Histories of disease
Online Program in the History of Medicine
3 credits

What is a disease? How do we describe its history? These may seem like simple questions. But answering them can be quite challenging. Definitions of disease change over time and space. There are also numerous ways to describe the history of disease. In this course we will examine alternative approaches to the history of disease, how they are constructed and the contribution each approach makes to the history of medicine. We will do this by examining histories of a number of diseases. Emphasis is on how people sought to comprehend disease in the past, what resources they mobilized to make such meanings, and the prevailing cultural and scientific norms that conditioned their thinking. We investigate the ways in which studying disease control and therapeutics in multiple contexts casts a critical light on the functioning of societies and governments. We also focus on how formulations of disease can shape notions of gender, class, race, and childhood, and vice versa. Students will analyze a variety of methodological approaches that historians have adopted in trying to understand and interpret different diseases.

Learning objectives
By the end of this course, students will be able to:
1. Evaluate different methodological approaches to studying the history of disease.
2. Identify how ‘disease’, ‘sickness’ and ‘illness’ differ from one another, and why this distinction matters.
3. Describe the main features of the history of a range of infectious and non-infectious diseases.
4. Understand how cultural, social, and scientific factors influenced how diseases were interpreted in the past, and continue to do so.

Class sessions
Lecture 0: Introduction
Randy Packard
Brief introduction to the structure of the course, learning objectives, assignments.

Session 1: Breakbone Fever
Randy Packard

Lecture  Breakbone fever was the popular name given to a fever that broke out in Philadelphia in 1780. It was subsequently used to describe dengue fever, a viral disease that has infected millions of people across tropical areas of the globe, and which causes symptoms similar to those affected by breakbone fever in 1780. Was the disease that broke in Philadelphia dengue fever? An exploration of this question highlights the importance of alternative approaches to the history of disease. It also reveals how each approach can highlight different aspects of the relationship between disease and society.
Discussion: Adrian Wilson distinguishes between two kinds of histories of disease. One he calls a naturalist-realistic, the other historicalist-conceptualist. What are the differences between these two approaches? How can Benjamin Rush’s 1780 “Account of Bilious Remitting Fever” be used to write a naturalist-realistic? How can it be used to write a historicalist-conceptualist? Are there advantages and disadvantages to writing one kind of history of disease over another?

Readings


Andrew Cunningham, “Transforming Plague: the Laboratory and the Identity of Infectious Disease,” in Laboratory Revolution in Medicine, ed. Andrew Cunningham and Perry Williams (Cambridge: Cambridge University Press, 1992): 209-244.

Before reading the primary source (Rush) you may want to view the Toolbox video “Reading a Primary Source”.

Response Paper

Write a 2 page double-spaced response to either Cunningham or Wilson in which you counter their central arguments about how to write the history of disease. You can use the history of any disease other than dengue/breakbone fever to make your case.

Please join the “Welcome” Voice Thread and introduce yourself to the class.

Live Talk: Thursday

Learning Objectives

1. Understand the difference between realist and historicist approaches to disease, and the pluses and minuses of each.
2. Describe a range of sources used to reconstruct the history of disease, and their relative advantages and disadvantages.
3. Examine the contexts that shape how a single disease has been understood at different times.

Session 2: Ontological versus Physiological Concepts of Disease: Their Origin in Hippocratic Medicine

Gianna Pomata

Lecture  This lecture will introduce students to the distinction between ontological and physiological views of disease as it originated in the Hippocratic Corpus, the foundational text
of the Western and the Arabo-Galenic medical traditions. The lecture will focus especially on the physiological view, as illustrated by the case histories in the Hippocratic *Epidemics*, the first case collection in European history. The lecture will also provide a brief comparative framework on the ontological/physiological distinction as a tool for the cross-cultural study of disease concepts.

If you have not taken Survey 1, you may wish to view the lectures “The Four Humors” and “Galen’s Physiology” as background for this week’s topic.

**Readings**

Source: selections from the Hippocratic *Epidemics*.


**VoiceThread**

**Response paper**

The readings for this week include the classic essay by Owsei Temkin that first highlighted the distinction between ontological and physiological notions of disease. Temkin focused exclusively on the Western medical tradition, but the other two essays in this week's reading list make it clear that this same distinction can be found, in various forms, in other medical cultures. Based on these readings, write a short response paper (max. 2 pages) comparing the physiological notion of disease as we find it in Hippocratic medicine and in the medical cultures of pre-modern China and contemporary Iran.

**Learning Objectives**

1. Distinguish between an ontological and a physiological concept of disease as a tool for medical history.
2. Contextualize the origins of this distinction in the Hippocratic corpus.
3. Utilize this distinction for a comparative approach to medical cultures.

**Session 3: Green Sickness**

Mary Fissell

Green sickness, a malady diagnosed in girls and young women in the early modern period, is a disease category that is no longer with us. What does it mean to explore a disease that has
seemingly vanished? How and why did this disease make sense in the seventeenth century, but not today?

**Lecture** Bloodletting or Marriage: The Early-Modern Treatment of Green Sickness

This lecture introduces the disease concept “green sickness” and explores clinical aspects: diagnosis and treatment. It situates the disease within a larger cultural framework about puberty and marriage.

