

**UNIVERSITY OF ABERDEEN
SCHOOL OF HISTORY & HISTORY OF ART
DEPARTMENT OF HISTORY**

**HI 4015 – SPECIAL SUBJECT
IN SICKNESS AND IN HEALTH ASPECTS OF THE HISTORY OF
MEDICINE IN THE TWENTIETH CENTURY
(30 Credits)**

**Session 2003-2004
Course Co-ordinator Dr David Smith**

Information on the course for the session 2003-2004

This course handout tells you about the organisation of the course. It should be used in conjunction with the Department's *Guidelines for Students* for the appropriate level. Please read both carefully and keep both for reference throughout the session.

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**Website for History:
<http://www.abdn.ac.uk/history>**

1 Seminar schedule

Week 1 (29 Sep-3 Oct) Introduction

- 29 September: Aims & Objectives, Sources, Exam format. Setting of tasks for the first few weeks of the course. Initial discussion of the recent history of the history of medicine: disciplinary, institutional, and historiographical issues.
- 2 October Conceptualising the History of Medicine in the Twentieth Century: based on a discussion of: J. Pickstone, 'Production, Community and Consumption: The Political Economy of Twentieth-Century Medicine' and A.M. Brandt and M. Gardner, 'The Golden Age of Medicine?', in R. Cooter and J. V. Pickstone (eds), *Medicine in the twentieth century* (Amsterdam, 2000).

Week 2 (6-10 Oct.) Productionist Medicine

- 6 October: Productionist Medicine: Introduction to debates about health and ill-health during the twentieth century: physical deterioration. DFS will introduce the key elements of the debates about health and ill-health of the first decade of the Twentieth Century. The themes in the reports of the Royal Commission on Physical Training (Scotland) (1903) and the Interdepartmental Committee on Physical Deterioration (1904) continued to inform debates about health issues for several decades. Many of the recommendations (see documents pack) were taken up in subsequent reforms and innovations in health and welfare services. Productionist Medicine and Medical Agendas: a look at medical evidence to the Scottish Royal Commission on Physical Training and a closer examination of the recommendations of the Interdepartmental Committee on Physical Deterioration.
- 9 October Each student will be asked to prepare some comments on some minutes of the Royal Commission on Physical Training (Scotland), covering the evidence given by one medical witness. In particular, students should consider: in what way do the witness's arguments serve to enhance the standing and advance the interests of the medical profession? Students should also prepare for a group discussion of the recommendations of the Interdepartmental Committee on Physical Deterioration. In what way can the recommendations be classified: eg how many involve new arrangements for the medical surveillance of the population? How many are concerned with the domestic behaviour of women? How many are about traditional nineteenth century public health issues etc?

Week 3 (13-17 Oct.) Productionist Medicine

- 13 October: Productionist Medicine: The National Health Insurance Act, 1911 DFS will introduce the background to the National Health Insurance Act, and students will discuss the debate on the Act in the *British Medical Journal*, started by Sir James Barr (see documents pack, and note that the responses to Barr are only a selection of the responses found in the *BMJ*.)
- 16 October: Inter-war health services: problems of co-ordination and finance DFS will introduce the background to the interwar health services and the class will discuss the following documents. 'Extract from *Interim Report on the Future Provision of Medical and Allied Services* (Dawson Report) (1919). (See documents pack but students may also wish to consult the full report in the Law Library.) Extract from *An Outline of the Practice of Preventive Medicine*. A Memorandum addressed to the Minister of Health by Sir George Newman, Chief Medical Officer (1920). (See documents pack but students may also wish to consult the full report in the Law Library.) Students should also consult relevant secondary sources, such as Hardy, Cherry and Jones, listed in the bibliography, and should be prepared to consider the following questions: What did the health services consist of at the beginning of the interwar period? What problems did Dawson's report seek to address? Why was the Dawson report not implemented? What factors inhibited the implementation of Newman's manifesto for public health during the interwar period? Was Newman's a radical programme? Which elements were already being addressed by the state and local authorities?

