

Bodies Through Time: Student Reflections on Biocultural Health and Disease Research with Primary Documents

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Abstract

Incorporating primary documents into undergraduate teaching and research can provide opportunities for students to develop research skills and explore voices from the past. In this piece, I highlight the experiences of five undergraduate students who experienced working with primary documents for the first time. Their natural inductive inquiry while exploring a set of 18th-century hospital admission records will form the foundation of future research projects, while developing broader critical thinking skills. Biocultural investigations of historic health can be brought into contemporary classrooms through the use of primary documents.

Keywords

Medical Anthropology; Health History; Empathy; Critical Thinking; Inductive Thinking; Archives

Introduction

Investigating bodies represented by archival materials is an important and developing research area in biological and medical anthropology. The publication of Herring and Swedlund's *Human Biologists in the Archives* (2009) underscored how demographic questions intertwined with health and disease in the past could be tackled using primary documents. During my graduate studies, this text was formative as I expanded my bioarchaeological knowledge base to incorporate primary archival sources and draw upon both "the bones and the books" to contextualize and seek compassionate considerations of past individuals' health experiences. Now as an Assistant Professor teaching health anthropology, I continue to engage with these areas of overlap, seeking the individual stories within macro-level investigations of health through time. Increasingly, bioarchaeologists are drawing documentary datasets into their studies as alternate, overlapping, and intersectional means of accessing and considering bodies in the past (e.g., Grauer & Miller 2017; Hosek & Robb, 2019; Hosek et al., 2021; Lans, 2021; Mant & Holland, 2016; Mant et al., 2021; Mitchell 2017; Robb et al. 2019; Perry 2007; Watkins & Muller, 2015). Indeed, these "paper bodies" (Novak, 2022, p. 10) appearing in institutional records (e.g., hospital admission books, prison physician diaries, poorhouse intake certificates) continue to form the basis of my historical health research program. These sources, with their intricacies (and biases), provide a window into key foundational questions such as: who was seeking care in the past and for which conditions? Who had access to such care? Who was excluded? How can lessons from the past inform contemporary understandings of health? Additionally, how can archival materials be a window into the past for undergraduate researchers?

It was with these questions in mind that I first perused the archival holdings of the Northampton General Hospital, and its precursor, the Northampton General Infirmary in Northampton, UK. Extant admission records from the institution's founding in 1744 into the 19th century demonstrate the presence of children as inpatients. To a modern eye familiar with institutions such as SickKids and the field of pediatrics, the presence of children may not seem unusual. In 18th-century England, however, there were no specialized pediatric hospitals and formal healthcare for children was generally limited to wealthy families who could hire a private physician. Until the founding of the Great Ormond Street Hospital for Children in 1852, the children of those unable to afford private care depended upon voluntary hospitals. These institutions required that patients seek a recommendation from a Governor of the hospital (such a status was gained by annual donations to the institution) and explicitly noted that no children under the age of seven (except in the case of fracture) were to be admitted. Biocultural

work drawing upon 18th-century hospital admission registers by Andrew Williams (2005, 2007) and myself (2018) has begun to uncover stories of children “in hospitals before there were children’s hospitals” (Williams and Sharma, 2014, p. 425), showcasing the variety of distempers suffered by children and demonstrating that some children under the age of seven were accepted to voluntary hospitals, indicating a case-by-case bending of the rules.

The Northampton General Hospital Archive curates a wealth of documents reflecting the medical and operational side of the Infirmary’s (and from 1905), the Northampton General Hospital’s history (Northampton General Hospital Archive, n.d.). Of relevance to this reflection, this includes the infirmary admission registers from 1744 to 1877, which have been digitally photographed in preparation for transcription. Over the past decade dutiful volunteers from the Northampton County Records Office had transcribed the majority of these records, however the earliest five registers, representing the first 30 years of the infirmary had yet to be examined. Additionally, the dataset – transcribed into various Excel documents – needed to be cleaned and prepared for analysis. These data have the potential to answer important questions about patient care, length of stay, seasonality of illnesses, and more as the registers include information such as: date of admission and discharge, patients’ names, their assignment as an inpatient or outpatient, parish of abode, by whom a patient was recommended for admission, how long an individual had been ill before admission, diagnosis, and result of hospital stay. Such a continuous set of hospital records is rare, and I jumped at the chance to build international research partnerships while providing high-quality training opportunities for students.

