Introduction to the History of Medicine
Online Program in the History of Medicine
ME 150.722

3 credits

Course Leaders: Prof. Mary Fissell, Dr. Bridget Gurtler, and Eli Anders, Department of the History of Medicine, Welch Medical Library; mfissell@jhu.edu, bgurtle1@jhmi.edu, eanders@jhmi.edu
Online Office Hours: Tuesdays, 8-9pm

Course Description
This course introduces students to key themes and approaches in the history of medicine, healing, and public health. Topics include the history of disease, the history of therapeutics, and patients and healers. The course explores a variety of approaches to the interpretation of primary and secondary sources; a range of analytic frameworks for understanding history; and different techniques for writing histories of scientific research, healing practices, or technologies. We will examine how various historical developments were not predestined, but instead were produced by real people, with interests, wants, needs, motives, and limitations. Students will explore the history of medicine and public health as a way of knowing balancing primary and secondary sources.

Please note:
1. Students wishing to take a comprehensive chronological approach to the history of medicine should register for the four-course Survey in the History of Medicine.
2. The topics offered are subject to change, depending on the faculty teaching the course in any given year.

Course Prerequisites
Introduction to Online Learning.

Course Learning Objectives
Upon successfully completing this course, students will be able to:
1. Describe key themes in the history of medicine, healing, and public health.
2. Develop skills in the analysis of primary and secondary historical sources.
3. Identify a range of techniques for writing about the history of medicine, healing, and public health.
4. Demonstrate the value of different analytic frameworks in the history of medicine, healing, and public health.

Course Assignments and Grading
This course is Pass/Fail. Assessment is based on a combination of weekly assignments (completed alone or in small groups) and a final paper. The percentage breakdown for each component is:
Weekly Assignments: 80%
Final Paper: 20%

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
Weekly readings and additional references for the Final Paper are available on CoursePlus and in Welch Library eReserves.

Historian’s Toolbox
The Online Program has made a number of brief videos that provide guidance on specific aspects of historical work, such as reading primary sources, or avoiding plagiarism. All the videos are available in the CoursePlus “History of Medicine Toolbox” area.

Course summary, Spring, Quarter 4, 2016

Week Order:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Assignments</th>
</tr>
</thead>
</table>
| 1  Introduction & The Black Death: Two Stories | LiveTalk March 24, 5:30-6:30 pm & 7-8 pm  
Written response paper |
| 2  What is Disease?                       | VoiceThread                                      |
| 3  Patients and Healers                   | VoiceThread  
Written Response with peer response |
| 4  Cultural Histories of Pain             | LiveTalk April 13, 5:30-6:30 pm & 7-8 pm  
Written response paper |
| 5  Rethinking Efficacy: Therapeutics in Historical Perspective | VoiceThread                                      |
| 6  Body Counts                            | Discussion Forum                                 |
| 7  Bodies and Representation              | VoiceThread  
Written Response                                      |
| 8  The Tangle of History: The Tuskegee Syphilis Experiment | LiveTalk May 11, 5:30-6:30 pm & 7-8 pm |
|                                           | Final Essay, due 5/16/16                        |
## Week 1: Introduction and The Black Death

### Lecture 0: Introduction (Fissell, Greene, Gurtler)
Provides an overview of the objectives and structure of course. Outlines major themes. Explains learning objectives and assessment strategy.

### Lecture 1: The Black Death: Two Stories (Fissell)
This class explores the different ways that historians think about medicine, health, and healing in the past, using the lens of the Black Death. It introduces the concept of multiple ways of looking at a historical event. Using the Black Death in the fourteenth century as an example, we explore how humans ‘made’ the disease, i.e. how trade routes created the 1348 pandemic and how Christianity, Judaism, and Islam responded to the Black Death. Though we now know what germ caused the Black Death, human agency and culture made the epidemic what it was.

### Required Readings

#### Primary Sources:

#### Secondary Sources:
Assignment
This week’s assignment:
1. Written response: Students should read all the primary sources, and choose one to characterize using the framework in the Toolbox video “How to Read a Primary Source”. Write a characterization (the who? what? when? etc.) of your chosen primary source – no more than 1 page double-spaced, and submit to Drop Box by 11:59pm Wednesday March 23, 2016.
2. Live Talk discussion: What is the “best” source of all the primary sources you have read? Why? Be ready to describe your ideal primary source on the Black Death. Think about the likelihood of its ever having been written and having survived.

Learning Objectives:
1. Understand the range of sources historians employ.
2. Critically evaluate the different frames of analysis used in narrating history.
3. Describe a range of interpretive methods historians have adopted to analyze the history of the Black Death.

Week 2: What is Disease?

Lecture 2: What is Disease? (Greene)
The diagnosis, prognosis, and treatment of disease have long played a central role in defining the task of medicine. Yet the burden of disease on a given population, the delineation of health and pathology, and the kinds of logics used to distinguish the two have changed drastically over time. How do diseases get defined and demarcated? Who gets to decide what is a disease and what is not? What are the consequences of such decisions? This lecture discusses some of the issues that emerge when disease is considered in historical context by using the 1973 American Psychological Association’s demedicalization of homosexuality as an example.

