

HEALTH DISEASE AND MEDICINE, 1870-1975

Teaching Programme

	Lecture	Seminar	
1		8 February	'Modern' Medicine: Tuberculosis and its Treatment
2	8 February	15 February	The Medical Profession and its Critics Antivaccination
3	15 February	22 February	Hospitals: Refuges to Medical Service Stations Nursing and Florence Nightingale
4	22 February	1 March	Medicine and Empire
5	1 March	8 March	Lunacy and Asylums
6	8 March	15 March	Mortality Decline, 1870-1975 Tuberculosis in the First World War
7	15 March	22 March	NHI and Interwar Medicine <i>The Citadel</i>
8	22 March	12 April	Diseases and their Treatment, 1918-39
9	12 April	19 April	The Origins of the National Health Service.
10	19 April	26 April	The National Health Service: 1948-75
11	26 April	2 May	The Pill
12	2 May	10 May	Overview and Revision

The Unit will be run on Friday as follows:

9.00 - 10.30 Seminar B005 Saunders Building

11.00-12.00 Lecture Lower Squash Court



Sheffield Hallam University

School of Cultural Studies

BA (Hons) History Level 3

Semester 1 2001-2002

HEALTH DISEASE AND MEDICINE 1870-1975



Teaching Arrangements

The lecture will normally introduce the following week's topic. However, in weeks 2, 3, 6 and 7 the seminar is on a related topic which will require independent preparation. There is no lecture to introduce Week 1, the seminar will be based on material in this reading list (see p.5).

There is a textbook for the course:

Anne Hardy, Health and Medicine in Britain Since 1860, Palgrave, 2001. £14.99

For the latter part of the course you will also find it useful to refer to:

V. Berridge, Health and Society in Britain since 1939, CUP, 1999. £7.95

SEMINAR PROGRAMME AND READING LIST

For each Topic the following is presented:

- **A paragraph on the main themes and issues that will be covered in the introductory lecture.**
- **A reading list for the lecture/seminar.**
- **Seminar questions - You should prepare answers to these before the session and bring them with you.**

KEY TO THE READING LIST

KT - Item available as short loan reprints.

- Item available as short loan book.

VID - Video available for viewing in the Library.

Primary sources are in italics.

Abbreviations used:

BHM **Bulletin of the History of Medicine**

BMJ **British Medical Journal**

SHM **Social History of Medicine**

BJHS **British Journal for the History of Science**

JHM **Journal of the History of Medicine**

MH **Medical History**

TOPIC 1 'MODERN MEDICINE': TUBERCULOSIS, 1870-1920

This seminar investigates the idea of 'modern' medicine. The late nineteenth century witnessed what some have termed a 'scientific revolution' in medicine, due to the impact of the basic sciences on the understanding, prevention and treatment of disease. With this went a change in the dominant source of medical knowledge from the hospital to the laboratory. The major change in ideas of disease is usually said to have come with the establishment of the germ theory of disease, not just in terms of the identification of the specific causes of disease, but also in promoting causal (aetiological) definitions of disease and specific treatments. The main focus of this seminar is the impact of these changes on the largest single cause of death in Victorian Britain - tuberculosis.

Modern medicine

C. Lawrence, Medicine in the Making of Modern Britain, 1700-1900, 1994, Introduction and 58-67.

C. Rosenberg, Explaining Epidemics, 1993, 293-304.

KT J. V. Pickstone, 'Ways of knowing: Towards a historical sociology of science', BJHS, 1993, 26: 433-58.

C. E. Rosenberg, 'Framing Disease: Illness, Society and History', in C. E. Rosenberg and J. Golden, eds., Framing Disease, 1992, xiii-xxvi.

KT N. Jewson, 'The disappearance of the sickman from medical cosmology', Sociology, 10, 1976, 225-44.

M. Worboys, 'British Medicine and its Past at Queen Victoria's Jubilees and the 1900 Centennial', Medical History, 2001, 45: 461-82.

Consumption - Tuberculosis

WWW H. Weber, 'The hygienic and climatic treatment of chronic pulmonary phthisis', BMJ, i, 1885, 517-22.

WWW 'A Discussion on the Open-Air or Hygienic Treatment for Consumption', BMJ, 1.10.1898, 946-9.

F. B. Smith, The Decline of Tuberculosis, 1988.

L. Bryder, Below the Magic Mountain: A social history of tuberculosis, 1988, Ch 4.

M. Worboys, 'From Heredity to Infection', in Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900, 2001.

KT M. Worboys, 'The sanatorium treatment for consumption in Britain, 1890-1910', in J. V. Pickstone, ed., Medical Innovation in Historical Perspective, 1992.

