Online Program in the History of Medicine
Johns Hopkins University
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150.728 Healing Spaces: Historical Geographies of Medical Practice

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Course description
Healing Spaces is a research seminar that provides an introduction to how healers of all kinds have produced and adapted different spaces to facilitate, promote, and authorize particular forms of healing. Space has been central to healing practices in the industrializing west. It is not just that healing occurs in different sorts of spaces; rather, understanding spatial forms is crucial to understanding the real and imagined power of healing, and the kinds of healing that are possible. The course will promote awareness of the extent to which healing practices shape our perceptions and lived experiences of spaces and places. Indeed, taking one definition of place to be “space with meaning”, the course explores how healing practices endow spaces with meaning and vice versa. The course attends to the organization of both “private” and “public” spaces, and the spaces in between, and the kinds of healing that are practiced in and around them. The structure of the course privileges the spatial over the temporal, taking students on a sort of guided tour of healing spaces: from inside the home, out onto the street, and towards spaces such as emergency rooms, waiting rooms, and even ships.

Assignments
Weekly assignments include response papers, discussion forum contributions, and contributions to discussions on VoiceThread. If you are taking this course as part of the online MA in the History of Medicine, your final assignment is to generate a long-form proposal for a research paper based on primary sources that will form the basis of a research paper next term. If you are registered as a non-degree student, you can either produce a research paper proposal, a wiki entry or a Story Map. You will find a suggested list of final assignment topics at the end of this syllabus and on the CoursePlus website. These are only suggestions; you are encouraged to develop your own ideas in consultation with course faculty.

All students with disabilities who require accommodations for this course should contact Catherine L. Will, Disability Services Coordinator for Graduate Biomedical Education (cwill@jhmi.edu or 410-614-3781) at their earliest convenience to discuss their specific needs. Please note that accommodations are not retroactive.

Readings
The Required Reading should be done before viewing the lecture, to aid understanding. The Optional Reading list provides references and sources that have been used in the lecture should you wish to pursue a particular topic in more depth.
Required book purchase

Learning Objectives
After successfully completing this course, students will be able to:
1. Explain the basic geographical concepts of space, place, and mobility;
2. Identify, using specific examples, the ways in which space, place and healing practices are mutually productive;
3. Design a research proposal, wiki, or Story Map that analyzes the healing practices of a space or particular place, integrating approaches and methods from history and geography.

Lecture 1: Spaces of Healing: Introduction
This lecture briefly introduces students to the course objectives and content. We outline fundamental concepts about space, place and mobility that are key to understanding geographies of healing. We will begin to think about how healing practices produce new sorts of spaces and places; and how, in turn, the configurations of space influence healing practices.

Required Reading

Optional Reading
Learning Objectives
1. Define what is meant by the terms “space” and “place”.
2. List the three components that comprise geographers’ understanding of “place”.
3. Appraise the potential contribution of spatial approaches to the interpretation of healing practices in the past.

Lecture 2: Healing at Home
Modern western medicine is typically practiced in the hospital or a doctor’s office—so much so, in fact, that many scholars of the contemporary medical world mistakenly consider these spaces as the “traditional” sites of health care. However, this impression belies the long history of domestic healing that medical historians have uncovered and has continued into the present. In this lecture and assignment, we consider two approaches to healing in, and of, the home. First, we use domestic space to think about women’s roles as care givers in the early modern period. In particular, we focus on the ‘still-room’, where women kept recipe books and medicines. Second, we look at physicians’ home visits. In the over-crowded medical market of the nineteenth century, for example, a family practitioner might steal a march on competitors through a willingness to travel long distances in foul weather. Home visits were crucial for establishing a practice and cultivating a loyal clientele. We use images, diaries, and memoires to observe how home visits were an integral part of ‘bedside’ medicine and drew physicians into the social worlds of their patients.

Required Reading

Optional Reading

**Assignment**

Read the excerpts from Bryce Gunn’s journal (there is a summary of his life and career in the Online Library). Using Leavitt’s paper and any of your other reading for background, produce a 500 word response paper, seeking to answer these questions: What characteristics of the spaces Bryce Gunn visits might influence the medical care he provides? In what ways might the space of the home be changed by Bryce Gunn’s visit?