**Readings**


“The Green-sickness grief, Or a Maidens moan, / Complaining because her Sweet-heart was gone.” (London, Printed by E.C. for F. Coles. T. Vere. and J. Wright, ca.1663-1674), Euing Ballads 125.


**LiveTalk** Wed. Nov. 9

**Response Paper**

In 2 single-spaced pages, compare and contrast Figlio’s and Loudon’s interpretations of chlorosis.

**Learning Objectives**

1. Analyze how gendered ideas shape disease categories
2. Analyze primary sources to reconstruct cultural meanings of a disease

**Session 4: Sexually Transmitted Disease**

Bridget Gurtler

This session explores the how sexually transmitted diseases have historically been especially rich sites for the creation of anxieties about the moral and physical health of individuals and nations. In this section we will look at how changing definitions of disease informed a wide range of therapeutic measures. These measures consistently gave rise to tensions between the ability of patients to privacy in one of the most intimate realms of human experience and the interests of the state in protecting the health of families, armies, and communities.

**Lecture 1 Defining Disease**
Focusing on the United States and a few key sites across the globe this lecture examines how a range of historical actors defined “social diseases” in the 19\textsuperscript{th} and 20\textsuperscript{th} centuries. It asks how issues of race, class, gender and sexuality changed the study of sex and its diseases, from syphilis to HIV and how physicians, scientists, public health workers, and patients negotiated who had the power to define a disease.

\textbf{Lecture 2 The Politics of Treatment}

This lecture will discuss how and why the management and treatment of venereal disease became of concern for the state. It will trace moments in which VD became a loci for concerns about sexual mores, social upheaval, and the status of the nation in the USA from the mid 19\textsuperscript{th} century to the present. From forced health inspections in the sex industry and armed services to the politics of the HPV vaccine, we will explore how issues of gender, sexuality, and nationalism became key determinants in the shifting balance between personal privacy and the interests of state in the protecting the public’s health.

\textbf{Readings}


\textbf{Learning Objectives}

1. Analyze tension between individual rights and the protection of public health
2. Examine how race, gender, colonialism, and sexuality influenced understandings and management of venereal disease
3. Evaluate primary sources to reconstruct different cultural meanings and medical models of venereal disease

\textbf{Session 5: Diabetes}

Jeremy Greene

Diabetes is an ancient disease. Clinical descriptions matching the condition can be found in Egyptian papyri from thousands of years ago. Yet the treatment, prognosis, and very definitions of diabetes changed dramatically over the course of the nineteenth twentieth
century in concert with changing technologies for disease management, from insulin to home
 glucometers and test-strips. We will explore the historical trajectory of diabetes to grapple
 with continuity, change, and the role of technologies in the definition of disease.

Lecture 1  A Disease in Motion  This lecture examines the expansion of the clinical diagnosis of
diabetes in the 19th and 20th centuries, from the classic symptomatic triad of polyuria,
polydipsia, and autophagia to a process mediated by laboratory analysis of sugar and
glycosylated hemoglobin in the urine and blood. We will explore the role of science,
technology, and market forces in the expansion of disease categories.

Lecture 2  Living With Uncertainty  This lecture explores the daily challenges that patients face
as the expectations of living with chronic disease change with the development of new
diagnostic and therapeutic technologies. We will examine the expectations of scientific and
 technological literacy that accompany biomedical patienthood in the 20th and 21st centuries.

Readings
Christopher Feudtner, “A Disease in Motion: Diabetes History and the New Paradigm of

Christopher Feudtner “Getting the Point: The Daily Work of Diabetes” in Bittersweet: Diabetes,
pp. 89-120

Jeremy Greene, “Finding the Hidden Diabetic: Orinase Creates a New Market” in Prescribing by

Harry Marks, “Anatomy of a Controversy: The University Group Diabetes Program Study” in
Progress of Experiment: Science and Therapeutic Reform in the United States, 1900-1990,

Response Paper

This week’s readings make clear that diabetes at the end of the 20th century was a different
disease than in the beginning of the 20th century, and encompassed a far larger population
with a much different symptomatic basis for diagnosis. Yet the three authors we read this week
produced very different stories about this transformation. Write a short response paper
comparing and contrasting these different histories of the same disease, with attention to how
each historian attends to different kinds of historical actors and historical forces in relating the
changing epidemiology and experience of diabetes in the 20th century.
Learning Objectives

1. Explore continuity and change in the definition of disease over time
2. Describe the historical interaction between chronic disease and therapeutic technologies
3. Consider the problems in the expansion (and contraction) of disease categories
4. Describe the many stakeholders—beyond the medical profession—involved in the definition of disease categories

Session 6: Fever: From Diseases to Symptom
Graham Mooney
“Fever”, one would think, is a straightforward concept, referring to a physiological state associated with high bodily temperature and chills. Yet this simplicity masks a complex history about a bewildering array of diseases, analysis of which proves useful for exploring medical theory, disease control efforts, and the politics of health.

