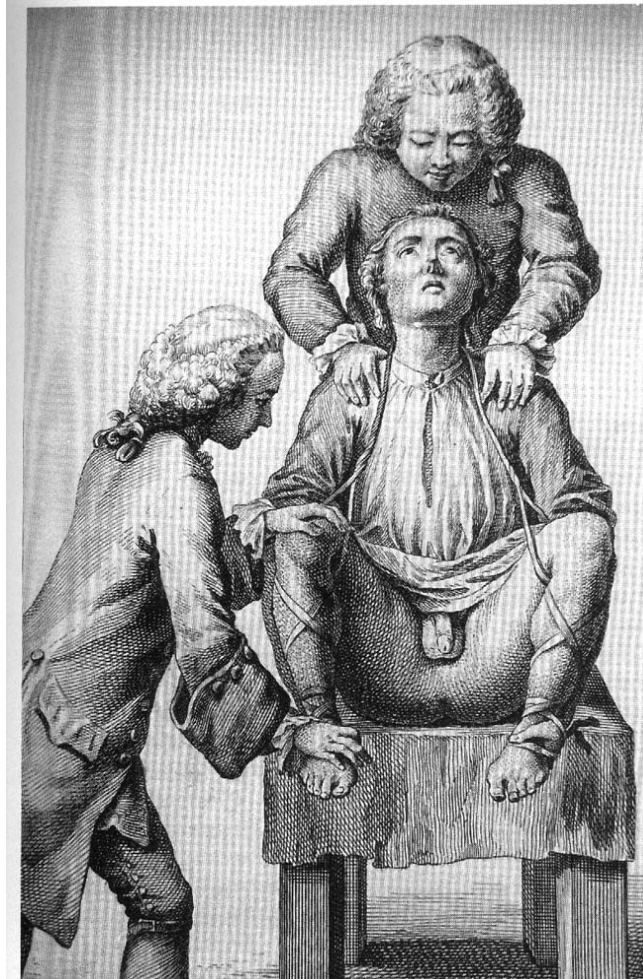


# Bodies in History

An Introduction to the History of Medicine, 1500-2000



**Semester 1 2003/4**

**Lectures, Tuesdays 2.00-3.00pm. Room G.07 Maths Tower  
Seminars by arrangement**

**Dr Stephanie Snow**

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## Course Outline

	<b>Lecture</b>	<b>Seminar</b>
Week 1	<b>Introduction to Bodies in History</b>	No seminar
Week 2	<b>Bodies explored</b> (Renaissance dissection)	William Harvey and the circulation of the blood
Week 3	<b>Microscopes and Machines</b> (Medicine and the Scientific Revolution)	‘Monsters’ in society, 1500-1700
Week 4	<b>Classification, gender and generation</b> (Enlightenment)	Male and female bodies in the 18 <sup>th</sup> century
Week 5	<b>The medicine of hospitals and corpses</b> (Revolutionary Paris)	Models of medicine
Week 6	<b>Class, sex and evolution</b> (Victorian England)	Manchester and Disease
Week 7	READING WEEK	READING WEEK
Week 8	<b>Science, germs and resistances</b> (late 19c. Europe and North America)	Tuberculosis before and after 1870
Week 9	<b>Inheritance, ‘degenerates’ and national efficiency</b> (c.1900)	Evolution and criminals
Week 10	<b>Colonial Bodies, Medicine and Empire</b> (1850-1950)	Bodies in colonial history
Week 11	<b>Production and the Modernist Body</b> (early 20c. Europe, USSR and USA)	Industrial medicine and the body
Week 12	<b>Consumption and reproduction</b> Medicine at 2000	No seminar

**The Body in History.**  
**An Introduction to the History of Medicine**  
**1500-2000**

Taught by Dr Stephanie Snow (CHSTM), with Dr Elizabeth Toon (CHSTM)

**Aims**

This course will provide an introduction to medicine in modern Western culture. Through its focus on bodies (human and social) it will show how historians of medicine are addressing themes such as class, race, gender, national identity, economic life and cultural production. These bodily themes are used to link longterm global histories with microhistorical studies of particular places and times (e.g. Renaissance Padua, Revolutionary Paris, industrialising Manchester, present-day US clinics). Though requiring little or no scientific background, the course will show how scientific theories and practices can be understood as part of wider histories. It will therefore also serve as an introduction to the cultural and intellectual history of the modern West.

**Objectives**

Students will acquire:

- Familiarity with the outlines of modern history of medicine
- Skills in linking 'body histories' to wider contexts
- Critical abilities in dissecting historians claims
- Experience of presenting historical arguments in essays
- Experience of oral presentations on historical topics

The students taking the 20 credit version will acquire all of the above plus a further objective:

- Practice in planning, researching and presenting a substantial historical project.

**Teaching**

The course meets for one lecture (Tuesdays 2.00-3.00 pm, Room G.07 Maths Tower) and one seminar a week. The lectures will treat the subject synthetically; the seminars are intended for closer critical investigation of particular issues raised in the week's required reading. Attendance at **BOTH** lectures and seminars is required and times and venues for seminars will be arranged at the first lecture.

**Contact Information**

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Office Hours: Wednesday 10.00-11.00 and by appointment

## Readings

Each week has a set of **required seminar readings** -- typically these will consist of one interpretative historical essay and one primary document and are marked \*\* on the reading list. Read with the purpose of trying to answer the set **Questions**. These will form the basis for our seminar discussions. All required readings can be obtained from the **Short Loans** counter in the John Rylands Library, as xeroxed copies (XSLC).

