ibid., p. 8.
[28] Dawson 1986, p. 9; pp. 13-14.

Mary from marrying him, even persuading the Scottish lords not to support the marriage if it came to it. Mary, however, responded that she was no longer seeking approval from the English queen due to the constant uncertainty, and would not extend her search for a husband any more.[29] This shows how Elizabeth's ambivalent behaviour disrupted her harmony with Mary.

Elizabeth was not the only one feeling threatened by the Darnley suit. The English court was nervous about the prospect of their united claim that would be second only to Elizabeth's, as well as the possibility that Mary would adopt a pro-Catholic policy. The same worried Moray and Maitland, who wanted to protect Anglo-Scottish amity and Scotland's religious *status quo*.[30] After their wedding in July, only a month passed until Moray's party rebelled against the queen. During the so-called Chase-about Raid as the rebels and Mary's forces moved back and forth across Scotland, England was put in an impossible situation. Mary accused Elizabeth of being "offended without just cause against the king my husband and myself", informed her that the English at the border were threatening to burn and plunder the Scots that supported Mary against the rebels, and if Elizabeth sided with the rebels, Mary would reveal her betrayal to all of her allies.[31] Meanwhile, Moray pleaded for English assistance,[32] and when his rebellion proved unsuccessful, he fled to England. However, he was met with "nothing but disdain and scorn".[33] While Melville's account may be partial, Elizabeth's disregard for usurpations is visible in various letters and she makes an effort to restore the amity with Scotland by clarifying to Mary that "she will never support bad subjects against her".[34] Thus, the domestic issues caused by the marriage to Darnley further destabilised Anglo-Scottish harmony until Elizabeth provided Mary with assurance of her

[29] Melville, Memoirs XVIII, ed. Thomson, p. 72.
[30] Dawson 1986, pp. 4-6; Dawson 2002, p. 121; Mason 2004, p. 287. Walton 2006, p. 122.
[31] CSP Scotland II, ed. Bain, no. 277.
[32] Ibid., no. 281.
[33] Melville, Memoirs XVIII, ed. Thomson, p. 72. His arrival was so unwelcome that he was asked to stop on his way to London, CSP Scotland II, ed. Bain, no. 286; no. 291.
[34] For the direct citation, CSP Scotland II, ed. Bain, no. 290. For further efforts to establish harmony, ibid. no. 288; no. 291.

support. Furthermore, Darnley's irresponsible, arrogant and greedy character eventually led to alienation between the royal couple,[35] even as Mary became pregnant with future James VI. A few months after the birth of her son, she fell dangerously ill and declared Elizabeth James' guardian. She then appealed to the English council that their succession rights be inquired justly.[36] At this time, it might have been bold, considering the stress Elizabeth was already under as the parliament had recently petitioned her to name her successor,[37] and the fact Mary was now in a strong position having provided an heir while Elizabeth remained childless.

Soon enough, a different problem arose. In February 1567, Darnley was murdered. The Protestant James Hepburn, Earl of Bothwell, was the prime suspect, and Mary was said to have colluded with him because of her outright lack of grievance for Darnley and her newly developing relationship with Bothwell.[38] When she heard of the murder, Elizabeth wrote to Mary in utter shock, urging her to prove her innocence and preserve her honour.[39] It seems she did not heed her advice, however: in April Bothwell kidnapped Mary, impregnated her while he was still married to Lady Jean Gordon, and persuaded her to marry him, which they did with Protestant rites in May.[40] By June, a number of Scottish lords had conspired against them to avenge Darnley's death and forced Mary to surrender at the Battle of Carberry Hill. In her letters to Mary, Elizabeth expresses her deep contempt for her reckless decisions. Nonetheless, she felt sympathy in light of the rebellion and promised "to do all in our power for your honour and safety", sending assistance to demonstrate the friendship and power England offered.[41] She proposed that Mary commit her infant son onto

[35] Randolph describes his violent temper and disruptive behaviour in ibid., no. 191.
[36] Letters I, ed. Strickland, p. 35. She had asked her to be his guardian already in April, suggesting that this was no impulsive deathbed decision, CSP Scotland II, ed. Bain, no. 372.
[37] CSP Domestic I, ed. Lemon, XL. no. 90; no. 91; no. 102.
[38] Beem 2018, p. 115; Dawson 2007, p. 260; Guy 2012, pp. 382–387.
[39] CSP Scotland II, ed. Bain, no. 477.
[40] Beem 2018, p. 115; Wormald 2017, p. 212.
[41] CSP Scotland II, ed. Bain, no. 529.

England to be kept safe from the political turmoil in Scotland.[42] Throckmorton was sent to rebuke the lords for their upheaval and threaten them in the name of all Christian monarchs if they were to depose Mary.[43] Despite this, Mary was defeated, forced to abdicate, and fled to England in May 1568, hoping more English support would eventually allow her to regain control. This never happened.[44] In fact, the Anglo-Scottish dynamic seemed to shift at this point. Although Elizabeth was still Mary's ally, Beem argues that Mary in England was now a risk for her, as she could be seen as a Catholic alternative to Elizabeth while Catholic conspiracies were already popular in Europe. Additionally, Moray, who had taken over regency in Scotland, was committed to Anglo-Scottish amity and would raise James VI as a Protestant, which was in England's favour. She thus decided to hold Mary in protective custody, justifying it through inquiries into her guilt in Darnley's murder.[45]

In conclusion, Darnley's murder had set off a chain of events that lead to the loss of her crown and political power. Her marriage to Bothwell may be seen as the point of no return as her reign spiralled out of control, all because of deliberate decisions made on her part. Even with the murder accusations against her, she might have been able to salvage her reputation had she mourned Darnley according to custom, charged the murderers with their crimes, and kept her distance from the controlling, adulterous, and widely unpopular Bothwell. Nevertheless, England continued to support her until her flight in 1568. The long-lasting friendship and empathy between the two queens and their realms had persisted throughout the downward spiral of Mary's reign. The amity had already existed during her marriage to Francis, although mostly thanks to Moray, as the union with France had posed a threat to England. Then, Mary's mission to remarry revealed the fragility of Anglo-Scottish

[42] Letters I, ed. Strickland, p. 53.
[43] BL, Add MS 88966, f. 1r, Letter from Elizabeth I to Sir Nicholas Throckmorton, Windsor Castle, 27 July 1567.
[44] Beem 2018, p. 115.
[45] Ibid., p. 116.

friendship: the wrong choice of husband would have demolished their harmony, but even following Elizabeth's advice proved to be challenging due to her changes of heart and unwillingness to decide on the succession. In addition, religion contributed to the political instability, as her husband's denomination affected her relations with England, other European powers, and Scottish nobility. It appears the harmony with England reached its low point during the Darnley marriage, as it created tension in the succession matter, whereas his murder and Mary's subsequent marriage to Bothwell enabled amity to exist without Mary in the picture. With her inevitable downfall, the rulers of Scotland were now Protestant and pro-English. Additionally, England had the upper hand regarding the succession question as long as Mary was contained. This suggests that the marriage to Bothwell, although a strategic error for Mary, strengthened Anglo-Scottish amity by removing the immediate threat of Mary's claim to the throne as well as establishing a Protestant power.

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Why were the Anglo-Irish inclined to write gothic fiction?

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Melissa Murray is a 2025 History graduate who specialises in the history of the gothic specifically the subject of vampirism and its connections to Ireland, Scotland and America. After graduating Melissa is continuing to study and write on this subject while pursuing an interest in heritage.[1]

Gothic literature has grown to be a popular genre in today's world. It is a vast genre as throughout time, and merges with different genres, widespread love for gothic fiction has arisen. Nevertheless, looking back to the early stages of this writing, Gothic fiction was drawn to Ireland, specifically Anglo-Irish writers who produced novels such as Dracula and Carmilla, now household names in the genre. Looking into the works of Anglo-Irish authors such as Regina Maria Roche, Oscar Wilde, Joseph Le Fanu and Bram Stoker, the question of why the Anglo-Irish were inclined to write gothic fiction can be answered. After a deep dive into these authors and novels, the reason is that so much of Anglo-Irish life has been used in the theming of Irish gothic fiction, allowing the authors to share their thoughts and feelings about their situation through the dark imagery of gothic fiction.

Firstly, before looking into the pieces of gothic fiction, it is essential to look at the relationship between the Anglo-Irish and the native Irish society and how this creates the themes that will be intertwined in Anglo-Irish gothic fiction. The Anglo-Irish were mainly protestant and were found to be part of the aristocracy in Ireland. They held power for an extended period as they controlled the country and kept the catholic and non-Anglican protestant majority out of the sphere. However, tension arose, and many rebellions appeared against them. One example was the Young Ireland rebellion. These rebellions led to Anglo

[1] This essay was written for the HI304U course.

Anxiety, which held a fear towards Catholics as they believed they were going to be conquered and then face the consequences of the treatment they had dealt. The theme of unsettlement arises from this as the Anglo-Irish minority were too British to be classed as Irish and too Irish to be classed as British, which left them in a liminal position. This fear is where the intrigue of gothic fiction appears as the themes of monsters and trying to survive in a changing world fit perfectly into the genre; it allowed them to visualize the horrors of the colonized guilt they carried while also finding a steady place made for them to share their fears and fantasies.

Regina Maria Roche was considered a minor gothic novelist, but her novels were significantly sold worldwide, most of them being bestsellers. Roche was born in Ireland but moved to London after she got married, but in her last years, she returned. Unlike the other Anglo-Irish authors mentioned in this essay, Roche does not use the supernatural to get her points about Ireland across. Instead of the supernatural, she focuses on the effect of the printing industry because of the act of union. The act of union demolished the printing industry of Ireland, and many author's had to take their work to London or elsewhere because of this crash. This crash is why she focuses on the importance of travel in the nineteenth century. This can be seen the most in the castle chapel as one of the protagonists, Eugene O'Neil, goes to London to achieve his dream as he cannot do this at home anymore. Unfortunately, this choice of travel leads to a chain of catastrophic events ending in the character's downfall. He lost his colonial warfare, and because of this, he is stripped of his titles and banished, which gives a glimpse into the protestant fear and paranoia that arose from the Irish rebellions. This description can also be used to highlight Roche's life as she moved to London to further her career, but because of her precarious job, she lived and died a poor woman even though she achieved success in her writings.

"They offer a perceptive account of the cartographic consciousness of nineteenth-century Irish authors and the extensive, if now underestimated, bibliographic spread and influence of Irish gothic fiction in this period."[2] as this quote demonstrates, Roche defies the assumption that Irish gothic novels had to be set in catholic continents as she moved her novels globally. This sense of relocation is very prominent in her novels and life. Irish gothic fiction spread down to its writer's feeling of not belonging anywhere, so they could put their situation into any setting, but it would still make sense. Roche uses this perfectly in her novels, such as her novel Oeuvre, which uses the juxtaposition of "here" and "there" to further the question of belonging; this sense of belonging can also be drawn to the Irish diaspora, which sent the Irish culture all around the world just like the gothic novel which is why the novel spread so much as those who had to move out of the country were also feeling this sense of not belonging meaning they would feel seen in this writing which is exactly what brought authors to seek writing in this genre.

Roche references travel in her writings, such as Clermont and nocturnal visits, as their characters travel throughout both novels. Included in this talk of travel is also the term referred to by Benedict Anderson, which is long distance nationalism, which is used to describe something that connects people around the world with their identity, which is precisely what Roche has been focussed on doing in these two writings but primarily through her most famous novel the children of the abbey which had the main themes of Irish identity and nationhood.

Overall, Roch's novels highlighted that the supernatural did not need to be included to get her point across in the Irish gothic genre as there are many experiences Anglo-Irish can

[2] Christina Morin, *The Gothic Novel in Ireland c. 1760–1829*, (Manchester: Manchester University Press, 2019.) p.157

relate to without the aspect of horror. Her primary focus is on travelling the lives of Irish people and their culture instead of using her imagery to fight for the independence of the country, which also highlights the more unionist approach that Anglo-Irish citizens had, which bled into the genre. This use of educating her readers on Ireland allowed a new population to understand the thoughts, whether fears or fantasies, of the people who lived there. As Christina Morin writes, "as begonia Lasa Alvarez contends 'a bit of Ireland travelled with each of the copies [of Roche's works] carried or published abroad'"[3] in conclusion, Roche has been drawn to write gothic fiction in order to spread the voice of Ireland to countries globally just like the diaspora achieved while also using her real-life experiences and thoughts to portray the identity of Anglo-Irish citizens.

Oscar Wilde is one of the more complicated authors. When thinking about his only novel, "The Picture of Dorian Gray,"on the surface, there is not much to make connections to the Irish gothic motive. However, looking into the context around the book and writer while delving deeper into the novel, why this Anglo-Irish playwright was drawn to write this gothic novel becomes clear.

Wilde was born in Dublin to Anglo-Irish parents. His mother was a supporter of the nation. However, he did not have such strong a view as Richard Haslam writes: "his mother, Lady Wilde, a violent nationalist, he [Wilde] inherited a strong feeling against England, but, apart from his condemnation of Queen Victoria for her meagre donation to the Relief Fund at the time of the Irish famine, his patriotism never grew to more than a sentimental grievance."[4] this quote reveals that Oscar does not hold such a strong sense of nationalism as his mother

[3] Morin, *The Gothic Novel in* Ireland c. 1760–1829, p. 177
[4] Richard Haslam, *Seeking the "Irish Dimension" in Oscar Wilde's The Picture of Dorian Gray: "What Does This Mean?"* , English Literature in Transition, 1880-1920; Greensboro, volume 63 (2020) 533-558 p. 538

which makes sense as to why his thoughts of Ireland that are intertwined into Dorian grey are so underground.

Although the previous statement does ring true, Wilde does start to grow the feeling of Irishness when he moves to London, as the common theme of being an outsider starts to sink into his life. One crucial thing to think about is that Wilde was writing in the era of aestheticism, which was the idea that someone's whole life was focused on beauty, which is the primary factor of Dorian Grey as a character, but this stems from Ireland as Haslam writes Dorian "overdramatically imitates British aesthetics, exposes the excess at the heart of it, and emphasizes its dependence on a gothic, colonial, and Irish Other"[5]. This is the first demonstration of the underlying Irish connection in this novel, highlighting that this new phenomenon in Britain would not have occurred without the Irish Gothic movement.

Wilde's way of writing this novel is also a reflection of the Anglo-Irish gothic ways as he emphasizes "the fantastic nature of the allegory of a nation traumatized by its relationship to the past."[6] Gray is constantly haunted by what he has done in the past every time he looks at the portrait, which grows more disfigured as the novel continues. The thought of looking back into the past highlights the guilt that some Anglo-Irish people had when they realized their cruelty. Using the two types of Dorian grey also highlights the double/split life familiar to those of Anglo-Irish citizenship, which Wilde also found out when moving to England with the feeling of being the "other." The struggle of finding an identity, which is a massive part of Irish gothic fiction, can be seen with the split in parties that he attends as he differs from conversing

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[5] Haslam, *Seeking the "Irish Dimension" in Oscar Wilde's The Picture of Dorian Gray: "What Does This Mean?"* p. 536

[6] Tara Fueshko*, The Picture of Dorian Gray: Great Irish Novel or Written By a Great Irish National?,* acadamia.edu <https://www.academia.edu/9290553/The_Picture_of_Dorian_Gray_Great_Irish_Novel_or_Written_By_a_Great_Irish_National> [accessed 21st November 2023] P.4

with the lower classes of London and attending grand events as part of the aristocracy, which further connects with the Anglo-Irish half-life.

Overall, the picture of Dorian Gray by Oscar Wilde highlights why he was drawn to the gothic style of fiction with his connection between the character of Dorian Gray and Ireland itself. As Tara Fueshko points out, "As the ultimate allegory, Dorian Gray is Ireland oppressed for centuries by a country wishing to maintain power through its imperialism. Unable to achieve independence via peaceful means, the violence Gray commits acts as the symbolic "revenge of a subdued and oppressed country upon her masters."[7] Wilde has used this piece of gothic fiction to convey his fear and highlight the oppression the Irish nation is under and explains that the only way to gain change is through violent actions, as peace will not work to get the British to change their minds.

Joseph Le Fanu was a well-known name in gothic fiction and was central to the genre's development during the Victorian era. He was born in Dublin, Ireland, to a family of the protestant elite. His writings focused on Anglo-Irish themes, making him reach a large audience. He has produced many ghost stories/ gothic fiction, such as the short story Madame Crowl's Ghost and his Collection in a Glass Darkly; however, his most famous was Carmilla. Carmilla is a vampire tale that even predates Dracula, and it is seen to influence Stoker's novel. Fanu uses this novel to highlight many Anglo-Irish themes, such as the feeling of not belonging or loneliness, the opposing views towards the catholic religion and the imagination of the Anglo-Irish feeding of the original citizens.

[7] Fueshko, *The Picture of Dorian Gray: Great Irish Novel or Written By a Great Irish National?* P. 7

In Carmilla's opening chapter, the main character, Laura's nationality is acknowledged. Although they now live in Austria, the underlying themes in the book suggest that she and her father are Anglo-Irish as Austria is being used in place of Ireland; she explains that her father is English, but she has never seen England. Another compelling inclusion to this chapter is the second sentence, "A small income, in that art of the world, goes a great way."[8]This is used to describe the castle or schloss they call home. This inclusion is a small insight into how the Anglo-Irish would move to Ireland and join the aristocratic society, including their housing, which placed a barrier on the Irish lower class ever moving up the system.

Several times throughout the novel, mostly Laura, but on one occasion, another character portrays the feeling of loneliness and not belonging that plagued Anglo-Irish citizens, including Le Fanu, in real life. These quotes include "I was a little shy, as lonely people are."[9] and "I was myself almost the only 'nobody' present"[10] this theme of not belonging is essential to any Irish gothic literature as it was a struggle for the people it was representing as the Anglo-Irish were viewed to English to be Irish and so forth.

Another central Irish gothic theme in Carmilla is religion, more so the fear of religion. Anglo-Irish was mainly protestant at these times, and there was fear that the oppressed Irish Catholics would overturn the protestant hierarchy, so their fear of the catholic religion found a place in their writings. Carmilla, like most vampires in this genre, rejects religion. This can be seen in her hatred of hymn being sung as a funeral procession passes. However, it is most prominent in the discussion between Carmilla and Laura's father, where she disagrees with the idea that it relates to the nature of life. This can symbolise how the Anglo-Irish thought of those

[8] Joseph Sheridan le fanu, *carmilla*, (public domain,1872)P. 5
[9] le fanu, *carmilla* P.30
[10] le fanu, *carmilla* P.95

with differing religious beliefs to be monstrous creatures, as to why Carmilla is depicted as a vampire.

The selection of a vampire for the monster is not made by chance. The idea of Carmilla slowly sucking the life out of Laura as she stays with her is a direct metaphor for the Anglo-Irish who were viewed to be moving to Ireland and taking from the regular Irish people, for example. There were talks that the Anglo-Irish landlords were draining the middle and lower-class Irishmen of their money. Also, how Carmilla's killings took place is in line with the guerrilla warfare seen in Ireland, where others would revolt but disappear back into society unseen, just like Carmilla did with her killings. It is said, "Such activity became a source of constant unease among the landed gentry: a mysterious, violent force, hidden within an acquiescent surface population, made all the more terrifying by its epithermal, ghostly quality."[11] This quote symbolises the fear surrounding Ireland at the time of these tactics but also reflects the unease and fear that was felt in the village of the novel when all the deaths started to happen, which makes perfect sense as to why Fanu would include this link in gothic fiction as wrote in the quote above the force had already created a ghostly appearance and relates straight to the fear of the Anglo-Irish.

Overall, Joseph le Fanus Carmilla demonstrates why he, as an Anglo-Irish writer, wanted to write Irish gothic fiction as it allows a space to belong as something that is not "the other" and share the experiences and feelings that the Anglo-Irish had at the time towards their "opposition" and neighbours while playing both sides as flawed individuals.

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[11] Oisindeburca*, "Carmilla" and the Roots of Anglo-Irish Gothic Fiction*. [Revised Version],wordpress <https://thoughtpressings.wordpress.com/2019/07/22/carmilla-and-the-roots-of-anglo-irish-gothic-fiction-2/>[accesed 16th November 2023]

Bram Stoker was born in Dublin, Ireland, to an Anglo-Irish protestant family. Protestants at this time were usually unionists and were in massive support of English rule as they supported home rule and advocated for the British Empire. Although they were at the top of the aristocracy, a sense of downfall is shown in stokers novel Dracula as Raphael Ingelbien expresses that the character" Count Dracula represents the Protestant Ascendancy in terminal decline; he is a bloodthirsty caricature of the aristocratic landlord, clinging to feudal power in the face of reform and about to be engulfed by the forces of modernity and nationalist agitation."[12]This statement is true as uprisings led by groups like the white boys had started to appear as a shake to the protestant ascendancy.

Stoker was one of the biggest names in gothic literature, so it is unsurprising to find such heavy Anglo-ish themes and metaphors woven into the classic novel. These themes include the protestant ascendency, which is previously mentioned, the use of religion and the views of the Anglo-Irish. Uncovering these themes found in Dracula gives more background on why Stoker wrote gothic literature to get his thoughts out into the world.

The use of religion is a massive point that is continuously used to further the plot of Dracula in many different ways. One way of demonstrating this is the most obvious as the characters use crucifixes and rosary beads along with other holy objects in order to fight against the count, which reiterates the power forced religion had on undermining others just as the Protestants undermined the catholic religion. Another aspect is broader as Dracula as a whole is a Christian allegory to show that the Christian faith would always win against evil, which

[12] Raphael ingelbien, *Gothic Genealogies: "Dracula", "Bowen's Court", and Anglo-Irish Psychology*,Vol 70 no 4 pp. 1089-1105 (united states: the john Hopkins university press, 2003) p. 1

was the hope in the eyes of the high-up aristocracy of Ireland as they faced retaliation from the oppressed catholic Irish.