In May 2022, in partnership with the Northampton General Hospital Archives, I worked with a group of talented undergraduate students to transcribe, clean, and initiate analyses of the earliest digitized Northampton Infirmary records. These students were selected through the University of Toronto Jackman Humanities Institute Scholars in Residence program, in which outstanding undergraduate students live in residence for a month, spending the mornings working on supervisors’ research projects in groups of five, and the afternoons learning collectively with the broader program cohort. This group brought their enthusiasm and natural aptitude for seeking stories in primary documents to the project, developing their anthropological considerations of bodies through time. None of the students had previously worked with primary materials and I encouraged them to reflect upon their experiences as they transcribed and investigated names (parish and people) and diagnostic labels (illnesses or conditions as understood by 18th-century physicians). Each deciphered name belonged to an individual who lived and died, who had hopes and regrets, who laughed and cried. The students immediately understood the gravity and privilege of working with these medical records, expressing their delight when a chronic condition was declared cured (inspiring discussions of what precisely was the contemporary meaning of “cured”) and their grief when they realized that an individual had died. This empathy drives the current research program, in which the team is both learning academic skills (data analysis, collaborative academic writing, abstract creation, conference presentations) and biocultural contextualization of human stories.

The month of intensive research with the Jackman student team was eye-opening for all of us. The students fell quickly into a rhythm of paleographical puzzling, working as a team to unpack the various 18th-century diagnoses. They naturally started engaging with the key concepts outlined by Mitchell (2017) regarding investigating health and disease in historical documents, namely that one must consider when the document was created, why it was created, and by whom. The question of the creator(s) was of particular interest, and the group noted both when an individual recorder switched roles (evidenced by several dramatic changes in the handwriting), and when certain surgeons and/or hospital governors appeared and disappeared from the records. The group even celebrated the last day physician Dr. James Stonhouse appeared in the records; Stonhouse was a medical professional appointed “physician in ordinary” at the founding of the Infirmary who served the institution for 14 years. One hopes that he would have enjoyed his “Congratulations on 265 Years of Retirement” party. Most importantly, the students demonstrated inductive inquiry based upon what they found while they transcribed and investigated the records. Rather than setting specific research questions at the outset, I encouraged them to note what areas of interest arose for them as they worked.

Our discussions during transcription sessions proved to be generative and inspiring. I asked the team if they were interested in sharing these thoughts with a broader audience and they readily agreed. We collectively decided that a teaching-focused journal would be our goal, which would allow the students room for personal reflection and provide the opportunity for them to experience the peer-review process. I asked the group to reflect upon how the *Bodies Through Time* project related to their own interests and experiences and to broader questions of the anthropology of health. Their reflections reveal how their own interests were reflected in the records, including

mental health, neurological development, diet, access to the hospital, and more. Each student brought a unique perspective to the records, emphasizing the importance of multidisciplinary and diverse research teams.

The five students – Bryce Hull, Judy Chau, Maryam Khan, Mollie Sheptenko, and Mia Taranissi – share their experiences below.

Bryce Hull, 3rd Year, Media Studies, History, and Creative Writing

In less than a month, I've lived through almost twenty years! I've seen people grow, I've watched them work and retire. I've seen them die, often suddenly. Each row in the patient register we record is a different story of visiting the hospital, which often lasted weeks to months. I think that often when recording and analyzing data about people, especially those who lived in the past, it can be forgotten that these data points had faces, dreams, and struggles. While transcription could just be described as data entry, this process is actually an integral part of anthropology and of history. Understanding the macro and micro lenses of society in the past has been hugely beneficial in getting value from this work.