R. Dubos & J. Dubos, The White Plague, rep 1988, pp. 229-37.

B. Bates, Bargaining for Life: A social history of tuberculosis, 1992.

S. Rothman, Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History, 1994.

K. Ott, Fevered Lives: Tuberculosis in American Culture since 1870, 1996.

G. Feldberg, Disease and Class: Tuberculosis and the Shaping of Modern North American Society, 1995.

SEMINAR QUESTIONS

What does the poster below tell us about the how public health authorities saw consumption?

IN CASE OF CONSUMPTION, LOOK TO THESE FOR CURE



THE DOCTOR.



SUNLIGHT.



OUT-DOOR AIR.



GOOD FOOD.



REST.

CONSUMPTION'S ALLIES - AVOID THEM AND YOU ARE SAFEGUARDING AGAINST THE DISEASE



INTEMPERANCE AND OTHER EXCESSES.



THE CLOSED WINDOW



OVERWORK.



CROWDED SLEEPING LIVING AND WORKING ROOMS.



SMOKE AND DUST.



MOUTH BREATHING OFTEN DUE TO ADENOIDS

A CAREFUL CONSUMPTIVE. - NOT DANGEROUS TO LIVE WITH.



COUGHS, SPITS AND SNEEZES INTO PAPER OR CLOTH. -



BURPS OR BOILS IT BEFORE IT DRIES. -



OR PUTS IT INTO A DISINFECTANT. -



WASHES HER HANDS BEFORE AND AFTER EATING. -



ALWAYS USES THE SAME DISHES AND BOILS THEM IN WATER BEFORE WASHING WITH OTHER DISHES. -



AND SLEEPS ALONE

HOW THE GERMS OF CONSUMPTION ARE CARRIED FROM THE SICK TO THE WELL



CONSUMPTIVE SPITTING ON FLOOR. FLIES FEEDING ON IT, CARRY THE GERMS OF THE DISEASE TO FOOD.



THE SPIT DRIES AND CARELESS SWEEPING, DUSTING OR DRAUGHTS CAUSE THE GERMS TO FLOAT IN THE AIR.



THE GERMS MAY ENTER THE BODIES OF CHILDREN PLAYING ON THE FLOOR, THROUGH SORES OR WOUNDS.



OTHERS MAY GET THE DISEASE BY BREATHING OR SHALLOWING THE GERMS. SPRAY COVER OFF IN SNEEZING OR Coughing, CONTACT GERMS IN A MOIST AND ACIDIC STATE



PUTTING FOOD, MONEY, PENCILS ETC. INTO THE MOUTH AFTER A CONSUMPTIVE HAS POISONED THEM WITH HIS SPIT.

TOPIC 2 THE MEDICAL PROFESSION AND ITS CRITICS, 1880-1920

Many historians have observed that the medical profession 'rose' in terms of status, income and expertise in the nineteenth century. This week we explore changing structure of the medical profession and the impact of the Medical Act, 1858. One important change that was independent of the legislation was the growing influence of science in medical work and the ideology of the profession. Yet this was not unproblematic as there was strong public antipathy to many of the most celebrated features of medical progress, especially vaccination and vivisection.

- KT F. Cobbe, 'The Medical Profession and its Morality', *Modern Review*, 2, 1881, 296-328. (also available on [WWW](#))
- KT C. J. Lawrence, 'Incommunicable knowledge': Science, technology and the clinical art in Britain, 1850-1910', *Journal of Contemporary History*, 20, 1985, 503-20.
- C. Blake, The Charge of the Parasols: Women's Entry to the Medical Profession, 1990.
- J. M. Peterson, The Medical Profession in Mid-Victorian London, 1978.
- C. Lawrence, Medicine in the Making of Modern Britain, 1700-1900, 1994.
- A. Digby, Making a Medical Living: Doctors and Patients in the Market for Medicine, 1720-1911, 1994.

Vaccination and Antivaccination

- KT L. G. Stevenson, 'Science Down the Drain: On the hostility of certain sanitarians to animal experimentation, bacteriology and immunology', *BHM*, 29, 1955, 1-26.
- KT N. Durbach, '"They might as well brand us": Working class resistance to compulsory vaccination in Victorian Britain', *SHM*, 13, 2000, 45-62.
- KT A. Beck, 'Issues in the anti-vaccination movement in England' *MH*, 4, 1960, 310-321.
- KT R. Lambert, 'A Victorian National Health Service: State Vaccination', *Historical Journal*, 5 1962, 1-18.
- KT R. MacLeod, 'Law, medicine and public opinion: The resistance to compulsory health legislation, 1870-1907', *Public Law* (Summer and Autumn 1967), 107-28 and 189-211.
- KT D. Porter and R. Porter, 'The Politics of Prevention; Antivaccination and public health in nineteenth-century England', *MH*, 32, 1988, 231-252.
- M. Worboys, Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900, 2000.
- KT S. E. D. Shortt, 'Physicians, science and status', *MH*, 27, 1983, 51-68.
- KT J. D. Swales, 'The Leicester anti-vaccination movement', *Lancet*, 340, 1992, 1019-21 and 1298.
- KT S. M. Fraser, 'Leicester and smallpox: The Leicester Method', *MH*, 24, 1980, 315-332.