**Learning Objectives**
1. Describe the various ways in which healing has been delivered in the home, by and for whom.
2. Explain the pros and cons of a doctor’s home visit to the medical practitioner and the patient.
3. Illustrate how the home and domesticity have been represented in institutionalized medical spaces.

**Lecture 3: Street Healing**
Itinerant empirics—quacks, charlatans, mountebanks—flourished in the early modern period. These so-called ‘irregular’ practitioners exploited face-to-face contact in public settings so as to attract potential patients/customers in what was an otherwise spatially-limited medical market. Using streets, town squares, and market-places as a stage, their public performances employed theatrical and rhetorical strategies that maximized profit and emphasized, if not exaggerated, the efficacy of their healing practices. They also exhibited traits of other business practices, such as advertising and the rental of store space. Perhaps surprisingly, these sorts of practitioners could be found roaming the US after World War II in the waning tradition of medicine shows. This lecture considers the popularity and repression of this ‘public way of practice’ in Italy, the Netherlands and England over the ‘long’ 18th century, and in 20th century America.

**Required Reading**


Optional Reading


Assignment
Generate a formatted bibliography of the publications of David Gentilcore. Compare and contrast your list and your search strategies with a classmate. What databases did you consult? Did you miss anything significant and how would that effect, say, a literature review of charlatanism? What would you do differently? Are you using bibliographic software to store references? Post your joint thoughts to the VoiceThread.

Learning Objectives
1. Assess the value of using the concept of “circulation” to understand the practices of itinerant healers throughout history.
2. Describe the ways in which itinerant healers used public space to practice.
3. Evaluate how historians have conceptualized the relationship between itinerant healing and public space.
4. Compile a bibliography of secondary literature on a specific historian/topic.

Week 3

Lecture 4: Healing-in-Transit: The Ambulance
Streets are dangerous places, as numerous itinerant healers testified. For many people today, their patient experience begins on a highway—quite literally, as they are picked up off it by an ambulance as an accident victim. According to the US office of the Inspector General, in 2011 there were almost 15 million ambulance journeys of Medicare recipients alone. Almost 5 million of these were emergency trips that required advanced life support. There is no doubt, then, that the ambulance has become an important space for the delivery of medical care. What happens at the roadside and in an ambulance can mean the difference between life and death. This lecture will briefly trace the roots of the modern road ambulance to the battlefields of Napoleon’s 1797 Italian campaign and how it was adopted in civilian life over the course of the next 150 years. It then compares the development of the ambulance in the US and the UK in the period after World War II, unpicking the multitude of spatial metaphors of this healing-in-transit, including “pre-hospital care,” “mobile intensive care,” and “intensive care flying squads”. In so doing, the lecture
reveals how the subjectivity of the patient can be transformed during the ambulance ride.

**Required Reading**

**Optional Reading**

**Assignment**
Live Talk. You will be asked to read the papers on ambulance design and services either by Peter Bothwell (in the UK) or by Peter Safar (in the US) (listed below and provided in eReserves). In the Live Talk we will discuss the following questions: In what ways do your chosen author’s ideas about ambulance design change over time, if at all? How does he characterize the design of existing ambulances or the history of ambulance design generally? What changes to ambulance design does he recommend and why? How does he reach his conclusions? From these works, can you read how the design of ambulances is influenced by the structure of health care provision and the status of medical specialties in the relevant countries? What happens if we regard the patient as a passenger as well as a patient?


**Learning Objectives**
1. Describe the historical origins of the road ambulance in early modern Europe.
2. Suggest the ways in which the subjectivity of the patient might be shaped by an ambulance journey.
3. Analyze, from an historical perspective, the value of thinking of patients in an ambulance as “passengers” as well as “patients”.

**Week 4**

**Lecture 5: The Emergency Room**

The accident room/casualty department has been with us in one form or another for centuries. But the Emergency Room that we recognize now in the US took shape in the 1960s—partly due to welfare reforms. Characterized as the ‘front room’ of the hospital by the 1970s (which in itself is an extremely telling spatial metaphor, straddling the space between the institution and the street outside), the ER gave rise to particular forms of medical practice and spawned a specialty all of its own, Emergency Medicine. Indeed, as Anne Merritt argues, “Emergency Medicine ... was defined exclusively by its location: the hospital ER.” Yet in response to the unsuitability of the ER as a primary care safety net for the uninsured poor, a number of alternative spaces have emerged, such as retail clinics, urgent care centers, and walk-in clinics.