The Northampton General Infirmary records that I've been transcribing are mainly of local people, and through understanding the historical context of 18th-century England and the hospital itself, it's easy to weave a web of why the hospital needed to serve certain cases. Injuries from horses were common? They were the most popular form of transportation, much like how there are so many car accidents today. Tons of people coming in "Consumptive"? That was the 18th-century term for tuberculosis, which was ravaging England at the time.

The main topic of our study thrives on the micro level. There are cases of young children coming into the hospital even though the rules forbade it. Some of them came with siblings, some with parents, most alone. There's an eight-year-old with a cataract, a two-year-old with 'Worm Fever', and two sisters both with "Foul Bones of the Legs" who were admitted consecutively. The hospital rules demanded prayer, outlawed games, and insisted that patients who were able must work. I find myself wondering how these children were treated by the others, and whether their families or friends visited them. I wonder if the environment was conducive to making friends, and whether the doctors were formal or personable.

My project group has been informally tracking when doctors retire or leave the hospital, and when the person recording the notes changes (indicated by a shift in handwriting). Differences in how ailments are recorded seem to change, and of course the patients would be having different experiences with different doctors. Change is notable, and the transcription process makes it quite easy to notice. When you're transcribing rows and rows of "cured" patients, typing "dead" into the spreadsheet carries a great impact. I always find myself scrolling back across the spreadsheet to the patient's name and ailment to at least try to piece together why they did not make it out of the hospital. Through so many years and so many patients, it is inevitable that some of them died, especially before bacteria and viruses were known and understood, but it doesn't make it any easier to record.

Transcribing a longitudinal set of data has let me explore ideas of transience and change. Institutions and their societies change. Patients come in and out of the hospital. These two truths interweave and forge the experiences of these patients. Even from a bird's eye view looking at a condensed ledger, these are still deeply personal narratives.

This intersection of anthropology and history carries a strange wistfulness for me, like watching a film that was recorded well before I was born. Though the 'set' still stands, we still have the names of those who were there so long ago, and the story of those who were there (and those that shouldn't have been there) over two hundred years ago is still ripe for the telling.

And I'm glad my colleagues and I are the ones who get to tell it.

Judy Chau, 4th year, Medical Anthropology and Health Studies

Reflexivity — the ability for an anthropologist to not only undertake research, but to go the next step and self-assess their own identity. In other words, studying yourself can be the foundation of good anthropological research.

This piece is a story. A story of my experience as an undergraduate student being a part of a team of young scholars, all hungry for knowledge and the experience of working with a professor on original research. It is a story of the importance of equity, diversity, and inclusion in a workspace such as a research position. More importantly, it is about the future of anthropology, one where scholars of different educational backgrounds come together to perform reflexivity and bring multidisciplinary research questions to the project.

I began my journey by applying to the Jackman Scholars in Residence (SiR) program. Excited for such an opportunity, I feverishly began searching for positions that pertained to two topics: children and anthropology. I love working with children or studying children, and I am studying the incredible discipline of medical anthropology. I came across Professor Mant's project titled "Bodies Through Time: Investigating Children's Health Histories in the Northampton Archive", which conveniently overlapped with my interests.

Meeting the team, I expected applicants to be anthropology students interested in the project because of similar interests. However, I soon realized that my colleagues came from multiple disciplines, ranging from history, psychology, diaspora and transnational studies, and even English. While we were intensively transcribing hospital records from the 1700s, it became clear that our different academic backgrounds led to different applications of our own identity and what that meant for the direction of our future research goals. As I was transcribing, I became deeply interested in female patients of all ages and what their main distemper (illness) was. This was because I identified as a young Asian female, and my positionality/self-identification made it such that I spent more time focusing on some forms of research than others.