The different views of the Anglo-Irish are very prominent in this book as the idea of Dracula (the Anglo-Irish) draining the life from people can easily be connected to views of people like Jonathan Swift, who, in his satirical writing of a modest proposal suggests that the Irish should sell their children for food as the aristocratic landlords have devoured the Irish with their cruelty anyway. The view, especially of the landlords, is vast in Dracula, as there are already many connections between them. As mentioned before, when talking about Carmilla, the Anglo-Irish landlords were sucking the money out of the Irish lower classes, which in earlier years was also a massive reason for the diaspora movement during the famine.

There is also an attempt to play the Anglo-Irish as the victim through the character of van Helsing. First off, his name is an anagram of English and is the one represented as the hero as he is the one who has killed and stopped the monster once and for all. Taking this view, it can be shown that the Anglo-Irish ascendency did believe they were doing the correct thing by keeping the beast of the Irish as the minority. The highlighted thought process could represent stokers own however it would be up to interpretation What is known is that Stoker supported home rule and viewed himself as a 'philosophical Home Ruler'[13] which contradicts the supported belief of English rule reigning which is heavily implied in Dracula. The debated belief highlights leads the subject of Anglo-Irish anxiety. The aspect of the mob overthrowing and destroying the long-standing count Dracula demonstrates the fear that a large amount of Anglo citizens had of being the minority and being the colonized instead of the colonizers. In

[13] Jarlath Killeen and Christina Morin, *Irish Gothic: An Edinburgh Companion*, (Edinburgh University Press, 2023), p. 178

the short term, they could see the downfall coming and were scared to be a victim of their own making while others began to embrace the inevitability.

Overall, Bram Stoker uses his novel Dracula as a way to uncover the unconscious thoughts the Anglo-Irish citizens had of themselves and others through the themes of protestant ascendancy, religion, views of the Anglo-Irish and their anxiety, which brings forward the big question of the novel which is if the Anglo-Irish are the vampire or the victim of their actions.

The relationship between Ireland and Britain is exploitive, leading to Anglo-Irish citizens leading a half-life. The consequence of this comes out in gothic fiction as Anglo-Irish writers were more drawn towards gothic literature because of the space it gave them to understand who they were and place their feelings out, i.e. who the monster was. The use of vampires like Carmilla and Dracula also depicted this theme of the "other" and if they were the victim or the monstrous depending on each reader's viewpoint, or if they are genuinely in between taking the good parts of both Ireland and Britain with little to none consequences just like how Dracula himself was living before the ending. Also, books such as Carmilla and Dorian Grey describe the violent acts plaguing the Anglo-Irish. Fanu uses violence under cover of night that sparks fear in the colonisers, whereas Wilde uses violence to demonstrate the rebellion of those under colonist rule. Nevertheless, the use of violence and monsters is not the only way the Irish have been inclined to write gothic fiction, as Roche presents where her use of Anglo-Irish traits in her gothic novels is the sense of travel linking to the diaspora and the need to move away for your survival while also spreading the culture and message of their upbringing and circumstances. In conclusion, using the vivid imagery and hidden details in these four pieces of Irish gothic literature, it can be determined that Anglo-Irish authors found themselves inclined to write Irish Gothic novels as it gave them a space to explore their ideas

and thoughts without having the label "Anglo-Irish" thrust upon them. It supported self-expression and allowed them to find order and a place for themselves when the world around them was experiencing significant change.

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Medicine and the American Civil War c. 1850-c.1870: A Catalyst for Change?

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"America is the land of the free," Thomas Jackson's father had always told him. Growing up in England, young Thomas clung onto his father's words and dreamt of the endless wonders in that far-off land. His father's magnificent stories painted a place of hope and possibility – a paradise where liberty was the central principal. Years later, he moved to one of the Northern American states. Thomas adored his home, his new friends and fulfilling job – the reality seemed to match the dream. This fantasy, however, shattered in an instant. When he visited a Southern state for work, Thomas witnessed a sight that deeply, truly disgusted him.

> The auctioneer began — "Gentlemen, I have a very interesting lot to offer you now. This woman is a good housekeeper, good laundress…, and a very confidential servant capable of taking the whole charge of a gentleman's household... Gentlemen, gave me a bid. How much for the lot?"[2]

This moment bluntly depicts the divide that defined 19th century America—a divide that would lead to the commencement of the American Civil War.

[1] This essay was written for the ME33HM.

[2] Thomas Jackson, ' Aug 12, 1862 Letter' <https://thomasjacksonletters.com/introduction/> [accessed 6 December 2024].

The Civil War was a rivalry between the Northern Union and the Southern Confederacy. While there were several conflicts leading up to the war, its central cause was rooted in their differing beliefs regarding African American chattel slavery. Eleven southern states seceded from the Union following the election of Abraham Lincoln. In March 1861, Confederate Vice President delivered a speech known as the Cornerstone Speech. He states, "Our new government is founded upon exactly the opposite idea; its foundations are laid, its corner-stone rests upon the great truth, that the negro is not equal to the white man that slavery-subordination to the superior race--is his natural and normal condition"[3]. Dawn of April 12, 1861 marked the start of this war, when Confederate soldiers attacked Fort Sumter in South Carolina.

This essay will examine whether the American Civil War acted as a catalyst for change in American medicine and society. Several secondary sources have examined different aspects of this topic. For instance, Laurann Figg wrote about the widespread use of amputations in the war; there have also been several studies regarding the policies implemented after the war, which granted African Americans citizenship rights, and the addition of ambulances and nursing schools in the post-war period were discussed by Katherine T. Barkley and X.J Yang respectively. While these scholarly discussions analyse wartime events and developments, they fail to aptly illustrate the period between initial development during the war and later wide-scale implementation. This essay will build on these discussions, using primary sources such as soldiers' letters, military manuals and newspapers to provide insight into the historical context. Change is not a linear, straight-forward process - it may regress, create minimal effect, or result in unintended consequences, and it is important to acknowledge what kind of change occurred. Did medical practice in the war, particularly amputation, lead to post-war change?

[3] Henry Cleveland, *Alexander H. Stephens in Public and Private*: *With Letters and Speeches Before, During, and Since the War* (Philadelphia: National Publishing Company, 1866), p. 721.

Did the war create new opportunities for African Americans in medicine and society? Did the war influence hospital organisation and women's role in postbellum society? These three main questions will be explored, and form the basis, of this essay.

From Amputations to Transformations

There were roughly 60,000 amputations performed during the 4 years of the American Civil War. 3 of 4 procedures done by surgeons were amputations[4]. A Union army provisions master, Riley Hoskinson, wrote in a letter to his wife, "Strange as it may seem to you, I can now stand and hold one of a man's legs while the other is cut off and not feel the least particle of that faintish disposition that troubled me so much in former life. Helping the Doctors cut off limbs and bind up wounds is now my daily duty."[5] This shows how desensitising amputations had become for Civil War surgeons. What may have once been a daunting procedure, over time, became a routine practice that surgeons were used to performing.

Gross's manual of military surgery, a widely used resource for Civil War surgeons, listed specific wounds that were categorised as requiring amputation no matter the circumstance. These ranged from a limb being "struck by a cannon" to '"a lacerated or gunshot wound penetrating a large joint". Gross also describes when amputation should be avoided – if the patient has not recovered enough from the injury to "bear additional shock and loss of blood."[6] Therefore, it is apparent that the decision to amputate was not recklessly made but guided by training and academic text.

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[4]Robert Reilly, 'Medical and surgical care during the American Civil War, 1861-1865', *Baylor University Medical Center Proceedings* (2016), 138–142 <doi: 10.1080/08998280.2016.11929390> [accessed 6 December 2024].

[5] University of Washington Libraries, Special Collections: Riley M. Hoskinson letter to his wife, Martha Hoskinson of Rushville, Illinois, Oct. 27, 1863, p.8.

[6] Samuel Gross, *A manual of military surgery : or, Hints on the emergencies of field, camp and hospital practice* (United States: Duke University Libraries, 1862), p.38.

According to an article by Laurann Figg, by the 1850s, the term 'conservative medicine' was brought about. This meant trying to preserve the limb, when there is evidence that the wound may remedy itself without the need for amputation. Surgeons began exploring alternatives like splinting and resection, reserving amputation as a last resort. However, Figg argued that some surgeons believed that the prevalence of injured patients and infectious diseases in field hospitals decreased the effectiveness of these non-invasive procedures.[7] Figg adds that delaying amputation would result in further infection, and splinting and excision often resulted in severe complications. The risks of delaying amputation was made clear by surgeon James Fulton, who wrote in his diary about a boy he operated on, "had his leg only been amputated at first he would without doubt have recovered—but in trying to save the leg we lost they [sic] Boy"[8].

However, Figg's article overlooks the cases where conservative treatments *have* successfully saved both lives and limbs. In Gross's military manual, he describes the non-surgical option to treat wounds of the limb, which he refers to as resections. When a gunshot wound occurs with no major injury to the nerves and vessels of the limb, resection can be done instead of amputation. This involves the removal of a section of the bone, allowing the patient to regain use of his limb upon recovery. Gross notes, "19 cases of gunshot wounds of the shoulder-joint in which resection was performed, of which 3 proved fatal. Baudens saved 13 out of 14 cases, and the British surgeons in the Crimea lost 2 patients only out of 27."

Additionally, secondary sources have failed to mention the innovations in conservative medicine during the Civil War. One significant invention was the 'Hodgen Splint', created by

[7] Laurann Figg, 'Amputation in the Civil War: Physical and Social Dimensions', *Journal of the History of Medicine and Allied Sciences* (1993), 454–475 <https://doi.org/10.1093/jhmas/48.4.454> [accessed 6 December 2024].
[8] Robert Hicks, *Civil War Medicine: A Surgeon's Diary* (Indiana University Press, 2019), p. 278.

Civil War surgeon John Hodgen[9]. Designed for femur fractures, this splint effectively kept the limb immobile, which was vital to prevent deformity. The splint allowed the leg to be raised at any angle and ensured it remained extended. The 1877 BMJ refers to the use of the Hodgen's Splint in Guy's Hospital, in which it states that prior to this splint, fractures in the leg would almost always heal with at least an inch of shortening; however, they found that this shortening was significantly reduced with the new splint. It also allowed greater comfort for the patient, as they were able to move about on the bed without disruption to the limb, reducing risk of bedsores for older patients[10]. The 1907 *The Hospital* newspaper highlights the benefits of this splint, stating that it could last for up to four weeks and allowed nurses to inspect other wounds on the leg[11]. It became the standard method to treat fractured lower limbs until the Thomas Splint was introduced during WWI.

Amputations did not only help with innovations in conservative medicine, but also massively impacted the way disability and prosthetics were viewed post-war. John Hanger was the first recorded amputation in the Civil War. Following his surgery, Hanger was sent home. However, he did not leave his room for months; he had received a peg leg, but spent his days trying to make this prosthetic more comfortable. With help from Washington College, where he studied engineering prior to his enlistment, he created a prosthetic leg that was better suited for his stump. He then founded his own company, Hanger Inc., to help other amputees[12].

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[9] Frank Nifong, *The Hodgen Wire Cradle Extension Suspension Splint; The Exemplification of This Splint with Other Helpful Appliances in the Treatment of Fractures and Wounds of the Extremities and Its Application in Both Civil and War Practice* (Leopold Classic Library, 2015).
[10] J. Fry, 'Hodgen's Splint, As Used In Guy's Hospital', *The British Medical Journal,* 772-773 (1877).
[11] The Treatment of Fractures From a Common Sense Point of View, *The Hospital*, 9 November 1907 <https://pmc.ncbi.nlm.nih.gov/articles/PMC5334874/pdf/hosplond73611-0011.pdf> [accessed 6 December 2024].
[12] Tracy Brink, *The Man Who Built a Better Leg* (Cricket Media Inc., 2017).

Due to the sheer number of amputations during the war, there was more demand for prostheses[13]. The Civil War prompted a shift in government programs toward veterans. They received pensions, and according to an article by Lisa Herschbach, the amount veterans were given increased if they had been amputated[14]. Recognising that this increase in prosthetic demand would result in an equally high profit, many companies emerged, focusing primarily on the production of artificial limbs[15]. The 1875 Appleton Journal noted that there were now several kinds of prosthetic legs, each of a different price and purpose. The different types of legs ranged from 'dancing-legs' to 'Sunday-legs', to 'riding-legs'.[16] The standard price of an ordinary prosthetic leg was $75, and the government provided this amount to veterans that needed it. Prices, however, could range up to $120 for prostheses that were more decorative.

Another change brought by the Civil War amputations was the rise of opium addiction. Morphine, an opiate-based medicine, was one of the key painkillers of the Civil War. While it was used for surgeries, morphine was a crucial ingredient in the management of camp diseases. Gross's military manual states that for tetanus, "the most reliable remedies are opium, in the form of morphia or acetated tincture, in large doses". Morphine was also used for burns, shock, fevers, tonsilitis, diarrhoea and even sore throats or colds. This widespread use contributed to opium addiction among veterans after the war. An article by Jonathan Jones states that opiate addiction not only affected the veteran's health, but also their reputation[17]. It stripped them off their sense of manhood; they were shamed for their inability to control their urges for the drug and ridiculed for their physical appearance. Whether it was needle puncture marks or the loss

[13] Savannah Labbe, 'Inspirations of War: Innovations in Prosthetics after the Civil War', *The Gettysburg Compiler: On the Front Lines of History* (2018) 255.
[14] Theda Skocpol, *Protecting Soldiers and Mothers: The Political Origins of Social Policy in the United States* (Harvard University Press, 1995), p. 140.
[15] Lisa Herschbach, 'Prosthetic Reconstructions: Making the Industry, Re-Making the Body, Modelling the Nation', *History Workshop Journal* (1997), 22-57.
[16] University of Michigan Library Digital Collections: William H. Rideing, 'Appletons' journal: a magazine of general literature' (1875).
[17] Jonathan Jones, 'Opium Slavery', *Journal of the Civil War Era* (2020), 185-212.

of weight due to the drug, it was seen as weak and far from the image of an 'ideal man', such that these veterans were no longer esteemed or respected.

Jonathan Lewy adds in his article, that this addiction, however, could have been caused by the emergence of the hypodermic syringe rather than the war itself. Though the war introduced this drug to Americans, these syringes were used at the end of the war to rapidly administer pain relief to the patient, which would have increased the chances of addiction[18]. Though Civil War pharmacists were aware that morphine could elicit 'intoxication'[19], it was not until later that addiction was recognised as a disease. Lewy mentions how addiction was seen merely as a bad habit, stating that the Pension Bureau had no policies which prevented addicted veterans from receiving pensions. However, the 1881 General Instructions to Special Examiners of the United States Pension Office states otherwise, "If the applicant or pensioner is the subject of intemperate or vicious habits the facts are usually so notorious that no difficulty will be experienced in ascertaining them, but the Examiner should exercise care in order to obtain the testimony of reliable witnesses[20]." This shows that when veterans applied for these programs, pension examiners would evaluate the veteran's mental state. If they were suspicious, investigations had to be conducted to determine whether a veteran was concealing their addiction. The same applied to veterans applying for soldiers' homes[21]. If authorities found out, they would be removed from their homes and taken to mental institutions, regarded insane[22]. Having discussed amputations and the changes in medical practice due to the Civil

[18] Jonathan Lewy, 'The Army Disease: Drug Addiction and the Civil War', *War in History* (2014), 102-119.
[19] Henry Beasley, *The Book of Prescriptions* (London: Churchill, 1865), pp. 371-372.
[20] United States Pensions Bureau, *General Instructions to Special Examinations of the United States Pension Office* (Washington D.C., 1881), pp. 17.
[21] R.B Rosenburg, *Living Monuments: Confederate Soldiers' Homes in the New South* (Chapel Hill: University of North Carolina Press, 1993), pp. 82-83.
[22] James Marten, *Sing Not War: The Lives of Union and Confederate Veterans in Gilded Age America* (The University of North Carolina Press, 2011).

War, the next section will focus on the experiences of African Americans in the war and society.

Black Soldiers and Doctors - During and After the War

Approximately 179,000 black soldiers served in the war, making up 10% of the Union army. There were black surgeons, black carpenters, nurses, guards, cooks, who played pivotal roles, all contributing to the Union's cause. This section will discuss the way African American doctors and soldiers were treated during the war and evaluate whether the war had created change for African Americans in both medicine and civilisation.

Alexander Augusta was the first appointed African American surgeon in the Civil War[23]. Born in Virginia, he left for Canada to earn a medical degree after he was rejected from the course in the United States because he was black[24]. In 1863, having gained a bachelor's degree in medicine, he wrote a letter to President Lincoln asking for appointment as surgeon in one of the black regiments, expressing his desire to "be of use" to his race[25]. Lincoln approved his request and appointed him to the Contraband Hospital in Washington D.C. After spending half a year in this hospital, Augusta then joined the 7th Infantry of the United States Coloured Troops

[23] Heather Butts, 'Alexander Thomas Augusta--physician, teacher and human rights activist', *Journal of the National Medical Association* (2005), 106-109.
[24] Nav Persaud, 'Dr Alexander Augusta sought medical education in Canada but became a medical educator in America after the Civil War', *Canadian Medical Education Journal* (2021), 100-102.
[25]Alexander Augusta, 'Transcript of Letter from Augusta to President Lincoln', *Binding Wounds Pushing Boundaries: African Americans in Civil War Medicine* (1863). <https://www.nlm.nih.gov/exhibition/bindingwounds/pdfs/LetterFromAugustaToPresidentLincoln1863.pdf?_gl=1*yuimao*_ga*MzY5NDc0MDU2LjE3MzA3Njg0MzQ.*_ga_P1FPTH9PL4*MTczMjYzNTI4NC4yLjAuMTczMjYzNTI4NC4wLjAuMA> [accessed 6 December 2024].

(USCT). The USCT was created in May 1863 by the US War Department to recruit African American individuals to increase Union forces as manpower began to dwindle[26].

In this regiment, Augusta worked alongside white surgeons and even then, faced racial discrimination even though he was not, by any means, underqualified. Henig claims in his book that many of Augusta's colleagues had sent letters to the White House, letting them know that appointing a black man as a surgeon and placing him on an equal pedestal to his white colleagues, was not a good idea[27]. Surgeon Morse stated that working under Augusta was profoundly degrading and that there should be a racial hierarchy within the army[28].

Outside the army, Augusta's appointment as a black surgeon was not taken very well by the public. Henig adds that Augusta was attacked by white men in a train for wearing his uniform in public, and forcibly escorted out of a streetcar for refusing to sit in the rain, in the allocated 'coloured' section. However, Augusta refused to let this discrimination faze his determination to help his people and to continue pursuing his passions. An article by Alanna McKnight states that after the war had concluded, he was invited to the White House to attend a reception, where he was keenly greeted by Lincoln himself. He was the first black man in the United States and Canada, to ever receive such prestigious acknowledgements[29].

After the Civil War, the Contraband Hospital in Washington D.C., where Augusta previously worked, changed its name to the Freedmen's Hospital. This was the first government funded

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[26] Holly Pinheiro, 'United States Colored Troops' *Oxford Research Encyclopedia of American History* (2024) <https://doi.org/10.1093/acrefore/9780199329175.013.1035> [accessed 6 December 2024].
[27] Gerald Henig, 'The Indomitable Dr. Augusta: The First Black Physician in the US Army', *Army History* (2013), 22-31.
[28] Bryan Prince, *My Brother's Keeper: African Canadians and the American Civil War* (Toronto: Dundurn Press, 2014).
[29] Alanna McKnight, 'Borders, Battles and Bigotry: The Trials of Dr. Alexander and Mary August Augusta', *Études canadiennes / Canadian Studies* (2018), 49-65.

medical facility for African Americans. This hospital was established by the Freedmen's Bureau, which was created to aid the thousands of slaves that were now freed. It established new hospitals, helped freed men obtain land for themselves[30], find employment[31], and authorise marriages[32]. The Freedmen's Hospital provided not only medical care, but employment, education, shelter and food to freed African Americans and poor white Americans.

In 1867, the medical division of Howards University was formed in Freedmen's Hospital, later renamed Howards University Hospital. Henig adds that Augusta later worked at this hospital, not as a surgeon, but as the first ever African American to teach medicine at a university level in the United States. He provided education for black students who were eager to learn but may not have had the opportunity. The implementation of the Bureau and government policies, which helped African Americans seek employment, education and medical care, marked a profound transformation in the lives of many African Americans.

Another important aspect to consider was whether black soldiers were treated the same as white soldiers during the Civil War. Jonathan Jones discusses in his article, that among the opium-addicted Civil War veterans, only a relatively small portion of black veterans were addicted, despite black soldiers making up 10% of the Union army[33]. In the 19th century, physicians believed that addiction occurred due to the overstimulation of the brain and argued that African American minds were too simplistic to ever experience this, making them essentially immune

[30] Records of the Bureau of Refugees, Freedmen, and Abandoned Lands: 'Applications of Freedmen for Land 1865-1869' (National Archives Building, Washington DC., 1865).
[31] Records of the Bureau of Refugees, Freedmen, and Abandoned Lands: 'Contract Between James Mitchell and Dick and Wife' (National Archives Building, Washington D.C., 1866).
[32] Records of the Bureau of Refugees, Freedmen, and Abandoned Lands: 'Register of Marriages' (National Archives Building, Washington D.C., 1865).
[33] Jonathan Jones, *Race and Opioids: Lessons From the Civil War-Era Opioid Addiction Crisis* (2021) <https://www.psychiatrictimes.com/view/race-opioids-lessons-civil-war-era-opioid-addiction-crisis> [accessed 6 December 2024].

to addiction[34]. Roberts, a doctor from North Carolina in 1885, stated that black people did not require as much opium as white people, claiming that a black man did not have a network of nerves as complex as that of a white man; therefore, they did not experience the same extent of pain a white person would for the same injury[35]. Jones wrote in his article that this perception of black people experiencing less pain than white people, led to the Civil War surgeons administering fewer painkillers to wounded black soldiers compared to their white counterparts[36], causing less opium addiction in black veterans. Additionally, there is evidence of a significantly higher mortality rate of diarrhoea among black soldiers during the Civil War, almost double than that of white soldiers. Many military manuals, including Gross's manual of military surgery, indicated that the most effective treatment of diarrhoea was morphine. This inexplicably high number of deaths among black soldiers implies that doctors may not have used their morphine supply as readily on African American patients as they did on white patients[37].