Week 4 (20-24 Oct.): Venereal Disease/Election of Class Representatives

- 20 October: Venereal Disease Students will be assigned one of the following papers or chapters, individually or in pairs, to summarise and present to the rest of the class:
L. A. Hall, 'The Great Scourge': Syphilis as a medical problem and moral metaphor, 1880-1916 Venereal Disease' <http://homepages.primex.co.uk/~lesleyah/grtscrge.htm>
L. A. Hall, 'Venereal Diseases and Society in Britain, from the Contagious Diseases Acts to the National Health Service' in R. Davidson and L. Hall (eds), *Sex, sin and suffering: venereal disease and European society since 1870* (London, 2001)
D. Evans, 'Tackling the "Hideous Scourge": The Creation of the Venereal Disease Treatment Centres in Early Twentieth-Century Britain', *Social History of Medicine*, 5 (1992)
Roger Davidson, '"A Scourge to be firmly gripped": The Campaign for VD Controls in Interwar Scotland', *Social History of Medicine*, 6 (1993)

23 October: Discussion of extracts from the *Report of the Royal Commission on Venereal Diseases, 1916* (see documents pack, but students may wish to consult the full report in the Law Library).

Students should consider this material in the light of the secondary sources considered at the previous seminar and should also prepare notes on the previous history of the state's concern about and attempts to tackle the problem of VD. Also, why was the Royal Commission appointed? Describe the recent innovations in the detection and treatment of VD and their impact. What were the main issues at stake for the Commission? Describe the response to the Commission's report and the significance of the eventual outcome of debate and policy-making. What significance do Brandt and Gardner attach to the advent of Salvarsan? How can we understand the campaign around VD and the creation of the VD service in terms of Pickstone's categories?

Week 5 (27–31 Oct.) Tuberculosis

27 October: Tuberculosis I:

Students will be assigned to the Worboys paper, or one more chapters in the two books listed below, to summarise and present to the rest of the class:

L. Bryder, *Below the magic mountain: a social history of tuberculosis in twentieth-century Britain* (Oxford, 1988).

M. Worboys, 'The sanatorium treatment for consumption in Britain, 1890-1914', (reprint, Macmillan, 1992).

T. Dormandy, *The white death: a history of tuberculosis*, (London, 2001).

Students should also look up one or more of the works of Thomas McKeown so as to be able to answer the last question below:

T. McKeown, *The role of Medicine*, 1979, esp. p.92-6;

The origins of human disease, 1988, esp. p.78-81;

Medicine in modern society, 1965, esp. p. 43-50

The Modern rise of Population, 1976, esp. p.92-3

30 October: Discussion of extracts from 'Memoranda Submitted to the Departmental Committee on Tuberculosis By The Sub-Committee with regard To Sanatoria' and evidence of Sir Clifford Allbutt, from Vol I of *Final Report of the Departmental Committee on Tuberculosis*, London, HMSO, 1913. (See documents pack, but students may also wish to consult the full report in the Law Library.)

Students should consider this material in the light of the secondary sources considered at the previous seminar and should also prepare notes on the following questions: What points are emphasised in the description of the proposed sanatoria? How do Allbutt's proposals for mass treatment of tuberculosis in Britain differ from the original continental sanatoria? Comment on the outcome of the report of the departmental committee and the arrangements made in Britain during subsequent decades for the treatment of prevention and treatment of tuberculosis. How can we understand the sanatorium movement in terms of Pickstone's categories for the conceptualisation of the history of medicine of the Twentieth Century? What does McKeown say about long-term trends in the incidence of tuberculosis? How does this fit into the critique of the 'golden age' discussed by Brandt and Gardner

Week 6 (3-7 Nov.): Medicine and War/Class Meeting

3 November: Medicine and War:

DFS will introduce the theme of the relationship between war and medical developments. Traditionally, war has been seen as an important stimulus to developments in medical science and practice, particularly surgery. However, it will be asked whether 'medicine is good for war' might describe the connection more accurately than 'war is good for medicine'.

