

Introduction to the History of Medicine
Online Program in the History of Medicine
ME 150.722
Term 3, 2017

3 credits

Course Leaders: Mary Fissell, Graham Mooney, and Eli Anders, Department of the History of Medicine, Welch Medical Library; mfissell@jhu.edu, gmooney3@jhmi.edu, eanders@jhmi.edu

Online Office Hours: TBA

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.

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.

Week 1: Introduction and The Black Death (Jan. 21)

Lecture 0: Introduction

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

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. We also consider 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:

- John of Burgundy. In Rosemary Horrox, ed. and trans. *The Black Death*. Manchester: Manchester University Press, 1994: 184-87.
- John Kanatkouzenkos. In John Aberth, ed., *The Black Death. The Great Mortality of 1348-1350*. Boston, New York: Bedford/St. Martin’s Press, 2005: 34-36.
- Ibn Khatima. In John Aberth, ed. *The Black Death. The Great Mortality of 1348-1350*. Boston, New York: Bedford/St. Martin’s Press, 2005: 55-62.
- Plague Ordinances, Pistoia, in Rosemary Horrox, ed. and trans. *The Black Death*. Manchester: Manchester University Press, 1994: 194-203.

Henry Knighton. "Chronicle" excerpt in, *The Peasants' Revolt of 1381*, ed. R. B. Dobson. London: Macmillan, 1970: 59-63.
Agnolo di Tura. Chronicle, excerpt in William M. Bowsky ed. *The Black Death: A Turning Point in History?* New York: Holt. Rinehart and Winston, 1971: 13-14.

Secondary Sources:

Monica H. Green. Taking 'Pandemic' Seriously: Making the Black Death Global. *The Medieval Globe* 2014;1: 27-45, 51-54. Access online at:
http://scholarworks.wmich.edu/medieval_globe/1/.

David Herlihy. *The Black Death and the Transformation of the West*, ed. Samuel K. Cohn, Jr. Cambridge, Mass.: Harvard University Press, 1997: 38-51.

Paul Slack. *Plague. A Very Short Introduction*. Oxford: Oxford University Press, 2012: 42-50.

William McNeill. *Plagues and Peoples*. Garden City, NY: Anchor, 1976: 149-173.

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 Dropbox by 11:59pm Wednesday January 25th, 2017.
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.

Live Talk: Thursday Jan. 26 5:30 or 7 pm EST.

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? (Jan. 28)

Lecture 2: *What is Disease?*

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

Bert Hansen, "American Physicians' 'Discovery' of Homosexuals, 1880-1900: A New Diagnosis in a Changing Society," in *Framing Disease: Studies in Cultural History* edited by Charles E. Rosenberg and Janet L. Golden (1992), New Brunswick: Rutgers University Press, 1992: 104-33.

Stephen Peitzman, "From Bright's Disease to End Stage Renal Disease" in *Framing Disease: Studies in Cultural History* edited by Charles E. Rosenberg and Janet L. Golden (1992), New Brunswick: Rutgers University Press, 1992: 3-19.

Keith Wailoo, "The Corporate 'Conquest' of Pernicious Anemia: Technology, Blood Researchers, and the Consumer," in *Drawing Blood: Technology and Disease Identity in Twentieth-Century America*, Baltimore: Johns Hopkins University Press, 1999, Chapter 4: 99-133.

Robert Aronowitz, *Making Sense of Illness*, Cambridge University Press, 1998: 1-5.

"81 Words." *This American Life*. Chicago, IL: WBEZ, Jan. 18, 2002.

<http://www.thisamericanlife.org/radio-archives/episode/204/81-words>

Assignment

Voice Thread: Please subscribe to the course Voice Thread here:

<https://jhu.voicethread.com/groups/subscribe/615210/6ab15b893/>

And join the conversation on this week's Voice Thread: TBA

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 (Feb. 4)

Lecture 3: *Patients and Healers*

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

Jean-Nicolas Corvisart, *An Essay on the Organic Diseases and Lesions of the Heart and Great Vessels*. Translated from the French, with notes, by Jacob Gates, New York, Hafner, 1962: 90-92.

Horace Walpole, "An Account of the Right Honourable Horace Walpole Esq.; drawn up by himself", *Philosophical Transactions of the Royal Society*, 47 (1751): 45-48; 472-3.