The Civil War established new hospitals for African Americans, introduced several government policies to protect freed slaves and provided them with new opportunities in medicine and society. By 1870, black people gained full rights of citizenship, which meant the ability to vote. Despite these changes, racial injustice persists post-war. When news broke that Louisiana's new constitution would include voting rights for Black people, the *Louisiana Democrat* newspaper harshly criticised this change, stating "we may expect to see the State of Louisiana a member of the Union, with nigger suffrage, nigger Senators, and nigger

[34] F. Tipton, *The Negro Problem from a Medical Standpoint,* (Unknown publisher, 1886).
[35] JD Roberts, 'Opium Habit in the Negro', *North Carolina Medical Journal* (1885), 206 -207.
[36] Versalle F. *Washington, Eagles on Their Buttons: A Black Infantry Regiment in the Civil War* (Columbia: University of Missouri Press, 1999).
[37] Margaret Humphreys, *Intensely Human: The Health of the Black Soldier in the American Civil War,* (Johns Hopkins University Press, 2008).

representatives[38]". Furthermore, these changes did not protect African Americans from white violence, which in fact, became more organised and aggressive as white supremacist groups formed. Between 1865 and 1876, over 2000 African Americans were lynched, hundreds often killed at a time[39]. These attacks were primarily carried out by the Ku Klux Klan, founded in 1865 by six Confederate army veterans[40]. While it could be argued that the formation of the Ku Klux Klan wasn't directly caused by the war, it would have largely been driven by African Americans' increased rights following the Union's victory.

Civil War Triaging, Ambulances, Female Nursing and its Post-War Influence

The first medical schools in America were founded in the 1820s. The decision to accept a student into medical education was based solely upon whether they could afford it, rather than assessing intelligence or virtues. A bachelor's degree was a year-long course, and a Medical Doctor degree took two years to complete. Students could also graduate without stepping foot in an operating theatre or being tested on practical skills on real patients. Louis Pasteur's germ theory was not implemented yet; therefore, sanitation was not a priority in surgery. There was no organised system for triage or evacuation of the injured, both on the front line and in the rear. This section will explore the changes implemented in ambulance systems, hospital organisation, triage and nursing as a result of the Civil War.

In 1862, Jonathan Letterman was appointed as the Union army's Medical Director. Not long after his promotion, Letterman identified significant problems in the way medical care was provided to the army and implemented several changes to combat this. Firstly, he concluded

[38] The Bogus Convension, *The Louisiana Democrat,* July 18 1866.
[39] Jennifer Taylor, *Reconstruction in America: Racial violence after the Civil War, 1865-1876*, (Equal Justice Initiative, 2020), pp. 48.
[40] Allen Trelease, *White Terror: The Ku Klux Klan Conspiracy And Southern Reconstruction,* (Baton Rouge: Louisiana State University Press, 1995).

that for soldiers to be able to fight in their best form, he needed to find a way to decrease the incidence of infectious diseases in camps. Based upon ambiguous instructions in the Sanitary Commission, Letterman urged troops to improve hygiene in camps, encouraging soldiers to wash themselves weekly for a minimum of 15 minutes and instructing them to dig pits for latrine or food waste purposes[41].

Secondly, Letterman aimed to improve the way in which injured soldiers were evacuated from battlefields. Ambulances at the start of the war were mainly used for distributing supplies and weaponry to the front line. George Adams wrote in his book that, in the Battle of Bullrun in Virginia, no injured soldiers returned to Washington D.C. in an ambulance. The volunteer civilians who were initially tasked to drive the ambulances deserted the battlefield at the onset of combat. The remaining ambulances were then seized by uninjured soldiers to retreat[42]. Letterman, realising that these ambulances were not used optimally, established the Ambulance Corps, which was formalised in the August 1862 Letterman Plan. General Orders Number 147 provided 16 new regulations regarding the use of ambulances, making for a more organised emergency transport system. Captains were now required to inspect the state of their ambulances daily, and ambulances were used strictly for transporting the injured between the hospital and battlefield. If used for another purpose, it must be reported and documented[43]. The Ambulance Corps' success was made clear soon after its introduction. According to an article by John Tooker, in 1861, it took a week to retrieve 5,000 dead and wounded soldiers following

[41] Ira Rutkow, *Bleeding Blue and Gray: Civil War Surgery and the Evolution of American Medicine* (New York, Random House, 2005)
[42] Adams George, *Doctors in Blue: The Medical History of the Union Army in the Civil War*, (New York, H. Schuman, 1952), p. 26.
[43] S. Williams, G*eneral Orders Number 147*, (The Ohio State University, 1862) <https://ehistory.osu.edu/exhibitions/general-orders-number-147> [accessed 6 December 2024].

a battle. In September 1862, all 23,000 casualties were recovered from the battlefield within a day[44].

With these changes also came the implementation of triage in the battlefield. At the start of the war, Walt Whitman, a poet and wound dresser of the Union army, wrote in his work, "The men, whatever their condition, lie there, and patiently wait till their turn comes to be taken up[45]". This suggests that there was no organised system of who was to be treated first, but instead medical care came to who had arrived earliest. Letterman ordered for field dressing stations to be set up near the front of the battlefield, where injured soldiers in need of immediate attention could be treated with first aid. Here, soldiers were then triaged into categories: severe, mild, slight and mortal. They were transported in ambulances in order of priority – mortal treated last and severe treated first[46].

Following the wartime Ambulance Corps's success, civilian ambulances were introduced in 1865, at Commercial Hospital, Ohio. This system quickly spread, with many hospitals adopting ambulances in the following years, such that in the year 1870, there were 1401 emergency calls made by civilians requesting ambulances[47]. In New York, Edward Dalton, who had been a surgeon in the Union army, created an ambulance system for his hospital in 1869, aimed to transport patients to the hospital quicker and more comfortably. They also carried essential medical supplies, such as splints, stomach pumps and morphine for emergencies[48]. This was

[44] John Tooker, 'Antietam: Aspects of Medicine, Nursing and the Civil War', *Transactions of the American Clinical and Climatological Association* (2007), 215-223.
[45] Walt Whitman, *Complete Prose Works*, (University of California Libraries, 1910), pp. 33.
[46] Dana Shoaf, 'How Civil War Medical Developments Affect Us Every Day', *Hallowed Ground Magazine* (2024).
[47] Katherine Barkley, *The Ambulance,* (Exposition Press of Florida, 1978).
[48] Ryan Bell, *The Ambulance: A History*, (McFarland & Co, 2012).

an integral change, brought by the Civil War, which improved emergency transportation of patients.

Though secondary sources highlighted the benefits of Letterman's new policies, they failed to address the condition of some Civil War hospitals even after these changes were implemented; though these changes occurred, it did not mean every problem was solved. An account of a surgeon in the *Hospital Gazette 1864* mentions, "Our receiving tent was an old tobacco house… We were all very tired, so tired that while a subject was being placed by my men on the table, I would sit down on a log behind me, and leaning my head against the side of the house, drop fast to sleep in a moment." He notes further that there were only 2 candles for source of light, making the surgery longer and more difficult than it should have been[49]. Moreover, despite Letterman's attempts to improve sanitation, two-thirds of all the casualties in the Civil War were due to camp diseases[50].

Another element to consider was the role of nurses in the American Civil War, and whether this contributed to the emergence of women in nursing. Clara Barton, known as the "angel of the battlefield," was a key figure in Civil War nursing and later founded the American Red Cross. Her involvement in the Civil War began when she found herself coincidentally situated nearby an attack to the 6th Massachusetts Infantry. She immediately rushed to help the wounded soldiers and realised soon after how undermanned they were. Since then, she dedicated her time and effort to helping the Union army. Brigade-Surgeon James Dunn praised her for her timely and compassionate care, noting how she always provided supplies, from soup to bandages, just as they were needed. He states, "if heaven ever sent out an angel, she must be

[49] Hospital Gazette: A Narrow Chance, *Armory Square,* January 6 1864 <https://civilwardc.org/files/figures/newspapers/1200px/cww.01165.001.jpg> [accessed 6 December 2024].
[50] J.S. Sartin, 'Infectious diseases during the Civil War: the triumph of the "Third Army"', *Clinical Infectious Diseases* (1993).

one[51]". Susie King Taylor, an African American nurse in the Civil War, also shared her opinions on Barton in her memoir, "Miss Barton was always very cordial toward me, and I honored her for her devotion and care of those men.[52]" After the war, Clara Barton delivered moving speeches to the public, sharing her experiences of the battles in which she was present. An article by Victoria Holder states that Barton, along with other key figures like Florence Nightingale and Dorothea Dix, significantly changed women's roles in nursing[53]. Their invaluable help throughout the war crushed society's prior beliefs that women were too fragile to be exposed to frightening conditions like war and proved that women were competent enough to aid the injured. Previously, women were excluded from medical studies, but in the 1870s, they were allowed to formally train as nurses when the first nursing schools were established[54], marking the beginning of women's pivotal role in nursing.

The American Civil War significantly altered medical practice and societal structures in post-war America. The first section of this essay explores the growth of the prosthetic industry and innovations like the Hodgen's splint, as a result of wartime amputations. However, secondary sources fail to clearly link these changes to the Civil War itself, leaving gaps in understanding their origins and therefore, implementation. This essay fills that gap by applying these changes within the context of the war, while also addressing challenges such as opiate addiction. Together, these changes illustrate how drastically different life was in antebellum and postbellum America. The second section examined the significance of African American hospitals, which provided new opportunities for freed slaves, and discussed the experiences of

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[51] James Dunn, An Interesting Incident, *Hartford Courant,* 26 November 1862 <https://www.civilwarmed.org/explore/bibs/barton/dunn-letter/> [accessed 6 December 2024].
[52]Susie King Taylor, *Reminiscences of My Life in Camp with the 33D United States Colored Troops Late 1st S.C. Volunteers*, (University of North Carolina, 1902), p. 30.
[53] Victoria Holder, 'From hand maiden to right hand--the birth of nursing in America', *AORN Journal* (2003), 618-632.
[54] X J Yang, 'The Beginning Of Modern Nursing Education', *Chinese Journal of Medical History* (2019).

African Americans soldiers and surgeons during the war, focusing primarily on Alexander Augusta. While secondary sources emphasise that the Civil War led to the abolition of slavery and the introduction of new policies to protect African American rights, they often neglect the persistence of racial prejudice and discrimination. This essay tackled this gap by addressing both the growth and racial prejudice resulted from these changes implemented by the war. The third section explores the Civil War's contributions in shifting healthcare organisation, including the introduction of triage, ambulance systems, and a growing role for women as nurses. Although secondary sources have discussed these developments, they often overlook their continued application in post-war medical practice. This war, despite the devastating toll, catalysed lasting change in medicine and society. Reflecting on these changes, whether good or bad, reveals humanity's tenacity and ability to adapt. Even in tragedy, innovation can still emerge.

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Engaging with medical challenges in the Heroic Age of Antarctic Exploration (1897-1922): Scurvy, Frostbite and the Unexpected

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Andrew Croll is a fourth-year Medical Student. He has an interest in the historical aspects of remote medicine, specifically the advancements made during expeditions and their difference between modern practice. He hopes to continue to explore this topic in his free time.[1]

The Heroic Age of Antarctic Exploration was a period of roughly 25 years that saw a renewed interest in the exploration and scientific research of the continent of Antarctica and is generally regarded as having spanned from 1897 to 1922. The final expedition of Ernest Shackleton on the *Quest* marked the end of the Age.[2] In this period it was the first time that the geographic and magnetic South Poles were reached, which was the main goal of many of the earlier expeditions. The Age began as public interest in the Antarctic had increased following successful voyages by smaller vessels in the years prior to 1897, after a period of disinterest in the middle of the 19th century. There was previously a lack of willingness to fund the scientific research and exploration of the Antarctic but whaling ships looking for new routes and smaller expeditions launched from different countries had all kickstarted a positive change in perception.[3]

Many were still curious about what the southern regions of the earth were like. Over the course of the 25 years many expeditions took place, there was 17 major expeditions of which nine of them were launched from the United Kingdom.[4] The Age was referred to as "Heroic" as it saw many challenges faced by the explorers, this was due to a lack of resources both technologically and medically. Many of the ships used were still primarily sail powered and the harsh

[1] This essay was written for ME33HM: History of Medicine.
[2] Michael Smith, *Shackleton: By Endurance We Conquer* (London: Oneworld Publications, 2014), p. 252
[3] John Murray, 'The Exploration of the Antarctic Regions', *Scottish Geographical Magazine*, 2.9 (1886), 527–48
[4] H. R. Guly, 'Surgery and Anaesthesia during the Heroic Age of Antarctic Exploration (1895-1922)', *BMJ (Clinical Research Ed.)*, 347.dec17 4 (2013), f7242–f7242

conditions of strong winds, blizzards, and below freezing temperatures pushed the expeditions to their limits.[5]

In this essay I will explore the medical challenges faced by the explorers in the 'Heroic Age of Antarctic Exploration', and investigate some of the conditions that were faced as well as how they were approached at the time. In particular, I will focus on four expeditions: the National Antarctic Expedition (1901-4), British Antarctic Expedition (1910-13) (*Terra Nova* Expedition), Imperial Trans-Antarctic Expedition (1914-17), and the Shackleton-Rowett Expedition (1921-22). In doing so, I will explore the evolution of methods to combat medical challenges.

A common link between the four expeditions is the University of Aberdeen. William Clark Souter graduated from the University before briefly working at Aberdeen Royal Infirmary. He later became the surgeon on the *Terra Nova* on its relief mission as part of the National Antarctic Expedition.[6] The National Antarctic Expedition was the first of Robert Falcon Scott's Expeditions. Although Souter was not a part of Scott's second and final expedition, the ship used during the British Antarctic Expedition was also the *Terra Nova*.[7] Alexander Macklin, the surgeon on the *Endurance* on Ernest Shackleton's Imperial Trans-Antarctic Expedition and the *Quest* on the Shackleton-Rowett Expedition was not a graduate of the University of Aberdeen. Though in 1947, he became physician in charge of the student health service at the university until his retirement from the position in 1960.[8]

There is a range of existing literature that engages with the major expeditions during the whole Age. Some explore the events that took place on specific expeditions such as Tyler-Lewis who writes about the Ross Sea Party on the Imperial Trans-Antarctic Expedition in his book '*The*

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[5] Roland Huntford, *Shackleton* (New York, NY, USA: Carroll & Graf, 1998), p. 691
[6] 'Freed from the Antarctic Ice', *Dundee Evening Telegraph*, 11 May 1904, p. 5
[7] Robert Falcon Scott, and Max Jones, *Journals: Captain Scott's Last Expedition* (Cary, NC, USA: Oxford University Press, 2005)
[8] 'Quest's 30,000-Miles Voyage of Discovery', *Dundee Evening Telegraph*, 14 September 1921, p. 10; *Forres, Elgin, and Nairn Gazette*, 17 November 1909, p. 3

Lost Men: The Harrowing Story of Shackleton's Ross Sea Party'.[9] Others like Huntford and Crane have focused on some of the key figures during the Heroic Age, such as Ernest Shackleton and Robert Falcon Scott, who were both at the helm of multiple expeditions.[10] Guly has written biographies for the surgeons Edward L. Atkinson and George Murray Levick; both of whom were on board the *Terra Nova* with Scott in 1910-13.[11] Guly also aimed his research at the medical challenges of the Heroic Age, examining the medical conditions occurring, and some of the theories of the cause of the conditions at the time.[12] Whilst the secondary literature has focused on the 'Heroic Age of Antarctic Exploration', none have directly compared the medical preventions and treatments of the expeditions I explore, nor the equipment and medication used earlier into the Heroic Age on vessels other than the primary ship on an expedition.

To do this I use journal articles published in the *Lancet* and *BMJ* relating to the conditions of scurvy and frostbite written by Macklin, Wilson, and Hussey, some of the surgeons on the expeditions listed previously, as well as other articles from the period.[13] These provide details of the methods of prevention and treatments carried out during the expeditions. The diaries of Robert Falcon Scott and books written by Ernest Shackleton help to identify medical aspects of the expeditions, but also contain the opinions of the explorers regarding the medical aspects.[14] The medical accounts of the Antarctic Relief Ship *Terra Nova* from 1903 to 1904

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[9] Kelly Tyler-Lewis, *The Lost Men: The Harrowing Story of Shackleton's Ross Sea Party* (London: Bloomsbury Publishing PLC, 2007)
[10] David Crane, *Scott of the Antarctic: A Life of Courage and Tragedy in the Extreme South* (London: HarperCollins, 2005); Roland Huntford, *Shackleton*
[11] H. R. Guly, 'Edward Leicester Atkinson (1881-1929): Antarctic Explorer, Scientist and Naval Surgeon', *Journal of Medical Biography*, 24.1 (2016), 110–15; 'George Murray Levick (1876-1956), Antarctic Explorer', *Journal of Medical Biography*, 24.1 (2016), 4–10
[12] H. R. Guly, 'Surgery and Anaesthesia'; 'The Understanding of Scurvy during the Heroic Age of Antarctic Exploration', *The Polar Record*, 49.1 (2013), 26–32
[13] E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic', *BMJ*, 2.2323 (1905), 77–80; P. W. Bassett-Smith, 'Scurvy: With Special Reference to Prophylaxis in the Royal Navy', *Lancet*, 195.5047 (1920), 1102–5
[14] Ernest Henry Shackleton, *South: The Story of Shackleton's Last Expedition, 1914-17* (Oxford: ISIS Large Print Books, 1990); Robert Falcon Scott, and Max Jones, *Journals: Captain Scott's Last Expedition*

provide an in-depth inventory of medication and equipment used during the relief mission and allow a comparison between the later expeditions' methods.[15] Using these I delve into the conditions of scurvy and frostbite along with a comparison of the methods of the expeditions. I later look at the Surgeons on the ships, the conflicting views that some of them may have had and discuss the unexpected.

Scurvy on the Frozen Frontier

Scurvy was one of the main challenges that explorers had to combat. The disease had been recognised and staved off on many voyages before Antarctic exploration began, but it's cause had yet to be fully understood.[16] It was thought that the failures of previous expeditions such as Scott's British Antarctic Expedition (1910-13) had been closely linked to scurvy but that it was not recorded as such at the time.[17] By the end of the Heroic Age, investigations into scurvy had identified two causes with a focus on its nature as a deficiency disease.[18] The first and primary cause was the lack of an essential vitamin in the diet of the crew leading to a lowered threshold for illness in an individual. The second was an addition of "poison" into the body during the period of lowered resistance.[19] Macklin had commented on how the addition of a "harmful foreign substance" into the body was always treated as being the cause of an illness, while new research had shown that the deficiencies of vitamins could also be the cause of diseases.[20] Atkinson, surgeon on the *Terra Nova* (1910-13), was said by Scott to have believed the cause of scurvy to be tainted food but also "damp, cold, over-exertion, bad air, and bad light"[21]

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[15] GB 0231 University of Aberdeen, Special Collections, Fonds, MS 2415
[16] A. H. Macklin, Appendix V—Medical. In: Wild F. ed, *Shackleton's Last Voyage: The Story of the Quest* (Project Gutenburg, 2019), p. 353
[17] Ibid. p. 356; A. H. Macklin, L. D. A. Hussey, and F. R. Anthrop, 'Scurvy: A System of Prevention for a Polar Expedition, Based on Present-Day Knowledge', *Lancet*, 198.5111 (1921), 322–26
[18] A. H. Macklin, 'A Polar Expedition', *Lancet*, 197.5091 (1921), 660–62
[19] A. H. Macklin, Appendix V—Medical, p. 353
[20] Ibid. p. 353; A. H. Macklin, 'Scurvy: A System of Prevention for a Polar Expedition'
[21] Robert Falcon Scott, and Max Jones, *Journals: Captain Scott's Last Expedition*, pp. 269-70

It was stated by Macklin that the signs and symptoms of the disease could be divided into two stages:

> "(1) A stage of general lassitude with loss of vigour and a diminished resistance to outside influences.
>
> (2) A stage of toxæmia which once started progresses rapidly and produces the symptoms and signs usually associated with scurvy."[22]

The symptoms of scurvy were frequently mentioned and were almost identical in many articles between 1905-1925.[23] The first stage of the disease was vaguer, with Macklin having noted an individual feeling more physically tired and a strong feeling of lethargy being present. There was also an increase in an individual's heart rate, and it was recorded that this first stage could last a long time, from days to months.[24] The second stage of the disease was much more defined with the symptoms being well known. Wilson had noticed on the *Discovery* that those affected first developed had swollen purply gums, the swelling started at the back of the teeth before being seen from the front after a couple of days.[25] The presence of swollen gums was sometimes the only symptom, whereas in others scurvy developed further, as seen by Basset-Smith.[26] Further symptoms included bruising and blotches on the skin that increased in number, bleeding in areas such as the underneath of finger- and toenails, and swelling around the knees and legs that gave the afflicted the appearance of having been severely bruised.[27] Macklin states that when these symptoms appear, the disease has entered an advanced stage.[28]

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[22] A. H. Macklin, Appendix V—Medical, p. 356
[23] E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic'; A. H. Macklin, 'Scurvy: A System of Prevention for a Polar Expedition'
[24] A. H. Macklin, 'Scurvy: A System of Prevention for a Polar Expedition'
[25] E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic'
[26] P. W. Bassett-Smith, 'Scurvy: With Special Reference to Prophylaxis in the Royal Navy', *Lancet*, 195.5047 (1920), 1102–5
[27] A. H. Macklin, 'Scurvy'; E. A. Wilson, 'Discovery's Voyage'; P. W. Bassett-Smith, 'Scurvy: Prophylaxis in the Royal Navy'
[28] A. H. Macklin, Appendix V—Medical, p. 356

Prevention during the expeditions prior to 1914 was, in Macklin's words, "particularly difficult to form". It had not yet been shown that the West India lime failed to produce a sufficient antiscorbutic (anti-scurvy) effect, although this was discovered by the start of the 1920s.[29] The use of lime juice was a staple during the beginning of the Heroic Age, even if the effect of using it was unreliable in prevention of scurvy.[30] It was found that the Mediterranean lemon was a far greater source of the antiscorbutic C vitamin, and Basset-Smith successfully created an easily portable antiscorbutic using lemons in 1920, which had not yet tested on people.[31] The main source of essential vitamins during the earlier expeditions was a diet of fresh meat and vegetables along with the concentrated lime juice,[32] with the later Imperial Trans-Antarctic Expedition also following this method of prevention. Though, after the sinking of *Endurance*, scurvy was prevented using a diet consisting of mainly seals and penguins that are rich with antiscorbutic properties.[33]