Reading:

R. Cooter, 'War and Modern Medicine' in R. Porter and W. Bynum, *Companion Encyclopaedia of the History of Medicine* (London, 1993)

6 November Shellshock:

See documents pack for extracts articles by F. W. Mott (February 1916), M.D. Eder August 1916), and extracts from the *Report of the War Office Committee of Enquiry into 'Shell-Shock'* (1922). (Students may also wish to consult the full report in the Law Library.) Students should consider this material in the light of the secondary sources considered at the previous seminar as well as broader themes developed during the course, and should also prepare notes on the following questions: what were the differences in the approaches to shellshock of Mott and Eder?; what were the main concerns of the *Committee of Enquiry*?; how did the Committee cope with differing perspectives on the nature of shellshock and appropriate treatment?; what were the longer-term consequences of the experience of shellshock for the development of the theory and practice of psychiatry?

Pairs of students, will also be assigned one of the following papers or chapters:

M. Stone, (1985) "Shellshock and the psychologists", in W.F. Bynum, Roy Porter and M. Shepherd (eds) *The Anatomy of Madness* Vol II,

T. Bogacz, 'War neurosis and cultural change in England, 1914-22', *Journal of Contemporary History* 24 (1989)

D. Rapp 'The early discovery of Freud by the British general educated public, 1912-1919', *Social History of Medicine*, 3 (1990)

Week 7 (10-14 Nov.)

Eugenics

10 November:

Interpretations of Eugenics 1:

For this session and the next, students will each be allocated a secondary source on eugenics which they will be expected to read and to prepare a summary of the main arguments to present to the class.

J. Macnicol, 'Eugenics and the Campaign for Voluntary Sterilisation in Britain Between the Wars', *Social History of Medicine*, 2 (1989)

G. R. Searle, *Eugenics and politics in Britain, 1900-1914* (Leyden, 1976).

D. A. MacKenzie, *Statistics in Britain, 1865-1930: the social construction of scientific knowledge* (Edinburgh, 1981) (Concentrate on the chapter on Eugenics, but read enough of the rest of the book in order to grasp Mackenzie's argument)

13 November:

Interpretations of Eugenics 2

M. Freedon, 'Eugenics and Progressive Thought: A study of Ideological Affinity' *The Historical Journal*, 22 (1979)

G. Jones, 'Women and Eugenics in Britain: the cases of Mary Scharlieb, Elizabeth Sloan Chesser, and Stella Browne', *Annals of Science*, 51 (1995)

M. Thomson, *The problem of mental deficiency: eugenics, democracy, and social policy in Britain c.1870-1959* (Oxford, 1998).

D. King and R. Hansen, 'Experts at work: state autonomy, social learning, and eugenic sterilisation in 1930's Britain', *British Journal of Political Science* 29 (1999)

Week 8 (17-21 Nov.):

Eugenics/Nutrition/Level/Year Meeting

17 November:

Discussion on eugenics-related documents (see documents pack). Students or pairs of students will be assigned one of the sources. They should consider this material in the light of the secondary sources considered during the previous weeks, as well as broader themes developed during the course.

Extracts from *Report of the Departmental Committee on Sterilisation* (London, 1934)

Lord Horder, 'Eugenics--and the Doctor', *British Medical Journal*, 3 December 1933.

J. A. Scott, 'The Dysgenic Effect of the Social Services', *Public Health*, September 1934.

Extracts on eugenics from *Parliamentary Debates*

20 November:

Nutrition research, campaigning and policy making before the second world war:

DFS will provide some insight into a second strand (along with eugenics) of what Greta Jones has termed the 'Social Hygiene movement'. Some organisations - such as the Peoples League of Health campaigned on both eugenic and nutritional issues. On the other hand, during the 1930s, measures to improve the diet of the nation increasingly became an alternative to the eugenic programme.

Week 9 (24-28 Nov.):

The NHS/Issue of Mock Exam Script

24 November:

Social constructionism "acted out": 'The Ministry of Health Advisory Committee on Nutrition - British Medical Association Nutrition Committee Joint Conferences of 1934'

This meeting introduces some archival source material from the Public Record Office related to the theme of the previous meeting, and also considers how 'scientific facts' can be constructed through interactions around the committee table, and be conditioned by political and other factors. It will be based upon the *verbatim* transcripts of two meetings held in 1934 after a public controversy about the levels at which human protein and energy requirements should be set. The affair will be introduced by the co-ordinator, and then the transcripts will be read like a play script. Students will be given a copy of an obituary of the person whose part they are going to take. Insight gained from the attempt to 're-construct' this historical episode will allow the group to discuss what were the key social factors at work in the 'resolution' of this controversy. This session will also include the screening of a short documentary film about food and nutrition, made in 1936. *Enough to Eat?* (Edgar Anstey, 1936)

27 November:

Communitarian medicine: the National Health Service:

DFS will introduce the issues surrounding the establishment and development of the NHS.

