EH411
Epidemics and Economic and Social History: From the Black Death to the Present

Scope
This course analyses the impact of epidemic disease on human societies and economies from the Black Death to the present day. It examines arguments and evidence about epidemics' relationship to economic, social, demographic and political change and the development and implementation of medical, scientific and social responses. Case studies will focus on epidemics in Europe, Central America, and Asia, but reference may also be made to the experience of other regions, in order to achieve a more global picture.

The course will explore a range of issues in the history of epidemics from the fourteenth century to the present day. Themes considered will include: the extent to which epidemics act as agents of social, economic, religious and political change; the role of epidemics in demographic change and its political and economic consequences, particularly the Columbian exchange and the 'epidemiological transition'. Aspects of responses to epidemics will include: the significance of epidemics in the development of public health; popular resistance to public health; epidemics, empire and colonialism in the nineteenth and twentieth centuries; the construction of scientific and medical understandings of epidemic diseases; medical responses, including inoculation, vaccination and policies of herd immunity; language, stigma and policies towards epidemic disease. Epidemic diseases discussed in the course will include plague, smallpox, cholera, and AIDS, and others as required; endemic diseases and endemic forms of epidemics will also be considered as appropriate.

Structure
The course is structured as follows:
Two introductory lectures will present a background to epidemics and a long-run introduction to medical theory and practice.

Part 1: In this part we use the Black Death and subsequent plague epidemics as the means to introduce four of the basic areas that dominate studies of epidemics – their social, economic, and political impact, and the nature and impact of their representation. The Black Death serves in many ways as an archetype for later European responses to epidemics, and the material dealt with here provides an essential background to understand much of the later history of epidemics.

Part 2: This substantial section deals with the 'decline' of epidemics. Essentially, we will be examining how Europe moved from the situation apparent in the 14th to 17th century of repeated exposure to epidemics and high mortality to the late 19th and 20th century situation of much lower vulnerability to epidemic disease. Part A examines the demographic outlines of this transition, looking first at the apparent retreat of epidemics in the eighteenth century, and then at the larger question of the decline of mortality in the 19th century. Part B then examines the ways in which responses to disease were changing in this period. We first look at the broad issue of the role of the state in public health. We then move on to two case studies in order to analyse how interventions developed and were accepted in the 18th and 19th centuries (in the case of smallpox), and how societies responded to epidemics in the nineteenth century (the example of cholera). Implicit here is a contrast with the response to plague.

Part 3: This section examines the relationship of epidemic disease and empire. It begins with an examination of one of the key concepts in globalisation – that of the spread of disease and its role in imperial expansion from the 16th century onwards. We then turn to the relationship between imperial and colonial regimes and disease, largely in the context of 19th and early 20th century India.

Part 4. This section moves to the more recent history of epidemics, particularly AIDS. We first examine the relationship between marginalization, stigma and sexually transmitted disease in the case of syphilis. The next two weeks examine, first, reactions to AIDS, and second, the socio-economic impact of AIDS. Finally, we close the course with a view on some of the broad trends in global public health and policy.

Course Organisation

This course will be taught be weekly seminars, from 16.00 to 18.00 on Mondays in room Y002. The course begins with two lectures; eighteen seminars take up the remainder of MT and LT. All students should complete the course readings for each week given in the list below. Please note that the questions given for each week are **issues to consider while reading; they are not a set agenda for each session.** A suggested essay question is also given.

Seminar Papers

You are required to write two seminar papers, one for a topic from part 2 or 3, and one for a topic from part 4 or 5. Papers must be submitted *in advance* of the seminar to which they relate. Topics will be selected at the second lecture, and should not normally be changed thereafter. Questions are suggested for each week, but alternative titles are acceptable if agreed in advance.

Every paper must address a question. You will find suggested questions at the top of the reading list for each topic. *Papers should be of 2,500-3,000 words and typed (single-spaced). Be sure to give references, in footnotes. Please list the sources you have used at the end of the essay*. References and bibliography do not count towards the word-limit.

