Introduction to the History of Medicine  
Online Program in the History of Medicine  
3 credits  
**Course Leader:** Prof. Graham Mooney, Institute of the History of Medicine, Room 326, Welch Medical Library; *gmooney3@jhmi.edu*; 443-287-6147.

**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. Each session presents the breadth of the historians’ craft. The course explores: a variety of approaches to the interpretation of primary and secondary sources; a range of analytic frameworks for the understanding of history; and different techniques for writing histories of scientific research, healing practices, facts, or technologies. The emphasis is on how these were not necessarily predestined, but instead produced in real time, by real people, with interests, wants, needs, motives, and limitations. Students will review the history of medicine and public health as a way of knowing based on empirical research, balancing primary and secondary sources.

**NB:**  
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 lectures 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 exam. The percentage breakdown for each component is as follows:

- **Weekly Assignments:** 80%  
- **Final Assignment:** 20%
Readings
Weekly readings and additional references for your Final Assignment are available in Welch Library eReserves (direct link from the CoursePlus website).

Historian’s Toolbox
We have made a number of brief videos that provide some guidance on how to conduct historical research and analysis. Topics include “How to Read a Primary Source”, “Analyzing Correspondence and Letters”, and “Reading Historical Maps”. The syllabus indicates which videos you should consult whilst doing the course readings and completing your assignments. All the videos are available in the CoursePlus Online Library in the Historian’s Toolbox folder.

Lecture 0. Introduction (Mooney)
Provides an overview of the objectives and structure of course. Outlines major themes. Explains learning objectives and assessment strategy.

Lecture 1. 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), 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.

Learning Objectives
1. Analyse primary historical evidence.
2. Develop skills in the analysis of secondary historical literature.
3. Detect the ways that historians make arguments.

Required Readings
Primary Sources
Tuskegee Correspondence:
Set 1. From 8-2-1932 to 9-20-1932
Set 2. From 4-8-1933 to 8-11-1942
“Cast of Characters” and “Short Sheets”
Historian’s Toolbox: “How to Read a Primary Source”.

Secondary Sources
**Assignment**

This week’s assignment will be conducted in the Discussion Forum with three short responses:

1. Read Set 1 of the Tuskegee correspondence. Respond to the following questions: 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. Respond to the following questions: 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?

**Lecture 2. Thirteen Ways of Looking at the Black Death (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 an event in the past. 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. We now know what germ caused the Black Death, but human agency and culture made the epidemic what it was.

**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.

**Required Readings**

**Primary Sources:**


Secondary Sources:

Assignment
This week’s assignment is in three parts:
1. 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”. Pair up with another student and compare your two sources. How do your two sources’ social positions shape how they experienced the plague? Can you figure out why they wrote their documents? How do your two sources see the plague differently? What do your sources leave out?
2. VoiceThread discussion: What is the “best” source of all the primary sources you have read? Why? Describe your ideal primary source on the Black Death. Think about the likelihood of its ever having been written and having survived.
3. Read the secondary sources, and write a short (1-2 page) response paper: How would you characterize the types of history that these four historians wrote? (see Toolbox video, “What Type of History is This?” and handout). What kinds of primary sources do they employ? Submit paper the paper to Dropbox, and exchange it with your partner from Part 1 of the assignment). Partners offer each other brief constructive feedback.

Lecture 3. What is Disease? (Greene)
The diagnosis, prognosis, and treatment of disease has 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 LiveTalk 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.

Lecture 4: 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
The focus of the LiveTalk will be on the following aspects of the readings:
1. The problem of figuring out what patients thought. Look closely at historical actors’ words and compare how they are interpreted (Duden).
2. The ways in which patients interprets their ailments (Walpole and Sholl).
3. How does the hospital change the dynamic between healers like Storch and hospital clinicians? What happens to patients’ perspectives in these circumstances? (Fissell).
4. The ways in which the hospital setting can shape patient-practitioner interactions. What really ailed this young printer? (Corvisart).

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.

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 focus of the LiveTalk will be on the following aspects of the readings:
1. Assessing the value of a comparative approach to history (Kuriyama)
2. A close reading of Galen’s letter on bloodletting
3. The general concept of localized efficacy and the therapeutic revolution (Rosenberg)
4. A more detailed approach to therapeutic change within institutions (Warner)
5. Revisit the revolutionary account of change in the readings by Louis and Osler

**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

**Lecture 6: Cultural Histories of Pain (Mooney)**
It seems obvious to us that the relief of pain is a primary good in healing, but historically as now, managing pain is complex, and often cost/benefit ratios are 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
There are two components to this assignment:
1. Working in small groups and using Pernick, Poovey, and Winter, create a VoiceThread that reconstructs the medical historical narrative about the ‘anesthetic revolution’.

