

HS216/266: Ethics, Politics



and the Body: Medicine, 1780- 1914

Semester One, 2002-03

Lecture: Friday 13:00-14:00

Maths Tower, Room 2.10

Seminars: to be arranged

Office Hours: Wednesdays, 12-1:00
(or by appointment)

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Centre for the History of Science, Technology and Medicine

Aims and Objectives

This course offers an introduction to some of the fundamental political, social and ethical aspects of medicine and health care as it developed in Britain from the end of the eighteenth century through to the First World War. Structured around the crucial “bodies” involved, the course also provides an introduction to the present state of historical debate. The aims of this course are: to introduce students to major themes in the social, cultural and political history of British medicine in the “long nineteenth century” (c. 1780-1914); to familiarise students with recent historical accounts of the subject; and to encourage a critical engagement with relevant primary and secondary sources.

At the end of the course students should be familiar with: the significance of various forms of patient/practitioner interaction; shifts in the institutional and organisational bases for medical practice; changes in the relationship between the medicine and the State; and ways in which forms of medical knowledge impacted upon broader social, cultural and political questions in the period under consideration. In addition, students should be able to adopt a critical approach to the reading of primary and secondary sources, in both seminar discussion and written work

Requirements

The course meets twice a week for one lecture and one seminar. The lectures will treat the subject synthetically; the seminars are intended for closer critical investigation of particular issues raised in the week’s required reading. **Attendance at lectures and seminars is compulsory.**

Readings

Each week has a set of **required “seminar readings”** -- typically these will consist of one interpretative historical essay and one primary document. Read with the purpose of trying to answer the set **Questions** (listed for each week in the course outline). These will form the basis for our seminar discussions. All required readings can be obtained from the **Short Loans** counter in the John Rylands Library (call numbers are listed next to readings on course outline). The “background readings” listed on the following pages should be pursued in the preparation of essays. It is strongly recommended that some are also consulted in preparing seminar discussions. Background readings marked SLC are in the Short Loans Collection in the John Rylands Library. If you can’t track something down, come and see me.

Seminars

The seminars will be used for discussion of the required readings. All students will be expected to contribute to the discussions. **Seminar participation contributes a significant portion of your final mark (50% for 10 credit course, 25% for 20 credit course).** Components of this mark consist of **attendance** and **general contributions** to the discussion each week, **and two sets of oral/written assignments:**

- **one oral and written presentation:** Each seminar will begin with an oral presentation on the readings by one or two students, to last 15 minutes, and leading into a general class discussion. The presentations should focus on the main historical article assigned. Presenters will also be required to hand in a written version of their presentations at the end of the seminar. These should be between 500-750 words in length and should be typed. Both oral and written versions of the in-class presentation will consist of three parts: (1) the author’s argument; (2) your critique of the argument; and (3) questions to start the class discussion. Please **analyse** rather than summarise the reading. **Extra marks** will be given to presentations that successfully integrate the assigned primary document.
- **written responses** to **three** of the set questions listed in the course outline, each from different weeks. One response must be from questions set for weeks 2-4; one from weeks 5-8; and one

from weeks 9-11. These are to be no longer than one side of A-4, and can be hand-written (though word-processing is preferable). These responses are due at the start of the seminar that corresponds to the question answered. In these responses you should be aiming to put across an interesting idea or two that demonstrates an analytical engagement with the question, and that gives you a jumping off point for discussion in seminar. Individuals may be asked to share their answers in seminar.

Please consider the following simple fact: each seminar member is in the position to help (and be helped by) the rest of the group, by responding constructively to student presentations, and helping to develop the discussion that arises from it. This means that, with the co-operation of all, a substantial part of your assessed work should receive a high mark.

Assessment

10 credit option students:

The final mark for students taking the 10 credit option will be based on (1) seminar participation, as outlined above (50%); and (2) a 1500 word essay (50%). **Two copies** of this essay are due no later than the start of the final scheduled lecture, **20 December 2002**. You may submit your essay early, either to me in my office or at lecture, or to the CHSTM office (see below for procedures).

20 credit option students:

The final mark will be as above, plus an a 3000 word essay/project (possible topics at the end of the course outline.) The project will be due **Friday, January 17, 2003**, by 3pm in the CHSTM office, Maths Tower, Rm. 3.32A. The weighting of the final mark will be: seminar participation (25%); 1500 word essay (25%); 3000 word project (50%). Details of the 20 credit project are appended to the end of this course outline.

All students intending to take the 20 credit version of this course must notify me of their intention, and attend a meeting with me early in the term. A sign-up sheet will be circulated in Week 2.

When **submitting an essay**, **two copies** should be handed in, either directly to me at the final session or to the CHSTM office (Rm.3.45 Maths Tower), where they must be signed and dated by office staff. Do not shove late essays under my office door or leave them in my mail tray undated and unsigned. **Essays must be typed with at least 1.5 spacing between lines.** Late essays will be penalised. Extensions will be only considered under **exceptional circumstances**; if you think you'll need one, you must discuss this with me well in advance of the due date. Begin the work early, and come to me with any writing problems.

Further information for presentations/essays:

Attached to this syllabus you will find:

- a sample seminar assessment sheet
- a set of guidelines on "Writing a strong essay"
- the University statement on Plagiarism
- classification guidelines for marking written work
- a list of essay questions (for both 10 and 20 credit students)
- a list of possible project topics (for 20 credit students)

PLEASE NOTE: It is **your** responsibility to read these statements carefully, and come see me if you have questions. Your understanding of these statements will be assumed when it comes time for assessing your written work.