It is important to note that a decent essay is likely to require *at least six to eight readings*. For each topic a selection of initial readings are given; further readings are available in the supplemental reading list or through your own research. Please tell me of any readings which you find particularly helpful or unhelpful.

What we are looking for in a seminar paper is your analysis of the matter: a systematic, reasoned discussion of the theoretical and empirical issues. Your conclusions do not have to be original but they do need to be the product of your own critical examination of the material available to you. The questions are largely open to a variety of approaches; good answers will engage in a rigorous way with the issue and concepts involved.

When you have finished your paper, you should send it by e-mail attachment to all members of the group (including me: p.h.wallis@lse.ac.uk). This must be by noon the day before the seminar, to give everyone time to read it in advance. The previous Friday is better still!

I will return these papers with detailed comments and a grade for your information (it will not count in the assessment of the degree). Providing the paper comes in on time, I will usually be able to give it back to you at the end of the seminar to which it relates. Once you have read my comments you are welcome to see me individually to discuss the paper and the course as a whole.

Discussants of Papers

In weeks where papers are submitted, another student will be responsible for giving a short commentary on the paper (a maximum of 8 minutes). Respondents must therefore be familiar with the material.

Assessment

An assessed essay to be handed in during the year the course is taken counts for 30% of the marks. It must be not more than 2,500 words (excluding references and bibliography). The remaining 70% of the marks are accounted for by a three-hour written examination in summer term.

Summary of Written Work

All students are required to produce three papers. Two of these are circulated to the seminar; a third is submitted for formal Assessment. Titles must be approved in advance.

Additional resources

Nearly all of the readings are available at the Wellcome Library for the History of Medicine, at 210 Euston Road, London NW1 2BE (nearest tubes: Euston Road, Euston, Warren Street). This very comfortable library contains a massive number of works relevant to the course. Its collections will be almost essential for preparing essays, in particular. You are all strongly advised to visit it and get a readers ticket (open to all) as soon as possible. Details are available at: http://library.wellcome.ac.uk/

Individual consultation: To see my individually, either speak to me at the end of the seminar, e-mail me (p.h.wallis@lse.ac.uk), or come to my office (room C.319: tel. 020 7955 7074). During the Michaelmas and Lent Terms my 'office hours' (i.e. when I am guaranteed to be in my room) will normally be Mondays, 11-12am. I will give advance notice of any variations on these times in class and on my door.

General readings:

In addition to the specific works given for each topic, and the general theoretical works and introductions listed for lectures 1 and 2, these books may provide a useful background and general introduction:

M. Harrison, *Disease and the Modern World: 1500 to the present*.

J.N. Hays *The Burdens of Disease: Epidemics and Human Response in Western History* (1998)

J. Diamond, *Guns, germs and steel* (1997)

S. Watts, *Epidemics and History: Disease, power and imperialism* (1997)

<u>For further information on modern understandings of disease:</u>

Anderson & May, Infectious Diseases of Humans (1991)

The US Centers for Disease Control website also provides useful background information on many diseases (www.cdc.gov)

<u>If you are considering taking a broader analysis of an epidemic as a research project, you may be interested in these studies of the impact of epidemics on growth (see also seminars 4 and 19):</u>

E. Brainerd and M. Siegler, 'The Economic Effects of the 1918 Influenza Epidemic', *CEPR Discussion Paper No. 3791* (2003).

J. Fisher, 'Influenza and inflation in Tudor England', *EcHR* (1957) (nb: see Moore article in *EcHR* 1993 plus Zell and Moore's comments in *EcHR* 1994)

Lee, Jong-Wha and McKibbin, Warwick J. ‘Estimating the global economic costs of SARS’, *Asian Economic Papers* (MIT 2004) [and in *Learning from SARS*]

N. Crafts & M. Haacker, ‘Welfare Implications of AIDS’, IMF Working Paper, No. 03/118 (http://www.imf.org/external/pubs/cat/longres.cfm?sk=16567.0)

For a mix of relaxation and reference you may enjoy some ‘epidemic’ novels, such as:
Albert Camus, *La Peste/The Plague*
Gabriel Garcia Marquez, *Love in the Time of Cholera*
Geraldine Brooks, *Year of Wonders*

Part 1: Introduction:

1. Lecture 1: Approaches to diseases and epidemics

A. L. Caplan, 'The Concepts of Health, Illness, and Disease', in W. F. Bynum and R. Porter (ed.), *The Companion Encyclopedia to the History of Medicine* (London, 1993), pp. 233-48.