Macklin had stated that Shackleton "has always realised the importance of variety in food, both from a mental and physical point of view". This may have been due to Shackleton being discharged back home against his will during the National Antarctic Expedition. [34] After a quick deterioration of the disease, Shackleton had developed severe shortness of breath and was coughing up blood. Scott made the decision to send him back on the relief ship *Morning*. The absence of Shackleton for the remainder of the expedition was noted by Wilson to be "bitterly disappointing".[35] The preventative measures on Shackleton led expeditions included the provision of "good foods, supplied in great variety and in ample quantity". The living quarters on the ships were kept clean and well lit. This was all done to "maintain general good

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[29] A. H. Macklin, 'Scurvy'; P. W. Bassett-Smith, 'Scurvy: Prophylaxis in the Royal Navy'
[30] E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic'
[31] A. H. Macklin, 'Lime Juice and Lemon Juice for Prevention of Scurvy', *BMJ*, 1.3353 (1925), 680–680; A. H. Macklin, Appendix V—Medical, p. 354
[32] E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic'
[33] Ernest Henry Shackleton, *South: The Story of Shackleton's Last Expedition, 1914-17*, pp.153-4
[34] A. H. Macklin, 'A Polar Expedition'; E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic'
[35] E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic'

health and a high morale".[36] The use of lemon juice tablets as supplements was noted by Macklin.[37]

The treatment undertaken was very much like the preventative measures. Wilson stated that there was "positive evidence that fresh meat will rapidly cure scurvy without either lime-juice or fresh vegetables".[38] It was further mentioned that when a diet including fresh meat was possible, the symptoms of scurvy started to disappear, Macklin agreed, stating that "if taken in sufficient quantity" it was an effective cure for scurvy.[39] In an article by Macklin, scurvy was noted as "the most loathsome disease in nature".[40]

Enduring the Cold

Frostbite was another of the challenges faced by the expeditions. It was experienced by the crews frequently in minor and major incidents.[41] Described by Macklin, it was a "local condition" caused by the cold affecting the body's tissues through which there was a loss of circulation in the affected tissues, either totally or partially.[42] The direct action of the cold air on skin caused damage in two linked ways, the first being a narrowing of the small blood vessels laying underneath to such an extent that occlusion occurred in the vessels. The second being an escape of fluid, through the already damaged vessels, flows into the area around the frostbitten tissue which leads to further narrowing of vessels and circulatory loss.[43]

There are certain factors that led to frostbite developing, most of which related to a negative change in Macklin's first point of prevention: to ensure the maintenance of the general health of an individual, and ensuring there is good, sustained circulation of blood around the body.[44] The most important factors are cold of the body, fatigue, exhaustion, hunger, as well as vitamin

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[36] A. H. Macklin, 'Scurvy'
[37] A. H. Macklin, Appendix V—Medical, p. 354
[38] E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic'
[39] A. H. Macklin, Appendix V—Medical, p. 357
[40] A. H. Macklin, 'Scurvy'
[41] A. H. Macklin, 'A Polar Expedition'
[42] A. H. Macklin, 'Modern Technique in Treatment', *Lancet*, 205.5304 (1925), 884–854
[43] Ibid.
[44] A. H. Macklin, Appendix V—Medical, p. 358

deficiencies such as scurvy. These factors lead to a loss of vigilance which delays the primary method of treatment and thus worsens the case of frostbite, and it can get out of hand very quickly.[45] In the Antarctic, the strong winds on exposed areas of the body and a build-up of moisture and grease inside clothing, especially socks, can induce cases of frostbite too.[46]

The prevention of frostbite was through two main methods, the first having been stated above and the second being the provision of adequate clothing.[47] The clothing had the purpose of providing a "non-conducting air space between the skin and the cold outer air" as stated by Macklin in his article on frostbite.[48] The main clothing used was a mixture woollens and furs (this trapped the air in between the threads and hair) in the case of Shackleton's expeditions with Macklin as surgeon, with woollen underclothes and windproof overalls.[49] Wilson, surgeon on the National Antarctic Expedition, preferred woollens and did not hesitate to express his dislike of furs in his 1905 BMJ article, where he stated that the wolfskin skin mitts and reindeer hair boots were the only necessary furs.[50] The use of mitts was essential over gloves to maintain body heat in the fingers by keeping them together.[51] The clothing used over the course of the four expeditions stayed consistent with only the furs slowly becoming obsolete. Frequently mentioned, however, was avoidance of moisture building up in the clothing, and making sure clothing was loose fitting especially the boots and socks.[52]

Early treatment of frostbite involved application of a gentle of warmth on the affected area, the simplest source available for this was body heat.[53] For frostbitten fingers, the hand could be inserted into the explorer's own jacket. It was beneficial to warm up the body or affected area

[45] A. H. Macklin, 'Modern Technique in Treatment'
[46] Ibid.
[47] A. H. Macklin, Appendix V—Medical, p. 358
[48] A. H. Macklin, 'Modern Technique in Treatment'
[49] A. H. Macklin, Appendix V—Medical, p. 358
[50] E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic'
[51] A. H. Macklin, Appendix V—Medical, p. 358
[52] Ibid. p. 359; A. H. Macklin, 'Modern Technique in Treatment'
[53] A. H. Macklin, 'Modern Technique in Treatment'

slowly upon returning to shelter, even in the case of painful paraesthesia.[54] Returning circulation back to the area too quickly may cause exudation (escape of fluid), leading to constriction of blood vessels.[55] The condition was easily identifiable by an observant crew member when the frostbitten area was exposed to the elements, such as the face, ears, and hands. The area will become waxy white in appearance, and a loss of sensation will occur. The difficulty came when the affected area was hidden away under clothing or in boots, for the experienced explorer something might 'feel off' but without removing the boots you could not be sure.[56]

Macklin's preferred method of further treatment would involve applying sterilised heated lint covered by cotton wool to the frostbitten area and wrapping it in a cloth such as flannel or a bandage. The wool was heated by the open flame of a primus stove or spirit flame.[57] This treatment appeared to be consistent with the other expeditions and Souter on the *Terra Nova* (1903) as shown by the ships medical accounts.[58] If the affected area does not return to normal within a few hours of treatment, circulation will not return, and blisters may begin to form.[59] The result of this was gangrene, a type of tissue death. Separated into two categories, gangrene could be dry or moist.[60] Dry gangrene causes the affected area to turn black and shrivel up with little effect on the health of an individual, compared to moist gangrene where the area becomes infected and sepsis can develop leading to an urgent need for amputation.[61]

Occurrences of frostbite were common for the expeditions, but mainly as small incidents, as when well prepared for and treated early, frostbite posed little harm.[62] Wilson talks little of

[54] Feeling of tingling or prickling felt in hands and feet – "pins and needles"
[55] A. H. Macklin, 'A Polar Expedition'
[56] Ibid.
[57] A. H. Macklin, 'Modern Technique in Treatment'
[58] MS 2415
[59] A. H. Macklin, 'A Polar Expedition'
[60] A. H. Macklin, 'Modern Technique in Treatment'
[61] A. H. Macklin, Appendix V—Medical, p. 360
[62] A. H. Macklin, 'A Polar Expedition'

frostbite in his return from the Antarctic with the focus at the time on scurvy and its effects.[63] The only case of gangrene due to development of frostbite during the four expeditions covered, was on the Imperial Trans-Antarctic Expedition led by Ernest Shackleton, where there was the unfortunate situation of the *Endurance* sinking, which will be covered in the next section. Blackborrow, a stowaway on board the *Endurance*, did not have suitable footwear for the march to Elephant Island, and therefore started to develop frostbite of the feet.[64] Eventually gangrene occurred and Macklin had to use the remaining chloroform for anaesthesia whilst McIlroy amputated all Blackborrow's toes on his left foot to stave off the possible life-threatening consequences of infection.[65]

Surgeons, Conflicting Views, and the Unexpected

Macklin, surgeon on Shackleton's *Endurance* and *Quest*, and Souter, surgeon on the *Terra Nova* (1903), both shared a connection to the University of Aberdeen. Macklin fulfilled his role regarding student health at the university during his post-war career, while Souter had graduated from the University of Aberdeen and had been encouraged by Sir Alexander Ogston to embark on the *Terra Nova*.[66] Both men were well liked by their patients during the expeditions as well as later in their careers.[67] The two were also awarded the Polar Medal for their contributions to their respective expedition.[68]

The two were not the only surgeons on board during the expeditions. The National Antarctic Expedition on the *Discovery* saw Reginald Koettlitz and Edward Wilson aboard with the rescue ships *Terra Nova* and *Morning* having William Clark Souter and George Davidson respectively.[69] Scott's British Antarctic Expedition saw Edward L. Atkinson and George

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[63] E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic'
[64] Ernest Henry Shackleton, *South: The Story of Shackleton's Last Expedition, 1914-17,* p. 206
[65] Ernest Henry Shackleton, *South: The Story of Shackleton's Last Expedition, 1914-17,* p. 342
[66] 'Freed from the Antarctic Ice', *Dundee Evening Telegraph*
[67] 'Off to the Antarctic', *Sheffield Daily Telegraph*, 20 September 1921, p. 3
[68] Kew, The National Archives (TNA), ADM 171/61, 'Miscellaneous medal roll: covering awards to the Royal Navy including lists of the Arctic and Polar Medals (1866-1966)' p. 112; p. 424D.
[69] ADM 171/61 pp. 93-119; Kevin Brown, 'Edward Adrian Wilson (1872-1912): Polar Explorer and Artist', *Journal of Medical Biography*, 20.4 (2012), 169–72

Murray Levick aboard the *Terra Nova*.[70] The *Endurance* on the Imperial Trans-Antarctic Expedition saw Alexander Macklin and James McIlroy.[71] Finally the *Quest* saw Alexander Macklin with James McIlroy again on the final expedition of Ernest Shackleton.[72] The surgeons managed many of the conditions faced in similar ways, but there were differing views for the exact methods of treatment especially in regards to frostbite.

Macklin published many articles in medical journals regarding some of the conditions faced in the Antarctic. He was very experienced in matters of frostbite due to his time on the ships in the Antarctic but also because of his time in Russia, where he served as a medic during the First World War.[73] This may have contributed to his strong opinions on other medical professionals' methods of treatment regarding the condition. In 'A Polar Expedition', Macklin commented on the practice of rubbing a frostbitten area with snow. He stated "The practice of rubbing the part with snow, recommended in text-books, is utterly useless and extremely unpleasant", clearly demonstrating a difference in opinion to textbooks written at the time.[74] In the same article he shows his disapproval for "first aid" students, "[students'] natural instincts would be to warm the parts at a fire or to plunge them into hot water" as he describes, their probable choice of treatment would greatly differ from what he recommended.[75]

Macklin may not have agreed on the methods used by the earlier expeditions, such as by Souter on the *Terra Nova.* From the ship's medical accounts, a large amount of Vaseline was used, presumably to combat frostbite on areas of the face.[76] The application of Vaseline on exposed areas was described by Macklin as being the worst possible treatment, especially if the area was to be exposed to the elements again.[77] This also shows how, through experimenting with

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[70] ADM 171/61 pp. 325-327; H. R. Guly: 'George Murray Levick (1876-1956), Antarctic Explorer'
[71] H. R. Guly, 'Surgery and Anaesthesia'; ADM 171/61 p. 424D.
[72] H. R. Guly, Peter Sullivan, and John Pearn, 'Medical Memorials of the Heroic Age of Antarctic Exploration', *Journal of Medical Biography*, 24.3 (2016), 408–12
[73] A. H. Macklin, 'A Polar Expedition'
[74] Ibid.
[75] Ibid.
[76] MS 2415
[77] A. H. Macklin, Appendix V—Medical, p. 359

treatments, the methods used had evolved over the length of the Heroic Age.[78] Similarly, Wilson and Macklin both comment on the move away from fur as a method of clothing. The trend over the Heroic Age, based on findings from the expeditions, was clearly settled on woollens, with only the odd Antarctic explorer still using furs in the 1920s.[79] Furthermore, it is hard to understand Wilson's response to the presence of surgery during an expedition. He argued that surgery had no place on an exploring ship in his 1905 article.[80] This was perhaps due to the unsanitary conditions of the *Discovery's* sickbay, but it is unclear whether he would agree with Macklin on his choice of using amputation in a situation where surgery was deemed necessary for the survival of an explorer.[81]

The primary duty of a surgeon was the treatment of conditions that cropped up, with the regular duties of a surgeon being light compared to the rest of the crew.[82] Macklin understood that a large portion of a surgeon's work was prior to setting sail, mainly due to the preparation of equipment and medication, although the amount of this depended on the available funds.[83] In fact, many of Macklin's works strongly emphasise just how essential preparation was to the expedition. It is noted that applicants for the expeditions were vigorously screened for adequate fitness and presence of chronic disease to minimise the chance of problems, and in Macklin's words "any of these conditions should absolutely rule out all new applicants, for the presence of any one of them will inevitably lead to trouble".[84] The quote below shows this as well along with his opinion on the cause of Scott's demise:

> "I think there can be no doubt that there was vitamin deficiency, and it all goes to emphasize my point of the absolute necessity for careful medical organization to prevent

[78] Ibid. p. 359
[79] E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic'; A. H. Macklin, Appendix V—Medical, p. 361
[80] E. A. Wilson, 'The Medical Aspect of the Discovery's Voyage to the Antarctic'
[81] Ibid.
[82] A. H. Macklin, 'A Polar Expedition'
[83] A. H. Macklin, Appendix V—Medical, p. 352
[84] Ibid. p. 352

> these preventable conditions, for it is my firm belief that the cause of Scott's death lay not in the Antarctic, but in his preparations in England prior to setting out."[85]

This shows how much of a danger the unexpected was. There were many cases of unexpected occurrences during the four expeditions, but I will focus on the Imperial Trans-Antarctic Expedition as they were particularly unlucky. Shortly into the expedition, the *Endurance* was trapped in ice and eventually sank 10 months later, with the explorers having to salvage supplies from the wreckage. This caused a severe lack of resources and left them without a way back home, having to await rescue on Elephant Island until help arrived.[86] Not only that, Blackborrow (a stowaway) had also snuck on board during the *Endurance*'s departure from Buenos Aires with his lack of supplies eating into the allocated amount for the crew.[87] In a scenario where the explorers were stuck on Elephant Island for any longer, starvation was a major possibility. Shackleton was certainly not impressed as he shouted at Blackborrow in front of the entire crew with the comment, "Do you know that on these expeditions we often get very hungry, and if there is a stowaway available he is the first to be eaten?"[88] The presence of these unexpected factors clearly endangered the lives of explorers, but showed that it was hard to prepare for every possibility at the time of these expeditions.

Conclusions

In this essay I have looked at the medical conditions of scurvy and frostbite and explored how they were approached during the 'Heroic Age of Antarctic Exploration'. I have further explored the surgeons on board the ships and their differing opinions and the unexpected occurrences that could be faced by the expeditions. The evolution of preventative measures for scurvy is clearly showcased in the primary literature. Through the increased research and investigation, the causes of the disease were better understood, and the methods of approach had changed. It

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[85] Ibid. p. 356
[86] Ernest Henry Shackleton, *South: The Story of Shackleton's Last Expedition, 1914-17*, p. 111-122; p. 307
[87] Roland Huntford, *Shackleton* p. 383
[88] Ibid. p.384

was accepted in the 1920s that scurvy was primarily caused by a vitamin deficiency. The change was from a fresh meat diet with the addition of lime juice during the National Antarctic Expedition (1901-4), while the disease was still not fully understood, to a change in diet and the addition of newly developed lemon-juice supplements on the *Quest* during the Shackleton-Rowett Expedition (1921-22).

Frostbite was well understood during the entire Heroic Age, with there being no change in understanding of the condition. The preventative measures saw a minor change from the general view of moving away from fur as a source of clothing to focus on woollens instead. Although this did not appear to change the frequency of the condition. The treatments themselves stayed consistent across all the expeditions with only some later surgeons using Vaseline less often. It had been noted that surgery was a rare occurrence and only performed as a necessity.

The primary duty of a surgeon on the expeditions remained as treatment of conditions that appeared. The preparation of the ship's medical supplies before leaving port was another key aspect and was emphasised by Shackleton's expeditions. The opinions of doctors changed over the course of the Heroic Age. The vitamin theory was only accepted near the end of the Age, which may have had an impact on prior expeditions. There was a difference in opinion regarding clothing as well, with some wanting to stick to the old methods of using furs while others discarded it as an option. Macklin had strong opinions on the treatment of frostbite that not only differed from fellow surgeons but also textbooks at the time. The unexpected occurrences that appeared on the expeditions caused explorers to suffer harshly from the conditions of the Antarctic. The well prepared were still punished by the elements and it was clear that not everything could be countered.

Overall, the four expeditions adopted a similar approach to the prevention and treatment of scurvy and frostbite with only minor variations occurring as time passed. Over the 25 years

there came an improved understanding of the diseases and conditions that explorers faced during their time in the Antarctic.

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From Philosophy to Practice: Translating Janusz Korczak's Humanistic Philosophy into his Medical and Pedagogical Care (1900–1942)

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Marcel Brzeszczyński is a fourth-year medical student with a research focus on orthopaedic surgery and musculoskeletal health. Outside of medicine, he has a strong interest in Polish history, particularly the period of the Polish–Lithuanian Commonwealth and the Second World War. In the future, Marcel plans to specialise in Trauma and Orthopaedic Surgery.[1]

The legacy of Janusz Korczak revolves around his commitment to orphan children during the Second World War (WW2). However, it was not until many years after the end of the war that Korczak became a symbol for children's rights advocacy.

Korczak's interests as a paediatrician and a defender of children's rights were noted in his various writings and diaries from his early life. Existing literature focuses on his written work about children, the philosophy regarding the child and his approach to childcare within orphanages.

So far, no analysis has been conducted yet on how Janusz Korczak applied his humanistic philosophy into his medical and pedagogical practice with children throughout the numerous decades when he worked as a doctor, pedagogue and carer at the orphanages.

Unfortunately, many of Korczak's writings are untranslated into English and, therefore, many of his other contributions are unrecognised in international scholarly literature. This constitutes a motivation to investigate a less known perspective of Janusz Korczak's philosophy and work as well as to discuss what untranslated original Polish literature reveals.

2.1. Brief summary of Korczak's life

[1] This essay was written for ME33HM: History of Medicine.

Janusz Korczak was born as Henryk Goldszmit to a Jewish family in Warsaw in 1878 or 1879 (the precise date is not agreed in literature). He was a paediatrician, educator and author dedicated to advocacy for children's rights. Goldszmit published his literary work under the pen name Janusz Korczak, which he later adopted as his own. Following the death of his father, Korczak "learned at a young age that children are not always respected by adults or given the physical and psychological space to flourish."[2]

After completing his medical studies at the University of Warsaw in 1904, Korczak was drafted as a medical officer in the Russo-Japanese war and later in the First World War (WWI), which exposed him directly to human suffering.[3] His medical experience of caring for severely injured and traumatised children during these wars deeply impacted him. They likely shaped Korczak's path for specialising as a paediatrician and later as an advocate for children's rights.[4]

Korczak's transition from medicine to education reached its most significant turning point when he started to work as a volunteer at a children's summer camp. Following this, Korczak became the director of a Jewish orphanage in 1912. Korczak implemented a new perspective on children's education by creating a democratic community in the orphanage. He established the world's first newspaper, completely edited by children, called 'The Little Review.'[5] He wrote that the aim of this newspaper was to teach "courage in voicing one's opinion" highlighting one foundation of Korczak's philosophy.[6] 'The Children's Court' was perhaps the most significant institution implemented at the orphanage which was based on Korczak's 'Constitution of the Rights of the Child' aiming to uphold the concept of justice he envisioned.

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[2] Berding, Joop W. A., 'Janusz Korczak: An Introduction', Korczak USA, May 2017, <https://korczakusa.com/wp-content/uploads/2016/07/Introduction-on-Janusz-Korczak-by-Joop-Berding-May2017.pdf> [accessed 3 December 2024].

[3] Frost, Shimon, 'Janusz Korczak: His Life and Work', *Jewish Education*, 33.2 (1963), p. 90.

[4] Ignaszewski, Martha J., Kevin Lichtenstein, and Maya Ignaszewski, 'Dr Janusz Korczak and His Legacy', *British Columbia Medical Journal*, 55.2 (2013), p. 108–110.

[5] Berding, Joop W. A., 'Janusz Korczak: An Introduction', Korczak USA, May 2017.

[6] Korczak, Janusz, *Selected Works*, ed. by Igor Newerly, trans. by Jerzy Bachrach, selection from Polish by Martin Wolins (Warsaw: Scientific Publications Foreign Cooperation Center, 1967), p. 380.

The aim of the Children's Court was to teach the children self-governance, accountability and equality.[7]

Janusz Korczak's political stance aligned with the Socialist Party, which is documented by the articles which he published for 'The Voice', where he advocated for social reforms, worker's rights and equitable resource distribution.[8] He extended his worldview centred on fairness, equality and justice to his work with children. By combining his political stance with his medical and pedagogical insights, Korczak worked to reform societal attitudes toward children, emphasising their autonomy, dignity and rights as integral to society.

During WW2, the Warsaw ghetto was established by the Germans to separate Jews from the remaining Poles and Germans in the city. During this time Korczak set up an orphanage in the ghetto to take care of orphaned Jewish children and to maintain the children's rights and dignity. Korczak's ideas on children's rights are described as "out of step with the rising European fascist movements between World Wars I and II."[9] While in the ghetto, Korczak initiated a discussion with German authorities about creating a hospice for children. He was motivated by the image of death everywhere and wanted to shield the children from seeing each other's death.