The 'background readings' listed on the following pages should be pursued in the preparation of essays. It is strongly recommended that some, especially those indicated '\*', are also consulted in preparing seminar discussions. Most background-reading articles and chapters are available in multiple copies in the Short Loans Collection in the John Rylands Library, and are marked XSLC on the reading lists. Those available there as books are marked SLC. So if there is a chapter available in multiple copies from a book that is itself in Short Loan – it will be recorded on the lists below as XSLC **and** as SLC. If you can't track something down, come and see me.

You can always extend your study, eg for an essay or a project by following up the references in the readings supplied. You can gain access to the major libraries and on-line sources for the history of medicine via our web-site [www.man.ac.uk/chstm/](http://www.man.ac.uk/chstm/)

**Remember – if you cite a web address in your bibliography the reference must include the date you accessed it.**

Use the LINKS facility. All CHSTM courses are listed there along with staff, research interests and recent publications, so the website can assist you in choosing further courses – undergrad or postgrad – or perhaps in choosing areas of research.

## Seminars

The seminars are integral to the course, and form part of the assessment procedure. There are several reasons for emphasising this component of your work: seminars work best when students converse with each other over a set of themes that they have thought about prior to entering the seminar room. More generally, presentational and debating skills acquired in seminars are useful beyond the seminar room.

I will be looking carefully for **active and constructive participation** in our seminar discussions. This entails that you are 'prepared' on two levels: prepared to enter into conversation with your fellow students, to ask questions, to point out alternative perspectives, to suggest further issues for exploration, and to listen respectfully to others; it also means being prepared to do this in an intelligent manner - this means at a minimum coming into the seminar having read the required readings, and having thought about the discussion questions listed in the syllabus for each week.

Seminar assessments will be based partly on written answers to questions about the readings, partly on oral presentations to the seminar group, eg. summarising the arguments of a paper, and, to a limited extent, on the general performance in seminars.

Seminar times will be arranged at the first lecture.

## ASSESSMENT FOR 10-CREDIT COURSE - HS 1271

HS 1271 is the 10-credit option of this course. It is assessed by seminar work (50%) and one 1,000 word essay (50%).

### Seminar assignments (50%)

For each seminar you are asked to read one or more articles and then make written answers to the questions for each seminar topic. The questions are designed to help you assimilate the week's reading and to provide a basis for seminar discussions. The answers for each week's questions should occupy no more than 2 sides of A4 paper. This weekly preparation will help you to develop analytical, writing and communication skills and also provides the basis for your assessed coursework.

Put the relevant questions in front of each answer, don't use bullet points, don't copy out chunks of text without attribution, but rephrase in your own words. The answer to a particular question might not be found in exactly one place, but distributed through the text. If it appears simple, amplify the point to show your grasp of the issues.

Written answers to **three** of the seminar topics selected from;

- William Harvey and the circulation of the blood (Week 2)
- Monsters in Society 1500-1700 (Week 3)
- Male and female bodies in the 18<sup>th</sup> century (Week 4)
- Models of medicine (Week 5)

**To be handed in no later than at the lecture in Week 6 – 4 November**

Written answers to **four** of the seminar topics selected from;

- Manchester and disease (Week 6)
- Tuberculosis before and after 1870 (Week 8)
- Evolution and criminals (Week 9)
- Bodies in colonial history (Week 10)
- Industrial medicine and the body (Week 11)

**To be handed in no later than at the lecture in Week 12 – 16 December**

### Essay (50%)

You are also asked to produce a 1,000 word (1,500 maximum) essay to be handed in by **Tuesday 16 December 2003**. This essay will contribute 50% of the final mark of the course. You may submit an outline in advance of the final essay if you would find this useful. This should be done no later than **2 December 2003** if you require feedback.

A list of essay topics will be handed out in **Week 4** of the course. Essays should conform to the Essay Guidelines attached to this outline. You will need to allow plenty of time for reading around your subject and for planning and writing the essay. It is strongly recommended to start looking for the readings you will need as soon as possible in the library and if they are already on loan, put in a reservation. Students who wish to design their own essay topic may do so, but only after consultation with and approval by me. Students who wish to do this should let me know **at the latest** by Week 4. Copies of *Essay Guidelines for Undergraduates* and *Writing a strong essay* are attached to this syllabus. All essays are **due on Tuesday 16 December - Week 12. I will not (except under the most compelling circumstances) accept late papers.** The marked essay can be obtained from the CHSTM Secretary's office (room 3.45) during the first week of the new term, week beginning 19 January 2004.

HS 1771 is the 20-credit option of this course. It is assessed by seminar work (25%), one 1,000 word essay (25%) and a 2,000 word project (50%).

### Seminar assignments (25%)

For each seminar you are asked to read one or more articles and then make written answers to the questions for each seminar topic. The questions are designed to help you assimilate the week's reading and to provide a basis for seminar discussions. The answers for each week's questions should occupy no more than 2 sides of A4 paper. This weekly preparation will help you to develop analytical, writing and communication skills and also provides the basis for your assessed coursework.

Put the relevant questions in front of each answer, don't use bullet points, don't copy out chunks of text without attribution, but rephrase in your own words. The answer to a particular question might not be found in exactly one place, but distributed through the text. If it appears simple, amplify the point to show your grasp of the issues.

Written answers to **three** of the seminar topics selected from;

- William Harvey and the circulation of the blood (Week 2)
- Monsters in Society 1500-1700 (Week 3)
- Male and female bodies in the 18<sup>th</sup> century (Week 4)
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Written answers to **four** of the seminar topics selected from;

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- Bodies in colonial history (Week 10)
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**To be handed in no later than at the lecture in Week 12 – 16 December**

### Essay (25%)

You are also asked to produce a 1,000 word (1,500 maximum) essay to be handed in by **Tuesday 16 December 2003**. This essay will contribute 25% of the final mark of the course. You may submit a course outline in advance of the final essay if you would find this useful. This should be done no later than **2 December 2003** if you require feedback.