R. P. Hudson, 'Concepts of Disease in the West', in K. F. Kiple (ed.), *The Cambridge World History of Human Disease* (Cambridge, 1993), pp. 45-52.

C. E. Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge, 1992), chapters on ‘Framing’

P. Strong, 'Epidemic Psychology: A Model', *Sociology of Health and Illness*, 12 (1990), pp. 249-59.

L. Jordanova, 'The Social Construction of Medical Knowledge', *Social History of Medicine*, 8 (1995), pp. 361-81.

A. Wilson, 'On the History of Disease-Concepts: The Case of Pleurisy', *History of Science*, 38 (2000), pp. 271-319.

A. Cunningham, 'Transforming Plague: The Laboratory and the Identity of Infectious Disease', in A. Cunningham and P. Williams (ed.), *The Laboratory Revolution in Medicine* (Cambridge, 1992), pp. 209-44.

R. McCaa, ‘the big killers?’, *Social Science History* (1996)

2. Lecture 2: Theories of Disease and Histories of Epidemics

General Reference:
R. Porter, *The Greatest Benefit to Mankind: a medical history of humanity* (1997)

I. Loudon (ed.), *Western Medicine: an Illustrated History* (1997)

K. Kiple (ed.), *The Cambridge world history of human disease* (1993)

Bynum & Porter (ed) *Companion Encyclopedia of the history of medicine* (1993)

Good explanations of changing theories of disease:

M. Pelling, ‘Contagion/Germ Theory/Specificity’ in *Companion Encyclopedia of the history of medicine* (1993), reprinted in A. Bashford & C. Hooker (ed.), *Contagion: historical and cultural studies* (2001)

V. Nutton, 'The Seeds of Disease: An Explanation of Contagion and Infection from the Greeks to the Renaissance', *Medical History*, 27 (1983), pp. 1-34. **EJ [= ELECTRONIC JOURNAL]**

M. Worboys, *Spreading Germs: Disease, Theories, and Medical Practice in Britain, 1865-1900* (Cambridge, 2000)

N. Tomes, *The Gospel Of Germs: Men, Women And The Microbe In American Life*

PART 2: Great Plagues and Four Core Themes in Epidemic History

3. Social Impact: The Arrival of the Black Death.
General themes:
What characteristics marked the immediate and medium-term social impact of the Black Death?
Was the Black Death a ‘shock’ that exposed the basic elements of social organisation?
Are there archetypal patterns in psychological responses to epidemics?
Question:
Assess the extent to which the Black Death was an ‘assault on public order’?

P. Strong, 'Epidemic Psychology: A Model', *Sociology of Health and Illness*, 12 (1990), pp. 249-59.

O. Benedictow *The Black Death 1346-1353: The Complete History* (2004), **chapter**

M. Dols, ‘The comparative communal response to Black Death in Muslim and Christian societies’, *Viator*, 5 (1974)

D. Herlihy *The Black Death and the Transformation of the West* (1997), ch. 3.

4. Economic Impact: The Economic Consequences of the Black Death:
General themes:
Analyse the methodological and theoretical differences in approaches to the economic impact of the epidemic.
In what ways did the epidemic affect the economy in the short, medium and long-term?
Question:
To what extent was the black death a period of ‘creative destruction’?