Not long after this proposition, on 6 August 1942, in tragic irony Korczak and his orphans were detained and killed in Treblinka concentration camp. Korczak had been offered many opportunities to flee and escape the inevitable death but decided to stay with the children until the very end. Wladyslaw Szpilman, a Polish pianist, who was also in the Warsaw ghetto at the time observed how the children were forced out of the orphanage, noting, "it was only with difficulty he persuaded the Germans to take him too."[10]

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[7] Godawa, Grzegorz, 'Janusz Korczak's Work on Child Protection and Its Contemporary Implications', *Hungarian Educational Research Journal*, 13.2 (2024), pp. 199–209.
[8] Stambler, Moses, 'Janusz Korczak: His Perspectives on the Child', *The Polish Review*, 25.1 (1980), p. 6.
[9] Ibid., p. 3.
[10] Szpilman, W., *The Pianist: The Extraordinary True Story of One Man's Survival in Warsaw, 1939–1945*, trans. by A. Bell (New York: Picador, 1999), p. 96.

2.2. Explaining Korczak's philosophy

Janusz Korczak's philosophy is famously illustrated by his pedagogical books, such as *How to Love a Child* and *The Child's Right to Respect*.

In *How to Love a Child*, Korczak analysed the relationship between the child and parent and the importance of unconditional love and respect in parenting and education. Korczak advocates that children should be treated as individuals who have rights and feelings where adults should not control the child. *The Child's Right to Respect* is a declaration of the rights a child needs, arguing that children should not be seen as unimportant societal figures but rather should be treated as equals with adults.

After WWI, the League of Nations established 'The Declaration of The Rights of the Child 1924'. This was the first attempt at defining children's rights on an international level.[11] Korczak criticised the 'The Declaration of The Rights of the Child 1924' by writing, "the Geneva lawgivers have confused duties with rights. The tone of the declaration is not insistence but persuasion: an appeal to goodwill, a plea for kindness."[12]

Korczak argued that the declaration frames the needs of the children as the goodwill of adults and not something that is integral in society. Korczak's criticism aligns with his belief that children are equal members of society, and the rights of the child should be treated with the same seriousness as those of adults.[13]

Korczak's philosophy of forming humanistic children's rights was acknowledged by lawyers, doctors and public authorities.[14] In 1928, the Codification Commission attempted to establish

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[11] Khan, Muhammad Mumtaz Ali, 'From "Objects of Protection" to "Subjects of Rights": A Journey of Children Rights from Declaration of 1924 to Convention of 1989', *Pakistan Journal of Social Sciences*, 41.2 (2021), p. 457.

[12] Korczak, Janusz, *Selected Works*, ed. by Igor Newerly, trans. by Jerzy Bachrach, selection from Polish by Martin Wolins (Warsaw: Scientific Publications Foreign Cooperation Center, 1967), p. 368.

[13] Ibid.

[14] Korczak, Janusz, 'Dzieci-bóstwa I dzieci ubóstwa prawa dzieci w świetle', in: *Theory and Practice: Pedagogical Articles (1919–1939)*, ed. by Hanna Kirchner et al., 13th vol. of *The Works of Janusz Korczak*, in collaboration with the International Janusz Korczak Association (Warsaw: Nasza Księgarnia, 2017), p. 144.

children's rights in Poland. The Commission invited Korczak to participate in discussion about child poverty.

In response to this invitation, Korczak wrote a letter in which he stated that, "in the current environment none of the legal paragraphs will protect a child from brutal violence by adults."[15] He explained his pessimistic approach by giving examples of how society mistreats children. In the same letter he wrote that, "children are beaten and treated without respect by older generations and also the younger generation of teachers. Who is stronger has rights. The punching fist regulates the law and rights."[16] This highlights Korczak's vision on how the attitude of the society must be changed first before implementing laws. Furthermore, this vision draws parallel to Korczak's concept of educational balance. In his pedagogical article called *The Right of a Child as an Individual*, he described that while the educator holds authority, that authority should not dominate or suppress the child's natural development.[17] Rather, it should be used to provide an environment conducive to learning and growth. This view directly challenges the authoritarian models prevalent in many societies at the time, reflecting Korczak's deep understanding of child psychology, as well as his compassion and commitment to the rights of children. It needs to be emphasised that Korczak believed in fundamental respect for a child's autonomy and development. This aligns with his emphasis on human dignity and respect for children as full members of society, with voices that deserve to be heard. This idea is best illustrated in his creation of the Children's Court at the Warsaw orphanage, where children were given the responsibility to discuss and judge their actions, allowing them a degree of autonomy and participation in their own lives.

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[15] Ibid., p. 145.
[16] Ibid., p. 145.
[17] Korczak, Janusz, 'The right of a child as an individual', in: *Theory and Practice: Pedagogical Articles (1919–1939)*, ed. by Hanna Kirchner et al.,13th vol. of *The Works of Janusz Korczak*, in collaboration with the International Janusz Korczak Association (Warsaw: Nasza Księgarnia, 2017), p. 313.

Current literature argues that Korczak was a "precursor of the struggle for children's rights."[18] It is worthwhile to emphasise that "he demanded that it be recognised that the child is a full human being from the moment of birth, at every stage of their existence, and has the right to be what a child is."[19]

3. Analysis of translation of theory into practice

A lesser-known perspective about Korczak is that he used the orphanages as an opportunity to conduct medical studies by longitudinal observations of children at different ages. Access to his medical and pedagogical articles published at the time, allows an analysis of how Korczak applied his humanistic philosophy to medical practice.

Korczak used his orphanage as a long-term observational study of the children, whilst maintaining a natural environment. Although his research was not purely academic, it also helped him to refine his pedagogical and educational practice. Interestingly, Korczak's philosophy of childcare is exemplified in how he conducted his studies which aligns with his belief that children need to be treated equal to adults. He did not study on the children but with the children. For example, Korczak was a member of the Children's Court which provided him an insight into the child's sense of justice and morality. His orphanage was not only a site to seek refuge but also a 'laboratory' to experiment with progressive ideas about child psychology and education. The children were not subjects to be studied but they were active participants in a shared community, who were almost collaborators in the research. Korczak has been described as "one of the first in the field of education who went beyond the academic area and

[18] Binczycka, J., 'Korczakowskie prawa dziecka', in: *Szanować–słuchać–wspierać–chronić: prawa dzieci w rodzinie, szkole, społeczeństwie*, ed. by E. Jarosz (Katowice: Wydawnictwo Uniwersytetu Śląskiego, 2013), pp. 13–20.

[19] Bartkowiak, E., 'Wychowanie w rodzinie według Janusza Korczaka (Education in a Family According to Janusz Korczak)', *Wychowanie w Rodzinie*, 1.7 (2013), p. 87.

researched the pupil's social life and emotions."[20] Observing their daily behaviours, interactions and needs, Korczak sought to uncover how children develop trust, adapt to routines, and respond to challenges. Korczak viewed his orphanage not just as a place of care but as an experimental ground to refine child-centred practices and understand childhood better. He quoted this place as "a research centre and an educational clinic."[21]

3.1. Sleep studies

Korczak believed that sleep is crucial in the development of the child. At the orphanages, Korczak would stay up at night and observe the sleeping children noting how long a child slept for and how many times they woke up.[22]

Korczak's study on children's sleep highlights his philosophy that each child's growth is unique and that children should not be forced into pre-determined growth milestones. In one of his articles, Korczak argues that every child has a unique sleep requirement, "when is the proper time for a child to start walking? When she does. When should her teeth start cutting? When they do. How many hours should a baby sleep? As long as she needs to."[23] Furthermore, in his article *Care of a Child,* Korczak argues that nobody can tell a child to sleep for a certain time, "who prescribes how many pulses beat and how many breaths there should be per minute and follows this order?"[24]

Korczak's philosophy, in the discussion with the carers of a child, emphasises that the best approach in managing sleep problems is to understand your own child, which is further

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[20] Dror, Y., 'Educational Activities in Janusz Korczak's Orphans' Home in Warsaw: A Historical Case Study and Its Implications for Current Child-Care and Youth Care Practice', *Child & Youth Care Forum*, 27.4 (1998), pp. 281–298.
[21] Korczak, Janusz, *Selected Works*, ed. by Igor Newerly, trans. by Jerzy Bachrach, selection from Polish by Martin Wolins (Warsaw: Scientific Publications Foreign Cooperation Center of the Central Institute for Scientific, Technical and Economic Information, 1967). p. 33.
[22] Korczak, Janusz, 'Sen', in: *Theory and Practice: Pedagogical Articles (1919–1939)*, ed. by Hanna Kirchner et al., 13th vol. of *The Works of Janusz Korczak*, in collaboration with the International Janusz Korczak Association (Warsaw: Nasza Księgarnia, 2017), p. 79.
[23] Ibid., p. 80.
[24] Ibid., p. 87.

explained with his quote, “if a mother came complaining that her child has problem sleeping, I would advise the mother to observe the child for 2 weeks and note when the child went to bed, fell asleep and when it woke up. After 2 weeks you will know how much sleep he needs. The mother wasn’t too happy, they prefer Bromine.”[25]

This shows that at the time, there was no perspective among the society that closeness with a child is fundamental in understanding the child, highlighting how Korczak’s philosophy conflicted with societal norms.

Korczak’s detailed notes on individual child’s sleeping hours revealed that each child needs to be loved and comforted to feel safe and sleep well. One survivor of Korczak’s orphanage reported, “Dr. Janusz Korczak would tiptoe around the sleeping halls late at night, checking to see if all the children were sleeping. He covered a child whose blanket had fallen off. He would sit next to a child who had woken up from a bad dream and could not get back to sleep, gently calming the child in a whisper so as not to wake up the others. He would stay at the child’s side until he fell asleep again.”[26] This quote emphasises Korczak’s holistic approach towards children. His research on sleep concludes that children who had any sadness, problems or trauma need to have someone to be able to talk to, whether it is a friend, carer or doctor. Children need to be able to talk about their problems to help them sleep. This shows Korczak’s understanding that good mental health translates to good sleeping pattern. It was also reported by one of Korczak’s orphans that long sleep helped him during hunger at the Holocaust, “later in my life, especially during the Holocaust, when I was hungry and cold, my exceptional sleeping skills afforded me an escape from harsh reality and an ability to deal with the hardships awaiting me.”[27] Korczak emphasises in his research that the struggles and hunger during WW1,

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[25] Ibid.
[26] Nadel, Shlomo**,** *My Life as a Child of Janusz Korczak—The Father of Children's Rights: Memoirs of Shlomo Nadel*, ed. by Lea Lipiner, trans. by Ora Baumgarten-Kuris (Ontario: Office of the Provincial Advocate for Children and Youth, 2015). p. 72.
[27] Ibid., p. 24.

forced the children to sleep longer, concluding that it was a defence mechanism against malnutrition.

Korczak's observational sleep study also shows how children were often involved in his research. Korczak discussed physical and emotional conditions of children with other children in the orphanage, who would help him with solutions.[28] For example, one child was a sleepwalker. Korczak advised the children to be quiet and not to wake him during the sleepwalking episode explaining that sudden wake up would be dangerous and cause harm. Their solution was to place basins of water around the bed to wake him up when he starts sleepwalking. This shows that Korczak had an individual approach to each child and that he worked to understand each child's needs.

3.2. Bedwetting in boarding children

Despite contemporary understanding of bedwetting, Korczak argued that bedwetting in a healthy child is due to problems with the external environment where the child is kept in and not due to a problem with the child. He acknowledged that bedwetting in healthy children was a normal part of life and argued that bedwetting was due to "chronic infirmity of the boarding school, and not due to the child" and his study revealed that approx. 2 per 1000 children had bedwetting accidents.[29] Korczak wanted to spread the idea to doctors that not every child that wets the bed is sick and that children should not be physically abused for this action. He explained that wetting due to external factors is treated as *enuresis nocturna*.

Korczak was aware of the contemporary disciplinary actions that carers practiced. His article on bedwetting stated, "children who wet the bed were often punished, laughed at, battered and

[28] Ibid., p. 72.
[29] Korczak, Janusz, 'Moczenie nocne dzieci internatu', in: *Theory and Practice: Pedagogical Articles (1919–1939)*, ed. by Hanna Kirchner et al., 13th vol. of *The Works of Janusz Korczak*, in collaboration with the International Janusz Korczak Association (Warsaw: Nasza Księgarnia, 2017), p. 43.

abused in the most unthoughtful and brutal way."[30] Korczak knew that shouting at a child does not make them understand what they did wrong and that aggressive punishment does not make them learn from mistakes. His work also emphasised that abuse is a short-term solution where the child would return to their original behaviour after a week. Korczak also reported a severe example of contemporary practices where at one boarding school, a boy who wet the bed had his penis tied with a knot to prevent him from wetting. He criticised carers who used punishment as a method of training as 'naïve' for thinking that this is a practical approach in child upbringing.

Korczak found his own approach to helping children overcome bedwetting, which he described in the article about childcare as, "telling the bedwetting child that they are sick and need to be sent to the hospital for clinical observation. This method wasn't fearmongering but a way of influencing through indifferent and effective methods… Within a month the child stopped wetting by telling him he needs to go to the hospital."[31] This example shows his pedagogical approach which emphasises the child's dignity, respect and importance of explaining. Furthermore, he highlighted the importance of teaching children to pee before bed and not drink before sleeping whilst understanding their emotional state. Nevertheless, Korczak acknowledged that pathological wetting needed clinical care.

3.3. Weekly weighing

In the orphanage, Korczak weighed the children weekly. He viewed weight monitoring as an important tool, especially during puberty, when the body undergoes rapid changes. By tracking the children's weight on a weekly basis, Korczak could identify early signs of malnutrition or illness in the orphanage, ensuring timely intervention. He used this practice to appreciate both

[30] Ibid., p. 43.
[31] Ibid., p. 46.

the physical and psychological well-being of children, reflecting his holistic approach to childcare.

Korczak started weekly monitoring of the children's weight in 1913 in his orphanage in Warsaw.[32] His observations during the famine and illness outbreaks of 1917 were particularly significant. Korczak claimed that weekly analysis of body weight of a child suffering from tuberculosis, mumps or puberty associated mood swings is necessary in childcare. In his articles, Korczak wrote about the effects of hunger on children living in families where food was scarce, "a hungry child has low mood and is sleepy, moves slow, doesn't play, doesn't sing and doesn't jump, they are bored. He waits when this bad time passes."[33] However, this situation looked differently in Korczak's orphanage where children knew that there was always some food available even if it was locked away in the cupboard. The general awareness about the availability of food let children be calmer during the period of hunger. Korczak followed the philosophy that allowing a child to steal food from the cupboard was better than leaving the child feeling hungry and unsafe.[34] He argued that children need to have free access to bread although he realised that it would likely lead to significant amount of waste such as finding stolen mouldy bread. Korczak wrote, "in the time of hunger, a child has the right to beg or even steal food, which is demoralizing but in such case the child will be a pest and not an avenger."[35] These experiences deeply influenced his views on hunger, leading him to argue that a child's right to survival, including actions like stealing food, overrules societal judgements of morality. He believed that hunger was more harmful to a child's dignity and development than the shame of begging or theft. This highlights how Korczak prioritised a child's basic needs over rigid

[32] Korczak, Janusz, 'Waga co tydzień', in: *Theory and Practice: Pedagogical Articles (1919–1939)*, ed. by Hanna Kirchner et al.,13th vol. of *The Works of Janusz Korczak*, in collaboration with the International Janusz Korczak Association (Warsaw: Nasza Księgarnia, 2017), p. 48.
[33] Korczak, Janusz, 'Głód w internacie, in: *Theory and Practice: Pedagogical Articles (1919–1939)*, ed. by Hanna Kirchner et al., 13th vol. of *The Works of Janusz Korczak*, in collaboration with the International Janusz Korczak Association (Warsaw: Nasza Księgarnia, 2017), p. 72.
[34] Ibid., pp. 72-75.
[35] Ibid., p. 75.

moral codes imposed by adults. Korczak also emphasised the importance of individualised care, advocating that each child should have a personalised diet to prevent weight loss and muscle wasting. Korczak prioritised the orphanage's budget by ensuring that food was always available for the children, claiming that "children have to drink milk, despite it being expensive, or eat meat."[36]

This approach reflects his progressive understanding of nutrition and its relation to both physical and mental health, a perspective that aligns with modern paediatric care principles. By combining compassion with scientific rigor, his practice further illustrates his broader philosophy of respecting children's individuality and addressing their needs.

3.4. Haircutting

Cutting the hair of children was for Korczak a deep medical and psychological observation.[37] Korczak was able to examine the shape of the child's skull and the skin's condition, especially during a period where the children suffered from scabies and fungal infections. He treated this activity as an opportunity to better understand children and appreciate the sensitive side of their nature. This shows how insightful of an observer Korczak was and how he treated each child as a separate individual.

Korczak compared haircutting to the upbringing of a child, knowing that it is an act which requires trust and understanding of every little wince of a child, writing, "I learned that children acknowledge authority differently. They believe more easily in words when deeds deserve recognition."[38] This philosophy reflects his broader approach to child-rearing, where every interaction is an opportunity to develop mutual respect and build trust. Just as haircutting

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[36] Ibid., p. 74.
[37] Korczak, Janusz, 'Stryżenie', in: *Theory and Practice: Pedagogical Articles (1919–1939)*, ed. by Hanna Kirchner et al., 13th vol. of *The Works of Janusz Korczak*, in collaboration with the International Janusz Korczak Association (Warsaw: Nasza Księgarnia, 2017), p. 210-215.
[38] Ibid., p. 213.

requires being sensitivite to a child's physical discomfort, Korczak believed upbringing requires an equal awareness of a child's emotional needs and reactions. By giving special attention to detail and emphasising the importance of small gestures, Korczak adopted a form of childcare that was not only practical but also profoundly humane. During a child's haircut, each wince or reaction was significant, representing their vulnerability and need for care. He viewed haircutting as an act that required trust, patience and sensitivity.

Korczak believed that education and childcare are acts of collaboration and not authority.[39] The child's carer, for example, when cutting hair must work with the child rather than impose their will. This philosophy recognised that trust is the foundation of a child's development and well-being.

4. Punishment and reward in upbringing

Korczak emphasised the impact of punishment and rewards in child-rearing, acknowledging that both elements are very important in raising a child. On the topic of punishment, he opposed the idea of beating or humiliating children, but at the same time he emphasised that upbringing of children is not possible without a punishment. Korczak said that "a system of punishment must be well thought and consistent and what is the most important, it needs to avoid any feeling of revenge. It should have an educational impact on raising a child" and that "rewards need to have educational effect."[40] Korczak explored his philosophy about punishment and reward in upbringing in his last ever lecture in 1938, concluding that in children's upbringing, the mental stability of the carer plays an integral role. "Every small irritation of the carer has a

[39] Ibid., p. 210-215.
[40] Korczak, Janusz, 'Kara i nagroda w wychowaniu', in: *Theory and Practice: Pedagogical Articles (1919–1939)*, ed. by Hanna Kirchner et al., 13th vol. of *The Works of Janusz Korczak*, in collaboration with the International Janusz Korczak Association (Warsaw: Nasza Księgarnia, 2017), p. 353.

negative impact on the spiritual state of the child and doesn't give positive educational effects."[41]

Korczak argued that if a parent or teacher is in a good mood they ignore the bad behaviours of a child, however when the carer has a bad mood, they start to have a negative impact on the child**.** This situation makes the child lose consciousness of their own behaviour and the child does not know what they can or cannot do.

"It's true, I'm shouting at a child who smashed the glass window or spilled tea, but on the inside, I didn't lose my mental stability. My temperament wasn't affected."[42] This quote by Korczak emphasises how dealing with children requires discipline and self-control in balancing emotional expression and internal stability. By acknowledging that he might raise his voice in response to a child's mistake, he is conscious that this is a natural human response to frustration. However, his emphasis on maintaining internal emotional stability reflects his belief that educators and parents must cultivate a deep sense of self-awareness and restraint. It also reflects Korczak's belief that it is the educator's duty to create an environment where the child can safely make and learn from their mistakes without the fear of judgement or emotional volatility. This balance between discipline and empathy is central to his approach to childcare and education.

This belief aligns with Korczak's broader philosophy of respecting children and creating a safe environment, which has been described above in the context of bedwetting, sleep and weight monitoring. Korczak emphasised the importance of maintaining inner calm when managing an outward reaction, allowing the adult to guide and constructively educate rather than react emotionally at the child in a punitive or harmful way.

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[41] Ibid.
[42] Ibid., p. 354.

5. Hospice

In the Warsaw ghetto in 1942, Korczak proposed a project to the German authorities about creating a hospice for children.[43] The aim was to separate palliatively ill from the relatively healthy children, allowing them to die with dignity. Korczak did not ask for a lot, but only for place in which there would be peace and warmth. He also suggested to become a general consultant of this hospice.

He was not afraid to talk about children's euthanasia, which was against the norm at the time even though death was everywhere in the ghetto. He did not hesitate to say that if a child had a poor probability of survival and that their death is inevitable then the doctor should let such children die in a very humane way.[44] For this reason, he fought for a place where children could die in peace surrounded by people who truly cared for them. This issue highlights Korczak's philosophy of allowing a child to have the right to die. Korczak initiated this philosophy in his work before WWII, where in a public debate with teachers and parents he educated them that children have a right to die and that doctors have a right to inform carers that this is the moment for a child to pass away.

In February 1942, Korczak sent a letter to the director of welfare department of the German authorities, where he informed about the poor environment of the orphanage at the ghetto noting the lack of heat, winter clothing and food.[45]

In March 1942, in the hospice project proposal Korczak noted from his observations that the psychological condition of the children was severely impacted by the continuous exposure to death. He claimed this observation as 'Don't Get Nervous' which meant that children, teachers, workers of the orphanage should not be impacted by death and that death should be separated

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[43] Korczak, Janusz, 'Projekt hospicjum', in: *Theory and Practice: Pedagogical Articles (1919–1939)*, ed. by Hanna Kirchner et al., 13th vol. of *The Works of Janusz Korczak*, in collaboration with the International Janusz Korczak Association (Warsaw: Nasza Księgarnia, 2017), p. 108.
[44] Ibid.
[45] Korczak, Janusz, *How to Love a Child and Other Selected Works, Volume 2*, selected by Olga Medvedeva-Nathoo, ed. by Anna Maria Czernow (London and Chicago, IL: Vallentine Mitchell, 2018), eBook. p. 238.

from the everyday life at the orphanage. He described in detail how the hospice should be organised. He wanted a place where children would be observed and where decision would be made whether there should be an attempt to further treat the child or whether to let the child die and induce palliative care. He also needed a department for intensive care and quarantine. The formation of such institution would relieve the burden of the healthcare and other doctors' work. What is most important is that his philosophy shows that he wanted to build a place where children could die with dignity and that other children would be relieved from trauma associated with persistent death at the orphanage.

