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. Finally, we will look at how histories of disease have been shaped by broader historical forces. 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 and Bridget Gurtler

Brief introduction to the structure of the course, learning objectives, assignments.

LiveTalk: October 27, 2016 5:30pm “Welcome”

Week 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.

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.


Note: 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 Mitchell 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.
Live Talk: Wednesday, October 2, 2016 5:30pm

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.

Week 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


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.

Week 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: Wednesday, November 16, 2016

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 how sexually transmitted diseases, known as “venereal” or “social diseases” for much of the 19th and 20th centuries, have historically been especially rich sites for the creation of anxieties about the moral and physical health of individuals and nations. It traces how and why venereal diseases became the focus of large scale educational and disease control efforts. Studying the history of venereal disease and conflicts over its causes, therapies, and ways to control it touches upon a broader tension in the history of medicine – the tension between patient’s desires for 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 Morality, Medicine, and Disease in the Progressive Era
Focusing on the United States, and particularly the educational efforts of the social hygiene movement, this lecture examines how a range of historical actors defined venereal disease or “social diseases” in the 19th and 20th centuries as simultaneously moral and epidemiological problems.

Lecture 2 Control and Treatment: Personal Privacy and the Public’s Health
This lecture will discuss how and why the management and treatment of venereal disease became a concern of the state in the USA from the mid nineteenth century to mid-twentieth. We will explore how issues of gender, sexuality, and nationalism became key determinants in the shifting balance between personal privacy and the interests of the state in protecting the public’s health.

Readings


Hannah-Louise Clark. “Civilization and Syphilization: A Doctor and His Disease in Colonial Morocco” Bulletin of the History of Medicine, Vo. 87, No. 1 (Spring 2013), 86-114.


Read ONE of the following:
ed Keith Wailoo, Julie Livingston, Steven Epstein, and Robert Aronowitz, (Baltimore: Johns Hopkins UP, 2010), 61-90.

OR


Response Paper Prompt
Write a 2 page (double spaced) response comparing how risk became framed in two of the readings. What were the consequences of such framings?

VoiceThread

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

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


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.

VoiceThread

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—in 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. “Fevers” 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: Wednesday November 7, 2016

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 Latin 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.

Readings


William Gorgas, Sanitation in Panama (New York, 1918), 182-204.

Response Paper
Compare two the readings by Barber and Missiroli/Hackett. How does each explain the disappearance 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
Hanson, Marta. “Medical History in Three themes: Chinese Epidemiology, the Geographic Imagination, and a Biography of Wenbing ‘Warm diseases’,” Ch. 1 in Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial Chinese Medicine (Routledge, 2011): 7-24.


Supplementary reading (in VT but not required reading):

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).