Week 10 (1-5 Dec.):

The NHS/ Student Course Evaluation Exercise; Mock Exam Script due 5 pm Tues. 3 Dec.

1 December:

Discussion of Documents on the foundation of the NHS

The documents pack contains a small proportion of material in the *British Medical Journal* (a selection of leading articles) concerning the final stages of the foundation of the NHS. Students should also consult relevant secondary sources. Consider the following questions: what were the main stages in the process of the establishment of the NHS?; how did the positions of key actors within government vary?; how did the position of the medical profession, and sections within it vary, and why?; what compromises were made by the government in order to gain the support of the medical profession?

- 4 December: What were the consequences of these compromises? What were the consequences of the NHS Act for hospitals, local authority health services, and general practice?
Health Visiting in the post-war period.
 The fate of health visiting in the post war period illustrates the difficulties faced by public health in the new era – and the rise of general practice during the same period.
 Reading:
 ‘An Enquiry into the Health Visiting, the Jameson Report 1956’: Extract from B. Watkin, *Documents on Health and Social Services 1834 to the Present Day*, (See documents pack).
 Extract from T. Hall ‘Experiment in Coperation: An account of Health Visitor/General Practitioner Laision’, *The Lancet* (1965) (See documents pack)
 L. Diack and D. F. Smith, ‘Professional strategies of Medical Officers of Health in the post war period (1): ‘innovative traditionalism’: the case of Dr Ian MacQueen, MOH for Aberdeen 1952–1974’, *Journal of Public Health Medicine*, 24 (2002)
 S. McLaurin and D. F. Smith, ‘Professional strategies of Medical Officers of Health in the post war period (2): ‘progressive realism’: the case of Dr R. J Donaldson, MOH for Teesside, 1968–1974’ submitted to *Journal of Public Health Medicine*, 24 (2002)
- Week 11 (8-12 Dec.)** **Abortion/Staff-Student Liaison Committee Meeting; Individual meetings to discuss mock exam exercise**
- 8 December: Abortion reform: origins of consumerist medicine?
 Reading:
 Extracts from *Report of the Committee on the Working of the Abortion Act* (the Lane Committee), (London, 1974), vol. 1, pp. 4-7, 219-21 (See documents pack)
 A. Wivel, ‘Abortion policy and the politics of the Lane Committee of Enquiry, 1971–74’, *Social History of Medicine*, 11 (1998) (See documents pack)
 From the above and other sources, prepare notes on the following questions:
 the conditions that encouraged abortion law reform in Britain in the 1960s; the provisions of the 1967 Abortion Act in Britain; the impact of the 1967 Act. Comment on the notes on abortion laws in Europe provided in the tutorial reading. Why was a committee appointed to review the working of the 1967 Act in June 1971? What was the outcome of the committee’s work? Is Pickstone right to see the abortion law reform of the 1960s as the beginning of the rise of ‘consumerist medicine’?
- 11 December Consumerist medicine: recent or longer-term trends in childbirth and midwifery?
 Reading:
 Extracts from Department of Health. Expert Maternity Group (J. Cumberlege, chairman.), *Changing childbirth: statement of responsibility* (London, 1993) (see documents pack).
 Declercq, R. DeVries, K. Viisaininen, H. B. Salvesen, S. Wrede, ‘Where to Give Birth? Politics and the Place of Birth’, in G. DeVries, Raymond , C. Benoit, E. Van Teijlingen, and S. Wrede, *Birth by design: pregnancy, maternity care, and midwifery in North America and Europe* (2001)
 R. DeVries, H. B. Savesen, T. A. Wiegerees, and A. S. Williams, ‘What (and Why) Do Women Want? The desires of women and the design of community care’, in G. DeVries, Raymond , C. Benoit, E. Van Teijlingen, and S. Wrede, *Birth by design: pregnancy, maternity care, and midwifery in North America and Europe* (2001), especially section ‘What do Women Want in Britain A Story of Maternity Policy’.
- Week 12 (15-19 Dec.)** **Consumerist Medicine**
- 15 December: Consumerist medicine: alternative / Complementary Medicine
 Reading:
 Extracts from British Medical Association *Complementary medicine: new approaches to good practice* (Oxford, 1993) (See documents pack)
 Mike Saks, ‘Medicine and the Counter Culture’, in R. Cooter and J. V. Pickstone, (eds) *Medicine in the twentieth century* (Amsterdam, 2000) (See documents pack)
- 18 December Review of themes of the course and group discussion of exam and revision strategy.