A list of essay topics will be handed out in **Week 4** of the course. Essays should conform to the Essay Guidelines attached to this outline. You will need to allow plenty of time for reading around your subject and for planning and writing the essay. It is strongly recommended to start looking for the readings you will need as soon as possible in the library and if they are already on loan, put in a reservation. Students who wish to design their own essay topic may do so, but only after consultation with and approval by me. Students who wish to do this should let me know **at the latest** by Week 4. Copies of *Essay Guidelines for Undergraduates* and *Writing a strong essay* are attached to this syllabus. All essays are **due on Tuesday 16 December - Week 12. I will not (except under the most compelling circumstances) accept late papers.** The marked essay can be obtained from the CHSTM Secretary's office (room 3.45) during the first week of the new term, week beginning 19 January 2004.

## Project (50%)

**20 credit option students** will be required to produce, in addition to the above essay, a further piece of substantial written work (in most cases a 2000 word project). **Students planning on pursuing this option must notify me of their intention, meet with me after seminars, at my scheduled office hours or by appointment within the first two weeks of term.** We will arrange group discussion of the projects – to decide mini-research topics, to assess progress, and for assistance and criticism. Attendance at these discussions is compulsory, unless otherwise agreed. **The Project is to be submitted by Monday 19 January 2004; two copies should be delivered to the CHSTM office, and a receipt obtained from the secretary.**

Possible topics might include:

- women and childbirth, using an 18<sup>th</sup> century text eg. Charles White, *A treatise on the management of pregnant and lying-in women* for analysis and information about attitudes of the time
- infectious diseases, using a medical text eg. James Kay, *The moral and physical conditions of the working class* for analysis and information about attitudes of the time
- consideration of the influence of public opinion on medical attitudes to treatment eg. the smallpox vaccination debate in the late 19<sup>th</sup> century using medical journals as primary sources
- a comparison between two European medical professions in the 18<sup>th</sup> and 19<sup>th</sup> century eg. France and England or England and Germany
- a modified version of the course essay questions (subject to agreement) excepting the question being answered for the essay

# OUTLINE OF THE COURSE

## WEEK ONE

### Introduction to Bodies in History

#### Lecture

This introductory lecture explores the reasons for the use of themes of class, race, gender, industrialisation and cultural production in current work on the history of medicine and offers an overview of the aims and scope of the course.

#### Background Readings

For introductory reading and for general reading during the course the following are useful sources:

- W F Bynum, *Science and the Practice of Medicine in the 19<sup>th</sup> century*, CUP, 1994  
W F Bynum and R Porter eds, *Companion Encyclopaedia of the History of Medicine*, London and New York, 1993  
L Conrad et al, *The Western Medical Tradition*, Cambridge, 1995  
Roger Cooter and John Pickstone, ed, *Medicine in the Twentieth Century*, 2000, (46 essays)  
Anne Digby, *Health and Medicine in Britain since 1860*, Palgrave, 2000  
Christopher Lawrence, *Medicine and the Making of Modern Britain, 1700-1920*, Routledge, 1994  
I Loudon, *Western Medicine: An Illustrated History*, Oxford, 1997  
Hilary Marland and Margaret Pelling, *The Task of Healing, Medicine, Religion and Gender in England and the Netherlands*, 1996  
John Pickstone, *Ways of Knowing*, Manchester University Press, 2000  
Roy Porter, *The Greatest Benefit to Mankind*, 1999 (A general history of medicine covering all topics and one of the most accessible volumes)  
Roy Porter ed, *The Cambridge Illustrated History of Medicine*, 1996  
Roy Porter, *Disease, Medicine and Society in England 1550-1860*, Macmillan, 1987  
Andrew Wear ed, *Medicine in Society: historical essays*, CUP, 1992

#### Seminar

There is no seminar scheduled for this week but please use the time to do some introductory reading.



## WEEK TWO

### Bodies Explored (Renaissance dissection)

#### Lecture

What was the renaissance? Who invented it and why? What was being renewed and why was this different from the knowledge of the Middle Ages? Why was anatomy a key discipline – how were anatomies conducted and by whom? What were the ‘projects’ of the key Italian anatomy, and why was the lettered-world so interested?

#### Background Readings

\*(XSLC) K Park, ‘Medicine and the renaissance’, Chapter 5 in Irvine London, ed., *Western Medicine; An Illustrated History*, OUP, 1997.(SLC)

Andrew Cunningham, *The Anatomical Renaissance. The Resurrection of the Anatomical Projects of the Ancients*, Scolar Press, 1997. (SLC)

Andrew Wear, Medicine in early modern Europe, 1500-1700, Ch 6 in L. Conrad et al, ed. *The Western Medical Tradition*. (SLC)

A. Wear and R.K. French, ed., *The Medical Renaissance of the Sixteenth Century*, Cambridge, 1985 .(SLC)

#### Seminar Readings

\*\* (XSLC) William Harvey, *On the Motion of the Heart and Blood in Animals* Dedications plus chapters 8 & 9. Trans. by Robert Willis, Prometheus Books. (SLC) [Read more if you can, from any edition].

\*\* (XSLC) Andrew Cunningham, ‘William Harvey’ in Roy Porter, ed., *Man Masters Nature*, BBC books, 1987.