Adding my background in health studies, I found myself focused on how the hospital was run and found it so fascinating that the patient's living location (relative to their parish) was documented. My reason for transcribing became to understand how many people came from the same parish location and how they were able to access the care they needed. As I transcribed each of my patients, I kept asking the question: "How did they get to the infirmary? Was it far away from their location? If these people are 'deserving poor' how could they possibly travel to the infirmary and access care? How many people might never have gone to the infirmary just because of a lack of transportation?"

It was fascinating to see the positionality of my colleagues and how that influenced their transcription experience. One of my colleagues found it much more fascinating to extrapolate and write the stories of the patients within the infirmary and recount what they must have been going through during their life course before, during, and after their time at the infirmary. Another one of my colleagues with a background in psychology found it interesting how transcription is influenced by how you perceive certain words. A holistic team of individuals of different intersections and walks of life coming together to form a team, one that is diverse, is something that creates stronger anthropological research, and having that reflexivity built into anthropology is what creates stronger, and much more insightful anthropological works.

Maryam Khan, 4th year, Neuroscience and English

I spent some days as a volunteer at a children's camp, where the five-year-olds are so special in the way that kids are. One little boy is absolutely adorable. He asks you to help him draw rainbows and parties. During activities, he always wants to come to you. Every single lunch and snack he looks for and finds you without fail. Looking shy yet insistent he says, "I want to sit with you," stressing the last word. We're both smiling. On the last day, you're sad to part and have to ask why he wanted to sit with you every day. Looking up with a shy smile, he answers: "Because you help me make rainbows."

Investing in the health and wellbeing of children is an investment in the future. And investigating the health of past children will better inform our approach. Our project title *Bodies Through Time* has many valences. As we try to understand the health of 18th-century English people, it is possible to make empathetic connections. Finding children in these records has been particularly special. Now that we know the history of pediatrics does not quite begin with the opening of Great Ormond Street Hospital in 1852, our task is to probe into what came before. This work has been underway for a while now but these exciting primary documents will allow us to expand this area of inquiry. How many children were treated? What were they treated for? What does this tell us about social conceptions of childhood, about other aspects of their lives?

I'm transcribing 270-year-old medical records. Noting that a patient has been in the hospital for a long time, I scan through the other information for a better picture ... in for a tumour ... a 24-year-old, named Eliz. Underwood who passed away in the hospital. I wince and reflect. This reflection turns into amazement at the

ability to have sympathy for someone who I know only through these records. Would they have thought that someone removed by time, space, and culture would be sifting through, trying to understand an important dimension of their lives?

The ability to compare and contrast the distempers in these 18th-century records with the medical conditions seen by doctors today has a dual value. Seeing the distemper of difficult respiration for an 18-month-old boy named Tho.s (Thomas) Collins causes us to recognize shared health experiences and shared humanity. Joseph Norton, a 22-year-old male, suffers from a brain concussion because of an accident then just as we may hear of a young hockey player's concussion now. While the cause of concussion and the context may be much different, health and human bodies remain the same. A baby struggling to breathe is understood across time and space. On the other hand, these data allow us to measure where we are today. We can see how far we have come in our knowledge and technology while also potentially identifying areas where we stand to learn and improve. In their comparison of 18th-century and 20th century hospital diets, Denny et al. (2010) debunk the idea that 18th-century hospital diets were not nutritious. They show that nutritional value from contemporary hospital diets differs based on patient choice and they note the "relevance of the past to present practice" (Denny et al., 2010, p.17).

There are many reasons to explore children and their health. Although the strict hospital rules and regulations might lead one to think otherwise, people in the 18th century saw the value in treating children. Contemporary culture is interested in childhood as a social phenomenon and we recognize the importance of childhood experience. The study of children's immune systems and overall health helps us understand the human body. It is exciting that the data from the Northampton General Hospital archives can take us in several directions.