KT E. P. Hennock, 'Vaccination policy against smallpox, 1835-1914: A comparison of England with Prussia and Imperial Germany', SHM, 11, 1998, 49-71.

SEMINAR QUESTIONS

Why was the medical profession so keen to present itself as 'scientific' in the last quarter of the nineteenth century?

What *meanings* of the terms 'science' and 'scientific' were important to, and used by, the medical profession in the late nineteenth century?

In the eyes of the public, was medicine an estimable profession c1870? Was the profession more or less estimable forty years later in the 1900s?

What was the balance of opposition to vaccination between (i) liberal objections to state interference in personal affairs, and (ii) resistance to enforced medical interventions that were regarded as unsafe and of doubtful benefit?

TOPIC 3 HOSPITALS 1870-1910: REFUGES TO MEDICAL SERVICE STATIONS

Everyone agrees that there was a major qualitative and quantitative transformation of hospitals in the second half of the nineteenth century. However, any overview is problematic because there were so many different kinds of institution: teaching hospitals, voluntary hospitals, Poor Law Infirmarys, specialist hospitals, isolation hospitals, cottage hospitals, etc.. Matters are further complicated by the number of different facets of the hospital: in-patients, out-patients, nurses, ancillary staff, doctors, medical equipment, regimes of care and treatment, buildings and finance. The lecture will explore the extent to which hospitals changed from refuges to medical service stations in the period 1880-1910. In the seminar we discuss the development of nursing and in particular the practical and symbolic role of Florence Nightingale.

B. Abel-Smith, The Hospitals 1800-1948, 1964.

J. V. Pickstone, Medicine in an Industrial Society, 1985.

S. Cherry, Medical Services and the Hospitals in Britain, 1860-1939, 1996.

M. A. Crowther, The Workhouse System, 1834-1929, 1981.

G. Rivett, The Development of the London Hospital System, 1823-1982, 1986.

A. Hardy, Health and Medicine in Britain Since 1860, 2001, 14-29.

Nursing and Florence Nightingale

KT M. Poovey, 'A Housewifely Woman: The social construction of Florence Nightingale', in M. Poovey, Uneven Developments, 1990.

F. B. Smith, Florence Nightingale: Reputation and Power, 1986.

C. Rosenberg, 'Florence Nightingale on Contagion: The hospital as moral universe', in C. Rosenberg ed. Healing and History, 1979, 116-36.

M. Baly, Florence Nightingale and the Nursing Legacy, 1986.

KT E. Showalter, 'Florence Nightingale's feminist complaint: Women, religion and suggestions for thought', Signs, 6, 1981.

V. Bullough et al, eds., Florence Nightingale and Her Era: A Collection of New Scholarship, 1990.

R. Dingwall, A.M. Rafferty and C. Webster, Introduction to the Social History of Nursing, 1988.

A. M. Rafferty, J. Robinson and R. Elkan, Nursing History & the Politics of Welfare, 1997.183-9.

C. Maggs, ed., Nursing History: The State of the Art, 1987.

C. Davies, Rewriting Nursing History, 1980.

C. J. Maggs, The Origins of General Nursing, 1982.

KT E. Garmarnikow, 'The sexual division of labour: The case of nursing', A. Kuhn and A. M. Wolpe, eds., Feminism and Materialism, 1978.

Also see the History of Nursing website at <http://www.qmuc.ac.uk/hn/history/>

And the Florence Nightingale Museum at <http://www.florence-nightingale.co.uk/>

SEMINAR QUESTIONS

What are the most popular images and pervasive representations of Florence Nightingale?

What was Florence Nightingale's role in the reform of nursing after 1860?

What other activities was Nightingale involved in and with what outcomes?

What qualities enabled Nightingale to become such a significant historical figure?

Why is Florence Nightingale famous? In answering this question, is it useful to think about 'myth' and 'reality'?