Outline Syllabus

1. Introduction
2. Patients and Relations in the Georgian Age
3. The Rise of Hospital Medicine
4. Professionalization and the Reorganization of Medical Practice
5. Alternative Medicines
- 6. Reading Week**
7. The Politics of Public Health
8. Gender and Medicine
9. “Making up People:” Medicine and Social Policy in Victorian and Edwardian Britain
10. Science in Medicine
11. Medicine and its Public at the turn of the century
12. Film: “The Elephant Man”

Week 1: Introduction (4 Oct.)

- course outline: mechanics, aims and limits
- “keywords”

Seminar Reading:

- “Elephant Man” document (to be distributed in lecture)

As general background for the course as a whole, read at least one of the * readings from the following list during the first week:

*Virginia Berridge, ‘Health and medicine’, in F.M.L. Thompson (ed.), The Cambridge Social History of Britain, 1750-1950 (1990), **171-242. SLC**

*Christopher Lawrence, Medicine in the Making of Modern Britain 1700-1920 (1994). **SLC**

*R. French and A. Wear (eds.) ‘Introduction’ to their British Medicine in an Age of Reform, (1991). **SLC.**

*W.F. Bynum, Science and the Practice of Medicine in the Nineteenth Century (1994).

L. Jordanova, “The Social Construction of Medical Knowledge,” Social History of Medicine, 36 (1995), 361-81.

Erwin Ackerknecht, A Short History of medicine (rev. edn. 1982).

Andrew Wear (ed.), Medicine in Society (1992). **SLC.**

R.H. Shryock, The Development of Modern Medicine (1936).

W.F. Bynum and R. Porter (eds), Companion Encyclopedia of the History of Medicine (1993), 2 vols, **SLC.**

M. Foucault, ‘The politics of health in the eighteenth century’, in Foucault (ed. Colin Gordon), Power/Knowledge: Selected Interviews (1980), 166-82.

Week 2: Patients & Relations before 1800 (11 Oct.)

Seminar Reading:

- Roy Porter, "The Patient in England, c.1660 - c.1800," (1992) **CRes. 999/W408**
- Patient diaries, excerpts (to be distributed in lecture)

Questions: What was the role of the patient in diagnosing and curing illness in the period up to 1800? What views of disease, the body, and the environment underlay therapeutic practices of the period?

Background readings:

W. Bynum, Science and the Practice of Medicine in the Nineteenth Century (1994), chs 1 & 2. **SLC**.

Michel Foucault, The Birth of the Clinic (1989), chapter 1.

B. Duden, The Woman Beneath the Skin: A Doctor's Patients in 18th c. Germany (1991)

Joan Lane, The making of the English patient (2000)

Andrew Wear, Knowledge and practice in English medicine:1550-1680 (2000) **SLC**

Sarah Tracy, 'Reinventing the Sick Man', Bulletin of the History of Medicine, 66 (1992), 53-89.

Roy Porter, Patients and Practitioners. Lay perceptions of medicine in Pre-industrial Society (1985).

Roy Porter, 'The Rise of Physical Examinations' in W.F. Bynum and Roy Porter (eds.), Medicine and the Five Senses (1993), 179-97 - see also M. Nicolson's essay on 'percussion and stethoscopy'

W.F. Bynum, "'Health, Disease and Medical Care,'" in G.S. Rousseau and R. Porter, eds., the Ferment of Knowledge (1980)

Andrew Cunningham and Roger French, eds., The Medical Enlightenment of the 18th century (1990)

G.B. Risse, "Medicine in the Age of Enlightenment," in A. Wear, Medicine and Society (1992) **SLC**

C. Booth, "Clinical Science in an Age of Reason," in his Doctors in Science and Society (1987)

Charles Rosenberg, 'The therapeutic revolution: medicine, meaning and social change in nineteenth-century America', in Rosenberg and M. Vogel (eds.), The Therapeutic Revolution. Essays in the Social History of American Medicine (1979), 3-25.

E. Shorter, 'The history of the doctor-patient relationship' in W.F. Bynum & Roy Porter (eds.), Companion Encyclopedia of the History of medicine (1993), vol.2, 783-800. See also in this volume the essays by Malcolm Nicolson, pp.801-25, and Stanley Reiser, pp.826-51(esp. 826-32). **SLC**.

C.J. Ham, 'Power, Patients and Pluralism', in K. Barnard and K. Lee (eds.), Conflict in the NHS (1977), 99-120.

Ivan Waddington, 'The role of the hospital in the development of modern medicine: a sociological analysis', Sociology, 7 (1973), 211-24.

Week 3: The Rise of Hospital Medicine (18 Oct.)

Seminar Reading:

- N. D. Jewson, "The Disappearance of the sick-man from medical cosmology," abridged in Alan Beattie, ed., *Health and Well-being: a reader* (1993), 44-54 **CRes. 999/B730**
- T.Hodgkin, "On Some Morbid Appearances of Absorbent Glands," 1832 (distributed at lecture)

*** For a very helpful overview, see Lindsay Granshaw, "The rise of the modern hospital in Britain," in Andrew Wear, Medicine in Society, (219-48) **SLC****

Questions: What were the social, institutional, and conceptual shifts that underlay the rise of hospital medicine? How did this impact upon the patient/practitioner relationship?

Background readings:

L. Granshaw and R. Porter, Hospital in History (1989), esp. Porter/Granshaw essays **SLC**.

G.B. Risse, Mending Bodies, Saving Souls (1999)

Susan Lawrence, Charitable Knowledge (1996)

Hilary Marland, 'Lay and medical conceptions of medical charity during the 19th c.', in J. Barry and C. Jones (eds), Medicine and Charity Before the Welfare State, (1991), 149-71. **SLC**.