\*\* (XSLC) Roy Porter, *The Greatest Benefit to Mankind. A medical history of humanity from antiquity to the present*, 1997, pp.211-6

**Objective:** to reconstruct and understand the significance of William Harvey’s discovery of the circulation of the blood.

#### Questions

- 1 What was the ‘old’ view, which Harvey came to deny?
- 2 Since he did not expect to discover the circulation (nobody had any such idea), why did he carry out so many dissections and animal experiments?
- 3 What led him to his ‘new’ view?
- 4 How was this view supported and communicated to the world?
- 5 How and when were others converted?
- 6 What difference did all this make to medicine?

## WEEK THREE

### Microscopes and Machines (Medicine and the scientific revolution)

#### Lecture

Who invented 'the scientific revolution' and why? What was the concept meant to comprise? How else might we characterise the major changes in the configuration of knowledge during the 17<sup>th</sup> century? Was Harvey a revolutionary? How did others use his work? How much was medicine changed by the 'scientific revolution'? Why did doctors use microscopes? What did they find interesting through them?

#### Background Readings

\*(XSLC) – Harold Cook, 'Physicians and natural history', Ch 6 in Nick Jardine, James Secord and Emma Spary, ed., *Cultures of Natural History*, CUP, 1996

\* (XSLC) William Ashworth, 'Natural history and the emblematic world view' in David Lindberg and Robert Westman, eds., *Reappraisals of the Scientific Revolution*, CUP, 1998 (SLC)

John Henry, *The Scientific Revolution and the Origins of Modern Science*, 1997 (SLC)

Steven Shapin, *The Scientific Revolution*, 1996 (SLC)

#### Seminar Readings

\*\* (XSLC) – Lorraine Dastone and Katharine Park, 'Monsters: a case study', Ch 5 in their *Wonders and the Order of Nature*, Zone Books, 1998

**Objective:** to critically examine the changes in society's view of 'monsters' in the early modern period, 1500-1700.

#### Questions:

- 1 What were the three key types of response to 'monsters' in the renaissance?
- 2 Did these alter during the period?
- 3 How did 'monsters' relate to conflicts in society?
- 4 What effects did the new technology of printing have?
- 5 How did medicine, in particular anatomy, influence the 'new' views of 'monsters'?
- 6 What happened to 'old' views?

## WEEK FOUR

### Classification, Gender and Generation (Enlightenment)

#### Lecture

What was 'the enlightenment' (and for whom)? What is supposed to have happened to 'science' and why? What were the presumed relations of 'science and civilisation'? How might we explain changes in conscience (e.g. using attributes to madness and to suicide, as case studies)? What were the social and intellectual roles of natural history and of medicine? Why was 'classification' such a popular topic?

#### Background Readings

G B Risse, 'Medicine in the Enlightenment', A Wear, ed., *Medicine in Society*, 1992 (SLC)

L Conrad et al, eds., *The Western Medical Tradition*, Ch 7 (SLC)

R Porter, ed., *Medicine in the Enlightenment*, 1995 (SLC)

\*R Porter, *The Enlightenment*, 1990, Ch 1, 2 and 4

D Outram, *The Enlightenment*, 1995 (SLC)

#### Seminar Readings

\*\*A(XSLC) T Laqueur, Ch 5 of Making Sex: The body and gender from the Greeks to Freud, 1990 (SLC)

\*\*B (XSLC) K Park and R A Nye, Making Sex: Body and Gender from the Greeks to Freud, *New Republic*, 18 February 1992, 53-57

#### Other useful material:

T Laqueur, 'Orgasm, generation and the politics of reproductive biology', in C Gallagher and T Laqueur, eds., *The Making of the Modern Body*, 1987, 1-41 (SLC)

L Schiebinger, 'Skeletons in the Closet', in C Gallagher and T Laqueur, eds., *The Making of the Modern Body*, 1987, 42-48 (SLC)

R Martensen, 'The transformation of Eve: Women's bodies, medicine and culture in early modern England', in R Porter and M Teich, eds., *Sexual Knowledge, Sexual Science*, 1994, 107-33 (SLC)

T Hitchcock, 'Redefining Sex in Eighteenth Century England', *History Workshop Journal*, 41, 1996: 73-88

L Schiebinger, *Nature's Body: Gender and the Making of Modern Science*, 1993 (SLC)

**Objective:** to critically evaluate the arguments of historian Thomas Laqueur that during the 18<sup>th</sup> century there was a key shift in the understanding of male and female bodies.

#### Questions

- 1 Outline Laqueur's evidence for the case that during the 18<sup>th</sup> century, the female body which had been considered an inferior version of the male body, now came to be seen as **different**; a move from a 'one-sex model' of human biology to a 'two-sex model'. (Use article A by Laqueur.)
- 2 Outline the arguments against Laqueur's view. (Use article B by Park and Nye.)

## WEEK FIVE

### The Medicine of Hospitals and Corpses (Revolutionary Paris)

#### Lecture

How were diseases conceptualised in the 18<sup>th</sup> century? What new views were associated with the 'rise of surgery' and with the new hospitals of the French Revolution? How might these explain the coincidence of medical and political change?