COMPUTING:

Ensure that you have a valid computing password. You can register from any campus networked PC by pressing <esc> to get the registration screen. Type in your ID number. If registering for the first time the system will give you a username and you create your own password. NOTE IT DOWN. If re-registering, type in your ID number and the system will recognise your username. Then create a new password. You will need to re-register every year.

2 Introduction to the Course

Forty years ago the history of medicine was mainly a hobby of elderly doctors who were usually fascinated with the heroic figures who have made important contributions to medical knowledge and practice. In the late 1960s and early 1970s, however, academics in the field of public health, along with some professional historians, began to develop a new critical social history of medicine. But since then, the subject has broadened, and has been influenced by developments in sociology, especially the sociology of science, cultural history, and other fields, as well as recent interest in questions of gender, race and 'history from below'. The sources used, topics studied, and approaches taken are now diverse. The support of the Wellcome Trust has played an important role in this transformation. Now the history of medicine is a modern and vibrant historical sub-discipline, and yet retains an audience extending beyond academic history. And in the past decade, changes in medical education have begun to allow the 'new' history of medicine to find a place in training of doctors. This course aims to introduce students to some of this modern scholarship in, and sources for, the history of medicine of the Twentieth Century.

3 Aims and learning outcomes

Aim This course aims to examine in detail aspects of the history of medicine of the twentieth century, through a detailed study of contemporary sources as well as secondary sources.

Learning Outcomes

Intellectual skills: by the end of the course students should be able:

- to outline chronologically the main developments associated with the history of medicine of the Twentieth Century
- to offer explanations for the key developments in the period
- to assess and judge issues which were and remain, controversial and emotionally charged
- to examine links between the history of medicine and broader social, economic and political changes
- to appraise critically relevant primary and secondary literature

Personal and Transferable Skills

By the end of the course, students should have:

- enhanced their skills in written and verbal communications, through the preparation for seminars and examination work and seminar discussion
- enhanced their teamwork skills, through collaboration with other students in group work
- enhanced their ability to learn independently, through preparation for seminars and written work
- enhanced their analytical skills, through the detailed examination of contemporary documents and visual sources
- enhanced their IT skills, through use of bibliographical tools, as demonstrated in the library session

Attitudinal Skills

This course is intended to enhance appreciation and awareness of:

- the expansion of the role and influence of medicine in society during the twentieth century
- scholarly debates relating to the period
- the skills characteristic of the professional historian

4 Teaching and learning methods

Seminars are held twice a week (on Mondays at 2pm in Taylor C19 and Thursdays at 2pm in NK2), and students will be expected to carry out reading and prepare notes and presentations in accordance with the programme set out above, and tasks allocated from time to time during the course. Notes prepared for seminars may be collected for perusal by the course co-ordinator. As set out in the programme, students will be set a self-timed open-book mock exam to answer at home. This will be marked by the course co-ordinator and followed by individual meetings with the course co-ordinator. There will be further group discussion of exam strategy in class.

Presentations should last the time specified when tasks are allocated in class. Students may speak to the course co-ordinator about their presentations in advance. After each presentation there will be a general discussion.

Written work You are required to submit your mock exam script as outlined above and to sit one degree examination. The deadline for handing in the mock exam script is Tuesday 3 December 2002 (not later than 5 p.m). See *Departmental Guidelines* (and below) for information on extensions and the late submission of work. *The degree examination* will be held in January. The purpose of the examination is to test your ability to synthesise material covered in the course. The general format of the examination will be discussed in advance, to assist you in preparation for it.