Mollie Sheptenko, Graduated from HBA Criminology & Sociolegal Studies, Diaspora & Transnational Studies, History

Working on the *Bodies Through Time* (BTT) project in-person with my team through the University of Toronto Scholars-in-Residence program and remotely for the month of June has been one of the most fulfilling and exciting experiences that I have had during my university career. Prior to this project, the majority of the research I worked on focused on subject areas that diverged from my academic and social justice pursuits (i.e., cybersecurity, nuclear technologies, etc.). Thus, when I was presented with the opportunity to work on BTT - a project with a heavy medical anthropological and historical focus - I was extremely enthusiastic. BTT prompted me to utilize the historical and anthropological skill sets that I had developed over the past four years at university and to think critically about how children's health histories influence the trajectory of their lives. Additionally, as BTT focuses on investigating pediatric health histories, I was able to contribute insights and ideas supported by my professional and volunteer experiences with children, specifically with organizations such as Love146 (<https://love146.org/>). These experiences influenced my decision to apply for BTT as I believe it is critical to not only look ahead, but to also look back, when developing programs and solutions regarding children's health and safety.

A great deal of my professional and volunteer experience has dealt with children and youth, specifically children's health and safety. Since my second year of university, I have been working with the University of Toronto chapter of Love146, an organization dedicated to ending child trafficking and child sexual exploitation. Since then, I have expanded my anti-trafficking work, volunteering with organizations such as the Canadian Centre for Victims of Torture and the Coalition Against Trafficking in Women. Through my work with these various organizations, I have gained a better understanding of the necessity of empowering children to realize their full potential whilst equipping them with the resources and skill sets to do just that. When children are provided with fundamentals such as education, healthcare, adequate and culturally-appropriate food, as well as love, kindness, and compassion, they are able to lift themselves up and achieve goals they have set out for themselves. When these are not provided to children, they may face dangerous situations that have the potential to seriously impact their development. That is why it is critical to continuously develop solutions and conduct outreach in order to prevent the disenfranchisement and abuse of children in our world today. Through direct service provision and surveys with children and youth in need, academic research (including research such as BTT), and education campaigns, we *can* create a world where children can access the resources they need to grow and thrive, and be cared for in a manner that is empowering rather than exploitative.

The ability to conduct research in person with my fellow research associates and project lead, Dr. Mant, was also a notable part of the BTT project. Since the outbreak of the COVID-19 pandemic, I had not had the opportunity to conduct research with a team in person, often having Zoom meetings with folks living in all areas of the world, from Colorado to Shanghai (big shoutout to when2meet for helping with scheduling)! And though these remote experiences were rewarding, nothing compares to coming into the classroom each morning to a

team of initiated, excited, and kind-hearted researchers ready to transcribe, spot check, and discuss obscure distempers or notable recommenders! The dynamic of the team was incredible. Everyone was willing to offer their time to help decipher some inscrutable name or parish or to share a funny meme to break up the workday. Following the conclusion of our residency, the team has continued work on the project remotely. Though I do miss our classroom antics and weekly team lunches, I feel incredibly grateful to continue researching children's health histories with my team and to have the opportunity to contribute to the body of academic literature at the intersection of anthropology, history, and health.

Mia Taranissi, 3rd Year, Anthropology

When transcribing page after page of patients and their distempers from the 18th century, it can be easy to forget that each name on the page belonged to an individual. An individual who was suffering illness and suffering as a result of their life circumstances. An individual who had a family. An individual with dreams, aspirations, passions, and fears. An individual with a story.

I find myself getting attached to the patients that I meet while transcribing pages of the Northampton General Hospital Archives. I transcribe each patient individually, anxiously waiting to discover whether they were listed as "Cured" or "Incurable". I notice when I see the same patient's name appears again in the pages of a later year and wonder what has brought them back to the hospital. I feel most stirred by the child patients, as they are individuals who are still yet to write their story. Their distempers are often a result of circumstance – scald head from poor hygiene or a contusion likely from harsh working conditions at a young age. I can't help but wonder how those children must have felt staying in a hospital in the 18th century, often for months on end, not being with family.