Required Readings
Assignment
The focus of the Voice Thread will be on the following aspects of the readings:
1. Revisiting the medicalization of homosexuality (Hansen).
2. Approaching the dynamics of disease through somatic categories. Thinking about dynamic nominalism and an exploration of presentism/antipresentism in historical writing (Peitzman).
3. The tools of social history, economic interest, and the history of technology (Wailoo).
4. Bringing together a framework for the question ‘what is disease’ by demarcating the ontological and physiological and stakes and stakeholders (Aronowitz).

Learning objectives
1. Understand the historical processes by which disease changes over time, in both its classification and social meanings, on the one hand, and its epidemiology, prognosis, and treatment on the other.
2. Approach disease as historically contingent, and appreciate the role of historical analysis in understanding disease in context.
3. Assess what is at stake—and to whom—in differentiating between the normal and the pathological.

Week 3: Patients and Healers

Lecture 3: Patients and Healers (Fissell)
How has the relationship between patients and healers changed over time? How does this relate to structures of health-care delivery? How do medical theories/practices and patterns of patient/practitioner interactions fit together? This lecture introduces the history of the patient as a theme in the history of medicine by drawing on the observations of a seventeenth-century provincial German physician, Johann Storch.

Required Readings
Primary Sources
Samuel Sholl, A short historical account of the silk manufacture in England ... with some remarks on the state of the trade ... London, Sold by M. Jones, (1811): 37-47.

Secondary Sources
Assignment
1. Response paper: In a 1-2 page double-spaced essay, compare and contrast the experiences of Horace Walpole and Samuel Scholl as patients. How do their very different life experiences shape the ways that they experienced and described illness? Once all the papers have been submitted, we’ll do a peer assessment. You’ll read an anonymized paper by a fellow student and offer a brief assessment.
2. Voice Thread

Learning objectives
1. Analyze how patients’ beliefs shape medical encounters.
2. Discern how historians can pull information about patients’ perspectives from sources written by healers.
3. Understand that ideas about sickness and the body in the past aren’t wrong, just different models from our own.

Week 4: Cultural Histories of Pain

Lecture 4: Cultural Histories of Pain (Gurtler/Mooney)
It seems obvious to us that the relief of pain is an unambiguous good in healing, but historically as now, managing pain is complex, and cost/benefit ratios are often difficult to interpret. Pain and suffering are intimately connected. The Latin root of the word ‘patient’ has to do with suffering, and medicine’s role in reducing suffering includes, but is not limited to, pain relief. This lecture investigates how pain has been viewed at different moments in time and it contextualizes the dominant, and somewhat narrow, narrative of the anesthetic revolution. It considers the medical uses of opium in the nineteenth century to think about the significance of the alleviation of ‘pain’ and suffering. It also highlights how pain has successfully resisted measurement. Can an intensely personal experience ever be objectified?

Required Reading
Primary Sources

Secondary Sources

**Assignment**
1. Response paper: In a 1-2 page double-spaced essay, compare and contrast the readings by Winter and Poovey. How does each author connect gender issues with pain?
2. Live Talk discussion

**Learning Objectives**
1. Analyze how categories of class, race, and gender are essential to understanding pain (or any other historical theme).
2. Identify how pain can be used to produce different types of history, e.g. cultural; economic; political.
3. Evaluate the notion that pain is a universal phenomenon that is nonetheless a historically-specific experience.

---

**Week 5: Rethinking Efficacy**

**Lecture 5: Rethinking Efficacy: Therapeutics in Historical Perspective (Greene)**

Therapeutics lie at the heart of the interactions between healers and patients, yet the value of many past approaches to therapy (like bloodletting, cupping, or purgatives) cannot be understood outside of historical context. What makes a medicine effective in the eyes of patients and practitioners? How does the process of assessing efficacy change over time? This lecture introduces students to the problems of studying therapeutics in history and the role of therapeutics in medical practice. It examines one therapeutic form found across many places and time periods: bloodletting. Focus is on one particular moment in the practice and theory of bloodletting, namely Benjamin Rush’s heroic therapy. How can we use this example to broaden our frame of discussion to a more general evaluation of therapeutics in practice, and contextual approaches to understanding efficacy?

**Required Reading**

**Primary Sources**


Secondary Sources

Assignment
The Voice Thread discussion will focus on thinking about therapeutics in historical context. We will consider what therapeutics can tell us about different medical cultures (Kuriyama), why medical practitioners in the early nineteenth century thought of bloodletting as an effective remedy (Rosenberg, Warner), and what sort of narratives historians construct about therapeutic change (Louis).