Further reading

This is an essential part of any course in History and will deepen your understanding and enjoyment of the period and the discipline of history. The select bibliography provides points of departure for further reading on the topics covered in the lectures and is supplemented on the topics covered by essays. The footnotes and bibliographies of these books and articles are to sources of still further reading; the search-features of the library catalogue, browsing the open shelves, and consulting the course co-ordinator are other ways forward. A major outcome of a university education should be an ability to find information on any topic within your field. You are encouraged to show initiative in developing this ability.

Photocopied material

A modest charge will be levied by the Department to help defray the cost of photocopied material (i.e., this handout). This charge is a one-off for the year and is not levied per course as at sub-honours. The money is paid to the Level 4 convenor (Dr Edward Ranson). Charges are £12 for Single Honour students and £6 for Joint Honours students; for others, £4.

5 Assessment

Assessment is by one, three-hour examination incorporating documentary commentaries and essay type questions. The examination will be of three hours duration, based on documentary commentaries and essay type questions. The purposes of the examination are 1) to test your familiarity with primary materials and your ability to analyse the content and historical significance of such primary material, and 2) to examine your ability to synthesise the material, the ideas and the interpretations covered in the course and to write cogent and coherent answers to essay style questions. The general format of the examination will be discussed in advance to assist you to prepare for it.

6 Plagiarism

Students must familiarise themselves with the University, Faculty and *Departmental Guidelines* relating to plagiarism. If a student is in any doubt on the subject please contact the course co-ordinator. **Plagiarism, whether intentional or accidental, will have very serious consequences.**

7 The role of the course co-ordinator

The co-ordinator for this course is **Dr David F Smith**. The course co-ordinator's role is not simply to teach, but also to advise and help. Students who are having difficulty with their work for whatever reason, or who require help or information should consult the course co-ordinator without delay. His office is Room 102 and times when he is available for consultation are posted on his office door and on the course website (accessible via the departmental website listed on the cover of this handout). Alternatively, messages can be left in the Departmental Office (Crombie Annex, ground floor), sent by e-mail to **d.f.smith@abdn.ac.uk**, or by telephone (Tel: **01224 273676**). Any recommendations observations or complaints about the running of the course should be addressed to the course co-ordinator either directly or via your seminar representative.

8. Primary Sources in the Documents Pack

1. Recommendations of the Royal Commission on Physical Training (Scotland) (1903)

2. Recommendations of the Interdepartmental Committee on Physical Deterioration (1904)
3. A letter to the editor of the *British Medical Journal* by Sir James Barr, and three responses (1911–12)
4. Extract from *Interim Report on the Future Provision of Medical and Allied Services* (Dawson Report) (1919)
5. Extract from *An Outline of the Practice of Preventive Medicine*. A Memorandum addressed to the Minister of Health by Sir George Newman, Chief Medical Officer (1920)
6. Extracts from the *Report of the Royal Commission on Venereal Diseases* (1916)
7. Extracts from *Final Report of the Departmental Committee on Tuberculosis* (1913)
8. Extracts from *The Lancet* concerning shell-shock (1916)
9. Extracts from *Report of the War Office Committee of Enquiry into 'Shell-Shock'* (1922).
10. Extracts from *Report of the Departmental Committee on Sterilisation* (1934)
11. Extract from *British Medical Journal* concerning eugenics (1933)
12. Extract from *Public Health* concerning eugenics (1934)
13. Extracts on eugenics from *Parliamentary Debates* (1931–4)
14. Editorials from *British Medical Journal* concerning the National Health Service (1946–8)
15. Extracts from the Jameson Report on health visiting (1956)
16. Extract from *The Lancet* concerning Health Visitor/General Practitioner Liaison (1965)
17. Extracts from *Report of the Committee on the Working of the Abortion Act* (1974)
18. Extracts from *Changing Childbirth* (1993)
19. Extracts from *Complementary medicine: new approaches to good practice* (1993)

GUIDELINES ON USING DOCUMENTS

To make the best out of this kind of evidence about the past, you should first read quickly through the document, bearing in mind certain questions:

What kind of document is it? What is its general nature and purpose: a treaty, a charter, a private letter, a public letter or what? Whether it was private, open or confidential may be important. When was the document produced - i.e. is it contemporary with the events it describes?