Michel Foucault, The Birth of the Clinic (1989), chapter 8.

E. Ackerknecht, Medicine at the Paris Hospital, 1794-1848 (1967).

T. Gelfand, 'The gestation of the clinic', Medical History, 25 (1981), 169-80.

E. Lomax 'Small and Special: The Development of Hospitals for Children in Victorian Britain', (Med. Hist. Supplement No.16, 1996)

Brian Abel-Smith, The Hospitals, 1800-1948, (1964), **SLC**.

I. Loudon, 'The origins & growth of the dispensary movement', Bull. Hist. Med. 55 (1981), 322-42.

R.G. Hodgkinson, The Origins of the NHS: The Medical Services of the New Poor Law, (1967).

M.A. Crowther, 'Paupers or patients?', J.Hist.Med., 39 (1984), 33-54.

G.B. Risse and J.H. Warner, "Reconstructing Clinical Activities: Patient Records in Medical History," Social History of Medicine 5:2 (1992), 183-206

G. Rivet, The Development of the London Hospital System, 1823-1982, (1986).

J. Woodward, To Do the Sick No Harm: The British Voluntary Hospital System to 1874

J.Pickstone, Medicine & Industrial Society: Hospital Development in Manchester, (1985)

Charles Rosenberg, 'Florence Nightingale on contagion: the hospital as moral universe' in his Explaining Epidemics, (1992), also in his (ed.), Healing and History (1979).

L. Prior, 'The local space of medical discourse: disease, illness and hospital architecture', in J. Lachmund and Gunnar Stollberg (eds.), The Social Construction of Illness, (1992), 67-84.

Week 4: Professionalization and the Reorganization of Medical Practice (25 Oct.)

Seminar Reading:

- Loudon, “Medical Practitioners 1750-1850 and the period of medical reform in Britain,” (1992), 219-47 **CRes. 999/W308**
- Lancet document on medical reform (to be distributed in lecture)

Questions: How did the professional structure of medicine change over the nineteenth-century, and what impact did this have on practice? What part did science play in this change?

Background readings:

I. Loudon, Medical Care and General Practitioner, 1750-1850, (1987) **SLC**.

Anne Digby, Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911, (1994). **SLC**

Virginia Berridge, ‘Health and medicine’, in F.M.L. Thompson (ed.), The Cambridge Social History of Britain, 1750-1950 (1990), **171-242. SLC**

Anne Witz, Professions and Patriarchy (1992), ch.3, “Gender and Medical Professionalization”

C. Lawrence, Medicine in the Making of Modern Britain 1700-1920 (1944). **SLC**

John Harley Warner, “The idea of science in English medicine: the ‘decline of science’ and the rhetoric of reform, 1815-45,” in French and Wear, Medicine in an Age of Reform

A. Desmond, The Politics of Evolution: Morphology, Medicine & Reform in Radical London (1989)

Ruth Richardson, Death, Dissection and the Destitute (1987)

M.J. Peterson, The Medical Profession in Mid-Victorian London, (1978)

S.W.F. Holloway, ‘The Apothecaries Act of 1815: a reinterpretation’, Medical History, 10 (1966), 107-29 & 221-36.

F.N.L. Poynter, The evolution of medical education in Britain (1966)

Susan Lawrence, ‘Private enterprise and public interests: medical education and the Apothecaries’ Act, 1780-1825’, in R. French and A. Wear (eds.), British Medicine in an Age of Reform, (1991), 45-73. **SLC**. See also Porter essay in this volume

Ivan Waddington, The Medical Profession in the Industrial Revolution, (1984). **SLC**.

Ivan Waddington, ‘General practitioners and consultants in early nineteenth-century England: the sociology of an intra-professional conflict’ in J. Woodward and D.Richards, Health Care and Popular Medicine in Nineteenth Century England, (1977), 164-88.

Rosemary Stevens, Medical Practice in Modern England: the Impact of Specialization and State Medicine (1966).

Week 5: Alternative Medicines (1 Nov.)

Seminar Reading:

- Alison Winter, "Mesmerism and Popular Culture in Early Victorian England," (1994), 317-43 **CRes. 999/W362**
- Lancet, "Animal Magnetism at UCL" (to be distributed in lecture)

Questions: Why were 'alternative' medical systems so appealing in the nineteenth century? How 'alternative' were they? Why was 'orthodox' medicine so opposed to them, and how was that opposition expressed?

Background readings:

R. Cooter (ed), Studies in the History of Alternative Medicine, (1988), esp. Introduction, and essays by Porter, Cooter, Pickstone, and Ranking. **SLC**

Steve Shapin, "The Politics of Observation: Cerebral Anatomy and Social Interests in the Edinburgh Phrenology Disputes," in R. Wallis, (ed), On the Margins of Science (1979)

Steve Shapin/Geoffrey Cantor exchange, "Phrenological Knowledge and the Social Structure of early 19th-century Edinburgh," Annals of Science (32&33), 219-33, 245-56

Alison Winter, Mesmerized: Powers of Mind in Victorian Britain (1998)

Roger Cooter, The Cultural Meaning of Popular Science: Phrenology and the organisation of consent in nineteenth-century Britain (1984)

Phillip Nicholls, Homeopathy and the medical profession (1988)

L. Barrow, 'Why were most medical heretics at their most confident around the 1840s', in R. French and A. Wear (eds), British Medicine in an Age of Reform (1991), 165-85. **SLC**

R. Coward, 'The myth of alternative medicine' in Beattie et al. (eds), Health and Wellbeing: a Reader, (1993), 94-101. **SLC**.

