Beauty, and its perceived absence or loss, has been a part of hospital experiences, therapies, and planning throughout history. This conference aims to shed new light onto the history of beauty and health by exploring the subjective concepts of beauty, ‘normality’, and their opposites within and around the hospital.

This eleventh INHH conference will consider the relationship between beauty and the hospital in history through an examination of five key themes: (1) the arts and the hospital; (2) landscape and environment; (3) restoring beauty; (4) patient and staff experiences; and (5) beauty and the senses. Below are more details about the themes the conference will address, along with related questions. These themes and questions are by no means exhaustive, however, and we encourage the submission of abstracts that discuss other aspects of beauty and the hospital in history in innovative ways.

Key Themes and Questions to be Explored:

1. **The Arts and the Hospital**:
   - How has the beauty of the arts been perceived to affect encounters within the hospital, been promoted by hospital patrons, or been used as a healing therapy in the hospital?
     - *Examples*: Music, painting/s, festivities, crafts, creativity, architecture

2. **Landscape and Environment**:
   - How has the beauty of a landscape or environment -- or its absence -- shaped the choice of location for hospitals, and why?
     - *Example*: A medieval or colonial leprosy hospital situated in a beautiful landscape for its therapeutic value
     - *Example*: Asylums, isolation hospitals, or prison hospitals intentionally located in marginal, inaccessible or ‘ugly’ spaces, both urban and rural, and the consequences this was perceived to have on the health of patients
   - How have landscape and environment been adapted to affect hospital therapies and conditions?
     - *Example*: Hospital gardens
   - How did ancient ideas about the influence of environmental conditions upon health affect hospital care in the medieval and early modern periods?
3. **Restoring Beauty:**
   - Who decides what is beautiful or aesthetic, and whether and how that beauty should be restored? What strategies have been used in hospitals to restore or enhance that beauty, be it physical, mental, or emotional?
     - *Example:* Cosmetic surgery, prosthetics
     - *Example:* Psychotherapy to restore the perceived beauty of the mind
   - What happens when beauty or health cannot be fully restored? How have such therapies been depicted?
     - *Example:* Palliative care aimed at lessening suffering or alleviating the effects of ‘ugliness’; depictions of such care in before and after photographs, textbooks, and publicity material

4. **Patient and Staff Experiences:**
   - How have patients and staff experienced beauty or ugliness in hospitals? How and why has their access to beauty been encouraged or restricted?
     - *Example:* Hospital gardens for the use of patients only
     - *Example:* The isolation of patients in ‘ugly’ spaces as punishment
     - *Example:* The most beautiful spaces in a hospital compound restricted for the accommodation of European or white staff and patients
   - How was daily life in the hospital informed by the desire to create a beautiful order structuring the resident community?
     - *Example:* Ordinances and regulations inspired by religious or imperial precepts that guided daily life in residential hospitals

5. **Beauty and the Senses:**
   - How can we understand beauty -- or its perceived absence -- through the senses of smell, touch, sight, taste, and hearing? How has the hospital been a place for the care, enhancement, or experience of the beauty of these senses?
     - *Example:* Disgust surrounding ugly smells in hospitals; strategies to silence or shroud unsightly patients and practices
     - *Example:* The preferential hospitalisation of patients considered damaged in terms of their senses, e.g. the predominance of in-patients with a loss of nerve sensation in their hands and feet in colonial leprosy settlements

The Advisory Board of the INHH, as organisers of this conference, wish to invite proposals for 20 minute papers which address the conference theme. Potential contributors are asked to bear in mind that engagement with the theme of beauty and the hospital will be a key criterion in determining which papers are accepted onto the programme.

Abstracts should be a maximum of 300 words in length, in English and accompanied by a brief self biography of no more than 200 words. Proposals should be sent to beauty.inhh@gmail.com by **10 June 2016.** As with previous INHH conferences, it is intended that an edited volume of the conference papers will be published. Submissions are particularly encouraged from researchers who have not previously given a paper at an INHH conference.

Upon provision of full receipts, we hope to be able to support attendance at this conference, particularly for postgraduates and early career researchers. Speakers will be asked to make use of alternative sources of funding where these are available. Any queries may be directed to beauty.inhh@gmail.com.