#### Background Readings

I Waddington, 'The role of the hospital in the development of modern medicine', *Sociology*, 1973, 7: 211-25

\*M Fissell, 'The disappearance of the patient's narrative and the invention of hospital medicine', In R French and A Wear, eds., *British Medicine in the Age of Reform*, 1991(SLC)

C Rosenberg, *Explaining Epidemics*, 1993, Ch 14 (SLC)

W F Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, 1994 (SLC)

M Foucault, *The Birth of the Clinic*, 1973 (SLC)

C Lawrence, *Medicine and the Making of Modern Britain*, Ch 1 and 2

E Ackerknecht, *A Short History of Medicine*, 1978 (SLC)

#### Seminar Readings

\*\* (XSLC) N Jewson, 'The disappearance of the "sickman" from medical cosmology, 1770-1870', *Sociology*, 1976, 10: 225-44

\*\* (XSCL) J V Pickstone, 'The biographical and analytical: Towards a historical model of science and practice in modern medicine', in I Lowy, ed., *Medicine and Change*, 1993, 23-48

\*J V Pickstone, 'Ways of knowing: towards a historical sociology of science, technology and medicine', *British Journal for the History of Science* 1993, 26: 433-58, especially 433-49

**Objective:** to understand the different 'types' of medicine seen in history – book medicine, bedside/biographical medicine, hospital medicine, laboratory medicine – and to evaluate how these models have been developed by medical historians.

#### Questions

- 1 What is the meaning of each of the four different types of medicine?
- 2 How does the sociologist Nick Jewson argue for a **transition** from 'bedside medicine' to 'hospital medicine'?
- 3 What is meant by each of those terms?
- 4 What model does the medical historian John Pickstone argue for?
- 5 What are the differences between Jewson and Pickstone?
- 6 How would you argue **against** Pickstone's version?

## WEEK SIX

### Class, sex and evolution (Victorian England)

#### Lecture

We move now from the French Revolution to the Industrial Revolution; but why was it so called? What are the key shifts at the level of industries, 'society' and intellectual history? How were the bodies of the poor seen in early 19<sup>th</sup> century Britain? How were bio-medical sciences used to understand the new economic and social relations?

Why was 'dissection' of bodies such a public issue? What was the 'meaning' of the cholera epidemic (1831-2) for individuals, urban elites, and for government?

#### Background Readings

\* (XSLC) G. Weber, 'Human Science and the role of women in industrial society', unpublished paper

C. Hamlin, *Public Health and Social Justice in the Age of Chadwick*, CUP, 1998

J.V. Pickstone, 'Dearth, dirt and fever epidemics; rewriting the history of British public health, 1780-1850', pp125-148 in T. Ranger and P. Slack, eds. *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, CUP, 1992 (SLC)

M. Poovey, chs 3 and 4 in *Making a Social Body British Cultural Formations 1830-1864*, Chicago, 1995 (SLC)

#### Seminar Readings

\*\* (XSLC) John Ferriar, 'On the prevention of fevers in great towns', *Medical Histories and Reflections*, (1795)

\*\* (XSLC) James P Kay, '*The moral and physical condition of the working classes*', (1832)

\*\* (XSLC) J.V. Pickstone, 'Ferriar's fever to Kay's cholera', *History of Science* 22 (1984) pp 401-419

**Objective:** to understand the reasons for and significance of differences between the two accounts of Manchester epidemics by Ferriar, c.1795 and Kay, c.1832.

#### Questions

- 1 Analyse the two accounts of Manchester epidemics.
- 2 What are the key social and intellectual differences between them?
- 3 Is it just that they were writing about different diseases or that the town had grown?
- 4 How did medical models of bodies change between 1795 and 1832?
- 5 How would you argue **against** Pickstone's interpretations?
- 6 Do the views described have any resonance in our times?

## WEEK SEVEN

\*\*\* READING WEEK – NO LECTURE OR SEMINARS \*\*\*

**You should now have decided upon an essay topic. Start planning and reading around the subject. Those doing projects should also be reading around the topic and planning an outline.**

## WEEK EIGHT

### Science, germs and resistances (late 19<sup>th</sup> century Europe and North America)

#### Lecture

How did the growth of medical sciences in the 19<sup>th</sup> century change understandings of the body? How did doctors and the public react to the development of laboratories? What difference did the results of chemical and microscopical analyses make to the practice of medicine and to the education of medical students? And how were ideas of disease changed? How did 'microbes' and 'germs' become part of the known world, and how did they change it? Who paid for all this science, and why?

#### Background Readings

\*(XSLC) Andrew Cunningham, 'Transforming plague. The laboratory and the identity of infectious disease' ch7 in A Cunningham and P Williams, ed. *The Laboratory Revolution in Medicine*, CUP, 1992 (SLC)

W.F. Bynum, *Science and the Practice of Medicine in the 19<sup>th</sup> Century*, CUP, 1994 (SLC)

\*Nancy Tomes, *The Gospel of Germs: Men, Women and the Microbe in American Life*, Harvard University Press, 1998 (SLC) particularly chapters 4-7 (SLXC)

\*M. Worboys, *Spreading Germs*, CUP, 2000 (SLC) particularly chapters 5 and 7 (SLXC)

\*(XSLC) Articles on Pasteur and on Koch in *Dictionary of Scientific Biography* (in reference section of JRULM)

#### Seminar readings.

\*\*\*(XSLC) M. Worboys, 'From heredity to infection: Tuberculosis, bacteriology and medicine, 1870-1900, ch 6 in his *Spreading Germs*, CUP, 2000

\*\*\*(XSLC) Charles V Chapin, 'The Fetich of Disinfection', *Journal of the American Medical Association* 47: 1906; 574-77.

**Objective:** to reconstruct medical concepts of TB before 1870 and to understand the effect of the germ theory on these ideas

#### Questions

- 1 Draw up a list of the various ways in which the disease of tuberculosis was conceptualised before 1870.
- 2 Draw-out in diagrams the various ways in which the causal factors were supposed to interact.
- 3 Redo the exercise, and the diagrams, for schemes that included 'germs'.
- 4 List the various aspects of disease management – diagnosis, treatment, prognosis, prevention, public education etc – and consider how much difference 'germs' could have made and did make.
- 5 What might we mean when we say that TB is caused by bacteria?
- 6 How might ideas about 'causes' be linked to treatments – eg to the successful use of antibiotics after WWII?