W.F. Bynum and Roy Porter (eds), Medical Fringe and Medical Orthodoxy, 1750--1850, (1987), esp. chapters by Loudon, Brown, and J.F.C.Harrison. **SLC**

R. Cooter, 'Dichotomy and denial: mesmerism, medicine and Harriet Martineau' in Marina Benjamin (ed), Science and Sensibility, (1991), 144-73. **SLC**

Roy Porter, Health for Sale: Quackery in England, 1660-1850, (1989).

W.J. Sheils (ed), Church and Healing, (1982), esp. chapters by Pickstone and Barrow. **SLC**

T. Parssinen, in R. Wallis (ed), On the Margins of Science, (1979).

Mark Weatherall, 'Making medicine scientific: empiricism, rationality, and quackery in mid-Victorian Britain', Social History of Medicine, 9, (1996), 175-94.

J.H. Warner, "'The nature-trusting heresy': American physicians and the concept of the healing power of nature in the 1850s and 1860s", Perspectives in American History, 11, (1977-8), 291-324.

History of Phrenology website: <http://www.jmvanwyhe.freemove.co.uk/>

Week 6: READING WEEK (8 Nov.): use this week to review and to think about your **essay**

Week 7: The Politics of Public Health (15 Nov.)

Seminar Reading:

- D. Porter, "Public health and centralization: the Victorian British state," (1999), 111-27 **CRes. 999/P322**
- E. Chadwick, Report on the Sanitary Condition of the Labouring Population (1842), and F. Engels, Condition of the Working Class in England (1845), selections (distributed in lecture)

Questions: How did the pressures of industrialization and urbanization affect the approach to public health in Victorian Britain? What roles did medical practitioners play in public health, and how did these change over time?

Background readings:

W.F. Bynum, Science and the Practice of Medicine in the Nineteenth Century, (1994), Ch.3:

M. Sigsworth and M. Worboys, 'The Public's view of Public Health in mid-Victorian Britain', Urban History, 21, (1994), 237-50.

J.V. Pickstone, 'Dearth, Dirt and Fever Epidemics: rewriting the history of British "Public Health" 1780-1850', in T. Ranger and P. Slack (eds), Epidemics and Ideas, (1992), 125-48.

Bill Luckin and G. Mooney, 'Urban history and historical epidemiology: the case of London, 1860-1920', Urban History, 24 (1997), 37-55.

Christopher Hamlin, Public Health and Social Justice in the Age of Chadwick (1990) **SLC**

E. Fee and D. Porter, 'Public health, preventive medicine and professionalization: England and America in the nineteenth century' in A. Wear, Medicine in Society, (1992), 249-76. **SLC**.

A. Wohl, Endangered Lives: Public Health in Victorian Britain, (1983). **SLC**.

R. Woods and J. Woodward (eds), Urban Disease and Mortality in 19th Century England, (1984).

J. Eyler, Victorian Social Medicine, (1979).

Thomas McKeown, The Modern Rise of Population (1976), esp. intro and conclusion

Simon Szreter, 'The importance of social intervention in Britain's mortality decline c.1850-1914', Social History of Medicine, 1 (1988), 1-38; and discussion in ibid. 7 (1994), 89-113 and 269-82.

S. Tesh, 'Political ideology and public health in the nineteenth century', International J. of the Health Services, 12 (1982), 321-42.

G. Rosen, History of Public Health, (1958; expanded edn., 1993).

J.L. Brand, Doctors and the State: The British Medical Profession and Government Action in Public Health, (1965) esp. chapters 3 & 4

Anne Hardy, The Epidemic Streets (1993)

Dorothy Porter, Health, Civilization and the State (1999)

Week 8: Gender and Medicine (22 Nov.)

Seminar Reading:

- Anne Digby, “Women’s Biological Straightjacket,” (1989), 192-219 **CRes. 999/M557**
- docs in Jalland/Hooper, Women from Birth to Death (1986), 237-48 (distributed at lecture)

Questions: What was women’s “biological straightjacket,” and what role did British medical men play in constructing and applying it? How were women’s bodies “pathologized,” and what were the social, political, and/or cultural consequences of this process?

Background readings:

E. Brook, Women Healers Through History, (1993).

H. Bourdillon, Women as Healers, (1988).

O. Moscucci, The Science of Woman: Gynaecology & Gender in England, 1800-1929 (1990). **SLC**.

Susan Kent, Sex and Suffrage in Britain, 1860-1914 (1987), esp. chs. 1,2,4

Cynthia Russett, Sexual Science: The Victorian Construction of Womanhood (1989)

Alison Bashford, Purity and pollution: gender, embodiment and Victorian medicine (1998)

Tom Laqueur, Making sex: body and gender from the Greeks to Freud (1990)

Anne Witz, Professions and Patriarchy (1992), ch.3, “Gender and Medical Professionalization”

B. Harrison, ‘Women and Health’, in Purvis (ed), Women & Society: 1850-1945 (1995), ch.7. **SLC**

Thomas N. Bonner, To the ends of the Earth: Women’s Search for Education in Medicine, (1992).

Anne D. Wood, “‘The Fashionable Diseases’: women’s complaints and their treatment in nineteenth-century America’, J. Interdisciplinary History, 4 (1973), 25-52.

E. Shorter, Women’s Bodies: A Social history of Women’s encounter with Medicine, (1991). **SLC**.

C. Smith-Rosenberg and C. Rosenberg, ‘The female animal: medical and biological views of women and her role in nineteenth-century America’, J. American History, 60 (1973), 332-56.

J.N. Clarke, ‘Sexism, feminism and medicalism: a decade review of literature on gender and illness’, Sociology of health and Illness, 5 (1983), 62-82.

