Course aims and content

This course is an introduction to the history of medicine, health, and disease in the modern West. The focus is on the rise of modern medicine as a research enterprise, on medicine in the public sphere, and, in the final unit of the course, on using history to understand recent developments, controversies, and problems in medicine. Medical change, and its social and intellectual context, is stressed throughout. The course ranges from the 16th to the 20th centuries and is divided into chronological-thematic units. Topics include the Western medical tradition since antiquity; Harvey and Renaissance anatomy; origins of clinical medicine and of public health; the rise of the laboratory and its relation to medical practice; the bacteriological revolution; drugs and diagnostic technologies and their impact on disease identity, medical practice, and patient experience; eugenics and social hygiene; the rise of national health systems; recent developments concerning euthanasia, health care access, research on human subjects, and pharmaceuticals. The course also aims to use the history of medicine to introduce students to some basic themes in European and American history since the 16th century: the Renaissance, the Enlightenment, the rise of the modern state, the French Revolution, industrial society, the machine age, production and consumption in the twentieth century, the welfare state, and demographic change. No prior knowledge of history of medicine or modern history is assumed.

Learning objectives: Having taken the course, students are expected to be able to:

- describe how and explain why medicine took its modern shape;
- understand past medicine, past science, and past societies on their own terms;
- specify ways in which medical and scientific concepts, practices and institutions have been shaped by their wider social and political contexts;
- evaluate and use historical evidence;
- understand and assess critically the claims made in historical research;
- formulate historical questions and arguments in tutorial discussions and essays;
- use history to analyse causes and possible outcomes of current medical developments and controversies.

Course structure

- Lectures take place weekly on Mondays, 12:00–12:50, beginning 7 October 2013. Tutorials are fortnightly (five per term) dates to be announced in class. Attending and reading for tutorials are essential to your success on the course. Tutorial discussion will be closely based on the readings. Tutorial readings cover the lecture topics and form the basis of the bibliographies for the essay questions. Students who do not attend the Tutorials will thus be at a significant disadvantage in preparing for the required essays and final examination.
Assessment and deadlines

Students will submit two coursework essays and sit a written examination. Essay length is 2,000 words. Your final mark for the course will be calculated as follows: 30% for the first coursework essay, 40% for the second coursework essay, and 30% for the final examination. The second essay mark is weighted to reward improvement during the course. Please consult the Humanities Student Handbook for guidance on assessment procedures and advice on essay writing.

Essay deadlines

First Essay: Thursday, 16 January 2014, before 4pm
Second Essay: Thursday, 1 May 2014, before 4pm

The two-hour written Final Examination will be on Monday, 24 March 2014, at 12:00. Location to be announced.

Assignments must be submitted to Blackboard before the deadline. Assignments submitted late will receive 0% in accordance with College policy.

Extensions

Students needing to request an extension for reasons of illness or a serious personal problem (no other reason is valid) need to arrange this through the Centre for Co-curricular Studies administration office. A ‘Coursework Extension Request Form’ is appended to the Humanities Student Handbook or is available for download from the Centre for Co-curricular Studies website. Complete and sign the form and return it to Christian Jacobi, Centre for Co-curricular Studies Administrator, Level 3, Sherfield Building, or by e-mail to humanities@imperial.ac.uk, along with any supporting documentation such as a medical certificate. The Centre for Co-curricular Studies administration will, if necessary, liaise with the home department to ascertain the seriousness of the circumstances. Apart from in very exceptional circumstances, the maximum extension period will be two weeks.

Readings

Readings are listed in the Schedule of Lectures and Tutorials on the following pages.

Suggested background reading for Lectures are indicated in the schedule from survey textbook by Roy PORTER (1999) The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present, paperback Fontana. Generally available in bookstores and multiple copies in the Central Library. Please note that the readings from Porter are for background only and do not substitute for the tutorial readings.

Required and recommended readings for Tutorials, which are also key readings for the essays and exam questions, are available in the Central Library: either as Core Texts from the Issue Desk on Level 1, or on short or long loan in the STS Collection of the Science Museum Library on Level 3.