TOPIC 4 MEDICINE AND EMPIRE

At the turn of the twentieth century health and medical care in Britain was often discussed in the context of Empire, from the future of the British race as imperial masters, through to pragmatic concerns on how to survive in tropical climates. The aim of this seminar is to discuss the strength and impact of two relationships: the influence of Empire on British medicine and the influence of British medicine on the Empire. In considering the second question, we will focus on British India and not try to consider the whole Empire!!

W. F. Bynum, Science and the Practice of Medicine in the Nineteenth Century, 1993, Ch. 6.

D. Arnold, ed., Imperial Medicine and Indigenous Societies, 1988.

D. Porter, The History of Public Health and the Modern State, 1994, Ch. 9 and 10.

M. Worboys, 'Manson, Ross and colonial medical policy in London and Liverpool, 1899-1914' in R. MacLeod, and M. Lewis, eds., Disease Medicine and Empire, 1988 21-37.

KT M. Worboys, 'Empires of Medicine' in Queen Victoria's Diamond Jubilee, Royal Society of Arts, Typescript, 1997.

KT M. Worboys, 'Colonial Medicine' in J. V. Pickstone and R. Cooter, eds., Twentieth Century Medicine, 2000.

M. Harrison, Public Health in British India: Preventive Medicine and Anglo-Indian Medicine, 1859-1914, 1994.

D. Arnold, Colonising the Body, 1993.

A. Kumar, Medicine and the Raj: British Medical Policy in India, 1835-1911, 1998.

KT W. Anderson, 'Immunities of Empire: Race, Disease and the New Tropical Medicine, 1900-1920', BHM, 70 1996, 94-118.

L. Manderson, Sickness and the State: Health and Illness in Colonial Malaya, 1870-1940, 1996.

SEMINAR QUESTIONS

What was the influence of Empire on British domestic medicine between 1870 and 1914?

What problems did tropical environments pose for colonial agencies? How did these differ across different parts of the Empire?

Why were hopes so high for the new 'tropical medicine'?

What impact did Western medicine and its practitioners have on British India in the period 1880-1914?

TOPIC 5 LUNACY AND THE ASYLUM, 1870-1900

The separate management of the mad was a major new area of state action in the Victorian period. Our interest in asylums is on their character and operation in the late nineteenth century, especially the debate around the extent to which they were 'custodial institutions'. Were the mad locked away 'out of sight and out of mind', and hence spent whole lives in institutional care, or were asylums were relatively 'open' institutions, with a rapid turnover of inmates.

R. Porter, 'Madness and its institutions', in A Wear, ed., Medicine in Society, 1992, 277-302.

KT D. Wright, "'Getting out of the asylum": Understanding the confinement of the insane in the nineteenth century', SHM, 10, 1997, 137-56.

J. Busfield, Managing Madness, 1986, 232-87.

A. Scull, Museums of Madness, 1979.

KT A. Scull, 'Museums of Madness Revisited', SHM 6, 1993, 2-24.

A. Scull, The Most Solitary of Afflictions, 1993.

KT L. J. Ray, 'Models of madness in Victorian asylum practice', Archives of European Sociology, 1981, 22: .

A. Scull, Madhouses, Mad Doctors and Madmen, 1981.

C. MacKenzie, Psychiatry for the Rich, 1992.

R. M. Murray and T. H. Turner, eds., Lectures on the History of Psychiatry, 1990, 170-94.

A. Digby, Madness, Morality and Mind: A Study of the York Retreat, 1796-1914, 1985, Ch 6-9.

KT D. J. Mellett, "Bureaucracy and mental illness: The Commissioners in Lunacy, 1845-90", MH, 25, 1981, 221-50.

A. Scull, Social Order/Mental Disorder: Anglo-American psychiatry in historical perspective, 1989.

KT M. Finnane, 'Asylums, families and the state', History Workshop Journal, 20, 1985, 134-48.

G. Berrios and H. Freeman, ed., 150 Years of Psychiatry, 1991.

W. F. Bynum and R. Porter eds., The Anatomy of Madness, Vol. I and II, 1985.

KT M. Fissell, 'Contexts of Committal: Asylums, families and towns in the Manchester region', Typescript 1990.

KT M. Finnane, 'Asylums, families and the state', History Workshop Journal, 20, 1985, 134-48.

Also see the Chronology of State Medicine, Public Health, Welfare and Related Services in Britain: 1066 – 1999 website at

<http://www.chronology.ndo.co.uk/index.htm>

SEMINAR QUESTIONS

What agencies were responsible for and ran the British asylum system in the late nineteenth century?

How would you judge contemporary opinion of asylum doctors and nurses?

Why and how were people admitted to asylums in the last quarter of the nineteenth century?

Why and how did people leave asylums?

Assess the arguments for and against the claim that asylums were 'custodial institutions'?