Drachman, ‘The professional lives of women drs, 1881-1926’ Bull.Hist.Med. 60 (1986), 58-72. **SLC**.

C. Blake, The Charge of the Parasols, (1990), esp. 1-18, 41-155. **SLC**.

F. Mort, Dangerous Sexualities, (1987), esp. 69-83 on the CD Acts.

J. Donnison, Midwives and Medical Men, (1988)

Ludmilla Jordanova, Sexual Visions: Images of Gender in Science and Medicine (1989)

Week 9: Making up people: Medicine & Social Policy in Victorian/Edwardian Britain (29 Nov)

- Arnold Davidson, “Closing up the Corpses: Diseases of sexuality and the emergence of the psychiatric style of reasoning,” (1990), 295-325 **CRes. 999/B733**
- handouts (to be distributed in lecture)

Questions: On what basis does Davidson argue that there were no perverts before the later part of the 19th century? What explains the tendency in medicine and in society more generally to view people as “types” in the closing decades of the century?

Background readings:

Martin Wiener, Reconstructing the Criminal (1990), esp. chs.4-5, **SLC**.

Gareth Stedman Jones, Outcast London (1971), esp. chs.6, 13-16

Martha Valverde, “‘Slavery from within’: the invention of alcoholism and the question of free will,” Social History 22:3 (1997) **SLC**.

Dorothy Porter, “‘Enemies of the Race’: Biologism, Environmentalism, and Public Health in Edwardian England,” Victorian Studies (Winter 1991) **SLC**.

J. Saunders, “Quarantining the Weak-minded: Psychiatric Definitions of Degeneracy and the Late-Victorian Asylum,” in Bynum et.al., The Anatomy of Madness, iii (1988), 273-96 **SLC**.

Andrew Scull, Museums of Madness (198?), esp Introduction

Nancy Stepan, The idea of race in science: Great Britain 1800-1960 (1982) **SLC**

Daniel Pick, Faces of Degeneration (1989) **SLC**.

Stephen Jay Gould, The Mismeasure of Man (1981) **SLC**.

Michel Foucault, The History of Sexuality, vol.1 (1979) **SLC**.

Michel Foucault (ed.), Herculine Barbin, Being the recently discovered Memoirs of a 19th-century French Hermaphrodite (1980)

Harry Levine, “The discovery of addiction,” Journal of Studies on Alcohol, 39:1 (1978) **SLC**.

Greta Jones, Social Darwinism and English Thought (1980) **SLC**

Daniel Kevles, In the Name of Eugenics (1985) **SLC**

Judith Walkowitz, Prostitution and Victorian Society (1980) **SLC**

M. Vicinus et al, eds, Hidden from History (1991) **SLC**

Vernon Rosario, ed, Science and Homosexualities (1997) **SLC**

Ed Cohen, Talk on the Wilde Side (1993) **SLC**

Jeffrey Weeks, Sex, Politics and Society (1989) **SLC**

History of Eugenics website: <http://vector.cshl.org/eugenics>

Week 10: Science in Medicine (6 Dec.)

Seminar reading:

- S.E.D. Shortt, "Physicians, Science, and Status," (1983), 51-68 **CRes. 999/S653**
- Claude Bernard, *Essay on Experimental Medicine* (selection to be distributed at lecture)

Questions: In what ways did medicine become more "scientific" over the course of the 19th century? How did the sites of medicine (e.g. the hospital, the laboratory) affect this process?

Background readings:

Andrew Cunningham and Perry Williams, eds., The Laboratory Revolution in Medicine (1992), esp. intro and articles by Richards and Chen **SLC**.

J. V. Pickstone, ed., Medical Innovations in Historical Perspective (1992), esp. intro and articles by Granshaw and Weindling **SLC**.

Mark Weatherall, In Search of a Cure (1990)

L. S. Jacyna, "The Laboratory and the Clinic: the Impact of Pathology on Surgical Diagnosis in the Glasgow Western Infirmary, 1875-1920," Bull. of the History of Medicine, 62 (1988), 384-406 **SLC**.

S. Sturdy, "The Political Economy of Scientific Medicine," Medical Hist., 34 (1992), 125-59 **SLC**.

J. Howell, Technology in the Hospital: Transforming Patient Care in the early 20th c. (1995)

C. Lawrence, ed., Medical Theory, Surgical Practice (1992), esp. Lawrence & Brieger articles

W.F. Bynum and Christopher Lawrence, eds., The Emergence of Modern Cardiology (1986), article by Lawrence ("Moderns and Ancients")

Stanley Reiser, Medicine and the Reign of Technology (1978)

John Harley Warner, "Science in Medicine," Osiris, 2nd. ser. 1 (1985), 37-58

John Harley Warner, "Therapeutic Explanation and the Edinburgh Bloodletting Controversy: Two Perspectives on the Medical Meaning of Science," Med. Hist. 1980 (24), 241-58

C. Rosenberg and M. Vogel, eds., The Therapeutic Revolution (1979), esp. Geison & Maulitz

A. G. Youngson, The Scientific Revolution in Victorian Medicine (1979)

Steve Sturdy and Roger Cooter, "Science, Scientific Management, and the Transformation of Medicine in Britain c.1870-1950," (1998), 421-66

Bruno Latour, "Give me a laboratory and I will raise the world," in Mario Biagioli (ed.), The Science Studies Reader (1999), 276-89

Bruno Latour, The Pasteurization of France (1988)

Week 11: Medicine and its Public at the turn to the century (13 Dec.)

Seminar Reading:

- Frederick Treves, The Elephant Man (1923) 7-33 **CRes. 999/T210**

Questions: What different roles for “medicine” (e.g. social, scientific, ethical) are displayed in The Elephant Man? Were these roles compatible?