All of the readings are also easily accessible in one of the world’s foremost medical historical libraries, The Wellcome Library for the History and Understanding of Medicine, 210 Euston Road, London NW1, Tube: Euston or Euston Square. See their website for up to date opening hours. Using the Wellcome Library may save you time when readings at the Imperial College Library are in strong demand.
# Schedule 2013–2014

## AUTUMN TERM

### I. THE WESTERN MEDICAL TRADITION

<table>
<thead>
<tr>
<th>Lecture 1: Why History of Medicine? (Oct. 7)</th>
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<tr>
<td>Lecture 2: Disease, Doctors &amp; Patients in the Western Medical Tradition (Oct. 14)</td>
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**Tutorial 1**

**General questions:** What is History? What is the history of medicine? In what sense can we say that medicine has a history?

**Questions from the reading:** How does Tosh distinguish between historical awareness and social memory? What does it mean to approach the past ‘on its own terms’? Why is this principle important to historians? What does Tosh mean by ‘tradition-making’? Can the history of medicine (and science) be affected by tradition-making? What is meant by ‘progress’ in history?

**Required:**

**Recommended:**
Dip into Tosh’s book and read any other chapters that interest you.

### II. THE ANATOMICAL RENAISSANCE

<table>
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<tr>
<th>Lecture 3: Anatomy and the Renaissance (Oct. 21)</th>
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<tr>
<td>(PORTER, ch. VIII, pp. 168–86; ch. IX, pp.211–16)</td>
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<tr>
<td>Lecture 4: Harvey: Ancient or Modern? (Oct. 28)</td>
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<td>(same)</td>
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**Tutorial 2**

**Content questions:** What is Harvey’s argument in chapter 8? What purpose does it serve in his book? **Method questions:** What picture of Harvey is presented by Whitteridge and how does it contrast with that of Cunningham. Whose account is the more convincing? Which account seems to agree more closely with your reading of Harvey’s text?:

**Required:**
III. PUBLIC AND PRIVATE HEALTH IN THE ENLIGHTENMENT

Lecture 5: Hippocrates and Galen: Ancients for Moderns (Nov. 4)

Lecture 6: States and Populations: Origins of Public Health (Nov. 11)
(PORTER, ch. IX, pp. 236–41; ch. X, pp. 287–303)

Tutorial 3

Content questions: What was the doctrine of the non-naturals and to whom did it matter in the 18th century? What does Coleman mean by the ‘bourgeoisie’ and what is his argument? What relationship between knowledge and society does his argument imply or make explicit?

Method questions: What are the strengths and weaknesses of using the Encyclopédie as main evidence for the argument? What other kinds of source material could be sought to test Coleman’s argument? General content questions: Does an overall picture of medicine and society in the 18th century emerge from Coleman and the material presented in lecture? How much of this is well summed up by the period label ‘the Enlightenment’?


IV. HOSPITAL MEDICINE

Lecture 7: Western Medicine Transformed (Nov. 18)
(PORTER, ch. XI, pp. 304-20)

Lecture 8: Revolution in France (Nov. 25)
(same)

Tutorial 4

Content questions: What is meant by ‘hospital medicine’? What happened in the late C18th and early C19th to Western medicine and why? How do the two readings answer this question differently and can they be put together into one coherent history? Method questions: Is the focus on France and Paris justified? Which author’s argument is most broadly applicable beyond the Paris context?

Required:

Recommended:
V. LABORATORIES & MEDICINE

Lecture 9: Experimental Science & Medical Practice (Dec. 2)  
(PORTER, ch. XI, pp. 320-35)

Lecture 10: Bacteriological Revolution? (Dec. 9)  
(PORTER, ch. XI, pp. 335-47; cf. ch. XVII, pp. 525-34)

Tutorial 5

Content questions: According to the required readings, how did the rise of laboratories and experimental science affect medical practice and knowledge? What are some possible periodizations of this history? (Some periodizations to test: difference between physiology and bacteriology and their relations to medicine; bacteriological revolution; laboratory revolution; laboratory medicine.) Method question: In what ways is Warner’s method quantitative and in what ways is it qualitative?