A. R. Bridbury, ‘The Black Death’ *EcHR*, 26/4 (1973)**,** 577-92 **EJ**

W. Bean ‘The Black Death: the crisis and its social and economic consequences’, in D. Williman (ed.*), The Black Death: the Impact of the Fourteenth-century Plague* (1982)

J. Hatcher, 'England in the Aftermath of the Black Death', *Past and Present*, 144 (1994), pp. 3-25. **EJ**

M. Bailey, "Demographic Decline in Late Medieval England: some Thoughts on Recent Research." *EcHR* 49.1 (1996): 1-19. **EJ**

S. R. Epstein, *Freedom and Growth: The Rise of States and Markets in Europe, 1300-1750* (2000), ch. 3

5. Political Responses: Plague and Emergence of Public Health

General themes:

Why were political responses to plague created at different times by cities and states from the fifteenth to seventeenth centuries in Europe?

Was state intervention in public health inevitable in early modern Europe?

What was the relationship between vulnerability, social status and state intervention?

Question:

To what extent were political measures against plague determined by pragmatic experience?

*C. E. Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge, 1992), ch. 13

A. Carmichael, 'Contagion theory and contagion practice in 15th-century Milan', *Renaissance Quarterly*, 44 (1991) **EJ**

B. Pullan ' Plague and the perception of the poor in early modern Italy' in Ranger & Slack, *Epidemics and Ideas* (1992) pp. 101-24

M. Jenner, 'The Great Dog Massacre', in W. G. Naphy and P. Roberts (ed.), *Fear in Early Modern Society* (Manchester, 1997), pp. 44-61.

L. Brockliss and C. Jones, *The Medical World of Early Modern France* (Oxford, 1997), pp. 347-56

6. Representations: Stories and Historiographies of Epidemics

General themes:

What are the problems and possibilities of literary evidence on epidemics?

Can particular literary forms be identified in contemporary accounts of epidemics? Are these meaningful?

What purposes did memory have for contemporaries?

Do such patterns persist in the modern historiography of plague?

Question:

Analyse any of the texts below (in Horrox or Defoe) in light of the critical readings.

'The arrival of the plague', 'The arrival of the plague in Florence', 'The arrival of the plague in Padua' in R. Horrox ed. *The Black Death* (1994), pp. 14-35.

D. Defoe, *Journal of the Plague Year* (1722). Read pages 184-189 of the Perseus online edition (this is 136-40 of the Norton edition). The Perseus edition can be found in the 'London' section of the Persues Digital Library (http://www.perseus.tufts.edu/).

A. G. Carmichael, 'The Last Past Plague: The Uses of Memory in Renaissance Epidemics', *Journal of the History of Medicine*, 53 (1998), pp. 132-60.

C. Jones, 'Plague and its metaphors in early modern France', *Representations*, 53 (1996) **EJ**

F. M. Getz, 'Death and the Silver Lining: Meaning, Continuity, and Revolutionary Change in Histories of Medieval Plague', *Journal of the History of Biology*, 24 (1991), pp. 265-89.

PART 3: The defeat of epidemics?

A. Changes in the Demographic Impact of Epidemics:

7. The decline of epidemics in the 18c:

General Themes:

In what ways did the effect of epidemics on mortality change during the eighteenth century?
What factors explain these changes?
Do social and economic factors offer a sufficient explanation for the reduction in vulnerability to crisis?

Question:

How well can changes in mortality be explained through environmental variation or human action?

M. W. Flinn, *The European Demographic System, 1500-1820* (Brighton, 1981), ch. 4. **OR**: M W Flinn, 'The stabilization of mortality in pre-industrial Europe', *J Eur Ec H*, 3 1974

J. Post, 'Famine, Mortality and epidemic disease in the process of modernization', EcHR 39/1 (1976): 14-37 **OR** J. Post, *Food shortage, climactic variability and epidemic disease in preindustrial Europe: the mortality peak in the early 1740s* (1985), ch.8.

S. J. Kunitz, 'Speculations on the European mortality decline' *EcHR* 36 (1983): 349-64. **EJ**

A. Perrenoud, 'The Attenuation of Mortality Crises and the Decline of Mortality', in R. Schofield, D. Reher, and A. Bideau (ed.), *The Decline of Mortality in Europe* (Oxford, 1991), pp. 18-37.