Background readings:

See Cunningham and Williams, Pickstone, and Weatherall items from week 10

David Hamilton, The Monkey Gland Affair (1986)

Terrie M. Romano, “The Cattle Plague of 1865 and the Reception of “the Germ Theory” in Mid-Victorian Britain,” Journal of the History of Medicine (1997), 51-80

Nancy Tomes, Gospel of Germs: Men, Women and the Microbe in American Life (1999)

Georgina Feldberg, Disease and Class (1995), esp. ch.2, 36-81

Massimiano Bucci, “The Public Science of Louis Pasteur: The Experiment on Anthrax Vaccine in the Popular Press of the Time,” History and Philosophy of the Life Sciences, 19 (1997), 181-209

Bruno Latour, “Give me a laboratory and I will raise the world,” in Mario Biagioli (ed.), The Science Studies Reader (1999), 276-89

Bruno Latour, The Pasteurization of France (1988)

William Coleman, “Koch’s Comma Bacillus,” in Bull. Hist. Med. (1987), 315-42

Dorothy & R. Porter, ‘The Politics of Prevention’, Medical History, 32 (1988), 231-52, **SLC**.

R.M. MacLeod, ‘Law, Medicine and Public Opinion: the resistance to compulsory health legislation 1870-1907’, Public Law, (1967), 107-28, 189-211.

Logie Barrow, ‘An Imponderable Liberator: J.J.Garth Wilkinson’, in R. Cooter (ed.), Studies in the History of Alternative Medicine, (1988), 88-117. **SLC**.

Nicolas Rupke (ed.), Vivisection in Historical Perspective, (1987) **SLC**.

Coral Lansbury, ‘Gynaecology, Pornography, and the Antivivisection Movement’, Victorian Studies, 28 (1984-5), 413-37, or The Old Brown Dog: Women, Workers, and Vivisection in Edwardian England, (1985),

R. D. French, Anti-vivisection and Medical Science in Victorian Society, (1975). **SLC**.

A. Wear, Medicine in Society, article by Jane Lewis **SLC**

Anne Digby, The Evolution of British General Practice, 1850-1948 (1999), ch.12

Week 12: FILM: *The Elephant Man*, dir. by David Lynch (20 Dec.)

HS 216/266: Ethics, Politics and the Body

Seminar Assessment Sheet:

Name/Year:

Attendance Record:

Comments on Oral Presentation:

Date of Seminar Presentation:

Statement/Explanation of Author's Argument:

Critique of Argument:

Questions posed for seminar discussion:

Use of historical document:

Other Assessed Material

Written Summary of Presentation:

Written Responses to Seminar Questions

Contribution to Discussion throughout the Semester:

Total Mark for Seminars (out of 100; 50% of total course mark for HS216; 25% of total course mark for HS266)

Writing a Strong Essay

General Thoughts:

Writing is a process, one in which we are all continually involved. Although this is not a writing class, the work you do in it will require strong writing skills: you will have to be able to make an argument, present evidence that supports it, and draw conclusions that are interesting and make sense to your reader. I will be happy to work with you on your writing, whether by reading drafts, or just discussing different kinds of arguments and evidence as you prepare to write your essays.

There are many kinds of strategies for working on writing:

- exchange drafts and comments with your peers in the class
- crank out a draft, even a very rough one, and let it sit for 24 hours. It is much easier for most people to revise, than to write from scratch, and it is usually much easier to see what needs changing once you've taken a break from the draft.
- read your papers aloud. This feels ridiculous, but it really does help you to see where your writing isn't flowing, and where sentences are choppy or convoluted.
- pull out all the thesis sentences of your paragraphs and read them through all together. They should form a coherent and persuasive argument. (This sounds like a great deal of work, but in fact takes little time and is very useful, especially at the first-draft stage, while you are just trying to figure out what you plan to argue.)
- write an abstract of your paper. Can you sum up your argument in two or three sentences? If not, it may be either too complex, or too confused!

Specific comments:

BE CAREFUL WHEN WORKING WITH SOURCES: MAKE SURE YOU CITE THE SOURCE EVERY TIME YOU USE ANOTHER PERSON'S WORK. It is very important that you cite material from which you draw background information, specific facts, quotations, or ideas and intellectual frameworks. Not citing sufficiently will bring down your grade both on the paper and in the exam (where you won't have to use footnotes, but will have to know -- and mention -- which author has made which argument). You should include a footnote every time you quote another person, paraphrase another person's argument, or base your argument on an idea or argument put forward by someone else, as well as when you use a particular fact from an article or lecture. And yes, lectures can be sources, but must be footnoted like any other source -- so give the title and date of the lecture if you plan to use material from it in your paper.

Writing references:

For Bibliography entries, please use the following formats.

for a book: Pickstone, J.V., Medicine and Industrial Society (Manchester: Manchester University Press, 1985)

for an article: Edgerton, D.E.H., "Science and Technology in British Business History," Business History 29 (1987), 84-103.

For the first footnote referring to any source, use the same format as above EXCEPT that the author's name should be in standard order (e.g. J.V. Pickstone, rather than Pickstone, J.V.) and the page to which you are referring should be cited after the parentheses. For any subsequent notes referring to that same text, use the abbreviated format below.

Pickstone, (1985) p 173.

PLEASE number your pages, hand them in stapled or paper-clipped together, and type them whenever possible.