Required:

Recommended:

SPRING TERM

VI. THE PUBLIC SPHERE

Lecture 11: Dearth: Medicine a Social Science and Health an Economic Problem (Jan. 13) (PORTER, ch. XIII)

Lecture 12: Dirt: Contagia, Miasma, and the Sanitary Movement (Jan. 20) (same)

Tutorial 6

Content questions: What is meant by ‘mutton medicine’ and why does Hamlin put it in quotation marks? What was the fever question? According to Hamlin’s argument, what wider aspects of society and government were at stake in medical controversy and public health initiatives? Method questions: What is Hamlin’s attitude toward Chadwick and his medical allies and opponents? Does judging past policy make historical research better or just biased?

Recommended: William Coleman (1982), Death Is a Social Disease: Public Health and Political Economy in Early Industrial France, University of Wisconsin, ch. 8
### VII. MEDICINE AS TECHNOLOGY

**Lecture 13: Penicillin** (Jan. 27)  
(PORTER, ch. XIV, pp.454-61)

**Lecture 14: X-rays** (Feb. 3)  
(Porter ch. XIX, pp.605-10)

**Tutorial 7**

**Content questions:** What did Fleming discover? How did he use penicillin? What role did business play in the production of penicillin? Why did X-rays become central to the practice of orthopedic surgery in Germany in the late nineteenth century? **Method questions:** What does Chen mean by the ‘construction of penicillin’? How can Warwick’s account of German orthopedic surgery help us to understand the history of X-ray technology? Can we apply his approach more broadly?

**Required:**  
Andrew Warwick (2005), ‘X-rays as evidence in German orthopedic surgery, 1895-1900’, *Isis* 96, pp. 1-24

### VIII. THE PUBLIC SPHERE continued

**Lecture 15: Mother, Worker, Soldier, Child** (Feb. 10)  
(PORTER, ch. XX)

**Lecture 16: Medicine & Welfare from Bismarck to the NHS Today** (Feb. 17)  
(same)

**Tutorial 8**

**Content questions also covering Unit VII:** What if anything was distinctive about medicine in the C20th in comparison to the C19th? What periodizations can you derive from Pickstone and Lectures 13-16? **Method questions:** What does Pickstone mean by production, community, consumption, and political economy? These terms have both concrete and abstract meanings. What is the value of schematic history?

Lecture 17: Death, Doctors, and Patients (Feb. 24)  
(PORTER, chs. XXI-XXII, pp. 686–718)

Lecture 18: Drugs and Medicalisation (Mar. 3)  
(same)

Tutorial 9

Content questions: What factors have affected the uses of Ritalin? What roles did mothers and families, medical experts, and pharmaceutical companies play in this history? What lessons does this history yield for understanding the prevalence of present-day illnesses or diagnoses like Attention-Deficit Hyperactivity Disorder and the use of drugs to treat them?  
Method questions: How do historians find out about the attitudes of large sectors of society such as mothers? What if any are the limitations of the sources used by Singh? How historically useful are concepts such as medicalisation and consumer?


Lecture 19: Research on Human Subjects (Mar. 10) 

Lecture 20: History and Policy / Revision (Mar. 17) 

Tutorial 10

Content questions: What aspects of human testing does Porter’s account address? Do the Nuremberg Code and Declaration of Helsinki adequately address the challenges posed by human experimentation? What is meant by clinical equipoise?

Final Examination  Monday, 24 March 2014, 12:00
Essays

First Term Essay Topics (choose one)

1. What role did Aristotelianism play in Harvey’s work on the movement of the heart and the circulation of the blood?

Key readings for answering this question:
W. Pagel (1951), ‘William Harvey and the purpose of the circulation’, Isis 42

Optional supplemental readings:
W. Pagel (1967), William Harvey's Biological Ideas, Basel, Karger, esp. pp.15–42
A.G. Debus (1978), Man and Nature in the Renaissance, Cambridge, CUP, ch. 4

2. How did physicians and literate lay people in the 18th century explain disease and what did they think were the roles of the doctor, the individual, and the state in responding to and preventing it?