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

Barbara Duden, *The Woman Beneath the Skin*, Cambridge, MA: Harvard University Press, (1991): 104-109; 119-130.

Mary E. Fissell, "The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine", in Roger French and Andrew Wear, *British Medicine in an Age of Reform*, London: Routledge, (1991): 92-109.

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? Submit to the Dropbox by Sat, Feb. 11 by 11:59 PM EST. 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: Join the conversation.

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 (Feb. 11)

Lecture 4: Cultural Histories of Pain

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

Fanny Burney, *Journals and Letters*, ed. Joyce Hemlow et al, Oxford: Clarendon, 1975 (orig. document 1811), vol. VI: 598-615.

Secondary Sources

Martin Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America*. New York: Columbia University Press, (1985), Chapter 7: "'They Don't Feel It Like We Do': Social Politics and the Perception of Pain, 148-167, 313-323.

Alison Winter, *Mesmerized: Powers of Mind in Victorian Britain* Chicago: University of Chicago Press, (1998), Chapter 7: 161-186.

Assignment

1. Response paper: In a 1-2 page double-spaced essay, compare and contrast the readings by Winter and Pernick. What social factors does each author invoke to explain the uptake and uses of anesthesia?
2. Live Talk discussion: Wed, Feb 15, 5:30 or 7 pm EST
3. Complete the Peer Assessment of the previous week's Response Paper. Due by Sat, Feb. 19 by 11:59 PM EST.

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 (Feb. 18)

Lecture 5: *Rethinking Efficacy: Therapeutics in Historical Perspective*

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

William Osler, "Pneumonia: Treatment" in *The Principles and Practice of Medicine: Ninth Edition*. New York: D. Appleton & Company, (1921): 101-5.

Pierre Charles Alexandre Louis, *Research on the Effectiveness of Bloodletting in Some Inflammatory Diseases* trans. C. G. Putnam. Boston: Hilliard, Gray & Company, 1836 [1828]: 1-10.

Secondary Sources

Shigehisa Kuriyama. "Interpreting the History of Bloodletting," *Journal of the History of Medicine and Allied Fields* (1995), 50(1): 11-46.

Charles E. Rosenberg, "The Therapeutic Revolution" in *The Therapeutic Revolution*, ed. Charles E. Rosenberg and Morris Vogel, Phila.: University of Pennsylvania Press, (1979): 3-26.

John Harley Warner, "The Arbitration of Change" in *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885*. Cambridge: Harvard University Press, (1987): 207-34.

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 (Feb. 25)

Lecture 6: *Body Counts*

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

“Discussion on the Advisability of the Registration of Tuberculosis.” *Transactions of the College of Physicians of Philadelphia*, third series, vol. 16 (1894): 1–27.

Lawrence F. Flick, “The duty of the government in the prevention of tuberculosis,” *Journal of the American Medical Association* 17, no. 8 (1891), 287-290.

James H.N. Waring, *Work of the Colored Law and Order League, Baltimore, MD*. Cheyney, Pa.: Committee of Twelve for the Advancement of the Interests of the Negro Race, (1908): 1-12.

Secondary Sources

Amy L. Fairchild, Ronald Bayer, James K. Colgrove, with Daniel Wolfe. *Searching Eyes: Privacy, the State, and Disease Surveillance in America*. Berkeley; New York: University of California Press; Milbank Memorial Fund, (2007), Chapter 2: 33-57.

Samuel K. Roberts, *Infectious Fear: Politics, Disease, and the Health Effects of Segregation*. Chapel Hill: University of North Carolina Press, (2009), Chapter 5: 107-137.

Assignment

1. Response Paper: Read the discussion about the prevention of tuberculosis in the *Transactions* and the article by Flick. In a two page written paper, discuss the issue of registering tuberculosis cases and the surveillance of patients. What kinds of evidence do the protagonists mobilize to make their case? (You can compare just two discussants if that is easier). Could you imagine any potential problems or obstacles in the implementation of these ideas? What kinds of short- and long-term consequences (intended and unintended) might there be to these kinds of government activities? Submit to the Dropbox by Sat, March 4 11:59 PM EST.