Specific writing is strong writing -- use detail to showcase your knowledge, and to make your arguments persuasive and clear. Refer to particular events, people, decades, techniques and practices, rather than generalizations. So for example, don't say 'Patients take medicine' when you can say 'In seventeenth century Britain, patients took herbal medicines.' Also avoid using the passive voice. Take the credit for your own opinions, and let your sources and actors take the credit for their own discoveries, words, and actions. So don't write, 'It will be argued that...', when you really mean, 'I will argue that...'

ELEMENTS OF A STRONG PAPER

Structure of argument is clear:

- introductory paragraph lays out key questions and approaches;
- paragraphs are clearly delineated and ordered according to the overall argument;
- each individual piece of the argument is concluded before the argument moves on;
- transitions take the reader from one stage of the argument to the next;
- conclusion is cogent and challenging.

KEY TERMS ARE DEFINED: you know what you (and your terms) mean. Why not get credit for that knowledge, rather than letting me wonder if you REALLY know what you are talking about?

Careful proof reading focuses the reader's mind on your argument rather than allowing it to be distracted by mechanical detail. Poor spelling, grammar, and punctuation create doubt in the reader's mind about the author's knowledge and authority.

A strong paper will take on challenging and interesting questions, as well as synthesizing other people's arguments and analyses. Be bold: have your own opinions, even if you disagree with me. But make sure you can back them up with good strong evidence!

A strong argument is:

- informed by coherent and compelling logic;
- underpinned by a sense of both historical and geographical specificity (dates, sequence, time frames, and geographic scope are all clearly defined). Readers will know where they are, when they are, and what they are supposed to be seeing.

Supporting material (evidence) is:

- cited clearly and accurately;
- drawn from a range of readings and lectures;
- treated critically: the author differentiates between texts, offering an appraisal of how they can be used and what their limitations are, rather than using all sources as if they are equivalent.

Material which goes against the argument is drawn in and dealt with, rather than ignored.

Quotations and source materials are contextualized: i.e., the reader is told where the quote or fact comes from, who wrote or discovered it, and what the original source used the quote or fact for.

Quotations and source materials are introduced, so that the reader knows what the author intends each piece of evidence to illustrate, prove, or add to the argument.

Writing is clear, flowing and active!

University Guidelines on Plagiarism

1. Coursework, dissertations and essays submitted for assessment must be the student's own work, unless in the case of group projects a joint effort is expected and is indicated as such.
2. Unacknowledged direct copying from the work of another person, or the close paraphrasing of somebody else's work, is called plagiarism and is a serious offence, equated with cheating in examinations. This applies to copying **from other students' work, your own previous work, and from published sources** such as books, reports or journal articles. Plagiarised material may originate from any source. **It is as serious to use material from the World Wide Web or from a computer based encyclopaedia or literature archive as it is to use material from a printed source if it is not properly acknowledged.**
3. Use of quotations or data from the work of others is entirely acceptable, and is often very valuable, **provided that the source of the quotation or data is given in a footnote.** Failure to provide a source or put quotation marks around material that is taken from elsewhere gives the appearance that the comments are one's own. When quoting word-for-word from the work of another person quotation marks or indenting (setting the quotation in from the margin for longer quotations) must be used and the source of the quoted material must be acknowledged.
4. Paraphrasing, when the original statement is still identifiable and has no acknowledgement, is plagiarism. Taking a piece of text, from whatever source, and substituting words or phrases with other words or phrases is plagiarism. Any paraphrase of another person's work must have an acknowledgement to the source. It is not acceptable to put together unacknowledged passages from the same or from different sources linking these together with a few words or sentences of your own and changing a few words from the original text: this is regarded as over-dependence on other sources, which is a form of plagiarism.
5. Direct quotations or paraphrasing from an earlier piece of the student's own work, if unattributed, suggests that the work is original, when in fact it is not. The direct copying of one's own writings qualifies as plagiarism if the fact that the work has been or is to be presented elsewhere is not acknowledged.
6. Sources of quotations used should be listed in full in a bibliography at the end of the piece of work and in the format specified in attached essay guidelines.

Plagiarism is a serious offence and will always result in imposition of a penalty. The penalties that can be imposed range from a minimum of a zero mark for the work (without allowing resubmission) through the award of a lesser qualification, to disciplinary measures such as suspension or expulsion.

Class of Mark

Class of mark	% Equivalent
First	
Work which fulfills all the criteria of the A grade but at quite an exceptional standard.	80+
Work of a distinguished quality which is based on very extensive reading and which demonstrates an authoritative grasp of the concepts, methodology and content appropriate to the subject and to the assessment task. There is clear evidence of originality and insight and an ability to sustain an argument, to think analytically and/or critically and to synthesise material effectively.	73-79
Work of a distinguished quality which displays most, if not all, of the A grade attributes.	70-72
Upper-second	
Work which clearly demonstrates all the qualities of a B grade but which reveals greater insight and more originality.	68-69
Work which demonstrates a sound and above average level of understanding of the concepts, methodology and content appropriate to the subject and which draws on a wide range of properly referenced sources. There is clear evidence of critical judgement in selecting, ordering and analysing content. Demonstrates some ability to synthesise material and to construct responses which reveal insight and may offer some occasional originality.	63-67
Work which contains most of the qualities of a B grade but where the critical judgement is less developed and there is less insight and originality.	60-62
Lower-second	
Work of the qualities of a C grade but which contains a greater degree of critical analysis and original insight.	58-59
Work derived from a solid base of reading and which demonstrates a grasp of relevant material and key concepts and an ability to structure and organise arguments. The performance may be rather routine but the work will be accurate clearly written and include some critical analysis and a modest degree of insight.	53-57
Work which demonstrates many of the qualities of a C grade but which contains less critical analysis and little or no original insight.	50-52
A good [upper-second] answer to a <u>related</u> question [though not one set by the tutor] will receive a <u>lower-second</u> class mark.	
Third	
Competent and suitably organised work which demonstrates a reasonable level of understanding but which lacks sufficient analysis and interpretation to warrant a C grade. It will display some of the weaknesses of a D grade.	48-49
Work which covers the basic subject matter adequately and which is appropriately organised and presented but which is rather too descriptive and insufficiently analytical. There may be some misunderstanding of certain key concepts, and limitations in the ability to select relevant material so that the work may be flawed by some omissions and irrelevancies. There will be some evidence of appropriate reading but it may be too narrowly focused.	40-47