Lecture 1: Diseases and Symptoms
Using specific examples, such as remittent fever and simple continued fever, this lecture investigates long-term shifts in the definition, detection, and classification of “fever” to examine how, where, and why it was transformed from a “disease” (or more accurately, a set of ailments known as fevers) to a symptom.

Lecture 2: Fever as Geopolitics
In his book, More than Hot, Christopher Hamlin interprets fever as a medical leitmotif of imperial domination. This lecture considers how the meanings and uses of “fever” reflect deep-seated ideas about the differences between races and places. “Fever” as disease indicated the exotic, the dangerous, the feared “other”. In contrast, “fever” as a symptom came to indicate a benign physiological state. We will explore how these alternate meanings have persisted into the early 21st century and continue to divide the global North from South.

Readings


Response paper
In a two page response, compare and contrast Murchison and Fayrer’s summaries of fevers. What factors do they choose to emphasize? How do ideas about place and environment influence their ideas?
Live Talk

Learning Objectives
1. Describe the main forms of fever as disease before the 20thC, including the kinds of medical knowledge underpinning their characterization.
2. Analyze the ways in which western medical knowledge transformed fevers from a broad group of ailments to a symptom.
3. Explain why the transformation of from fever as disease to symptom illustrates the broad contours of geopolitical power under imperial rule and into the present.

Lecture 7: Malaria
Randy Packard

Malaria is a quintessential tropical disease, affecting millions of people living in African, Asia and Latina America. It is also understood to be a vector borne disease, that is a disease transmitted by mosquitoes, and control efforts have focused on eliminating mosquitoes. But malaria was not always a disease limited to the tropics. In the 19th century, malaria outbreaks occurred as far north as Minnesota, New York and Boston. On the other hand, the extent of malaria in the tropics expanded during the 19th and 20th centuries. Malaria was also not always viewed as a vector borne disease. Alternative understandings of the disease and how to fight it had a wide following. This session we will examine the forces that reshaped the distribution of malaria, leading to its concentration in the tropics. It highlights how the histories of disease are shaped by wider political and economic conditions. It will also examine why malaria came to be viewed primarily as a vector borne disease.

Lecture Lays out the broad contours of the history of malaria, examining its distribution at the beginning of the 19th century and how it gradually disappeared over wide areas of the globe.

Discussion What were the factors that contributed to the disappearance of malaria from large areas of the globe in the 19th and early 20th century? How have understandings of this disappearance been contested? In what ways does an understanding of the historical processes that led to the disappearance of malaria be used to understand current efforts to control or even eradicate malaria.
Readings:


Missiroli, L. W. Hackett, “The races of A. Maculipennis and their Importance in the Distribution of Malaria in Some Areas of Europe,” Revista di Malariologia, 12, 1 (1933) 1-56.

Response Paper
Compare two of the three articles by James, Barber and Missiroli/Hackett. How does each explain the distribution of malaria. In what ways are they similar? In what ways do they differ? What are the implications of each article for the control of malaria?

VoiceThread

Learning Objectives

1. Explain the ways in which political and economic forces have shaped the distribution of the global burden of disease
2. Analyze the conditions that produce medical categories like “tropical disease”.
3. Evaluate the conditions that shaped changing understandings of how to control malaria from the end of the 19th century.

Session 8: From Wenbing to SARS: Writing a Biography of a Chinese Disease Concept
Marta Hanson

The Chinese disease concept wenbing (lit., warm diseases) encompasses a wide range of febrile disorders from the simple fever and related symptoms of a bad cold to the more life threatening complications of pneumonia and many infectious diseases. Changes in the understanding of and therapies for wenbing from its birth in the 1st century BCE to maturity in the early modern period and even relevance today in Chinese medicine reveals geographic, intellectual, and cultural diversity within classical Chinese medicine on its own terms. Examining its place as a disease concept that guided integrated medical interventions in mainland China during the SARS epidemic provides a revealing case example of why some traditional medical
concepts persist in the present as forms of resistance to the narrowing of meaning as well as therapeutic options in modern biomedicine.

Lecture 1 applies analytical concepts from the works of Temkin, Rosenberg, and Duffin to understand Chinese traditional epidemiology broadly and the disease concept wenbing “warm diseases” specifically within traditional epidemiology. (Synchronic approach).

Lecture 2 uses the narrative device of a “biography of disease” to understand how wenbing changed meaning over time from its “birth” in Chinese medical classics to its role during the SARS epidemic. (Diachronic approach).

Readings


Response Paper
Evaluate which of the analytical concepts of Temkin, Rosenberg, and Duffin you found most useful for gaining entry into how Chinese physicians understood fevers and epidemics.

VoiceThread

Learning Objectives
1. Analyze pros and cons of the biography of a disease concept as a heuristic device in medical history.
2. Understand the Chinese disease concept for “fevers” as both disease and symptom within the classical Chinese medical framework and, by extension, how to take a historical and contingent approach to any other disease concept.
3. Apply Rosenberg’s distinctions of contamination, predisposition, and configuration, Temkin’s ontological-physiological spectrum, and Duffin’s elements of disease concepts to Chinese disease concepts (Warm diseases and SARS).