2. Subsequent LiveTalk discussion will focus on the following issues:
   i. What do your VoiceThread narratives tell us, and what do they leave out, about the history of pain and suffering in the nineteenth and twentieth centuries?
   ii. How have historians used categories (such class, race, and gender) to deepen our understanding of pain? (Pernick, Poovey, Winter; Burney).
   iii. How can historians characterize the subjectivity of pain? What are the pitfalls of universalizing pain in an historical way? (Burney).
   iv. What is the value of pain as an analytic category in and of itself? What does it tell us about the cultural specifics of a particular society at any one time?

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.

Lecture 7. Exploring Global Medical History (Hanson)
How have medical practices, technologies, products, and doctrines traveled along with commerce and trade throughout human history? This session examines how historians have approached global medical history through comparisons of medical systems in
different cultures, studies of medical translation projects, and examples of cross-cultural medical exchanges. It then explores examples of cross-cultural medical exchange from Central Asia to China and China to Europe in the early modern period.

Required Reading

Primary Sources

Hermann Busschoff. Selections from *Two treatises the one medical, Of the gout and its nature more narrowly search’d into than hitherto*… London: Printed by H.C. and are to be sold by Moses Pitts…, 1676: 96-109,132-135.


2. “An Extract of the *Pen tsao cang mou*, that is The Chinese Herbal; or, The Natural History of China for the Use of Medicine,” 466-68.
3. “An Extract of the Pen tsao of Leang Tao Hon King, intitled, Ming y pie Lou. Of the Preparation of Remedies,” 484-496.


Secondary Sources


Assignment

Compare and contrast two of the primary sources for this session (Extracts from Busschoff, one of the three Du Halde selections, and/or James) in terms of three features that qualify their relative value as primary sources—typicality, reliability, and historical significance.

Learning Objectives

1. Evaluate three different approaches to global medical history: Comparison, Translation, and Exchange.
2. Develop skills in the analysis of primary sources in terms of their “RTS” qualities: Reliability, Typicality, and Significance.
3. Describe the roles of trade and commerce in actual medical exchanges of people, techniques, practices, products, etc.
Lecture 8. Medical Technology

Many accounts of modern medicine hinge upon the development of precise and effective diagnostic and therapeutic technologies. Yet the role of technology in medicine is hardly contained to the last century: consider the role of the lancet, tourniquet, and surgical saw in the practice of medieval and early modern medicine. This session explores different ways for understanding the relationship between technological change and social change in medical practice, with particular attention to the rise of diagnostic technologies in clinical practice in the late-nineteenth and early-twentieth century.

Required Reading
Primary Sources

Secondary Sources

Assignment
The focus of the LiveTalk will be on the following aspects of the readings:

1. Approaching the field of history of technology, touching on problems of technological determinism, the social construction of technological systems, and concerns of the potentiating vs. dehumanizing effects of technology.
2. Approach the ambivalence of narratives of technological change in medicine as present in the primary sources.
3. Consider different approaches to thinking about the history of medical technology as present in 3 different historical accounts of the X-ray written roughly 20 years apart.

Learning Objectives
1. Understand how historians use the artifacts of material culture to interpret the past.
2. Describe different analytical models of the relationship between medical
3. Utilize historical examples to evaluate the contested reception of new medical technologies.

Lecture 9. 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

Secondary Sources

Assignment
Compose a short written contribution (no more than 300 words) to both 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:

Assignment
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?

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.
3. Identify methods historians use to analyze images.

Final Assignment (20% of final grade)
Choose a topic from one of the weekly lectures. In no more than 1,000 words write a critical essay on a question that will be distributed in class.

Lecture 1. *The Tangle of History: The Tuskegee Syphilis Experiment*

Lecture 2. *Thirteen Ways of Looking at the Black Death* (Fissell)

Report on Excavation of East Smithfield cemetery:
Lecture 3. What is Disease?

Lecture 4: Patients and Healers
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.

Lecture 5: Rethinking Efficacy: Therapeutics in Historical Perspective

Lecture 6: Cultural Histories of Pain

Lecture 7. Exploring Global Medical History

Lecture 8. Medical Technology
Lecture 9. **Body Counts**

Lecture 10. **Bodies and Representation**