Learning objectives
1. Understand how historians use therapeutics to approach the problems of medical practice
2. Analyze how to think about the problem of efficacy in historical perspective
3. Consider the role of cross-cultural and cross-temporal comparisons in the history of medicine

Week 6: Body Counts

Lecture 6: *Body Counts (Mooney/Anders)*
Why do we count things? Medicine and public health have often been embroiled with the business of counting, but only in the past several hundred years has it enumerated, registered, and classified people in the interests of the state. This has had multiple impacts on the patient/practitioner relationship in terms of demarcating the ill from the well; categorizing the ‘normal’ from the ‘abnormal’; and by recalibrating the private clinical encounter into a resource for public knowledge. Counting has also been an important component of how individuals are molded as citizens; of how particular groups of people are invented and represented; and of how people go about identifying and understanding themselves. This lecture examines the emergence of quantification and the accumulation of knowledge about ‘populations’ under the conditions of mercantilism and political economy in the seventeenth century. By focusing on one particular example—the debate about the registration and surveillance of tuberculosis patients in the late-nineteenth and early-twentieth centuries—the class explores how statistics of population, health, and medicine were used in an instrumental way.
Required Reading

Primary Sources


Secondary Sources


Assignment

Compose a short written contribution to each of these Discussion Forum questions:

1. Fairchild et al and Roberts each discuss the issue of registering tuberculosis cases and the surveillance of patients. Compare and contrast their different approaches. What analytic frames do they adopt? What themes do they choose to emphasize? What do you find valuable and/or restrictive about the respective approaches?

2. Read the excerpt from Waring, Work of the Colored Law and Order League. Think about the kinds of evidence this primary source provides. How does Roberts deploy this evidence to make his argument? Critically evaluate Roberts’s use of the Waring report overall.

Learning Objectives

1. Discuss the role of the state in the development of data collection in health and medicine.
2. Explain how forms of registration and enumeration are a central component of citizenship and individual identity.
3. Critique the forms of prejudice and blame that can arise when systems of enumeration and classification are used in medicine and public health.
4. Evaluate how historians write about controversies.
5. Explain how different historians create a variety of narratives about the same topic.
Lecture 10. **Bodies and Representation**
The human body has been depicted anatomically and physiologically for hundreds of years. In this session, we explore how social and cultural concerns, as well as changing medical knowledge, become embedded in the ways that we represent the body and its functioning. This lecture discusses how historians read images, using William Hunter’s *Anatomy of the Gravid Uterus* as a case study.

**Required Reading**

**Secondary Sources**


**Primary Sources**

1. Read two pages of the NLM online exhibit Dream Anatomies for background:
   
   

2. Visit the NLM Historical Anatomies on the Web page:
   

Choose two books from this list to explore in the online exhibit:


**Assignments**

1. In a two page written response, compare and contrast the anatomical images in the two books you have chosen. What technology is used to make the images? How does that technology shape the representations of the human body? What aspects of the body did the authors/illustrators emphasize?

2. Voice Thread: Email the instructor a link to an image you would like to discuss from the options above. We will collectively build a VT from the images you
submit and from the secondary sources.

Learning Objectives
1. Describe a range of ways people in the past opened up dead bodies, and the purposes for which they did so.
2. Analyze how representations of the human body encode social and cultural themes. Identify methods historians use to analyze images.

Week 8: Tuskegee

Lecture 8: The Tangle of History: The Tuskegee Syphilis Experiment (Mooney)
This lecture acquaints students with the Tuskegee syphilis experiment (also known as the Tuskegee syphilis study or Public Health Service syphilis study). The study was conducted between 1932 and 1972 in Tuskegee, Alabama by the US Public Health Service to study the natural progression of untreated syphilis in poor, rural black men who thought they were receiving free health care from the US government. It discusses the ethics of the study in the context of prevailing historical norms of research, the circumstances surrounding the termination of the study in the early 1970s, and the impact that revelations about the study had on the practice of research.

Required Readings
Primary Sources
Tuskegee Correspondence:
Set 1. From 8-29-1932 to 9-20-1932
Set 2. From 4-8-1933 to 8-11-1942
“Cast of Characters” and “Short Sheets”

Secondary Sources

Assignment
Before the Live Talk, read and consider the following questions:

1. Read Set 1 of the Tuskegee correspondence. What kind of politics is on display in these letters? Why was a meeting held at the Macon County Board of Health? How are the research subjects characterized? What other questions do you want to ask?
2. Read Set 2 of the Tuskegee Correspondence. What surprises you about this exchange? What treatments are available for syphilis? What remains ambiguous and what more would you like to know? How would you go about finding information that doesn’t appear in these letters?
3. Read the secondary sources. What are the central arguments? How do historians make arguments and deploy evidence? Why have historians taken these positions? Do these arguments relate to the primary sources you have read, and if so, in what ways?

**Learning Objectives**
1. Analyze primary historical evidence.
2. Develop skills in the analysis of secondary historical literature.
3. Detect the ways that historians make arguments.
Final Assignment (20% of final grade)

Due: 11:59pm, Monday May 16, 2016

Pick one of the following four pairs of readings. In a five page, double-spaced essay, compare and contrast the two articles with regards to their arguments, the sources they use, and the methods they employ.

**Option 1**

**Option 2**
Sharon Howard, “Imagining the pain and peril of seventeenth-century childbirth: danger and deliverance in the making of an early modern world,” Social History of Medicine, 16 (2003), 367-382.

**Option 3**

**Option 4**