This sentiment reminds me of an experience I had whilst volunteering at a children's hospital in London, U.K. It was around Christmas time, and the streets outside were decorated with lights and you could feel the festive spirit in the air. I was playing with the unwell children in the hospital's play area for hours, decorating baubles with them and singing Christmas songs. When play time was over and the children were back in their rooms, I remember looking back and seeing a little boy with whom I had been drawing waving to me from the window. That image filled me with emotion as I recognized that while I was going home to be with my family, the children at the hospital were going back to their wards for the holiday season. I have this in mind when I am transcribing the information for the child patients from the 18th century, remembering that they would likely have been missing their families during their hospital stays.

This project relates strongly to my own personal interest in the anthropology of health with a particular emphasis on the impact that society and circumstance can have on physical health. Although this may not seem obvious at first, studying the history of children's health is extremely beneficial to our modern understanding of children and their medical welfare. The Northampton Infirmary Archives tell stories of poor environmental health and sanitation causing illness in children, conditions that unfortunately continue to impact groups of people around the world. Reminding ourselves of the patients' humanity during the transcription, rather than simply being names on a page, is a key part of understanding the similar issues that many populations are still facing, as well as emphasizing the need to combat these persisting health issues.

An aspect of the project that excites me is that transcribing the Northampton Infirmary records opens the door to extremely interesting research questions. Perhaps my favourite column to transcribe is the "Distempers" column, in which I am always surprised by the odd "Bitten by a mad dog" between the "Tumours" and "Ulcers". When I first began the project, I wondered if I would encounter any distempers that were concerned with a patient's mental health, an issue that I am particularly interested in. I was curious as to whether mental illness would have been treated as a reason for hospital admission in 18th-century England. I was fascinated when I first discovered the distemper listed as "Lowness of Spirits" as I immediately believed this to be referring to a condition such as or similar to what we would now refer to as depression. As I began to see this distemper appear more frequently, my interest was piqued, and I began to ponder what further research questions surrounding mental health could be posed based on the evidence found in the Northampton Infirmary Archives. The fact that we are the first to be transcribing these records provides us with the unique opportunity to formulate research questions as we work, and this is just one of the many questions of interest that have arisen throughout our research.

I feel as though I have gained a greater sense of anthropological research and meaning as a result of working on this research. For example, delving into the hospital archival records illuminates the historical biological aspect of

anthropology, as we are gaining insight into the lives and daily practices of people in the past. Rather than simply reading about this project in an academic paper, I myself am part of a team that is extracting and interpreting primary sources, providing me with first-hand experience of how anthropological research is carried out, particularly in the field of working with and interpreting archival records. This first-hand experience is invaluable and working on this project has truly been an incredible opportunity for me, particularly as I am keen to continue to pursue anthropology throughout my academic career.

It is clear that the patients listed in the Northampton General Hospital Archives hold a special place in the hearts of all of us who have worked on the “Bodies through Time” project, and to us they will always be so much more than just names on a page.

Reflection and Concluding Thoughts

These reflections highlight key themes: considering researcher positionality, the value of collaboration, the desire to contribute, and the fact that we are working with and thinking about *real people*. Judy explicitly outlines her positionality, observing that her colleagues’ differing identities and interests strengthened the overall research experience. For instance, Mollie’s work regarding child welfare empowered her to see the importance of highlighting stories of children, while Maryam and Mia’s volunteer experiences primed them to investigate microhistories of individual experiences. Learning about the students’ diverse identities (personal and academic) was an important reminder for me that even in larger classroom situations it is critical to get a sense of why students have chosen to be present. The collaboration and teambuilding undertaken by the *Bodies Through Time* team was critical, as the work of transcription can be isolating, repetitive, and, depending upon the author’s handwriting, deeply frustrating! Sharing a workspace, where another helpful eye was readily available, was beneficial to the group in building a healthy dynamic. Collaboration skills are critical for students to develop, and the reflections clearly demonstrate pride in their collective work. A sense of responsibility quickly evolved because the group was aware that their work would help answer their own research questions and facilitate future research for scholars and the public consulting the Northampton Infirmary Archive. This was a good reminder that outlining and returning to clear objectives (the *why* of the work) was equally important to determining *how* were going to undertake this work.