**Required Reading**


**Optional Reading**


Assignment
Write a 250 word abstract (please adhere to this word limit) on the topic of your Research Paper, wiki entry or Story Map. Is it a space, place or practice? What is the historical question or problem? What is your thesis/argument? What is the evidence and what primary materials are you using? What’s going on in the field of study more broadly and how does your paper contribute to it? Why should it matter to other historians? Submit to course Dropbox.

Learning Objectives
1. Assess how the relationship between a medical specialty and the spaces it creates has been represented by historians.
2. Evaluate the non-medical reasons for the emergence of a medical space.
3. Distinguish the processes of categorization, sorting, and ordering that occur in Emergency Rooms.

Week 5

Lecture 6: Waiting
Most episodes of illness require some form of waiting (even if it's just waiting for a pill to work its magic—or not!). This lecture will show that waiting was always a common part of health care (think home visits, hanging around the apothecary shop), but transformations in health care towards the extensive use of institutional settings—from dispensaries, through hospitals, to doctors' surgeries/offices—meant that waiting became a routinized aspect of the modern patient experience. This lecture draws on insights about “stillness” from mobility studies to think about how waiting shapes patient subjectivity. It considers what the utilization of waiting rooms—and their literary and visual representations—can tell us, not just about the delivery of health care, but also about the contradictions of waiting in a modern world that is so dependent on the rapid movement and flow of people, goods, and ideas.

Required Reading

Optional Reading
Assignments
There are two assignments this week:
1. VoiceThread. Watch these two post-World War II Pathé news items on waiting rooms in the UK’s newly created National Health Service. As an aspect of the health care system, how might you use these movies about waiting to make a critique not just of health care systems but of British society in general in this period (e.g. class, gender, nationhood, civic participation)? How are waiting rooms represented as relational spaces? How do these representations measure up with your own impressions of waiting rooms? Add your thoughts to the VoiceThread.

(a) Brighter Look for Hospitals (1949, 50s)
https://www.youtube.com/watch?v=3mfnPQGV1a0
(b) Hospital (1954, 1min 52s)
https://www.youtube.com/watch?v=qygR9TwXHbU

2. Compose an annotated bibliography of at least five secondary sources and one primary source related to the space/place/practice you have chosen for your final assignment. Provide evidence that you have started your primary research.

Learning Outcomes
1. Evaluate how waiting rooms provide useful historical examples of what is known as “relational space”.
2. Describe why and with what the “empty time” of the waiting room has been filled in various ways.
3. Analyze the virtues of using a mobility studies approach to “waiting” in order to understand the medical encounter.

Week 6

Lecture 7: Healing Waters: Spas and Resorts
Spas were not just places of healing. As historian Amanda Herbert has shown for the English spa town of Bath in the early modern period, they were also sites of sociability, particularly for women, who used them share knowledge of recipes, cookery, and art; that is, spas, and the towns where they were located, were “geographic sites of for female identity creation”. Yet this alone cannot explain the popularity of spas beyond the early 18th century, so we consider how a group of west Bohemian (now Czech Republic) spas became the focal point for expressions of bourgeois Jewish culture in the late 19th century for reasons that were only partly related to health. In France, where mineral waters were unproblematically included in the new health insurance system of the 1940s, the continued popularity of spas was mainly due to the political power exerted by the spa industry, the inclusion of hydrology into the medical school curriculum, and scientific demonstrations of beneficial physiological impacts.

Required Reading


**Optional Reading**


**Assignment**

There are two components to this week’s assignment:

1. Write a 500 word proposal of your project, with a research question and discussion of your primary sources. Submit to course Dropbox. If you are creating a wiki or Story Map, instead of a research question, write a paragraph on the significance of your chosen space/place/practice.

2. On the VoiceThread, introduce your most important secondary source and explain how you hope to interact with it (extend the argument made; critique it; negate it).