Please bring your notes and diagrams to the seminars, so that we can compare them.

## WEEK NINE

### Inheritance, 'degenerates' and national efficiency (c.1900)

#### Lecture

What was the idea of degeneration and why was it so important to 19<sup>th</sup> century society?. How significant was Charles Darwin's account of evolution in the debate on European race science? What were the social and political contexts of "racial/national degeneration"? What sort of responses - legislative and scientific – were made? What was the legacy of the degeneration debate?

#### Background Readings

\* Daniel Pick, *Faces of Degeneration: A European Disorder, c.1848-1918* (1989)(SLC)

\* Daniel Kevles, *In the Name of Eugenics*, (1985) chs 4-6, 57-112(SLC)

\* Anna Davin, "Imperialism and Motherhood," (9-65, esp. 9-32) (SLC)

Geoffrey Searle, *The Quest for National Efficiency* (1971) (SLC)

Robert Nye, *Crime, Madness and Politics in Modern France: the Medical Concept of National Decline* (1984) (SLC)

Sander Gilman and J. Edward Chamberlain, eds., *Degeneration: The Dark Side of Progress* (1985) (SLC)

#### Seminar Readings

\*\* (XSLC) Stephen Jay Gould, *The Mismeasure of Man* (1981), ch.4: "Measuring Bodies" (113-145)

\*\* (XSLC) Charles Darwin, *The Descent of Man* (1874), Ch. 1, "The Evidence of the Descent of Man from Some Lower Form," 5-18

\*\* (XSLC) Gina Lombroso Ferrero, *Criminal Man According to the Classification of Cesare Lombroso* (1911), "Physical Anomalies of the Born Criminal," (10-24)

**Objective:** to understand the interplay between notions of evolution, degeneration and criminality in late 19<sup>th</sup> century European society.

#### Questions

- 1 What is Darwin's view of the descent of man?
- 2 How does this view relate to ideas about degeneration?
- 3 What is meant by atavism?
- 4 How does the concept of atavism feature in Lombroso's discussion of 'criminal man'?
- 5 What role does science play?
- 6 What difference did these ideas make to social policy?

## WEEK TEN

### Colonial Bodies. Medicine and Empire

#### Lecture

The recent historiography has outlined the importance of colonial perspectives on the history of the colonial powers. The colonial domain posed new challenges to administrators of empires and presented many health situations unknown in Europe. These were also serious problems to any settlement policy.

This session will explore the full range of European responses to the colonial setting and will attempt to define what we know about the local response.

#### Background Readings (all SLC)

Curtin, Philip D, *Disease and empire: the health of European troops in the conquest of Africa*, 1998

\* Arnold, David, *Colonising the body: state, medicine and epidemic disease in nineteenth-century India*, Berkeley and London: University of California Press, 1993.

Ernst, Waltraud, *Mad tales from the Raj: the European insane in British India, 1800-1858*, Routledge, 1991.

\*Harrison, Mark. - *Public health in British India : Anglo-Indian preventive medicine 1859-1914*. Cambridge : Cambridge University Press, 1994.

Mrinalini Sinha, *Colonial Masculinity: The Manly Englishman and the Effeminate Bengali in the late nineteenth century*, Manchester University Press, 1995.

#### Seminar readings

\*\* (XSLC) Megan Vaughan, "Syphilis and sexuality: The limits of colonial medical power," Ch 6 (pp. 129-154) *Curing their Ills: Colonial Power and African Illness* (Polity, 1991)

\*\* (XSLC) Maneesha Lal, "The politics of gender and medicine in colonial India: The Countess of Dufferin's Fund, 1885-1888," *Bulletin of the History of Medicine* 68 (1994): 29-66

**Objective:** to understand how the colonial setting influenced views of the human body through a comparison of readings - Vaughan and Lal.

#### Questions

1 How, according to Vaughan, did colonizers' understandings of race and gender inform their approaches to syphilis control? How did their experience in places like Uganda reshape or reaffirm their understandings of the disease, of gender, and of race?

2 How, according to Lal, did ideas about gender, medicine, and professionalism mesh -- or not -- with the priorities of colonial government?

3 Do Vaughan and Lal agree about the role of medicine within colonial efforts? How much power do they impute to colonial medicine, and what kind of power is it? Do Vaughan's and Lal's arguments about gender, race, and colonialism support or contradict each other?

4 Can any differences be attributed to the differences in colonial contexts for these two studies?

5 What do these interpretations suggest about metropolitan medicine?



## WEEK ELEVEN

### Production and the Modernist Body (early 20<sup>th</sup> century Europe, USSR and USA)

#### Lecture

Why were the bodies of the working classes the subject of so much state attention from the end of the 19<sup>th</sup> century? How did this concern link with previous attitudes to public health? Why were infants 'discovered' and mothers revealed as needing education in child rearing? How did medicine and medical science relate to the war-effort in 1914-18? Why was motherhood the subject of endless conferences and initiatives between the wars? How were these concerns reflected in the art and the politics of the time? And what happened to them, in the west, after WWII?