M. Dobson, *Contours of Death and Disease in Early Modern England* (Cambridge, 1997), ch. 8

8. Mortality Crises and the Rise of Population

General themes:

What patterns are apparent in mortality over the nineteenth century?
What is McKeown's explanation for these changes?
What are the problems with this model?
Assess the value of alternative explanations in demographic change.

Question:

To what extent does economic growth serve as an explanation for mortality decline?

Thomas McKeown, *The modern rise of population* (1976)

Schofield and Reher, 'The decline of mortality in Europe', in Scholfield, Reher and Bideau, eds. *The Decline Of Mortality In Europe* (1991), 1-18

Simon Szeter, 'The importance of social intervention in Britain's mortality decline, c.1850-1914: a reinterpretation of the role of public health', *Social History of Medicine*, 1 (1988), 1-39

Sumit Guha, 'The importance of social intervention in England's mortality decline: the evidence revisited', *Social History of Medicine*, 7 (1994), 89-113 – see also Szreter's reply.

R. A. Easterlin, *Growth Triumphant: The Twenty-First Century in Historical Perspective* (1996), ch. 6.

Hardy, Anne. *The Epidemic Streets: Infectious Disease and the Rise of Preventive Medicine,1856-1900* (1993), concluding chapter

R. Woods, *The Demography of Victorian England and Wales* (2000), Ch. 8

B. Transformations in Public and Private Responses to Disease

9. Theories of Action: Medical Police and the changing role of the state

General Themes

Did medical practitioners attain a new relationship with the state during the 18c?

What characteristics separate Rosen and Foucault's approach to 'medical police'?

Question:

To what extent was medical police a political or economic initiative, and how does this inflect historical analyses of it?

M. Foucault, 'The politics of health in the Eighteenth Century' in Michel Foucault, *Power/Knowledge*, ed. C. Gordon (1988), pp. 166-182.

G. Rosen, *From Medical Police to Social Medicine*, pp. 120-158.

M. Ramsey, 'Public health in France', in D. Porter (ed.), *The history of public health and the modern state* (1994), pp. 45-69

C. Hannaway, 'The *Société royale de médecine* and epidemics in the ancien regime', *Bull H Med* 46 (1972), 257-73.

L. Jordanova, 'Medical Police and Public Health: Problems of Practice and Ideology', *Bulletin of the Society for the Social History of Medicine*, 27 (1980), pp. 15-19.

D. Lupton, *The Imperative of Health*, ch.1.

B.i. Case Study 1: Smallpox and Human Intervention

10. The adoption of new knowledge: smallpox and inoculation

General Themes

Does inoculation have a significant effect on smallpox mortality in the 18c?

How is knowledge of inoculation constructed and transmitted?

What factors explain variations in attitudes to inoculation?

Question:

How well can the success of smallpox inoculation be explained as a 'trickle down' effect?

England

P. E. Razzell, *The Conquest of Smallpox: The Impact of Inoculation on Smallpox Mortality in Eighteenth Century Britain*, 2nd edn. (London, 2003).

A. Wilson, 'The Politics of Medical Improvement in Early Hanoverian London', in A. Cunningham and H. R. French (ed.), *The Medical Enlightenment of the Eighteenth Century* (Cambridge, 1990), pp. 4-39.

Lobo, 'John Haygarth, Smallpox and Religious Dissent in Eighteenth-Century England', in A. Cunningham and H. R. French (ed.), *The Medical Enlightenment of the Eighteenth Century* (Cambridge, 1990), pp. 217-53.

Scotland
D. Brunton, 'Smallpox Inoculation and Demographic Trends in Eighteenth Century Scotland', *Medical History*, 36 (1992), pp. 403-29.