**Learning Outcomes**

1. Outline the medical and non-medical reasons for the popularity of spas in the early modern period.

2. Describe how and why spas remained popular in 20th century France.

3. Evaluate the spa as a “relational space”.

**Week 7**

**Lecture 8: Healing-on-Water: Ships**

This lecture discusses how ships have been interpreted as containers of poor hygiene and progenitors of feverish sickness. Yet again, we will consider the role of mobility in medical place-making, particularly the value of seeing patients as passengers; as on land, not all “passenger/patients” were the same: some were travelers, others were sailors or military. We then can observe how it is possible to
regard the ship as either a restorative space or a vulnerable space, shaped for good or ill by the vagaries and unpredictability of its watery surrounds.

**Required Reading**


**Optional Reading**


**Assignment**

There are two assignments this week:

1. Peer review of previous week’s writing assignment. Your contribution in Week 6 will be allocated to a fellow student for peer review. Critiques will be posted to the Course Dropbox.

2. Voicethread. Read the excerpt from Alexander Falconbridge, a former surgeon on slave ships. On the Voicethread, post your thoughts about the ways in which the materiality of the slave ship itself (design, layout, construction materials) and its relationship to the water, shapes the experiences of the slaves. You are encouraged to use plans and drawings of slave ships to illustrate your comments.


**Learning Outcomes**

1. Critique the view that historians have neglected the sea itself when interpreting the role of medicine on board ships.

2. Analyze the value of a mobility studies approach to understanding the significance of healing-on-water.

3. Outline the kinds of medicine practiced on board ship and how it differed from practice on land.

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**Week 8**

**Lecture 10: Healing from Anyplace? Doctoring at a Distance**

Does space matter when the patient and the healer are in different places? It would appear that the increasing popularity of telemedicine is beginning to render the
spatial separation of the patient from medical expertise much less of a barrier to health care access than it once was. Others argue that remote doctoring actually intensifies the role of place in healing practices. However, the history of doctoring at a distance long predates the exploitation of modern technologies such as telephones, personal computers, and webcams. This lecture examines how patients and doctors conducted diagnostic and therapeutic negotiations through hand-written correspondence. It reveals what medicine-by-post can tell us about the doctor-patient relationship and the delivery of medical care more generally in the pre-modern period.

Required Reading

Optional Reading

Final Assignment
Submit a 1,000 word version of your research project proposal to the Course Dropbox, or post your final wiki or Story Map.

Learning Objectives
1. Discuss the historical significance of letter writing for the delivery of medical care.
2. Examine the significance of place and space in remote medical consultation compared to face-to-face encounters.
Potential topics for individual research papers

‘Medical’ spaces (and spaces within them):
- Battlefield/field hospital
- Operating Room
- Intensive care unit
- X-ray room
- MRI room
- The doctor’s office/surgery
- Birthing room
- Family planning clinic
- Hospice
- Isolation/Fever hospital
- Children's hospital
- Foundling hospital/orphanage
- Lock hospital
- TB sanatorium/preventorium
- Workhouse/workhouse infirmary
- Lunatic asylum/mental hospital
- Convalescent home
- Venereal Disease Rapid Treatment Center
- Medicinal gardens
- Hospital spaces compared to non-medical spaces, e.g. shopping mall, hotel

‘Non-medical’ spaces:
- Domestic sick rooms
- Home birthing spaces
- Monasteries/religious buildings
- Plantations
- Mines
- Factories
- Prisons
- Almshouses
- Baths and washhouses
- Gardens
- Native People’s/Indigenous People’s reservation
- Ships

Application or expression of a concept/idea/metaphor/practice/material in one particular space or across different kinds of spaces:
- Domesticity/home
- Nationality/nationhood
- Citizenship
- Complementary medicine
- Environment
- Ventilation
- Hygiene and cleanliness
- Freedom/Incarceration
• Emergency
• “The market”
• Categorization
• Segregation
• Discrimination
• Sorting/Triage
• Subjectivity
• Health care rationing
• Death and death certification
• Uses of spatial metaphor (e.g. for the ER: “shop window”; “the pit”; “knife and gun club”)
• Healing spaces represented through a particular genre (e.g. children’s books on the ER)
• Example of an individual healer practicing in different spaces/places
• Example of an individual recipient(s) of health care moving through different spaces/places

Syllabus last updated: 12/12/2016