TOPIC 6 THE DECLINE OF MORTALITY FROM INFECTIOUS DISEASES

In the mid-nineteenth century, average life expectancy was around 40 years, by the mid-twentieth century it was 70 years. This increase in life expectancy (and fall in the overall mortality rate) was largely accounted for by a massive fall in the death rate from infectious diseases. The explanation of this fall has been dominated by the work of Thomas McKeown, who identified four main causes: changes in the virulence of diseases, medical intervention, public health measures, and rising standards of living. He concluded, controversially, that the latter factor - rising standards of living, especially improved diets - was the principal reason for the change. In this seminar we will examine one test of the McKeown thesis - the rise, against the long trend, in the incidence of tuberculosis during the First World War.

Mortality Decline

- KT T. McKeown and R. G. Record, 'Reasons for the decline in mortality in England and Wales during the nineteenth century', Population Studies, 9, 1955, 94-122.
- H. Jones, Health and Society in Twentieth Century Britain, 1994, Ch 1 and 2.
- F. B. Smith, 'Health', in J. Benson, ed., The Working Class in England, 1875-1914, 1985, 36-62.
- KT S. Szreter, 'The importance of social intervention in Britain's mortality decline, c1850-1914', SHM, 1, 1988, 1-37.
- R. Woods, Population in Nineteenth Century Britain, 1992.
- T. McKeown, 'Medical issues in historical demography', in E. A. Clark, ed., Modern Methods in the History of Medicine, 1971, 57-74.

Tuberculosis in the First World War

- KT E. L. Collis, 'Tuberculosis and Influenza in Relation to the World War, 1914-18', Tubercle, (Aug.-Sept. 1940), *Suppl.* 3-16.
- KT L. Cobbett, 'The Decline of Tuberculosis and the increase in mortality during the War', Journal of Hygiene, 30 1930, 79-103.
- KT L. G. Wilson, 'The historical decline of tuberculosis in Europe and America: Its causes and significance', JHM, 45, 1990, 366-96. Reply and counter by Bryder and Wilson, JHM, 46, 1991, 358-68.
- A. Hardy, Health and Medicine in Britain Since 1860, 2001, 47-76.
- F. B. Smith, The Decline of Tuberculosis, 1988.
- L. Bryder, Below the Magic Mountain: A social history of tuberculosis, 1988, Ch 4.
- R. Dubos and J. Dubos, The White Plague, reprinted 1988, pp. 229-37.
- J. M. Winter, The Great War and the British People, 1986.
- KT L. Bryder, 'The First World War: Healthy or hungry?', History Workshop Journal, 24, 1987, 145-50.
- L. Bryder, '"Not Always One and the Same Thing": The Registration of Tuberculosis Deaths in Britain, 1900-1950', SHM, 1996, 9: 253-66.

SEMINAR QUESTIONS

What is the McKeown thesis on British mortality decline? What general criticisms have been made of McKeown's account of mortality decline?

Describe the pattern of rise and fall of tuberculosis mortality after 1914?

What are the main problems in using mortality data: (i) in general; and (ii) in the particular circumstances of the First World War?

Were the people who died of tuberculosis between 1914-18 newly infected cases, or existing cases that died earlier than they would have otherwise?

What is the evidence for the following factors causing the rise in tuberculosis mortality after 1914:

- increased infection in factories, the trenches, and deteriorating housing;
- poor nutrition reducing immunity;
- the stresses of war;
- reduced medical care;
- poor reporting and recording.

What, if anything, does the rise in tuberculosis mortality during the First World War tell us about the validity of the McKeown thesis and its explanation of the causes of the long-term decline in tuberculosis mortality?

TOPIC 7 MEDICINE BETWEEN THE WARS

In 1911 the Lloyd George government introduced a scheme for health insurance for certain groups of wage earners. Although mainly concerned with providing subsistence for wage earners during sickness, the scheme also included provision for medical care through general practitioners. The medical profession contested the proposals, though ultimately opposition crumbled and the vast majority of general practitioners quickly became 'panel Doctors'. After the Great War the National Health Insurance became the bedrock of general practice, though the unwaged (i.e. many women, children and the elderly) were not included. However, NHI did not provide hospital care, nor was it integrated with public health services. This week's lecture describes the origins and workings of NHI. The seminar is based on A. J. Cronin's novel 'The Citadel', which was published in 1936 and released as a feature film in 1938. There will be an opportunity to view the film during the term.