#### Background Readings

(XSLC) John Pickstone, 'Production, community and consumption: the political economy of twentieth century medicine' ch. 1 in R. Cooter and J. Pickstone, ed. *Twentieth Century Medicine*, Harwood Academic Press, 2000 (SLC)

Barbara Harrison, *Not Only the Dangerous Trades: Women's Work and Health in Britain, 1880-1914*, Taylor and Francis, 1997 (SLC)

Anson Rabinbach, *The Human Motor, Energy, Fatigue, and the origins of Modernity*, New York, 1990

Helen Jones, *Health and Society in Twentieth Century Britain*, Longmans, 1994

Chris C. Sellers, *Hazards of the Job. From Industrial Disease to Environmental Health Science*, University of North Carolina Press, 1997

#### Seminar readings

\*\* (XSLC) Steve Sturdy, 'The industrial body' in R. Cooter and J. Pickstone ed. *Medicine in the Twentieth Century*, Harwood Academic Press, 2000

**Objective:** to understand the reasons and significance for the growth of 'industrial medicine'.

#### Questions

- 1 List the factors mentioned by Sturdy as contributing to the growth of 'industrial medicine'.
- 2 What medical sciences were called upon in the construction of this 'field' of medicine?
- 3 Why was 'scientific management' such a prominent feature of early 20<sup>th</sup> century literatures on factories etc?
- 4 How would you explore the limits/limitations of industrial medicine from the point of view of the worker (and family)?
- 5 What is the place of medicine in 'welfare' provision and investments, by employers and the state?
- 6 Why now does the state invest in medicine?

## WEEK TWELVE

### Consumption and reproduction - Medicine at 2000.

#### Lecture

How did commercialism affect medicine from the 1950s onwards? What are the rights and responsibilities of health in the 21<sup>st</sup> century? How do these intertwine with cultural definitions of health? What is the purpose of medicine in 2003? For example historical views on reproduction have shifted markedly during the last 100 years; early 19<sup>th</sup> c. = too many babies, late 20c. contraception and fertility technologies = designer babies.

**Remember that your assessment essay is due to be handed in at this lecture.**

#### Background Reading

\*(XSLC) Dorothy Porter, 'The healthy body' in Cooter and Pickstone ed. *Medicine in the Twentieth Century*, Harwood, 2000

## ESSAY GUIDELINES

### 1 Plagiarism

**Plagiarism is a very serious offence, comparable to cheating in exams.** It consists of passing off others' work as though it were your own (eg. lifting passages word-for-word from books, articles or the internet). Even 'recycling' parts of **your own work** which has been submitted for assessment at this University or elsewhere, constitutes plagiarism. The penalties for plagiarism range from being required to submit the piece of work in question (with maximum possible mark of 40%) for minor instance, to expulsion from the University in serious ones. It is **your responsibility** therefore, to familiarise yourself with the University's policy on plagiarism before you prepare and submit any coursework. The information you need can be accessed via the Student Intranet (via the University's home page). At the end of the course outline, accordingly, you will find a 'plagiarism declaration' form which you must complete, sign and attach to your essays and/or projects for this course.

### 2 Presentation

Word length: 1,000-1,500 words (essay), 2,000-3,000 words (project).

Type (word-process) your essay, double-spaced, on one side of the paper only.

Number the pages and leave a left-hand margin of at least one-inch for marker's comments.

Leave **TWO** copies of your essay in the CHSTM office (Room 3.45, Maths Tower) or hand them in at the lecture on **16 December 2003** .

Essays which don't adhere to these guidelines will lose marks.

### 3 Planning the essay

You are expected to go well beyond the required lecture and seminar readings; at a minimum five sources should be consulted for an essay, ten for a project.

Prepare an outline of your argument. The outline should list in abbreviated form (stick to one side of A4) the points you wish to make and the evidence you will cite. Once this outline is coherent, then draft the essay following it.

### 4 Writing the essay

The first paragraph should introduce the overall aims of the essay and the last paragraph should briefly summarise your conclusions.

In order to help the reader, your paragraph structure should mirror the structure of your argument. Avoid a succession of very short paragraphs (one or two sentences) or long ones ( more than one page).

Although your essay may refer briefly to required readings or lectures, your argument will need to go well beyond these sources. Simply re-iterating points already made therein will be heavily penalised.

## 5 Citing sources

If you use another author's argument or evidence, you must cite the author and title of the work you have used. You may cite these sources at the bottom of the page (footnotes), at the end of the essay (endnotes) or in the text in brackets. Since the full reference will be in your bibliography, you need only use an abbreviated form of reference, eg. Pickstone, *Medicine and Industrial Society*, p.123.

Do not bother to quote from an author unless the particular phrasing is important for your argument.

If you do quote directly from a work you must cite the author's name, title and the **page** from where the quote appeared. Short quotes (3 lines or less) need only to be marked with inverted commas. Longer quotes should be indented as a block of text so they can be easily distinguished from your own text.

Attach a bibliography at the end of your essay. Include only those sources you have **used**, following this model:

### Books

Pickstone, J.V., *Medicine and Industrial Society* (Manchester: Manchester University Press, 1985)

### Articles

Edgerton, D.E.H., "Science and Technology in British Business History," *Business History* 29 (1987), 84-103.

For the first footnote referring to any source, use the same format as above EXCEPT that the author's name should be in standard order (e.g. J.V. Pickstone, rather than Pickstone, J.V.) and the page to which you are referring should be cited after the parentheses. For any subsequent notes referring to that same text, use the abbreviated format below.

Pickstone, (1985) p 173.

## 6 Marks

Once the essay has been marked, you may collect it from the appropriate tray in the CHSTM office (course essay, course project by arrangement with tutor). The mark given at this stage is provisional only; it does not become final until approved at the examiners' meeting in June.