Many of Korczak's original medical and pedagogical works have not been, unfortunately, translated into English and analysed. This essay attempts to investigate Janusz Korczak's humanistic philosophy and its application in medical and pedagogical care representing how he integrated respect and empathy in working with children. It also highlights how significant observing is to understand a child. For example, his approach to sleep underscores that each child is individual which is further emphasised by how he saw haircutting as an opportunity to appreciate each child's sensitive nature. Korczak's holistic approach also revealed his belief that bedwetting happens due to the child's environment and importance of appropriately educating a child following a mistake. Furthermore, weekly weight monitoring allowed Korczak to appreciate that the physical and emotional needs of a child are interconnected. Literature notes that love for the children was the motivation behind Korczak's approach to children, which nowadays is often overlooked in pedagogy.[46]

Korczak's heroic act of willingly staying with the orphan children who were to be deported to Treblinka concentration camp, despite opportunities to escape was not an isolated act of

[46] Janiak, Alicja, and Alina Rynio, 'Topicality and Relevance of Janusz Korczak's Pedagogical Approach to Children and Their Upbringing', *The Person and the Challenges*, 4.2 (2014), p. 159.

courage. It was the culmination of a life devoted to children's respect, dignity and children's rights. Moses Stambler in The Polish Review journal highlighted that Korczak's fate at the concentration camp was ironic as, "the advocate of children's rights [was] denied human rights himself."[47] Korczak's life and writings inspire the belief that children are autonomous individuals who require the same level dignity and respect as adults. To this day many of Korczak's ideas resonate in education, welfare and discussions around children's rights.

[47] Stambler, Moses, 'Janusz Korczak: His Perspectives on the Child', *The Polish Review*, 25.1 (1980), p. 4.

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The Evolution of Healthcare in Kuwait: Traditional Practices, Missionary Impact and Oil Wealth (1910-1960)

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Abdulwahab Alomar is a medical student currently pursuing the MBChB program. His academic interests include the history of health and the progression of healthcare systems in the Middle East, with particular attention to how medical advancements have shaped the region over time. Upon completing his degree, he intends to return to Kuwait to practice medicine and aspires to engage in academic medicine, contributing both to clinical practice and the education of future medical professionals.[1]

Between 1910 and 1960, Kuwait's healthcare system underwent a significant transformation, shaped by a blend of traditional healing practices, Western medical influence, and the country's newfound oil wealth. Prior to this period, medical care in Kuwait was deeply rooted in traditional methods, with local healers and herbal treatments at the heart of community health.[2] However, when Western medical missions, especially from American doctors, arrived, they brought new Western medical practices and technologies that gradually won the trust of the Kuwaiti people. These missionaries did not just treat patients—they also took on the important role of educating the community about modern medical care.[3] The discovery of oil in the late 1930s marked a turning point for Kuwait's healthcare system. With the wealth that came from oil, the government was able to invest in building modern hospitals, improving medical facilities, and training local doctors.[4] Recognizing that a strong healthcare system was key to the country's future, the rulers of the Al-Sabah family made it a priority to expand healthcare

[1] This essay was written for ME33HM: History of Medicine.
[2] Dickson, H.R., The Arabs of the Desert (London, 1934), pp. 505–514.
[3] The Second Interview: Dr. Louis Skider / Haidar Al-Khalifa / Redha Al-Faili - Pages from the History of Kuwait', YouTube ,https://youtu.be/b8_Fq4XYAcw (accessed 2 December 2024).
[4] Ahmad Al-Din, On the Political History of Kuwait (Kuwait: Al-Tali'a Publishing, 2012), p. 8.

services for the people. By the 1960s, Kuwait had moved beyond relying on traditional medicine and began to develop a healthcare system that is heavily influenced by Western practices.[5]

This essay looks at how healthcare in Kuwait developed between 1910 and 1960, focusing on the shift from traditional medicine to a system influenced by Western practices, American missionaries, and the wealth brought by oil. This was a crucial time for the country, as it saw major changes in its healthcare system, influenced both by outside factors and changes within the country itself. The aim of this essay is to understand how traditional healing, the influence of missionaries, and the oil boom shaped healthcare in Kuwait, and how local healers, who had been important before this time, adapted to the changing medical landscape. There are limited sources available on this topic, but one notable article is Laura Frances Goffman's *A Jar of Shaykhs' Teeth: Medicine, Politics, and the Fragments of History in Kuwait* (2021). This article highlights the contributions of ʿAbd al-Ilah al-Qinaʿi, a famous local healer during the period.[6] Moreover, many historians have already written about the social and economic effects of Kuwait's oil boom and how it shaped the country's development. But not much has been said about how healthcare changed during this period, or how external factors, like missionaries and the oil wealth, played a role in shaping medical practices. Most studies have focused on the rule of individual ruler in Kuwait, but there is still a gap in understanding how each period of leadership contributed to shaping the evolution of healthcare, especially considering that five different rulers led the country between 1910 and 1960.

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[5] **Interview with Dr. Yahya Al Hadidi', YouTube,** https://youtu.be/oxahCIuk7PM?feature=shared (accessed 1 December 2024; recorded in 18 May 1968).

[6] Laura Frances Goffman, 'A Jar of Shaykhs' Teeth: Medicine, Politics, and the Fragments of History in Kuwait', *International Journal of Middle East Studies*, 53 (2021), pp. 589–603 http://dx.doi.org/10.1017/S0020743821000155 [accessed 6 December 2024].

This essay relies on a variety of sources to understand how healthcare in Kuwait evolved between 1910 and 1960. One key secondary source is Dana Ahmad's article, *The Arabian Mission in Kuwait, 1910–67: Effects of Modern Medicine on Women's Healing Practices and Ideals of Womanhood* (2018), which explores the changes in women's healthcare and how Western medicine influenced local traditions. Khaled Albateni's work on the Arabian Mission's impact on Kuwaiti society (2018) also helps explain the broader shifts in society during this time. While these sources offer valuable insights, none of them fully explore how Kuwait's healthcare system grew from the ground up, stemming from a mix of local traditions, missionary medicine, and oil wealth—an area this essay will dive into.

Primary sources also play a crucial role in this research. H. R. Dickson's *The Arabs of the Desert* (1949) paints a picture of healthcare in Kuwait before oil wealth changed everything, while Yusuf bin Issa Al-Qinai's *Safahat min Tarikh al-Kuwait* (1946) gives a firsthand look at traditional medical practices. Other important sources include Diaries from Dr. Eleanor Calverley and mission letters and documents were used as well, along with interviews with figures like Dr. Louis Scudder and his son, offering unique insights into how foreign medical missions influenced healthcare. Archives from the Qatar Digital Library and Kuwait Oil Company, interviews with Dr. Yahya Al-Hadidi, and reports from KUNA (Kuwait News Agency) provide essential details about how the state began to take a larger role in public health, especially as Western medicine became more common. This essay also heavily relies on documents provided which will be used as primary sources and interviews done with Dr. Mohammed bin Ibrahim Al-Shaibani, who is the Chairman of the Manuscripts, Heritage, and Documents Center in Kuwait. These multiple mini-interviews provide insight of the history of Kuwait and will be used as secondary sources.

This essay is organized into three main sections. The first looks at traditional healing practices in Kuwait before 1910 and their place in the community. The second examines the influence of missionary hospitals, focusing on how they brought Western medical knowledge and introduced new treatments and hospitals. The third section explores how oil wealth transformed the healthcare system, funding new institutions and training programs that shaped a more modern infrastructure. Together, these sections tell the story of how Kuwait navigated the challenges of adopting Western medical practices while maintaining ties to its traditional roots, offering a deeper understanding of the country's healthcare evolution during this pivotal period.

Medical Practices in Kuwait Pre-1910

Prior to the 20th century, Kuwait was not familiar with Western medicine. The medical options available to people at the time were often limited and grounded in tradition. Illnesses were generally handled through self-treatment in homes or by local healers known as Hakeems who provided treatments based on herbal remedies, spiritual practices, and knowledge passed down through generations. People relied on a combination of natural remedies, community support, and their deeply rooted Islamic faith for healthcare. They were the only medical treatment options available at this time.[7]

The Quran and Hadeeth served as essential guides, shaping how individuals approached health, cleanliness, and healing. Kuwaitis also regarded food as a key component of health, its role was heavily influenced by Islamic teachings.[8] Natural remedies mentioned in the Quran and Hadeeth, such as honey and black seeds, were heavily used by local healers in Kuwait. Honey, praised in the Quran as a healing drink, was commonly used for wounds, sore throats, and digestive issues. Black seeds, recommended by the Prophet Muhammad (peace be upon him) as a cure for many illnesses, were also widely used. People in Kuwait saw food not just as

[7] Dickson, H.R., *The Arabs of the Desert* (London, 1934), pp. 505–514.
[8] Ibid, p. 514.

nourishment but as a tool for maintaining balance and preventing disease, following the prophetic advice of eating in moderation.[9]

When illnesses did occur, the treatment process often reflected a deep sense of community and faith. Families and neighbors worked together to care for the sick, sharing resources like food, herbs, and knowledge. Traditional healers, often elders in the community, played a central role by preparing herbal remedies or performing treatments like hijama (cupping therapy), a method the Prophet himself recommended for pain relief and general well-being. These healers combined practical knowledge of local plants and oils with spiritual practices, ensuring that both the body and soul were treated. In addition, spiritual healing was also an essential part of care. People often turned to ruqyah (the recitation of Quranic verses), for protection and healing. It was believed that these prayers could address not only physical ailments but also spiritual issues, such as the "evil eye" or unexplained illnesses. This blending of natural and spiritual remedies reflected the holistic approach to health that was deeply embedded in Islamic teachings.[10]

People placed a great deal of trust in Hakeems . These healers were often seen as wise and knowledgeable. If a remedy proved effective and the patient recovered, it was seen as a blessing, and people would express their gratitude to God. If the treatment didn't work, people usually accepted it as just a part of life or fate. Sometimes, if someone was very sick or the local remedies did not help, people would travel to the coastal areas to find more medicine. They would go to India, which was famous for its herbal and Ayurvedic medicine, hoping to find a cure. The journey was long and hard, and there was no promise that they would get better.[11] But even if they did not find a cure, many felt that they had done everything they

[9] Ibid, p. 512.
[10] Ibid, pp. 505-514.
[11] Dr Mohammad Al Shibani interview 2024.

could. They returned home feeling peaceful, knowing they had tried their best to get better, no matter the outcome.[12]

Women's Role in Healthcare Pre-1910

Women also played a very important role in taking care of the health of women and well-being of children, especially in midwifery and spiritual healing. In midwifery, women were the ones who helped other women during childbirth. They had special knowledge that had been passed down through many generations about how to assist mothers in labor. These women knew which herbs and natural remedies could ease the pain of childbirth and help the mother and baby. They were there to offer comfort, guidance, and support during one of the most important and risky times in a woman's life. They also placed great importance on everyday health and personal care, not just on treating serious illnesses. For instance, they used henna not only to address scalp conditions but also to strengthen and maintain healthy hair. This reflects a broader approach to healthcare that emphasized both physical well-being and self-care. Their practices show a recognition of the value of consistent upkeep and natural remedies, demonstrating that healthcare was not just about curing ailments but about fostering ongoing health and vitality in practical, accessible ways.[13]

Besides helping with childbirth, women also played a key role in spiritual healing. Some families, especially those who preferred not to have men involved in personal matters, trusted women to provide healing through spiritual practices. These women would recite special verses from the Quran, pray for the sick, and offer comfort to those in need. For many families, spiritual healing was just as important as physical healing because it helped people feel better both in their body and their spirit. Women in these roles were especially valued in families who

[12] Ibid.
[13] Ibid.

believed that only women should take care of the emotional and personal needs of their loved ones. Their care and prayers brought peace and support to those going through tough times. In addition to this, these women played a crucial role in helping families stay strong and connected during difficult moments. Their presence and actions showed how deeply intertwined physical and spiritual care were in traditional healing practices. Their contribution to health was not just about curing illness, but also about providing emotional and spiritual support, which was seen as essential to the well-being of the family.[14]

Medical Services in Kuwait 1910-1936: The American Missionaries and its Hospital

The Arabian Gulf attracted the interest of many countries. American involvement in the Gulf began in the early 19th century when American traders developed strong trade connections with the port city of Muscat.[15] These early trade efforts marked the start of a unique relationship between the United States and the Gulf region. Unlike the European powers, who had a strong and forceful presence in the Gulf, the U.S. took a quieter approach. Instead of trying to dominate or control the region politically, they worked on building trade connections and presenting themselves as trustworthy and cooperative partners. This helped them form good relationships with the people in the region without getting too involved in local politics. At the same time, the U.S. was busy dealing with its own challenges back home, such as repeated epidemics of cholera and yellow fever and the Panic of 1819, so it did not have the same interest

[14] Dana Ahmad, 'The Arabian Mission in Kuwait, 1910–67: Effects of Modern Medicine on Women's Healing Practices and Ideals of Womanhood', Gender & History, 30 (2018), p. 13, https://doi.org/10.1111/1468-0424.12360.
[15] Khaled Al-Bateni, 'The Arabian Mission's Effect on Kuwait Society, 1910–1967', August 2014, https://www.academia.edu/37818804/The_Arabian_Missions_Effect_on_Kuwait_Society_1910_1967?source=swp_share (accessed 10 November 2024) p.6.

in dominating the Gulf as some other countries did. Their approach was simple and based more on trust than power.[16]

The American Mission was established in Kuwait in 1913. The American medical personnel who began work there were Dr. Arthur Bennett, Dr. Waldorf Calder, and Mary Sinton, a well-regarded nurse and medical practitioner. During the American Mission's time in Kuwait, various illnesses were prevalent, as documented in missionary diaries and records. These included smallpox, tuberculosis, trachoma, and whooping cough. As the hospital grew and the demand for care increased, there was a clear need for educational programs and the training of both local and foreign medical staff.[17] To address this, they encouraged local people to pursue careers in medicine and invited more medical professionals to come and help. One example is Haidar Al-Khalifa, a Kuwaiti citizen who was encouraged by the American Mission to pursue medical education abroad in Bahrain and then in India. Following this encouragement, he traveled in 1949 to study radiology. After completing his studies, Haidar returned to Kuwait to work at the hospital, where his expertise in radiology played a key role in advancing medical care.[18] The American Hospital played a significant role during the Al-Jahra War in Kuwait, providing crucial medical care to those injured during the conflict. The hospital's staff, including both foreign and local medical professionals, worked together to treat the wounded and manage the overwhelming number of patients. Their efforts helped Sheikh Mubarak Al-Sabah, the ruler of Kuwait, by addressing the anger and distrust among the Kuwaiti people due to the war. Louis Scudder, the son of Dr. Louis Scudder, who worked at the American Hospital, stated that when people saw the hospital helping the soldiers and preventing the death of sons, fathers, and families, the hospital transitioned from being seen as an "American hospital" to a

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[16] Ibid pp. 44-50.

[17]. Eleanor Calverly, I was the first female doctor in Kuwait, translated by Abdullah Al-Hatam, Kuwait, Dar Al-Kutub, (1968), pp. 202-203.

[18] The Second Interview: Dr. Louis Skider / Haidar Al-Khalifa / Redha Al-Faili - Pages from the History of Kuwait', YouTube, uploaded by [Uploader Name], https://youtu.be/b8_Fq4XYAcw (accessed 2 December 2024).

"Kuwaiti hospital." This shift highlighted the deep trust and appreciation the Kuwaiti people had for the hospital and its role in supporting them during the war.[19]

Dr. Eleanor Calverley was known in Kuwait as "Khatoon Halima." She came to Kuwait as part of the American Mission and worked hard to help both men and women, but she focused significantly on women's health. She taught women how to have safer births and showed midwives new techniques they had not seen before. People started to trust her more after a difficult labor case where she stepped in and safely delivered the baby when others could not. Another moment that made her well-known was when she treated Sheikh Mubarak's sister, who had a serious eye infection called trachoma. Dr. Calverley's care and skill impressed everyone and showed how much she could help. She did not just treat people—she also taught them about keeping clean, eating well, and staying healthy. Dr. Calverley was not just a doctor; she was someone who cared deeply about the people she worked with, and they trusted her for it.[20]

The people of Kuwait were initially skeptical about the American Mission effort, especially because they observed Sheikh Mubarak's relationship with the British and perceived his cooperation with foreign countries as driven by a desire to consolidate his own power rather than for the safety and stability of the country.[21] Their skepticism was further fueled by the fact that the medical practices introduced were significantly different from those rooted in Islamic teachings and hadith. However, over time, as the hospital grew, trust began to build.[22] A notable example highlighting this trust was the role of Musaad Al-Azmi. A Kuwaiti traditional healer skilled in vaccination delivery in Egypt, Al-Azmi played a significant role in supporting the

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[19] Louis Skider, in 'Documentary on the American Mission'. YouTube. Uploaded by https://www.youtube.com/watch?v=ZFdKlLdh43U (accessed 25 November 2024).
[20] Dana Ahmad, 'The Arabian Mission in Kuwait, 1910–67: Effects of Modern Medicine on Women's Healing Practices and Ideals of Womanhood', Gender & History, 30 (2018), p. 13, https://doi.org/10.1111/1468-0424.12360.
[21] Ibid, p. 14.
[22] Interview with Dr Mohammad Al Shibani 2024.

efforts of the American mission related to the smallpox vaccine. He trusted the American mission effort and encouraged the local people to get the vaccine and treatments in this hospital.[23] Another local healer who helped with vaccination efforts was Dr. Abdulilah Al-Qinai. He worked at the British dispensary, where he studied under the British doctors, learning Western medical skills.[24]

With growing trust and an increasing number of patients, the need for systematic healthcare, disease prevention, and the establishment of institutions to oversee and implement these initiatives effectively grew. This influence contributed to the eventual development of government ministries in Kuwait, each dedicated to addressing critical areas of public welfare (Table 1).[25]

Ministry	Role and Responsibilities
Ministry of Health	Oversees public health, hospitals, vaccination programs, and healthcare infrastructure.
Ministry of Municipality	Responsible for building sanitation systems, clean water supplies, and infrastructure.
Ministry of Education	Incorporates health education into schools and promotes awareness of hygiene and wellness.

(Table 1)

[23] Farhan Abdullah Ahmad Al-Farhan, in *Places and Locations in Kuwait*, YouTube, https://youtu.be/q2EiA4lfEvQ (accessed 20 November 2024).
[24] Goffman, 'A Jar of Shaykhs' Teeth', p. 593.
[25] Kuwait Chamber of Commerce and Industry: Kuwait Guide, Kuwait, Government Press of Kuwait, 1965, p. 119 and Abdul Aziz Hussein: Lectures on Arab Society in Kuwait, Kuwait, Dar Al-Qurtas for Publishing and Distribution, 2nd Edition, 1994, pp. 116-118.

The Discovery of Oil 1936: A Turning Point in Kuwait History

During the reign of Sheikh Ahmad Al-Jaber Al-Sabah, Kuwait experienced significant milestone that changed its course.[26] This was the discovery of oil in large, commercially viable quantities in 1938. Correspondence between Sheikh Ahmad Al-Jaber Al-Sabah and the Kuwait Oil Company emphasized the importance of drilling in the Burgan region, where oil had been discovered in 1936. As a result, drilling operations began in Burgan, and by February 22, 1938, oil began flowing in significant quantities from the area. Although oil was discovered in the 1930s, we must note that Kuwait went through a period of severe financial hardship. This was caused by several factors, including the global economic depression that swept across many countries, especially the United States.[27] Another major blow to Kuwait's economy was the emergence of Japan's cultured pearl industry, which significantly reduced demand for natural pearls, a trade Kuwait heavily relied on. Moreover, Kuwait did not immediately benefit from its oil due to the outbreak of World War II, which lasted until 1945.[28] However, the shift began in Kuwait when the first shipment of oil was exported on June 30, 1946. At that time, oil wealth began to drive changes in public health and medical infrastructure.[29] The company agreed to pay 475,000 Rupees within 30 days of signing the agreement.[30] Additionally, for oil extracted in Kuwait during the year ending three months before the signing anniversary, the company would pay three Rupees per English Ton, with a minimum of 95,000 Rupees. This oil revenue was key in transforming Kuwait's infrastructure, especially healthcare.