While research and teamwork skills were developed through this work, of prime importance was the immense empathy the students developed for individuals from the past. Bryce notes that the individuals silently waiting in the admission register to be discovered had “faces, dreams, and struggles” while Maryam marvels at the depth of her emotion towards “someone who I know only through these records.” Mia expresses the anxiety she feels waiting to find out a patient’s fate as she has become “attached to the patients that I meet.” Recognizing that the archives are representations of real peoples’ bodies and healthcare experiences positively reinforced the importance of diverse viewpoints and personal reflexivity when approaching the records. I found the students’ reflections (both formal and informal) powerful reminders that I must resist complacency when teaching with or utilizing historical materials for research. In a recent conversation, Judy explained the paradigm shift she had experienced working with the Northampton materials. She explained that studying the archival materials was important not only because the past can help us understand the present, but because “these were *real people* and they deserve to be understood in their own right.”

Incorporating primary sources into the classroom is a powerful means of bridging historical distance and connecting students with voices from the past. Projects need not be as intensive as spending an entire month exploring one set of records. Sometimes bringing just one primary source into the conversation is enough to spark interest and further engagement. My teaching focus in the anthropology of health benefits from digital archives such as the Wellcome Collection of historical medical images (Wellcome Collection, n.d.) and the World Health Organization smallpox eradication program online archives (WHO, 1966-1980), where students can spend time in the flipped classroom browsing and reflecting on why they are drawn to certain sources over others. During a recent graduate course concerning the anthropology of infectious disease, we ventured on a fieldtrip to the City of Toronto Archives. Before our visit, students requested a source they felt could help them dig deeper into their final research topics and spent time with the physical documents during our course meeting time. Both these experiences, clicking through digital spaces and working with a tangible text in a traditional archive, have immense value, and the use of both in educational spaces have inspired lively conversation (e.g., Nygren, 2015; VanHaitsma, 2015). More broadly, the value of incorporating primary sources in education is a topic of active discussion in archival pedagogical literature (e.g., Enoch and VanHaitsma, 2015; Norcia, 2008; Robyns, 2001; Rockenbach, 2011), and archivists, special collections librarians and historical pedagogy specialists

have laid the groundwork for incorporating primary documents into the classroom and adjudicating their effectiveness as critical inquiry tools (e.g., Hensley et al., 2014; Mazella & Grob, 2011; Jarosz & Kutay, 2017). Frameworks for emerging researchers' success using primary documents such as Yakel and Torres' (2003) three forms of knowledge—subject knowledge, artifactual literacy, archival intelligence—and Carini's (2016) standards—know, interpret, evaluate, use, access, follow ethical principles—provide benchmarks for assessing information literacy more formally. At baseline, students might discover “the joy of browsing” (Hayden, 2015, p. 420), building towards a deeper understanding of the limitations of archival research (Buehl et al., 2012), all while flexing inquiry and writing skills. Importantly, the use of archival materials can teach students more than just research skills; engagement with the power and silences inherent in repositories for primary documents can lead to higher-level reflexive thinking about identity, positionality, and power through time. These skills benefit and empower students as researchers regardless of their career path. Not every anthropology student will become a professional anthropologist, but reflexive and critical thinking will aid in their development as empathetic citizens and engaged individuals. This, to borrow from Susan Wells (2002), is truly a *gift from the archives*.

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