Marks are awarded according to the following criteria:

**Coverage of the relevant literature:** have you drawn upon a reasonable number of sources from the reading list?

**Understanding** (of lectures, required readings and readings used in your essay).

**Structure of the argument:** have you set out your argument or analysis in a clear way and supported it with relevant evidence?

**Critical capacity:** have you noticed the weaknesses in some authors' work? Have you reflected upon the weak points in your own argument?

**Quality of prose:** have you used complete sentences, properly punctuated? Is your meaning clear?

**Organisation of the material:** does the sequence in which you present material make sense? Have you started a new paragraph each time you make a new point? Have you included an introduction and a concluding paragraph?

**Format:** have you followed the essay guidelines?

## Writing a Strong Essay

(compiled by C.Bolton, revised by R.Bivins, appropriated by I.Burney, and so on)

### General Thoughts

Writing is a process, one in which we are all continually involved. Although this is not a writing class, the work you do in it will require strong writing skills: you will have to be able to make an argument, present evidence that supports it, and draw conclusions that are interesting and make sense to your reader. I will be happy to work with you on your writing, whether by reading drafts, or just discussing different kinds of arguments and evidence as you prepare to write your essays.

There are many kinds of strategies for working on writing:

- exchange drafts and comments with your peers in the class
- crank out a draft, even a very rough one, and let it sit for 24 hours. It is much easier for most people to revise, than to write from scratch, and it is usually much easier to see what needs changing once you've taken a break from the draft.
- read your papers aloud. This feels ridiculous, but it really does help you to see where your writing isn't flowing, and where sentences are choppy or convoluted.
- pull out all the thesis sentences of your paragraphs and read them through all together. They should form a coherent and persuasive argument. (This sounds like a great deal of work, but in fact takes little time and is very useful, especially at the first-draft stage, while you are just trying to figure out what you plan to argue.)
- write an abstract of your paper. Can you sum up your argument in two or three sentences? If not, it may be either too complex, or too confused!

### Specific comments

**BE CAREFUL WHEN WORKING WITH SOURCES: MAKE SURE YOU CITE THE SOURCE EVERY TIME YOU USE ANOTHER PERSON'S WORK.**

It is very important that you cite material from which you draw background information, specific facts, quotations, or ideas and intellectual frameworks. Not citing sufficiently will bring down your grade both on the paper and in the exam (where you won't have to use footnotes, but will have to know -- and mention -- which author has made which argument). You should include a footnote every time you quote another person, paraphrase another person's argument, or base your argument on an idea or argument put forward by someone else, as well as when you use a particular fact from an article or lecture. And yes, lectures can be sources, but must be footnoted like any other source -- so give the title and date of the lecture if you plan to use material from it in your paper.

### Writing references:

For Bibliography entries, please use the following formats.

Books:

Pickstone, J.V., *Medicine and Industrial Society* (Manchester: Manchester University Press, 1985)

Articles:

Edgerton, D.E.H., "Science and Technology in British Business History," *Business History* 29 (1987), 84-103.

For the first footnote referring to any source, use the same format as above EXCEPT that the author's name should be in standard order (e.g. J.V. Pickstone, rather than Pickstone, J.V.) and the page to which you are referring should be cited after the parentheses. For any subsequent notes referring to that same text, use the abbreviated format below.

Pickstone, (1985) p 173.

PLEASE number your pages, hand them in stapled or paper-clipped together, and type them whenever possible.

Specific writing is strong writing -- use detail to showcase your knowledge, and to make your arguments persuasive and clear. Refer to particular events, people, decades, techniques and practices, rather than generalizations. So for example, don't say 'Patients take medicine' when you can say 'In seventeenth century Britain, patients took herbal medicines.' Also avoid using the passive voice. Take the credit for your own opinions, and let your sources and actors take the credit for their own discoveries, words, and actions. So don't write, 'It will be argued that...,' when you really mean, 'I will argue that...'

### **Elements of a Strong Paper**

Structure of argument is clear:

- introductory paragraph lays out key questions and approaches;
- paragraphs are clearly delineated and ordered according to the overall argument;
- each individual piece of the argument is concluded before the argument moves on;
- transitions take the reader from one stage of the argument to the next;
- conclusion is cogent and challenging.

**KEY TERMS ARE DEFINED:** you know what you (and your terms) mean. Why not get credit for that knowledge, rather than letting me wonder if you REALLY know what you are talking about?

Careful proofreading focuses the reader's mind on your argument rather than allowing it to be distracted by mechanical detail. Poor spelling, grammar, and punctuation create doubt in the reader's mind about the author's knowledge and authority.

A strong paper will take on challenging and interesting questions, as well as synthesizing other people's arguments and analyses. Be bold: have your own opinions, even if you disagree with me. But make sure you can back them up with good strong evidence!

A strong argument is:

- informed by coherent and compelling logic;
- underpinned by a sense of both historical and geographical specificity (dates, sequence, time frames, and geographic scope are all clearly defined). Readers will know where they are, when they are, and what they are supposed to be seeing.

Supporting material (evidence) is:

- cited clearly and accurately;
- drawn from a range of readings and lectures;
- treated critically: the author differentiates between texts, offering an appraisal of how they can be used and what their limitations are, rather than using all sources as if they are equivalent.

Material which goes against the argument is drawn in and dealt with, rather than ignored.

Quotations and source materials are contextualized: i.e., the reader is told where the quote or fact comes from, who wrote or discovered it, and what the original source used the quote or fact for.

Quotations and source materials are introduced, so that the reader knows what the author intends each piece of evidence to illustrate, prove, or add to the argument.

Writing is clear, flowing and active!