The discovery of oil and the expansion of the oil industry in Kuwait led to significant changes in the country's healthcare and economic structure. As the population grew rapidly due to

[26] Correspondence detailing the discovery of oil in the Bahra well in Kuwait in small quantities, which led to the decision to drill another well in Burgan. Subsequently, commercial quantities of oil were discovered in 1938. Qatar Digital Library 878/2/15/IOR/R.
[27] Ahmad Abu Hakamh. Tarikh Al Kuwait AL hadeeth, 1984, pp. 364-366.
[28] Kuwait Oil Company. Our history.
[29] Abdulaziz Al Rushaid, Tarikh Al Kuwait, pp. 306,307
[30] Kuwait Oil company, oil Documents, 1934, Article 3, p. 2.

urbanization and migration, especially in the 1950s and 1960s, there was an increased need for basic services, including healthcare.[31] The rise in population created pressure on the existing healthcare infrastructure, which had been quite limited prior to this period. With the growth of Kuwait's urban areas, the government recognized the importance of providing medical care to the increasing number of people in the cities.[32] This led to the construction of hospitals and clinics to accommodate the health needs of the population. The influx of people from rural areas to urban centers created demand for organized healthcare systems, something the country was not prepared for at the time.[33] However, in 1946, Kuwait experienced a significant moment in its economic history with the introduction of a state budget, which laid the foundation for significant changes across various sectors, most notably the healthcare sector, focusing primarily on building healthcare infrastructure and addressing immediate public health concerns. [34]

Impact of Oil Wealth on Healthcare Infrastructure in Kuwait

The increasing number of workers from Kuwait Oil Company offices in Kuwait City and surrounding oil fields led to a rising need for medical services.[35] In April 1947, the Kuwait Oil Company (KOC) founded its first hospital in Kuwait City. The facility was initially a temporary setup, consisting of a few tents and two clay pavilions which were designed to serve a small number of patients. Basic medical services included a surgical room, an X-ray area, a small clinic and diagnostics were limited to a portable unit for basic lab tests. One year later, the Kuwait Oil Company's hospital was moved from Kuwait City to Al-Maqwa'a, where existing buildings were repurposed into a larger facility. Al-Maqwa Hospital initially had 130 beds, with various medical services, including operating rooms, X-ray, physiotherapy, and labs. As

[31] Abdulaziz Al Rushaid, Tarikh Al Kuwait, pp. 306-307.
[32] Abdul Aziz Hussein, *Lectures on the Arab Society in Kuwait*, 2nd ed. (1994), P 92, 113.
[33] Ibid, p. 113.
[34] Ahmad Al-Din, *On the Political History of Kuwait* (Kuwait: Al-Tali'a Publishing, 2012), p. 8.
[35] Kuwait Oil Company, Hospital History, https://www.kockw.com/hospital-history.

patient numbers grew, additional facilities were added, including an isolation unit, family and delivery units, and expanded physiotherapy services. Satellite clinics were set up in nearby fields, with patients referred to Al-Maqwa Hospital for further treatment. As KOC's operations and Al Ahmadi City grew, the hospital's aging infrastructure could no longer meet the demand, leading to the decision to build a Al Ahmadi hospital.[34]

Al-Amiri Hospital holds the distinction of being the first governmental hospital established in Kuwait, opening its doors to the public on October 18, 1949.[36] Its establishment marked a significant milestone in Kuwait's healthcare system, providing the community with a sense of trust and reliability as it was government-led. Over time, the hospital's services expanded to meet the growing medical needs of the population, fostering further confidence in the state's ability to deliver better healthcare. The hospital played a crucial role in eliminating smallpox by introducing vaccinations, which resulted in the disease's eradication within two years.[37] A key development was the introduction of anesthesiology in 1953, which evolved into a vital department supported by several distinguished medical professionals over the years (Table 2).[38] Minor surgeries such as appendectomy were conducted and families began to rely on Al-Amiri Hospital not only for urgent medical care but also as a place where innovation and modern practices were making healthcare safer and more effective. The government's supervision further solidified its role as a trusted institution in Kuwait's healthcare landscape. Over the years, this trust deepened as the hospital continued to lead in delivering high-quality medical services, free of charge to the people of Kuwait. In 1952, journalist Iskandar Ma'arouf visited

[36] KUNA, *The Amiri Hospital: 65 Years of Healthcare and Humanitarian Mission*, 17 October 2014, https://www.kuna.net.kw/ArticleDetails.aspx?id=2402888&language=ar# [Accessed 2 December 2024].
[37] **Interview with Dr. Yahya Al Hadidi', YouTube,** https://youtu.be/oxahCIuk7PM?feature=shared (accessed 1 December 2024; recorded in 18 May 1968).
[38] Critical Care Kuwait, 'Units – Amiri Hospital', https://www.criticalcarekuwait.com/?page=units&hsp=amiri (accessed 20 November 2024).

Kuwait and reported on its healthcare services.[39] In his report, he praised the architectural development, highlighting the modern buildings, as well as the warmth and hospitality of the doctors, emphasizing the welcoming atmosphere he experienced during his visit.

Name	Year Joined	Role/Contribution
Dr. James Forbes	1953	Initiated the anesthesiology department
Dr. Mahmoud Bazzari	1958	Became head of the anesthesiology department

(Table 2)

Healthcare as Part of Kuwait Constitution 1962

During this period, Sheikh Ahmad Al-Jaber Al-Subah demonstrated a commitment to democratic and consultative governance, which was evident in the establishment of the Legislative Council.[40] The Kuwait Constitution, initially written in 1921, underwent significant revisions in 1962 during the reign of Sheikh Abdullah Al-Salem Al-Sabah, a change that came with the newfound oil wealth and marked a pivotal moment in the nation's journey.[41] When Kuwait's Constitution was issued, it faced resistance from some who saw it as diminishing

[39] Iskandar Ma'arouf, Copy of the Report (1952), provided by the Manuscripts, Heritage, and Documents Center, Jabriya, Kuwait.
[40] Kuwait News Agency (KUNA), 'The Parliamentary Councils in Kuwait', https://www.kuna.net.kw/articledetails.aspx?id=3142935#:~:text=%D9%88%D9%81%D9%8A%2023%20%D9%8A%D9%86%D8%A7%D9%8A%D8%B1%20%D8%B9%D8%A7%D9%85%201963,%D9%81%D9%8A%203%20%D9%8A%D9%86%D8%A7%D9%8A%D8%B1%20%D8%B9%D8%A7%D9%85%201967 (accessed 20 November 2024).
[41] Constitution of the State of Kuwait, (11 November 1962), https://www.kna.kw/PdfHelper?FilePath=rpS1JRuUjqyzPmmqQDsTPuyX-OkNYd0Ca6EM3rzn9jtWR_xaCn6-aFFTCuVKQAUs32Qhzrj632Henr4CaoVj6g_Z37kLwxf9wn3p2FEWq7mxfUit2xW8wrBKWEH6AQun (accessed 20 November 2024).

authority and traditional leadership, while others viewed it as undermining the ruling family. The concepts of separation of powers and public responsibility for state affairs were particularly controversial.

The country, which had historically relied on traditional healthcare practices and help from the American Mission, found itself at the crossroads of rapid changes.[42] The new framework, reflecting these changes, not only clarified the political structure but also created the foundation for addressing critical areas like public services, especially healthcare. Article 15 of the Kuwait Constitution reflects how much progress has been made, as the government now takes responsibility for public health.[43] In 1962, the government began using Western medicine, science, and health systems to help prevent and treat diseases, so people did not have to face health problems on their own, in comparison to the early 20th century, where Kuwait mostly depended on help from American missions and hospitals for medical care.[44] Moreover, Article 11 of the Kuwait Constitution state the government will help people who are old, sick, or have a disability.[45] It promises to give them help with money, support when they need it, and medical care. This means the government will take care of people and make sure they have what they need when they are going through hard times. Both Article 15 and Article 11 of the Kuwait Constitution show that the government is committed to taking care of its people by providing health care and support. Article 29 of the Kuwaiti Constitution upholds Human Dignity and Personal Liberty, ensuring that everyone is treated with respect and their rights are protected by law.[46] This commitment to equality and fairness not only safeguards individual freedoms but also opened the door for women to take an active role in healthcare, breaking barriers and contributing to the growth of the profession. Table 3 highlights the pioneering Kuwaiti women

[42] Ahmad Al-Din, On the Political History of Kuwait, p. 8.
[43] Constitution of the State of Kuwait, p.7.
[44] Interview with Dr Mohammad AL Shibani (2024).
[45] Constitution of the State of Kuwait, p.6.
[46] Ibid, p.10.

and societies that promoted health and played significant roles in advancing the fields of medicine and nursing:[47]

Name	Year	Achievement
Najeeba Al-Mulla	1967	First Kuwaiti female doctor
Mariam Al-Raqom	1966	First Kuwaiti woman to study nursing

(Table 3)

In 1967, the American Mission Hospital ceased operations as its role became less significant due to the establishment of new hospitals and the expansion of healthcare services across Kuwait.[48] A letter, stamped by Priest Robert Arde, includes the statement: "Kuwait, thanks to its prosperity and wise leadership, now has many skilled doctors and hospitals offering free healthcare and following a thorough review, it was decided that the American Mission Hospital's medical program had fulfilled its purpose and should now focus on areas with greater healthcare needs."[49]

This change highlights how public health started to be seen as a shared responsibility between the government and society, which is important for building a strong and independent country. It also shows how healthcare has changed from being something people handled on their own or in small groups to a more organized system where the government helps keep everyone safe and healthy.

Conclusions

[47] KUNA, Report on the Contributions of Kuwaiti Women (2000). https://www.kuna.net.kw/ArticleDetails.aspx?language=en&id=1066303 [Accessed 23 November 2024].
[48] Priest Robert Arde, Letter Stamped by Priest Robert Arde Indicating the American Mission will cease Operations in 1967, 3 March 1967, provided by the Manuscripts, Heritage, and Documents Center, Kuwait.
[49] Ibid.

The evolution of Kuwait's healthcare system from 1910 to 1960 was shaped by a mix of traditional practices, the influence of Western medicine brought by missionaries, and the transformative power of oil wealth. In the early years, healthcare was mostly based on traditional medicine, with local healers providing care within their communities. When the American Mission arrived, it brought significant changes to Kuwait's healthcare system.

The discovery of oil in the late 1930s completely changed the plan for healthcare in Kuwait. The wealth from oil allowed the government to invest in hospitals, medical training, and the building of a formal healthcare system. The rulers of the Al-Sabah family, starting with Sheikh Mubarak Al-Sabah, each played a significant role in advancing healthcare during this period. Their leadership, along with a growing understanding of the importance of public health, laid the foundation for an organized healthcare system. Each ruler helped expand and strengthen the vision of healthcare as a key element of the country's progress, which led to the creation of the Ministry of Health and the development of public health policies.

By the 1960s, Kuwait had shifted from relying mostly on traditional healing to adopting Western medical practices, thanks to the influence of oil wealth and foreign expertise. The passing of the Kuwait Constitution in 1962 further emphasized the state's responsibility for public health, ensuring that healthcare would continue to develop as part of the country's welfare system. This period marked a turning point, as Kuwait moved towards a comprehensive healthcare system, driven by Western practices and the vision of its leaders.

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The Mother of all Debates: An Evaluation of the Impact of Second-Wave Feminism on Motherhood in the United States.

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Chapter One: 1950-1960

1950s America saw great change following The Second World War. Soldiers returned home from war, and America was finally able to debut the American dream. This era in America was heavily shaped by post WW2 attitudes, suburban life and the solidification of gender roles. During this time women were expected to dedicate their lives to homemaking, childcare and overall upholding the perfect housewife image. In the decades of unease during WW2 Americans pursued safety and security, this came in the form of the nuclear family[2]. Throughout WW2 the role and place of mothers during this time was of utmost concern to the American public. Women were granted a free pass into the labour force while men were at war, however this came at a cost. In her fascinating book *Homeward Bound: American Families in the Cold War Era*, Elain Tyler May claimed that the independence granted to women during the wartime led to rising anxieties about the development in women's capabilities[3]. This anxiety amongst the public made it increasingly more difficult for mothers to pursue careers out of fear of them abandoning their domestic roles. As female involvement increased in the war, political leaders showed an interest in women's involvement in the labour force. This reflected the growing tension between women's determination and the government's efforts to preserve the traditional gender dynamics, which once again proved that the involvement

[1] This is an extract from a History Dissertation.
[2] Elaine Tyler May, *Homeward Bound: American Families in the Cold War Era*, (Basic Book, 1988), p. 1.
[3] May, *Homeward Bound*, p. 70.

brought by women threatened the view that women were lower class citizens. This temporary change instilled a belief that women were capable of performing jobs that were previously considered men's jobs. This freedom was short lived however, as political leaders were heavily concerned about the long-term effects this change would have on family life. This resulted in government intervention to protect these stereotypical family values. An example of this can be seen in the creation and ending of the Lanham Act childcare centres. With mothers working, the government were forced to address the immense childcare shortages. One solution came in the form of the Lanham Act of 1941 which funded the construction of day-care centres in areas impacted by war[4]. The program proved to be incredibly helpful for mothers in war-related employment. However, this success was short-lived as funding began to cease following the end of WW2 and the Lanham project would end in 1945[5]. Authors Louise Gross and Phyllis MacEwan maintained that the closure of day care centres was a clear indication that these centres were not for the purpose of the development of children or to liberate mothers, but rather these centres were established solely to fulfil the necessary duties during the war[6]. The sudden closure of the program reinforced the idea that this was a temporary solution and women should expect to return home after the war. The tension between women's contributions and the government's desire to control the traditional family life set the scene for an emerging feminist movement. Despite their reliance on women during the war, politicians urged that women should not sacrifice their motherly duties for employment purposes. J. Edgar Hoover declared in one women's magazine "the mother of small children does not need to put on overalls to prove their patriotism. She already has her war job…there must be no absenteeism

[4] Yvonne Zylan, 'Maternalism Redefined: Gender, the State, and the Politics of Day Care, 1945-1962', *Gender and Society*, 14.5 (2000), 608-629, p. 614.
[5] Sandra McConnell Condry and Irving Lazar, 'American Value and Social Policy for Children', *The Annal of the American Academy of Political and Social Science*, 461(1982), 21-31, (p. 22).
[6] Louise Gross and Phyllis MacEwan, 'On Day Care', in *Voices from Women's Liberation*, ed. By Leslie Barbara Tanner, (New American Library, 1971), pp. 199-205, p. 200.

among mothers"[7]. This suggested that women who work outside the home are neglecting their responsibilities as mothers. Absenteeism is typically used to describe those who fail to show up for their jobs. Hoover applies this phrase to mothers, implying that he equates motherhood with employment suggesting that investing in anything else other than motherhood is a betrayal to their most important career, mothers. This ideology exposed the harmful views directed at and laid the groundwork for feminist activism to rise. Their efforts during the war were incredibly successful, but despite this they were continually reminded that this change to the family structure was temporary, and they faced severe pressure to conform to societies expectations.

This distinct change across America, contributed to the post war "Baby Boom"[8]. During the period of WW2 there was a significant decrease in births due to the hardship and uncertainty that would delay the progression of marriage and children. This meant that when soldiers returned home, people were desperate to return to their normal lives leading to a surge in marriages and births nicknamed the baby boom. The increase in population led to a greater increase in families moving to the quiet suburbs. Once again, the US treasured family values and when women returned to their homes, they were highly encouraged to bear children and restore the family structures that WW2 disrupted, by moving to family-oriented suburbs that would encourage this lifestyle. While male soldiers were fighting in the war, many women stepped up and took on many of these masculine roles. However, when WW2 ended, women were forced to return to their roles of raising children[9] and the suburban expansion only solidified their inevitable role as mothers. Many mothers, as a result, began to feel trapped in

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[7] J. Edgar Hoover, 'Mothers…Our Only Hope', in *Women's Home Companion*, (Bedford/ St Martin, 1944), p. 46.

[8] Gina Yoon Ji Kim, 'Gender Relations during the Era of International Cold War Tensions: Women's Role in Linking American Domestic Culture and Global Politics', *The Webster Review of International History*, 1 (2021), pp. 25-44, (p. 25).

[9] Melody L. Miller, Phyllis Moen and Donna Dempster, 'Motherhood, Multiple Roles and Maternal Wellbeing: Women of the 1950s', *McClain Source: Gender and Society*, 5.4 (1991), 565-582, (p. 566).

their lives and began to imagine a life beyond motherhood. For many, suburban life was lonely and isolated despite the romanticised view of life in the suburbs. However, despite the growing feelings of dissatisfaction and unfulfillment women were highly discouraged from expressing feelings of discontent. Mothers were led to believe that their sole fulfilment should come from the success of their children and there was very little opportunity for mothers to fulfil a better life. The media especially continually fuelled the image of the devoted and fulfilled mother.

Before long, magazines had begun to provide their take on mothers. *Ladies Home Journal* was initially established in 1883 and rapidly became one of the most influential women's magazines in the US. It primarily centred on topics like the art of homemaking, children and general issues. The magazine had a significant number of readers throughout the twentieth century and played a significant role in shaping societal expectations of marriage, but most importantly motherhood[10]. In his monthly column of *LHJ*, Dr Benjamin Spock expressed that perfect mothers create perfect children while imperfect mothers raise imperfect children[11]. This was yet another method of subtly persuading mothers that their jobs within the home were more vital to the wellbeing of her family. Mother were therefore led to believe that their child's future would depend solely on their levels of dedication towards their child. Consequently, Mothers were less inclined to pursue ambitions out of fear and guilt of neglecting her family's needs. It was this belief that trapped countless mothers into this lifestyle for years with no way of escape. Mothers were encouraged to refrain from attempting to combine motherhood and a career, as Dr Spock continuously warned mothers that any resemblance of ambition would completely "throw the whole family system out of kilter and do more harm than good"[12]. This reflects the deep-rooted beliefs about a mother's priorities. If a family structure was to fail it was undoubtedly the mother's lack of dedication to her family's wellbeing. A mother pursuing her

[10] David Halberstam, *The Fifties*, (Villiard, 1993), p. 590
[11] Benjamin Spock, 'What's She Got That I Haven't?', *Ladies Home Journal*, (1952), p. 195.
[12] Ibid.

own goals is considered an incredibly selfish personal choice that threatens the long-established structure of the family. Mhousewives. But even in this family-central society, women were left unsatisfied by this way of life. This era saw a new discourse emerging, feminists began to expose the secret discomfort felt by women across America[13] that would forever alter how motherhood was perceived.

Chapter Two: 1960-1965

As the 1960s commenced, a new suggestion had emerged. This suggestion proposed that motherhood was not the only source of fulfilment for women. Arguably the loudest of voices came from renowned author and feminist Betty Friedan. Her profound work in *The Feminist Mystique* exposed the myth of the happy housewife[14]. This unnamed issue illustrated the loss of identity faced by mothers across society and Friedan attempted to address the widespread dissatisfaction amongst women, labelling it the "problem with no name"[15]. It was impossible to articulate the issue faced by women, as no one was willing to voice their frustration out of fear of demonization by other housewives who at first seemed fulfilled by this lifestyle. Friedan exclaimed that despite the initial appearance of domestic bliss many mothers felt deeply unfulfilled by their lives[16]. Women were expected to find complete satisfaction in their lives as housewives and mothers. In response, Friedan challenged this narrative of domestic fulfilment by exposing that this expectation enforced on women limited their ambition and opportunities[17]. The emphasis on childbearing and maintaining the family unit came at the cost of women's dreams beyond that of being a housewife. *The Feminine Mystique* was a cry for help from those who felt they had no voice and illustrated the struggle faced by mothers across

[13] Miller, Moen, Dempster, 'Motherhood, Multiple Roles and Maternal Wellbeing', p. 566.
[14] Lesley Johnson, ''Revolutions are not made by down-trodden housewives' Feminism and the Housewife', *Australian Feminist Studies*, 15.32 (2000), 237-248, (p. 240).
[15] Friedan, 'The Problem That Has No Name', p. 12.
[16] Friedan, *The Feminine Mystique*, p. 25
[17] Friedan, *The Feminine Mystique*, p. 219

America. Friedan sought to shed light on these problems that plagued America, and she successfully exposed the unrealistic expectations placed on mothers, while encouraging them to seek fulfilment beyond that of motherhood. Friedan's work helped spark the conversation about the limitations faced by women particularly mothers and would play a pivotal role in the beginning of Second Wave Feminism. Friedan strived to normalise the view that motherhood was a choice[18]. She addressed that some women may continue to become mothers, while some may choose to delay this choice, and some not at all. The vital crux of this was the ability to choose their path. This ability to choose provided mothers with an opportunity that had never before been presented and would form the basis of Second Wave Feminism, demonstrating that although the movement had only recently begun, the message was loud and clear. Friedan's book represented change, grounded in the fear of a new life that people were not ready to accept.

As the movement progressed, feminists took upon the role of redefining motherhood. For centuries America has defined motherhood as the end goal for all women. In reality however, motherhood reduced mothers to a function of society, forcing them to live through the achievements of their husband and children. This confinement had a lasting negative effect on their ability to develop themselves as individuals. In 1964, author Alice Rossi insisted on a new perspective of motherhood. She labelled it as an "important highlight but not as the exclusive basis for a sense of self-fulfilment and purpose in life"[19]. This illustrates that as early as 1960 there was a prevalent belief that there was more to life than domestic confinement, it was considered an important role but not the sole source of fulfilment. This mirrors Friedan's claim that it was possible to pursue ambitions, and no one is obligated to settle for a life of unhappiness. From the outset, the movement had broken barriers that were previously

[18] Lynn Gilbert, 'Betty Friedan', in *Women of Wisdom: Talks with Women Who Shaped Our Time*, (Lynn Gilbert Inc. 2012), p. 5

[19] Alice S. Rossi, 'Equality Between the Sexes: An Immodest Proposal', *Daedalus*, 93.2 (1964), 607-652, (p. 649).

untouchable, and evidently this was only the beginning. This is in stark contrast to earlier views made by Benjamin Spock in which he highly discourages against combining motherhood and ambition. In comparison to Spock, Rossi posits that motherhood should not be perceived as the sole basis of fulfilment, while Spock maintains that motherhood should always prioritise ambition. Change was necessary, and Rossi's claim emphasises the view that society had begun to adapt to the change in family structures. This change was not a failed adjustment to the true female outcome of life. Rather, it was a society that unfairly suppressed the desires and ambitions of American mothers[20]. Change was occurring. The once peaceful suburban neighbourhood dominated by tradition was beginning to see an uprising. This change sent a rippling effect across America and questioned every belief that women were once compelled to live by debuting this new idea of choice.

Nearly a decade later, in 1963 shortly after the release of *The Feminine Mystique*, *LHJ* published an article by Betty Friedan entitled *Have Housewives Traded Brains for Brooms*?[21] In which highly influential figures commented on this drastic change in dynamics[22]. In the same issue, despite his initial reluctancy, Dr Spock would eventually come to accept the working mother and accept that children were not affected by a working mother[23]. It seemed like progress was beginning to be made. Americas oldest women's magazine seemed more open to discussing the changes to society and it was clear that the media had taken notice to the rise of feminist thought. A magazine that would once have rejected this new outlook, was beginning to evolve and adapt their content to mirror the evolving society. In 1964, *LHJ* published an issue about the working mother by debuting a bold idea that women may be capable of more than just being mothers, labelling it the "Four Dimensional Women"[24].