A. J. Cronin, *The Citadel*, 1936.

Synopsis of book at: <http://endeavor.med.nyu.edu/lit-med/lit-med-db/webdocs/webdescrips/cronin1688-des-.html> and of the film at: <http://endeavor.med.nyu.edu/lit-med/lit-med-db/webdocs/webfilms/citadel92-film-.html>

A. Hardy, *Health and Medicine in Britain Since 1860*, 2001, 77-109.

B. B. Gilbert, *The Evolution of National Insurance in Britain*, 1966.

H. Jones, *Health and Society in Twentieth Century Britain*, 1994, Ch. 1-2.

M. A. Crowther, *British Social Policy, 1914-39*, 1988.

D. Green, *Working Class Patients and the Medical Establishment*, 1985

N. Eder, *National Health Insurance and the Medical Profession in Britain, 1913-39*, 1982.

J. Lewis, 'Providers, 'consumers', the state and the delivery of health-care services in twentieth century Britain', in A Wear, ed., *Medicine in Society*, 1993, pp. 317-30.

KT R. Stevens, *Medical Practice in Modern England*, 1966, pp. 26-37

A. Digby, *Making a Medical Living: Doctors and Patients in the Market for Medicine, 1720-1911*, 1994.

D. M. Fox, *Health Policies, Health Politics: The British and American Experience, 1911-1965*, 1986.

KT A. Digby and N. Bosanquet, 'Doctors and patients in an era of national health insurance and private practice, 1913-38', *Economic History Review*, 41, 1988, 74-94.

S. Cherry, *Medical Services and the hospitals in Britain, 1860-1939*, 1996.

KT N. Whiteside, 'Private agencies for public purposes: Some new perspectives on policy making in health insurance between the Wars', *Journal of Social Policy*, 12, 1983, 165-93.

F. Honigsbaum, *The Division in British Medicine*, Ch 4, 12, 14 & 15.

J. V. Pickstone, *Medicine in an Industrial Society*, 1985

G. Rivett, The Development of the London Hospital System, 1823-1982, 1986.

C. Lawrence and G. Weisz, Greater than the Parts: Holism in Biomedicine, 1920-1950, 1998, Ch. 5, 8 and 15.

SEMINAR QUESTIONS

What are the advantages and disadvantages of 'fiction' as an historical source?

Who was A. J. Cronin?

What does the career of Dr Manson reveal about the medical profession in inter-war Britain? How useful is this picture for historians?

What does *The Citadel* reveal about doctor-patient relations, and medical services between the wars? How useful is this picture for historians?

Is it useful to ask about the 'accuracy' of Cronin's portrayal, or is the point that its melodrama tells us 'truths' that ordinary sources cannot?

TOPIC 8 DISEASES AND THEIR TREATMENT, 1920-50

The period between the wars saw a continuing steady fall in overall mortality levels, despite the recession and the poverty it brought. One factor that might have broken the assumed link between socio-economic levels and health was the growing effectiveness of clinical medicine. In this seminar we discuss to what extent there was a therapeutic revolution between the wars, as symbolised by 'miracle cures' for diabetes (insulin), infections (sulphonamides) and malnutrition (vitamins).

A. Hardy, Health and Medicine in Britain Since 1860, 2001, 100-6

Treatment of infections

W. Chen, 'The laboratory as business: Sir Almroth Wright's vaccine programme and the construction of penicillin', in A. Cunningham and P. Williams, eds., The Laboratory Revolution in Medicine, 1992, 245-92.

KT I. Loudon, 'Puerperal fever, the streptococcus and the sulphonamides, 1911-45', BMJ, 295, 1987, 485-90.

M. Weatherall, In Search of a Cure, 1990, Ch. 8, 9, 10 and 11.

KT M. Worboys, 'Treatments for pneumonia in Britain, 1910-1940' in I. Löwy et al, eds., Innovations in Medicine, 1993.

H. F. Dowling, Fighting Infection, 1977.

Diabetes

M. Bliss, The Discovery of Insulin, 1983.

KT R. Tattersall, 'Pancreatic organotherapy for diabetes, 1899-1921', MH, 1995, 39: 288-216.

KT C. Feudtner, '"The want of control": Ideas, Innovations and Ideals in the Modern Management of diabetes mellitus', BHM, 1995, 69: 66-90.

Tuberculosis

L. Bryder, Below the Magic Mountain, 1988, Ch 5-8.

F. B. Smith, The Retreat of Tuberculosis, 1988.

KT F. B. Smith, 'Gullible's Travails: Tuberculosis and Quackery, 1900-30', Journal of Contemporary History, 20, 1985, 733-56.

Surgery

C. Lawrence, '"Definite and Material": Coronary Thrombosis and Cardiologists in the 1920s', in C. E. Rosenberg and J. Golden, Framing Disease, 1993, 50-82.