HS 216/266: Questions for the 1500-word essay:

NB: **Two copies** of your essay are due no later than **Friday, December 20**, at the final lecture (Film session). For details on presentation, and advice on how to approach the essay, please refer to the “How to write a good essay,” attached to this course outline. Please also consult the attached “University statement on plagiarism.”

For this assignment you are expected to write an essay that draws on the readings of at least two weeks, and to develop a thesis and a line of argumentation that integrates some of the key themes of these different weeks. In this essay you should go beyond the required seminar reading, and draw on at least four books or articles listed in the background readings. I have placed in brackets suggestions about which weeks might correspond to each question. These are suggestions only – you may find other connections. Also, you are only required to choose **TWO** of these weeks, so don't be put off by the length of the list after any given question!

These are broad questions, and once you've decided which one you want to answer, and which weeks you want to incorporate, you will have to refine the question in order to make it fit with your selections. Please feel free to consult with me an/or your seminar leader when you've reached that stage of thinking, and we can help you tailor your question and suggest appropriate readings. Also, if you want to design your own question rather than answering one of the above, get in touch with me as soon as possible.

1. 'The case of John Merrick, the “Elephant Man”, cannot be understood without an examination of how ethical, political, and medical conceptions of the body had developed over the course of the nineteenth century.' Discuss. [weeks 1-12]
2. In what senses, if any, did the sick person “disappear” in the nineteenth century? [weeks 1, 2, 3, 6, 8, 9, 10, 11]
3. Discuss how the practice of medicine was affected by the development of hospitals in the nineteenth century. [weeks 1, 2, 4, 6]
4. What, if anything, was “alternative” about Victorian mesmerism? [weeks 2, 4, 5, 8, 10, 11]
5. How was alternative medicine regarded and perceived by society during the eighteenth and nineteenth centuries? Discuss with reference to any of the following: Quackery, Mesmerism, Physiognomy AND/OR Phrenology [weeks 2, 4, 5, 8, 10, 11]
6. What was the “biological straightjacket”? Is this a useful term for characterising the relationship between women and physicians during the nineteenth century? [weeks 2, 3, 4, 9, 8, 9, 11]
7. Can medical change be explained solely in terms of changes within medical theory? [weeks 2, 3, 4, 5, 8, 9]
8. What was the phenomenon of “making up people” in the closing decades of the nineteenth century? Illustrate your answer with reference to EITHER alcoholism OR insanity OR sexuality OR feeble-mindedness. [weeks 3, 4, 8, 9]
9. What was meant by ‘degeneration’ in the late nineteenth century? Why did it become such a compelling explanation for doctors? [weeks 8, 9, 11]
10. How did the “germ revolution” change the medical practice? [weeks 2, 3, 6, 10, 11]

11. What is the significance of the shift from the “natural” to the “normal” as practitioners’ primary focus on attention in the history of modern medicine? [weeks 3, 5, 8, 9, 10, 11]

12. What does the public reaction to EITHER vaccine therapy OR vivisection OR the V.D. Acts tell us about attitudes towards “medicalisation” in the late nineteenth century and early twentieth century? [weeks 1, 2, 5, 6, 8, 9]

13. Medical professionalization is a cynical manipulation of the public for self-interested purposes. Discuss, being careful to define what “self/selves” you are referring to. [weeks 3, 4, 5, 10, 11]

14. In what senses was the homosexual or homosexuality “invented” in the last decades of the nineteenth century? [weeks 1, 2, 5, 6, 8, 9]

15. Was 19th century public health more interested in curing the “social body” than the physical body? [weeks 4, 5, 6, 8, 9, 11, 12]

HS266: Final Project

Students taking the 20-credit version of this course are required to submit an additional project. This could take the form of an essay, literature, or a review of books/films/other media. This project is due no later than Friday, 17 January, at 3pm. **Two copies** should be handed in to me (in 3.36 Maths Tower) or to the CHSTM office (in 3.45 Maths Tower). If you hand your essay in to the office, make sure you get a **receipt** stating the date and time it was submitted.

The topic of the project can be anything connected with the course, **so long as it does not overlap with your assessment essay, and provided you agree the topic in advance with the lecturer.**

Possible topics might include:

- an account of the introduction of an innovative medical technique/procedure, showing the processes by which it came to be accepted
- an analysis of literary (or other media) representations of medicine
- a presentation (as for a lecture, with illustrations, handouts, etc.) of the history another topic in the history of medicine not included in this year’s syllabus
- a critical assessment of the historical literature concerning one of the week’s lecture/seminar topics, e.g. a theme in which historians have disagreed or revised their peers’ work
- an analysis of the way medicine/medical practitioners have interacted with specific social questions/groups

NB: All students intending to take the 20 credit version of this course must attend a meeting with me in the first few weeks of term. A sign-up sheet will be circulated in Week 2.

Enjoyed this course?

Interested in learning more about the *wider contexts* of science, technology & medicine?

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For more details, contact the lecturer or the Secretary, CHSTM, Room 3.45, Maths Tower. Tel: (27)55850. Email: chstm@man.ac.uk