Africa
E. W. Herbert, 'Smallpox inoculation in Africa', *Journal of African History* 16 (1975), 539-59. **EJ**

M. Vaughan, 'Slavery, smallpox and revolution: 1792 in Ile de France (Mauritius)', *Social History of Medicine* 13 (2000), 1-28

11. Intervention, Trust and Risk: Smallpox and Vaccination
General Themes
Why did countries pursue different policies on vaccination?
What accounts for resistance to vaccination?
Question
How did vaccination strategy understand the bodies of the poor?

A possible account of resistance
B. Wynne, 'Public uptake of science', *Public Understanding of Science* 2 (1993), 321-337.

Europe
C. Huercamp, 'The History of Smallpox Vaccination in Germany: A First Step in the Medicalization of the General Public', *Journal of contemporary history*, 20 (1985), pp. 618-19. **EJ**

P. Baldwin, *Contagion and the State in Europe, 1830-1930* (Cambridge, 1999), ch. 4

E. P. Hennock, 'Vaccination Policy against Smallpox, 1835-1914: A Comparison of England with Prussia and Imperial Germany', *Social History of Medicine*, 11 (1998).

D. Porter and R. Porter, 'The Politics of Prevention: Anti-Vaccinationism and Public Health in Nineteenth-Century England', *Medical History*, 32 (1988), pp. 231-52. **EJ**

N. Durbach, '"They Might as Well Brand Us": Working-Class Resistance to Compulsory Vaccination in Victorian England', *Social History of Medicine*, 13 (2000), pp. 45-62.

Deborah Brunton, 'The problems of implementation: The failure and success of public vaccination against smallpox in Ireland, 1840-1873', in Greta Jones and Elizabeth Malcolm (eds), *Medicine, disease and the state in Ireland, 1650-1940* (1999), pp. 138-57

India
Arnold, David. *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*. (1993), ch. 3

S. Bhattacharya, 'Re-Devising Jennerian Vaccines? European Technologies, Indian Innovation and the Control of Smallpox in South Asia, 1850-1950', in B. Pati and M. Harrison (ed.), *Health, Medicine and Empire: Perspectives on Colonial India* (Hyderabad, 2001), pp. 217-69.

B.ii: Case Study 2: Dealing with Cholera

12. Cholera: the social impact of disease
General Themes
What impact did cholera have?

Did cholera heighten social tension?
How were different explanations (religious, political, class) of cholera deployed?
Question
Is disease ever responsible for disorder? Answer with reference to cholera?

Richard J Evans, 'Epidemics and revolutions: cholera in nineteenth-century Europe', *Past and Present*, no. 120 (1988), 123-46

C. J. Kudlick, *Cholera in Post-Revolutionary Paris: A Cultural History* (1996), ch. 1

Durey, Michael. *The Return of the Plague: British Society and the Cholera, 1831-32* (1979), ch. 6, 8.

Rosenberg, Charles E. *The Cholera Years: The United States in 1832, 1849, and 1866* (1962), pp. 13-101

13. Cholera: the politics of public health
General Themes
Do interpretations and responses to epidemics correlate with national political cultures?
Why has Ackerknecht's argument been so successful?
Did cholera present a problem for sanitationists?
Is this a period of 'modernization' in public health?
Question:
Do political analyses of public health possess any validity in understanding responses to cholera?

E. H. Ackerknecht, 'Anticontagionism between 1821 and 1867', *Bulletin of the History of Medicine*, 22 (1948), pp. 562-93.

Peter Baldwin, *Contagion and the state in Europe, 1830-1930* (1999), chapters 2-3

Richard Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830-1910* (1987), esp. pp. 226-84, 474-90

M. Pelling, *Cholera, Fever and English Medicine, 1825-1865* (1978), ch.1-2, conclusion.

R. Cooter, 'Anticontagionism and History's Medical Record', in P. Wright and A. Treacher (ed.), *The Problem of Medical Knowledge: Examining the Social Construction of Medicine* (Edinburgh, 1982), pp. 87-108.

Part 4: Epidemics and Empire

14: The Columbian Exchange
General themes:
Does the 15th and 16th centuries witness the 'globalisation' of disease?
What was the role of disease in creating early modern empires?
Question
What problems remain with the smallpox hypothesis in New World Conquest?