What does the document say? Is its timing significant?

Is the document authentic or is it a forgery? Is it accurate and trustworthy? Was it designed to deceive?

Why might it be important: because of its author's standing; because of the information or the views it contains; or because it had directly or indirectly an effect on events?

These questions can be broken down further through investigation of the background.

- Who was (were) the author(s)? What was the document's provenance? What is known about the author? What bits of this information are particularly important for understanding and assessing the importance of the document?
- Has the author first hand knowledge of what she/he is writing about? Is she/he writing from hearsay or with hindsight? If so, does this add or subtract from the value of the document?
- Why is the author writing: to give an order, convey information or influence others? Does the document make significant omissions or assumptions?
- Who was meant to see the document and who did see it?
- What effects, if any, did the document have on events? If it was designed to bring change, did it do so and in the way expected? Was it designed to stave off developments and did it succeed in doing so? Did it influence a person or groups' attitudes and actions, by design or unintentionally?

If you are asked to write a commentary on a document or documentary extract, the commentary should contain two or three major points. In writing your commentary, focus on the extract itself, referring to the document as a whole only when it helps your understanding or influences your assessment of the significance of the extract itself. Different extracts, as also different documents need to be investigated and assessed in different ways, so use the guidelines flexibly.

In writing a commentary you will necessarily have to be selective but generally aim to comment on *who* wrote, to *whom*, and *why*, *what* the extract says, and *why* the extract (and on occasion the whole document) is important for the historian in throwing light on the particular development or issue.

An excellent reference source, which contains up-to-date essays on most of the topics covered by this course is:

Cooter, R., and Pickstone, J. V., (eds), *Medicine in the twentieth century* (Amsterdam, 2000).

Another very good starting point for most topics is:

Porter, R., and Bynum, W., (eds), *Companion Encyclopaedia of the History of Medicine* (London, 1993)

The article by Sturdy and Cooter in the documents pack also gives many useful leads.

It is also recommended that you invest in and read the following three short books:

Berridge, V., *Health and Society in Britain since 1939* (Cambridge, 1999)

Cherry, S., *Medical services and the hospitals in Britain, 1860-1939* (Cambridge, 1996)

Hardy, *Health and medicine in Britain since 1860* (Basingstoke, 2001)

A small selection of other books and articles:

Bogacz, T., 'War neurosis and cultural change in England, 1914-22', *Journal of Contemporary History* 24 (1989).

Brookes, B., *Abortion in England, 1900-1967* (London, 1988).

Bryder, L., *Below the magic mountain: a social history of tuberculosis in twentieth-century Britain* (Oxford, 1988).

Cartwright, F., *A social history of medicine* (London, 1977).

Cooter, R., *Studies in the history of alternative medicine* (Basingstoke, 1988).

Cooter, R., Harrison M., and Sturdy, S., (eds), *War, medicine and modernity* (Thrupp, 1998).

Cooter, R., Harrison M., and Sturdy S., (eds), *Medicine and modern warfare* (Amsterdam, 1999).

Cooter, R., *Surgery and society in peace and war: orthopaedics and the organization of modern medicine, 1880-1948* (Basingstoke, 1993).

Sturdy, S., and Cooter, R., 'Science, scientific management, and the transformation of medicine in Britain c.1870-1950', *History of science* 36 (1998)

Davidson, R., "'A Scourge to be firmly gripped": The Campaign for VD Controls in Interwar Scotland', *Social History of Medicine*, 6 (1993)

DeVries, R. G., et al (eds) *Birth by design: pregnancy, maternity care, and midwifery in North America and Europe* (New York, 2001).

Diack, L., and Smith, D. F., 'Professional strategies of Medical Officers of Health in the post war period (1): 'innovative traditionalism': the case of Dr Ian MacQueen, MOH for Aberdeen 1952-1974', *Journal of Public Health Medicine*, 24 (2002)

Duffin, J., *History of medicine: a scandalously short introduction* (Basingstoke, 2000).

Dwork, D., *War is Good for Babies a history of the infant and child welfare movement in England 1898-1918*, (London, 1987)

Evans, D., 'Tackling the "Hideous Scourge": The Creation of the Venereal Disease Treatment Centres in Early Twentieth-Century Britain', *Social History of Medicine*, 5 (1992)

Davidson, R., and Hall, L. A., *Sex, gender and social change in Britain since 1880* (London, 2000).