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[20] Swinth, *Feminisms Forgotten Fight*, p. 21.
[21] Friedan, Betty, 'Have Housewives Traded Brains for Brooms?', *Ladies Home Journal*, (1963), p. 24.
[22] Jean E. Hunter, 'A Daring New Concept: "The Ladies Home Journal", and Modern Feminism', *NWSA Journal*, 2.4 (1990), pp. 583-602, (p. 587).
[23] Benjamin Spock, 'Should Mothers Work?', *Ladies Home Journal*, (1963), p. 16.
[24] 'Editors Diary', *Ladies home Journal*, (1964), p. 12.

According to Friedan, women typically fulfil the three roles of mother, wife and homemaker. However, this new approach would encourage women to embrace a fourth dimension, the worker[25]. This article proved to be ground-breaking and challenged the expectation that their source of fulfilment did not revolve around their family. Friedan's claim challenged Dr. Spock's previous claims about mothers dedicating their lives to their families, essentially arguing that women could have it all. This article was crucial for mothers at the beginning of the second wave. Prior to this, *LHJ* had praised the devoted mother, but Friedan's new outlook on life had persuaded mothers that their feelings of dissatisfaction were valid, and it was possible to have ambitions. Her radical ideas encouraged mothers to pursue a life outside the home and reassured them that their ambitions would not come at the cost of their families. Friedan's contribution was a turning point for mothers during the second wave. It challenged the commonly held view that women were destined to be mothers and housewives and pushed *LHJ* to evolve in response to the growing feminist movement. In 1972 sociologist Lovelle Ray deduced that of the three most prominent women's magazines *Cosmopolitan*, *McCalls* and the *Journal* it was undeniable that the *Journal* was "the most concerned about women as individuals...not just the 'wife of so-and-so' and 'so-and-so's mommy'"[26]. It was this willingness to feature Friedan's article that signified a major cultural shift for mothers and showed that a previously tradition fuelled magazine was slowly adapting to the reality that women were no longer satisfied with the traditional way of life and intended to pursue their ambitions that has previously been discouraged. The four-dimensional women merely proved that it was possible for mothers to juggle both domestic roles and their new ambitions. As the 1960s progressed, the fourth dimension became a pivotal contribution towards the second

[25] Ibid.
[26] Hunter, 'A Daring New Concept', p. 585

wave, particularly when discussing societal expectations of motherhood. More mothers were beginning to incorporate the fourth dimension into their lives, which prompted a drastic increase in maternal employment. The 1960s saw a significant increase in maternal employment, the statistics rose by close to thirty five percent[27]. By the mid-sixties the women's movement was inescapable. A staggering number of mothers had chosen to join the workforce, and this would continue to rise throughout 1960s and into the 1970s. But for mothers to experience a true change it had to go beyond understanding autonomy and ambitions, mothers had to have the means of reaching these ambitions. Friedan made it abundantly clear that she intended to go beyond merely identifying the problem faced by oppressed mothers. Rather, she wanted to establish a new sense of self-hood for the women of America[28]. From the beginning the movement had made a revolutionary impact, in comparison to Chapter One, which saw women forcibly retreating to the home after the war, Chapter Two revealed how the movement had encouraged women to challenge the structural barriers of the past and fight for a life unburdened by tradition fuelled constraints.

The change in perceptions on the working mother was not limited to authors. Throughout the early 1960s, politicians had begun to take notice of the growing frustrations felt by working mothers across America. Women were at an incredible disadvantage in the workforce. Their options were limited which meant they were forced to take on roles that were deemed less skilful than those taken by men, this included data entry, and those that dealt with children and the elderly[29]. This paired with the enormous wage gap all served as evidence that the workforce was not accepting of this new wave of working women. As a result of the growing frustration, in 1961 President John F. Kennedy appointed a board with the main aim of reviewing the status

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[27] Jean Alice Wells, *Women Workers in 1960: Geographical Difference*, (US Department of Labour, Women's Bureau, 1962), p.VI.
[28] Friedan, *The Feminine Mystique*, p. 65.
[29] Daphne Spain, *Balancing Act: Motherhood, Marriage, and Employment Among American Women*, (Russell Sage Foundation, 1993), pp. 128-129.

working women. This report was published in 1963 and would recommend an end to inequalities in the workplace. Shortly after the Equal Pay Act 1963 was created, which specified that women were to be paid equally to their male counterparts for completing the same work[30]. One year later, the Civil Rights Act of 1964 was introduced which prohibited workplace discrimination as a result of sex or race. However, the State and Federal Governments were reluctant to enforce this act out of fear of losing support from southern states. Governmental figures like Present Kennedy continued to be heavily influenced by traditional expectations and failed to support the introduction of the bill [31]. The movement was well underway and had made significant changes for American mother's lives. Instead of blindly accepting a life solidified by a tradition, women had begun to establish a new image that was fuelled by ambition and the determination to wonder if there was more to life and society was not far behind. The women of the second wave would prove that life had more to offer them. This new period shook the rigidity and conformity of the 1950s and opened the door for a new decade in which women would question societies standards. Mothers of America were ready to expand the roles that had once limited their ambitions and begin a new life that encapsulated this newfound identify.

Women were accepting this new lease on life and Betty Friedan was not alone in reflecting on this drastic change in mother's lives. Authors Alva Myrdal and Viola Klein published the book *Women Two Roles: Home and Work*, in which they argued that a revolution was taking place. They explained this new and improved way of life as "the best of both worlds"[32] capturing the joys of motherhood and having a career, representing a life of freedom that many had never felt before since the war. However, the second part of this quote "if only they could reach out for [OBJ] highlights the continued ongoing tension between old expectations and new possibilities

[30] Hunt, Michael H., *The World Transformed: 1945 to the Present*, (Oxford University Press, 2016), p. 222.
[31] Nick Kotz, *Judgement Days: Lyndon Baines Johnson, Martin Luther King, Jr., and the Laws that Changed America*, (Houghton Mifflin, 2005), p. 61
[32] Myrdal and Klein, *Women Two Roles*, p. XVI.

for mothers. In reality however, working mothers were faced with exhaustion, pressure and structural barriers that prevented them from reaching further. Historian Sonya Michel captures this barrier as she explains that Americans commonly held on to the notion that solving the problems faced by working mothers should be solved in private. Mothers who were willing to venture into the working sector were expected to manage the struggles of work and family life without any outside assistance[33]. They were led to believe that if they needed outside assistance, this meant they were incapable of juggling a dual life as a mother and working women. This problem would ultimately slow down the need for support for working mothers as many would subsequently sacrifice their jobs and dedicate their lives to their families. This further escalated as women were warned that their husbands would not support their working lives if they were unable to fulfil their necessary at-home duties, they had to become "those wives who are able to dismiss their business interests and become all wife during home hours"[34]. Despite the initial glimpse of hope for mothers, it was evidently problematic for them to pursue a life outside of the home and juggle the responsibilities of a housewife. This was primarily out of fear of demonization and accusations of being inconsiderate of their family's wellbeing and as a result, many women were discouraged from joining the workforce and left many mothers abandoning their ambitions and a career to focus on their work within the home. In her book, Komarovsky explains that many college women were left to give up their successful and professional careers after several unsuccessful attempts to combine work life and the demands of motherhood[35]. This was a major setback for mothers, as they were convinced that this new era would make it possible to juggle motherhood and a career. In reality however, America remained fuelled by tradition, and this pressure to maintain the façade would

[33] Jodi Daves- Vanderberg, 'Working Mothers: The Wave of the Future', in *Modern Motherhood: An American History*, (Rutgers University Press, 2014), p. 190.
[34] Ibid.
[35] Mirra Komarovsky, *Women in the Modern World: their education and their dilemmas*, (Little Brown, 1953), p. 127.

make it immensely difficult for mothers to be taken seriously within a professional setting. Despite this, it was advancements like the Equal Pay Act of 1963 and the Civil Rights Act of 1964 that proved that America was beginning to strive for a better future and the idea that this warranted a discussion was a huge milestone for the movement. A society that had once imposed strict expectations on mothers had opened up to idea of change. These changes would encourage more mothers to pursue careers, with the knowledge that society supported their ambitions. While progress may be considered slow, it was clear that the best of both worlds was most certainly within reach.

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Reviewing Public History - Hamilton, A New American Idol

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Public History: the "presentation of the past to wide audiences and a field of study that provides considered assessments of them".[2] Understanding how public history is constructed is critical to developing an understanding of how the general public engages with and understands history. This essay will explore how *Hamilton: An American Musical* constructs a narrative that weaves together modern political struggles and the founding of the United States of America to teach its large audience how to question and understand changing historical narratives. *Hamilton: An American Musical*, written by Lin-Manuel Miranda, is inspired by a biography written by Ron Chernow. The musical quickly became an award-winner and a huge hit on Broadway.[3] However, *Hamilton* was not only a success in financial terms, but it also had a large cultural impact, especially in an educational context. The Hamilton Education Program presented an interactive history experience for students heavily inspired by the musical.[4] The unusual casting and music styles for Broadway also helped to open up the musical and the rest of Broadway to a larger, more diverse audience, showing *Hamilton's* impact on musical theatre and public history.[5] The musical was released during the first Donald Trump presidential campaign, serving as a counter to the racist hate spread by the far-right. The telling of American history was important then and is more so now in the wake of a second Trump presidency and the spread of far-right misinformation; however, the musical takes

[1] This essay was written for the HI4518 course.
[2] Ludmilla Jordanova, *History in Practice* (London: Arnold, 2000), p.167.
[3] Michael Paulson, ''Hamilton' Hits a New High: The Most Money Grossed in a Week on Broadway', *The New York Times*, 28 November 2016.
[4] Jack Wernick, 'Hamilton Education Program On Broadway', *The Theatre Times*, 28 March 2019 <https://thetheatretimes.com/hamilton-education-program-on-broadway/> [accessed: 14 August 2025].
[5] Clay Oxford, 'Broadway Goes Mainstream (Again)', *Harvard Political Review*, 6 June 2019 <https://harvardpolitics.com/broadway-goes-mainstream-again/> [accessed: 14 August 2025].

liberties in its historical accuracy to better reflect the modern political world, so while *Hamilton* is more accurate than traditional narratives in many ways, it is less so in others, usually in the matters of adaptation, such as casting or rapping and rhyming. The musical's focus on non-white actors playing the role of the white slave-owning American Founders creates a critical political statement, which has only increased in importance. Miranda placed massive importance on the musical's historical accuracy during its creation and advertisement, going as far as to say, "I want historians to take this seriously".[6] *Hamilton*'s significance as a piece of public history cannot be overstated. This essay explores the musical through its key historical and contemporary themes, such as immigration, women, and race. Traditional narratives on Hamilton are mired by the viewpoints of his opponents, leading to two centuries of disdain directed towards Hamilton; the musical creates a considerable transformation in public opinion,[7] though not without introducing several of their own historical inaccuracies.

Throughout the musical *Hamilton*, Hamilton's immigrant status is highlighted several key times. The first instance of Hamilton's immigrant status appears in the first song of the musical, sung by Aaron Burr, "Another immigrant; Comin' up from the bottom".[8] It establishes an overarching theme of the play, an immigrant rising up through their own abilities in a 'rags to riches' story. This line conjures the idea of the American Dream and presents it as something that is as American as the Founding Fathers. As argued by Magness, the presentation of Hamilton as a proud and loud immigrant creates "a deeply problematic historical image",[9] due to Hamilton's involvement in the Alien and sedition Acts and his general views on immigrants later in his life. However, several historians refute the claims of Hamilton's anti-immigrant

[6] Elissa Harbert, 'Hamilton and History Musicals', *American Music*, 36.4 (2018), pp.412-428, p.419.
[7] Stephen Knott, 'The Four Faces of Alexander Hamilton: Jefferson's Hamilton, Hollywood's Hamilton, Miranda's Hamilton, and the Real Hamilton', *American Political Thought*, 7.4 (2018), pp.543-564, p.543.
[8] Lin-Manuel Miranda, *Hamilton: An American Musical*, Atlantic Records (2015).
[9] Phillip Magness, 'Alexander Hamilton as Immigrant: Musical Mythology Meets Federalist Reality', *The Independent Review*, 21.4 (2017), pp.497-508, p.498.

stance, with Chernow placing it on the need to "maintain Federalist Party unity",[10] while Knott places the reasoning behind Hamilton's realism on national security.[11] Magness continues with his negative portrayal of Hamilton by praising the work of Jefferson and the other Republicans to loosen the restrictions placed on immigrants,[12] showing a leaning towards the Jeffersonians' school of thought. On the other hand, the musical consistently presents Hamilton's immigrant status as neutral or, in some circumstances, positive.

A pivotal part of the play explicitly highlights Hamilton's immigrant status during the success of Hamilton's financial plan being passed through Congress. Once again, sung by Aaron Burr, "The immigrant emerges with unprecedented financial power; A system he can shape however he wants".[13] By describing Hamilton in this way at the peak of the musical, Miranda, again, emphasises the story of an immigrant rising up through the American Dream. Focus is again brought to this during the end of the musical, when America is described as "A place where even orphan immigrants; Can leave their fingerprints and rise up".[14] The focus throughout the musical on immigrants being vital to the founding and success of America creates a strong sense of positivity for immigrants and lower-class people. This would have stood out vastly from the American political stage at the time, with the first presidential campaign of Donald Trump and his subsequent election. It stands out further today with the start of the second Trump presidency. The immigrant streak of the musical *Hamilton* shows the evident ability of public history to create large-scale narratives that get repeated to a large proportion of the population. To truly drive home this point, the musical includes the line, "Immigrants: We get the job done.".[15] However, this anti-Trump, pro-immigrant narrative does not stop at just the writing; the casting also has a significant impact.

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[10] Ibid, p.503.
[11] Knott, p.554.
[12] Magness, p.507.
[13] Miranda, *Hamilton*.
[14] Ibid.
[15] Ibid.

Hamilton's cast is a present creation, with the vast majority being non-white. The casting is one of the least historically accurate parts of the musical, keeping the audience "firmly in the present".[16] This distance between the present and the past allows the audience to understand how historical narratives can be created and moulded to suit the present best.[17] The casting of *Hamilton* emphasises the story of non-white Americans, reclaiming American history "by people who don't look like George Washington and Betsy Ross".[18] Miranda retells the American Revolution at a time when it was most needed: racism, xenophobia, and hatred were all rapidly increasing across America. It makes the audience reflect on the world around them and how they see and engage with race. However, the modern political statement of multiracial casting sacrifices not only historical accuracy but also the true stories of African Americans who lived, fought, and died in the American Revolution, such as Peter Salem, who fought at the Battle of Bunker Hill.[19] Miranda's musical follows the mistakes of more classical scholarship, leading to the dominance of 'Great Man' history throughout *Hamilton*,[20] resulting in a mixed piece of public history that tries to present modern political statements but is limited by its focus on Hamilton. The musical is required to tell Hamilton's story, but in doing so, it lets hundreds of stories fall by the wayside and embellishes Hamilton's life to create a continuous narrative. By presenting the story of the founding of America through a modern lens of the life of Alexander Hamilton, Miranda makes a new public folk hero who is disconnected from his real-life counterpart but connects with the contemporary audience. As noted by Rob Perks, "To work, [… public history] must be relevant and it must be engaging",[21]

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[16] Harbert, p.413.
[17] Kathryn Edney, *Teaching history with musicals* (London: Rowman & Littlefield, 2017), p.x.
[18] Katherine Madison, '"Who Lives, Who Dies, Who Tells Your Story": The Use and Representation of Records in "Hamilton: An American Musical"', *The American Archivist*, 80.1 (2017), pp.53-81, p.67.
[19] Billy Smith, 'Alexander Hamilton: The Wrong Hero for Our Age', *The Independent Review*, 21.4 (2017), pp.519-522, p.521.
[20] Joanne Freeman, 'Will the Real Alexander Hamilton Please Stand Up?', *Journal of the Early Republic*, 37.2 (2017), pp.255-262, p.256/7.
[21] Madge Dresser, 'Politics, Populism, and Professionalism: Reflections on the Role of the Academic Historian in the Production of Public History', *The Public Historian*, 32.3 (2010), pp.39-63, p.39.

which Miranda's *Hamilton* perfects through being a 'man out of time', a character more in tune with modern audiences than his contemporaries.

Hamilton is presented as a leader in anti-slavery, a champion for the general people, and most importantly, a person with emotions that resonate with the audience.[22] Throughout the musical, Miranda crafts a narrative that creates a Hamilton who is broadly similar to his historical counterpart, yet is exemplified in several key ways to make a folk hero for the present-day audience. Hamilton's stance on slavery is made clear throughout the musical, with him being staunchly against the practice, saying, "We'll never be free until we end slavery!".[23] This statement quickly creates a Hamilton who views abolition as a goal of independence, a Hamilton who was ahead of his time and his fellow slave-owning Founding Fathers. Slavery also became a dividing issue during Hamilton's first showdown with Thomas Jefferson, with Jefferson owning hundreds of slaves,[24] reframing the traditional narrative, in the eyes of a contemporary audience, that Jefferson was the superior Founding Father over Hamilton.[25] However, the musical majorly overplays Hamilton's stance on slavery, as Knott puts it: "abolition was not a top priority for [Hamilton]".[26] That being said, Hamilton can be considered ahead of his time in relation to slavery, such as attempting to allow the enlistment of slaves as soldiers and assisting in writing the Haitian Constitution.[27] The musical also ends on some speculative history, implying that Hamilton "could have done so much more"[28] about the issue of slavery if he had lived longer. The use of the issue of slavery throughout the musical serves one purpose: to raise Hamilton above his peers and connect him with a modern, slavery-hating audience, though by doing so, the musical ends up saying little about the issue from a historical

[22] Freeman, p.261.
[23] Miranda, *Hamilton*.
[24] Knott, p.562.
[25] Ibid, p.543.
[26] Ibid, p.553.
[27] Ibid, p.562.
[28] Miranda, *Hamilton*.

perspective, creating further historical inaccuracies. However, the musical does counter previous historically inaccurate narratives by presenting Hamilton as a man of the people.

The musical continues to lean away from the traditional narrative of Hamilton's life to shift his general perception to a man of the people, refuting claims that he hated democracy and the common man. Part of this is Hamilton's portrayal as the main character, where he is presented as a likeable and charismatic man who sometimes gets emotional and irrational when defending something he believes in. In doing so, Hamilton became part of people's history.[29] Hamilton is crafted into a hero for the people, and to do so, historical inaccuracies are used in conjunction with historical truths. Parts of Hamilton's life are skipped over, moved around, or added to create a compelling narrative for the stage. The musical overrides the previous narratives formulated by Jefferson and his allies; Hamilton is no longer viewed as a man who thought the people were a "great beast"[30] or a man who wanted an American monarchy.[31] While newer narratives were not new to academic history, Ron Chernow's book had been out since 2004[32] and had not spread to the broader public until the release of Miranda's *Hamilton*. As stated by Adelman, "historians might well think about what they can learn from *Hamilton* about the choices we make in portraying the past, whether there might be historical truths better represented with the freedom that comes with art, and whether there are ways to make the issues and stories important to them resonate more deeply with the American public."[33] As the scale of the audience increases, so too do the historical inaccuracies, but the overall narrative becomes embedded in the public consciousness for decades to come, shaping political thoughts and opinions, largely against Trump and the far-right.

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[29] Joseph Adelman, 'Who Tells Who Tells our Story? Hamilton as a People's History', in *Historians on Hamilton*, ed. by Renee Romano and Claire Potter (London: Rutgers University Press, 2018), pp.277-296, p.279.
[30] Knott, p.544.
[31] Ibid, p.544.
[32] Ron Chernow, *Alexander Hamilton* (New York: Penguin Press, 2004).
[33] Adelman, p.294.

The musical struggles to create a lasting narrative in the area of women and their agency; the focus of the musical is still very heavily on the Founding Fathers, even if non-white actors play them. In the musical, there are three notable women: Eliza, Hamilton's wife; Angelica, his sister-in-law; and Maria, the object of Hamilton's affair. Women in the play are primarily viewed through the lens of their relation to Hamilton rather than through their accomplishments. They, in turn, have little overall effect on the story, bar Hamilton's affair and his subsequent downfall. However, this is not entirely historically inaccurate, as sung in Eliza's solo song, Burn, "I'm erasing myself from the narrative; Let future historians wonder; How Eliza reacted",[34] women are largely absent from the historical record.[35] The burning of the letters is an event that gives women agency over historical documents, an area that tends to have limited involvement of women. Eliza gets a second act of agency at the conclusion of the musical as she helps preserve Hamilton's memory. The impact of the two instances of Eliza's agency is focused on historical narratives, showing the musical's overall theme of allowing audiences to question traditional historical narratives and how they can be created.[36] The Reynolds Affair is Hamilton's downfall; however, the woman at the centre of it had little agency in the matter and was largely forgotten in the aftermath of the affair. The Affair is also massively overrepresented in the musical and past public history projects,[37] while it did have a significant impact on Hamilton's life, it was not as devastating as portrayed in the musical,[38] which aims to entertain rather than be entirely historically accurate. While the musical breaks new ground in many ways, its lack of focus on anyone other than Hamilton and his fellow white male Founders and Congressmen drags it into the area of 'Great Man' history, severely

[34] Miranda, *Hamilton*.
[35] Madison, p.69.
[36] Ibid, p.71.
[37] Knott, p.549.
[38] Knott, p.553.

limiting its ability to tell a new version of America's founding, one that still lacks the voice of women, ethnic minorities, and the lower class people who all contributed to the founding.

In conclusion, *Hamilton: An American Musical* creates a new narrative surrounding the founding of America, yet it still relies on the 'Great Man' history to tell the story. Its historical inaccuracies flare up throughout the musical, but the main anachronistic choices serve to make the audience question the creation of history. As noted by Freeman, the musical brings public attention to the past of America. Academics can use it to teach how history and stories interact, how narratives can be changed by changing the focus, and how understanding of America's past constantly changes and develops.[39] As argued by Smith, *Hamilton* has sunk into upper-middlebrow popular culture and is an important cultural event.[40] Historians must take advantage of significant cultural events to further the public's understanding of history.

[39] Freeman, p.262.
[40] Smith, p.522.

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