2. Voice Thread

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. Refer to maps and quotes from the primary and secondary material to illustrate and back up your observations.

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.

Week 7: Bodies and Representation (March 4)

Lecture 7. *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

Emily Martin, "The Egg and the Sperm: How Science Has Constructed A Romance Based on Stereotypical Male-Female Roles" *Signs* 16 (1991):485-501.

Susan Lawrence and Kai Bendixen, "His and Hers: Male and Female Anatomy in Anatomy Texts for U.S. Medical Students, 1890-1989" *Soc. Sci. Med.* 35 (1992): 925-34.

Shigehisa Kuriyama, *The Expressiveness of the Body*, New York: Zone Books, (1991): 7-14, 129-151.

Carin Berkowitz, "The Illustrious Anatomist: Authorship, Patronage, and Illustrative Style in Anatomy Folios, 1700-1840," *Bulletin of the History of Medicine*, 89 (Summer 2015): 171–208.

Primary Sources

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

http://www.nlm.nih.gov/dreamanatomy/da_intro.html

http://www.nlm.nih.gov/dreamanatomy/da_technology.html

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

<http://www.nlm.nih.gov/exhibition/historicalanatomies/browse.html>

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

Braune, Wilhelm. *Topographisch-anatomischer Atlas : nach Durchschnitten an gefrorenen Cadavern*. Leipzig: Verlag von Veit & Comp., 1867-1872.

- Cheselden, William (1688-1752). *Osteographia, or The anatomy of the bones*, London: [William Bowyer], (1733).
- Estienne, Charles. *De dissectione partium corporis humani libri tres*. Paris: Simon Colinaeus, (1545).
- Hua, Shou. *Jushikei hakki (Shi si jing fa hui. Japanese & Chinese)*. [Tokyo]: Suharaya Heisuke kanko, Kyoho gan (1716).
- Sarlandière, Jean-Baptiste. *Anatomie méthodique...* Paris: Chez les libraires de médecine, et chez l'auteur, (1829).

Assignments

1. In a two page written response, compare and contrast an anatomical image from each of the 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: Post a slide of the images for your Response Paper comparison by Tuesday 11:59 PM EST. (For help in posting images, see the instructional Voice Thread: <https://jhu.voicethread.com/share/8447011/>). Post to the "Gallery of Anatomy" Voice Thread here: <https://jhu.voicethread.com/share/8496520/> Introduce your slide in a video comment, and then comment on at least 2 other students' slides.
3. Join the discussion of the readings on the Week 7 Voice Thread.

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 (March 11)

Lecture 8: *The Tangle of History: The Tuskegee Syphilis Experiment*

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

"Cast of Characters" sheet

Selected Letters between the United States Public Health Service, the Macon County Health Department, and the Tuskegee Institute. In Susan Reverby, ed. *Tuskegee's Truths*. Chapel Hill: University of North Carolina Press, 2000: pp. 73-77, 82-91, 94-99, 101.

Secondary Sources

Susan Lederer. "The Tuskegee Syphilis Study in the Context of American Medical Research". In Susan Reverby, ed. *Tuskegee's Truths*. Chapel Hill: University of North Carolina Press, 2000: 266-275.

Allan M. Brandt, "Racism and Research: The Case of the Tuskegee Syphilis Experiment." In Susan Reverby, ed. *Tuskegee's Truths*. Chapel Hill: University of North Carolina Press, 2000: 15-33.

Susan Reverby. *Examining Tuskegee*, Chapel Hill: University of North Carolina Press, 2009: 111-134, Chapter 6, What Happened to the Men and their Families?

Assignment

Live Talk: Wed. March 16 5:30 or 7 pm EST

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 March 19, 2017

Pick one of the following 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

Mary E. Fissell, "The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine", in Roger French and Andrew Wear, *British Medicine in an Age of Reform*, London: Routledge, 1991: 92-109.

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 2

Emily Martin, "The Egg and the Sperm: How Science Has Constructed A Romance Based on Stereotypical Male-Female Roles" *Signs* 16 (1991):485-501.

Londa Schiebinger. "Skeletons in the Closet: The First Illustrations of the Female Skeleton in Eighteenth-Century Anatomy." *Representations*, No. 14, *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century* (Spring, 1986), pp. 42-82.