Dormandy, T., *The white death: a history of tuberculosis* (London, 2001)

Honigsbaum, F., *The division in British medicine: a history of the separation of general practice from hospital care, 1911-1968* (London, 1979).

Jones, H., *Health and society in twentieth-century Britain* (London, 1994).

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The following Journals are among those which include useful articles concerning the history of medicine

<i>Annals of Science</i>	<i>British Journal for the History of Science</i>
<i>History of Science</i>	<i>History Today</i>
<i>History Workshop Journal</i>	<i>Medical History</i>
<i>Bulletin of the History of Medicine</i>	<i>Social Studies of Science</i>
<i>Journal of Contemporary History</i>	<i>Journal of the History of Biology</i>
<i>Journal of Interdisciplinary History</i>	<i>Journal of the History of Ideas</i>
<i>Journal of the History of Medicine and Allied Sciences</i>	<i>ISIS</i>
<i>Minerva : a review of science, learning and policy</i>	<i>Social Problems</i>
<i>Social History of Medicine</i>	<i>Sociology of Health and Illness</i>
<i>Twentieth Century British History</i>	

10 Mock Exam

- All pieces of work **must** be submitted to the departmental office (Crombie Annex, ground floor) where the time and date will be noted on the title page.
- All work **must** come with a covering (title) page including the following information:
 - **Name of student,**
 - **Student ID number,**
 - **name of tutor,**
 - **course code,**
 - **title of work/essay question**
 - **this phrase with the student's signature:** 'I understand the department's guidelines on plagiarism (including the use of material from the Internet) and have abided by them in the preparation of this work'.

Extensions

In general, the department is **not** inclined to grant extensions. Indeed, an extension can **only** be granted by the **course co-ordinator**, tutors **cannot** give an extension. Any application for an extension must normally be made **before** the due date for the piece of work and must be made to the course co-ordinator **in writing**. The application must include or be accompanied by **supporting evidence** giving the reason the extension is necessary. Normally, extensions will **only** be granted on medical (or similar) grounds. Lack of books, mismanagement of time, computing troubles will **not** normally be considered sufficient grounds to grant an extension. In addition, in most circumstances, an extension will only be granted for the **period covered by the medical certificate** (or similar documentation) and only when the problem occurred reasonably close to the actual deadline (e.g., within a fortnight). In other words, a medical certificate covering a period of time 4 or 5 weeks prior to the deadline will not normally be considered relevant to the ability of the student to complete the work on time.

Penalty for late submission

The department considers the submission of work on time **essential**. Therefore, any work submitted beyond the due date (**without** an approved extension) **will be penalised** according to the following schedule: 1-5 days late: **1 CAS point deducted per day** (Saturday and Sunday are counted together as a single day); 6-10 days late: **2 CAS points deducted per day** (Saturday and Sunday are counted together as a single day). **No work will be accepted after the 10th day past the due date.**

11 Student Feedback and Comment

The Department places great importance on interaction with and feedback from its students. To facilitate this, each course has a meeting of all students registered for a course (the Class Meeting). At Level 4, the Class Meeting elects one tutorial representative to attend the Level Meeting. A minute is kept of the Level Meetings and these are posted on Level notice boards in the Department. Each Level Meeting elects two representatives to serve on the Staff-Student Liaison Committee (SSLC) which is also comprised of the members of the Departmental Teaching Committee. The SSLC meets at least once each half session and its

minutes are also posted in the Department. In addition, each course participates in the Student Course Evaluation Form (SCEF) exercise. These forms are distributed to students and returned by students to the Departmental office and then sent to the central administration for tabulation. As part of the SCEF exercise, course co-ordinators provide a report of the tabulated results for the Head of Department and then an overall report is prepared for the Faculty's Academic Standards Committee.

Issues of concern should be raised, as appropriate, in stages by students according to the following scheme:

Course co-ordinator (David Smith)

Level Convenor (Ted Ranson)

Director of Teaching (Bill Naphy)

Head of the School of History and History of Art (Jane Ohlmeyer)