R. Cooter, Surgery and Society in Peace and War: Orthopaedics and the organisation of modern medicine, 1880-1948, 1993.

WWW D. Gairdner, 'The fate of the foreskin: a study of circumcision', BMJ, 24.12.1949, 1433.

A. Dally, Fantasy Surgery, 1996.

J. Pressman, Last Resort: Psychosurgery and the Limits of Medicine, 1998.

SEMINAR QUESTIONS

How accurate is the statement that c1920, doctors managed patients and their symptoms rather than treated their disease?

How revolutionary were the following innovations in treatment?

Read up on one disease.

- insulin for diabetes (Bliss, Tattersall and Feudtner)
- sulphonamides for infections (Weatherall, Loudon and Worboys)
- sanatoria, surgery and drugs for tuberculosis. (Bryder and Smith)
- surgery (Cooter, Gairdner, Pressman and Dally)

Assess the relative of research laboratories, industry, hospitals and general practice as sources of new treatments?

How accurate is the statement that c1939, doctors still managed patients and their symptoms rather than treated their disease?

TOPIC 9 THE ORIGINS AND FORMATION OF THE NHS

The establishment of the NHS is one of the landmarks of twentieth century British history. This week we look at the struggles over the creation of the NHS and at the increasingly contentious historical debate about its origins. As well as the ordinary reading, you might want to look at the BBC documentary 'Before the NHS' which is based on oral testimony and archive film.

- VID BBC, Before the NHS, 1988. Available for viewing at Collegiate Crescent Library.
- KT C. Webster, 'Conflict and consensus: Explaining the British health service', Twentieth Century British History, 1, 1990, 115-51
- C. Webster, The National Health Service: A Political History, 1998.
- J. E. Pater, The Making of the National Health Service, 1981.
- R. Klein, The Politics of the National Health Service, 1988.
- C. Webster, The Health Services since the War: Part 1 Problems of Health Care: the NHS before 1957, 1988.
- D. M. Fox, Health Policies, Health Politics: The British and American Experience, 1911-1965, 1986.
- G. Rivett, From Cradle to Grave: Fifty Years of the NHS, 1998.
- H. Jones, Health and Society in Twentieth Century Britain, 1994.
- J. Harris, 'G. D. H. Cole's Survey of 1942: Did British workers want the welfare state?', in J. M. Winter, ed., The Working Class in Modern British History, 1983.
- KT D. M. Fox, 'The National Health Service and the Second World War', in H. L. Smith, ed., War and Social Change, 1986.
- KT R. Lowe, 'The Second World War, consensus and the formation of the welfare state', Twentieth Century British History, 1, 1990, 152-82.
- KT K. Jeffery, 'British politics and social policy during the Second World War'. Historical Journal, 1987, 30, 123-44.
- C. Webster, 'Labour and origins of the National Health Service', in N. A. Rupke, ed., Science, Politics and the Public Good, 1988, 184-202.
- KT J. Tudor Hart, 'Bevan and the Doctors', Lancet, ii, 1973, 1196-7.
- KT P. Jenkins, 'Bevan's fight with the BMA', in M. Sissons, ed., Age of Austerity, 1964
- KT A. Marwick, 'The Labour Party and the welfare state in Britain, 1900-1948', American Historical Review, 73, 1967-8, 380-403.
- KT Lord Hill, 'Aneurin Bevan among the doctors', BMJ, 29 November 1973, 468-9
- C. Webster, ed., Aneurin Bevan on the National Health Service, 1991.
- J. Hollingsworth et al., eds., State intervention in medical care: Consequences for Britain, France, Sweden and the United States, 1890-1970, 1990.

There is a NHS History website at <http://www.nhshistory.com>

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SEMINAR QUESTIONS

With the current condition and future prospects of the NHS so often in the news, there is only one question that could be asked for this seminar - Why was the National Health Service introduced in Britain in 1948?

The debate on its origins seeks to identify key sources of the Service and to weigh their relative importance. For the seminar you are asked to rank the following 'origins' in order of importance:

- Expert opinion and civil service planning?
- Party policies and politics, especially the 1945 Labour Government
- 'Pressure from below'
- The 'logic' of scientific medicine and the hidden hand of hierarchical regionalism?
- The actions of the medical profession?
- The exigencies of war?
- The hospital crisis of the 1930s and the evolution of NHI.?

TOPIC 10 THE NATIONAL HEALTH SERVICE, 1948-75

For such a major change, the NHS reforms seem to have been implemented very smoothly and rapidly. However, throughout the 1950s a number of problems emerged in the three main areas of activity: hospitals, general practice and public health. Some of these were structural, others operational, and some were brought about by rapid changes in medical science and practice. There is another BBC documentary to look at which sets out the issues very clearly. In the seminar we look at the extent to which the early NHS met the goals of its planners, whoever they were and whatever their aims were.