Key readings for answering this question:

Optional supplemental readings:
3. Explain the emergence of hospital (i.e., ‘clinical’) medicine in Paris. Be sure to make clear what exactly is being explained and the different approaches taken by historians.

Key readings for answering this question:

Optional supplemental readings:
Toby Gelfand (1980), Professionalizing Modern Medicine: Paris Surgeons and Medical Science and Institutions in the 18th Century, Westport, Con., Greenwood
Caroline Hannaway and Ann La Berge (eds) (1998), Constructing Paris Medicine
Dora Weiner (1993), The Citizen-Patient in Revolutionary and Imperial France, Baltimore, Johns Hopkins University Press

Second Term Essay Topics (choose one)

1. What was the relationship between public health and social reform in 19th-century Britain and France? And why?

Key readings for Britain:
Christopher Hamlin (1992), ‘Predisposing causes and public health in early nineteenth-century medical thought’, Social History of Medicine 5, pp.43–70

Key reading for France:
William Coleman (1982), Death Is a Social Disease: Public Health and Political Economy in Early Industrial France, University of Wisconsin Press, pp. xv-xxi, chapters 8-10. Note that this book can also be found in the Wellcome Library.
Optional supplemental readings:
F.B. Smith (1979), *The People’s Health*, New York, Holmes and Meier

2. Was there a bacteriological revolution in medicine? What did or did not change and why? Be alert to disagreement among historians and to the need to define exactly what you are assessing and explaining.

Key readings for answering this question:
Michael Worboys (2007), ‘Was there a Bacteriological Revolution in late nineteenth-century medicine?’ *Studies in the History and Philosophy of the Biological and Biomedical Sciences* 38, pp. 20–42
Michael Worboys (2000), *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865–1900*, Cambridge, CUP, introduction and chapter 6

Optional supplemental readings:
J.V. Pickstone (ed.) (1992), *Medical Innovations in Historical Perspective*, Manchester, MUP, chapters:
Lindsay Granshaw, ‘“Upon this principle I have based a practice”: the development and reception of antisepsis in Britain, 1867–1890’, Paul Weindling, ‘From medical research to clinical practice: serum therapy for diphtheria in the 1890s’
Michael Worboys, ‘The sanatorium treatment for consumption in Britain, 1890–1910’
3. Assess the relative roles of business, government, physicians, consumers, and research scientists in the creation of penicillin as a drug.

Key readings for answering this question:

Optional supplemental readings:
Roger Cooter and John Pickstone (eds) (2000), Medicine in the Twentieth Century Amsterdam, Harwood, esp. chs. 1, 10, 12
John Parascandola (ed.) (1980), The History of Antibiotics, Madison, AIHP
Jonathan Liebenau (1987), Medical Science and Medical Industry: The Formation of the American Pharmaceutical Industry, Basingstoke, Macmillan

4. How and why did x-ray technology come to be used in medicine?

Key readings for answering this question:
J.D. Howell (1995), Technology in the Hospital, Baltimore, Johns Hopkins University Press, chapters 4 and 5
Andrew Warwick (2005), ‘X-rays as evidence in German orthopaedic surgery, 1895-1900’, Isis 96, pp. 1-24

Optional supplemental readings:


5. Why was the National Health Service established in Britain? Be sure to consider both the short and long term (i.e., at least back to 1911) as well as comparison to the U.S. and Europe.

Key readings for answering this question:


Charles Webster (1990), ‘Conflict and consensus: explaining the British health service’, *Twentieth Century British History* 1, pp.115–51, and other articles in this issue


Optional supplemental readings:

V. Berridge (1999), *Health and Society in Britain since 1939*, Cambridge: CUP


J.E. Pater (1981), *The Making of the National Health Service*, London, King’s Fund