Rudolf Klein termed health policy in the period 1960-1975 'the politics of technocratic change' to signal the shift from ideologies to administration in the context of consensus about the basic aims of the NHS. The term also indicates the growing impact of medical technologies on the cost of health care and on its form, for example, the medicalisation of childbirth, the pharmaceutical revolution, and the growing dominance of primary (hospital) care.

VID BBC, The Early Years of the NHS, 1988. Available at Collegiate Crescent Library.

A. Hardy, Health and Medicine in Britain Since 1860, 2001, 139-

H. Jones, Health and Society in Twentieth Century Britain, 1994.

R. Klein, The Politics of the National Health Service, 1988

C. Webster, The National Health Service: A Political History, 1998.

G. Rivett, From Cradle to Grave: Fifty Years of the NHS, 1998.

J. E. Pater, The Making of the National Health Service, 1981

V. Berridge, Health Policy and Health, 1939-1997, 1999.

C. Webster, The Health Services since the War: Part 1 Problems of Health Care: the NHS before 1957, 1988

D. M. Fox, Health Policies, Health Politics: The British and American Experience, 1911-1965, 1986, Ch 8 & 10

F. Honigsbaum, Health, Happiness and Security, 1989.

KT C. Webster, 'Doctors, public service and profit: General practitioners and the National Health Service', Transactions of the Royal Historical Society, 1990, 40: 197-216.

J. Hollingsworth et al., eds., State intervention in medical care: Consequences for Britain, France, Sweden and the United States, 1890-1970, 1990.

I. Loudon, Western Medicine: An Illustrated History, 1997, Ch. 8.

M. Weatherall, In Search of a Cure, 1990, Ch. 8, 9, 10 and 11.

KT R. Bud, 'Penicillin and the New Elizabethans', BJHS, 31, 1998, 305-34.

J. Hughes, 'The "Matchbox or the Muffin": The design of hospitals in the early NHS', Medical History, 44, 2000, 21-56.

SEMINAR QUESTIONS

What were the main problems facing the hospitals after 1948? What policies were implemented to deal with the difficulties? How successful had these been ten years on?

What were the new issues had come to face the NHS by 1960? What were the bases of the optimism about the future growth of health care provision in the early 1960s?

When, and in what context, did shortage of resources (finance, people, etc.) first emerge as an issue in the NHS?

What problems did the administrative reorganisation of 1974 seek to address and how did it try to meet them?

TOPIC 11 THE PILL

Before the 1960s, pills were one among many ways of compounding and taking pharmaceutical preparations. Since the 1960s, 'the Pill' has become synonymous with one particular preparation, hormone-based oral contraceptives taken by women. The significance of 'the Pill' for the social position of women and its impact on fertility has been widely discussed. In this seminar we concentrate on its medical significance, particularly what its development and early use tells us about the post-war pharmaceutical industry, the changing role of the medical profession and what has been termed the medicalisation of everyday life.

L. Marks, Sexual Chemistry, 2000.

E. S Watkins, On the Pill, 1998.

KT C. K. Riessman, 'Women and Medicalization: A New Perspective', Social Policy, 1983, 14, 3-18.

KT L. Marks, 'A Cage of Ovulating Females: The history of the early oral contraceptive pill clinical trials, 1950-59', in S. de Chandarevian and H. Kamminga, eds., Molecularising Biology and Medicine: New Practices and Alliances, 1910s-1970s, 1998.

KT L. Marks, 'Human Guinea Pigs? The history of the early oral contraceptive clinical trials', History and Technology, 15, 1999, 263-88.

KT J. Reed, 'Public policy on human reproduction', Journal of Social History, 18, 1985, 382-98.

N. Oudshoorn, Beyond the Natural Body: An Archaeology of the Origins of the Hormonal Body, 1994, Ch. 6.

A. McLaren, A History of Contraception: From Antiquity to the Present Day, 1990.

KT R. C. Johnson, 'Feminism, philanthropy and science in the development of the oral contraceptive pill', Pharmacy in History, 19, 1977, 63-77.

P. Vaughan, The Pill on Trial, 1970.

A. D. G. Gunn et al, eds., Oral Contraception: Thirty Years of Clinical Experience, 1987.

SEMINAR QUESTIONS

What were the main methods of contraception before the Pill and to what extent did each involve medicine?

What agencies developed the Pill and why? What problems did they face?

What was the reaction of the medical profession to its changing role in contraception in the 1960s and 1970s?

Is it useful to think about the Pill creating the 'medicalisation of everyday life' for women?