The Columbian Exchange
W.H. McNeill, 'Transoceanic exchanges, 1500-1700' in id., *Plagues and Peoples* (1976)

E. Le Roy Ladurie, ‘A concept: the unification of the globe by disease (14th to 17th centuries)’ in Ladurie, *The Mind and the Method of the Historian* (1981)

The Americas
N.D. Cook, *Born to Die: Disease and New World Conquest, 1492-1650* (1998)

D.E. Stannard *American Holocaust: Columbus and the Conquest of the New World* (1992), ch. 3

R McCaa, ‘Spanish and Nahuatt views on smallpox and demographic catastrophe in Mexico’, *JIH* (1995)

F. Brooks, 'The Impact of Disease', in G. Raudzens (ed.), *Technology, Disease and Colonial Conquests, Sixteenth to Eighteenth Centuries: Essays Reappraising the Guns and Germs Theories* (Leiden, 2001), pp. 127-66.

For reference: The Pacific
A.W. Crosby ‘Hawaiian depopulation as a model for the Amerindian experience’, in Slack & Ranger, *Epidemics and Ideas*

S.J. Kunitz *Disease and Social Diversity: the European Impact of the Health of Non-Europeans* (1994), ch. 3

15. Disease and Empire
General themes:
Did imperial expansion offer a stimulus to innovation?
Did morbidity or mortality matter most in the imperial enterprise?
Was medical knowledge of climate an impediment to colonialism?
Question:
To what extent was medicine a tool for creating empire in the nineteenth century?

Harrison, Mark. *Public Health in British India: Anglo-Indian Preventive Medicine,1859-1914*. (1994), ch. 4.

M. Harrison, *Climates and Constitutions: Health, Race, Environment and British Imperialism in India, 1600-1850* (New Delhi, 1999), ch. 3

Curtin, Philip F. *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century* (1989), ch. 1-2.

Headrick, Daniel F. *The Tools of Empire: Technology and European Imperialism in the Nineteenth Century* (1981), ch. 3

D. Arnold, ed. *Imperial Medicine and Indigenous Societies* (1988), ‘Introduction’

A. Marcovich, 'French Colonial Medicine and Colonial Rule: Algeria and Indochina', in R. M. MacLeod (ed.), *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London, 1988), pp. 103-18.

16. The third pandemic of plague:
(a) the public health response to plague

(b) the investigation of plague

General themes

Was the epidemic an ‘opportunity’ for colonial public health?

Compare the politics of plague control and the politics of cholera control.

Did a colonial context affect the understanding and discovery of plague?

How convincing is Cunningham’s accounts of the discovery of plague

Question

In what ways did racial and epidemiological knowledge interact in the plague epidemic?

Harrison, Mark. *Public Health in British India: Anglo-Indian Preventive Medicine,1859-1914* (1994), pp. 134-58.

I. J. Catanach, 'Plague and the Tensions of Empire: India, 1896-1918', in D. Arnold (ed.), *Imperial Medicine and Indigenous Societies* (Manchester, 1988), pp. 149-71.

R. Chandavarkar, 'Plague Panic and Epidemic Politics in India, 1896-1914', in P. Slack and T. O. Ranger (ed.), *Epidemics and Ideas: Essays on the Historical Perception of Pestilence* (Cambridge, 1992), pp. 175-202.

N. Shah, *Contagious divides* (2001), ch. 5

A. Cunningham, 'Transforming Plague: The Laboratory and the Identity of Infectious Disease', in A. Cunningham and P. Williams (ed.), *The Laboratory Revolution in Medicine* (Cambridge, 1992), pp. 209-44.

Part 5: Sex, Disease and Marginalisation

17. Sexual epidemics before AIDS

General themes;

Does the construction of venereal disease reflect and reinforce society’s basic assumptions and fears?

How have attitudes to sexuality affected efforts to control STDs?

Do associations between VD and marginal groups fit with Mary Douglas’s arguments about the association of marginality, power and pollution?

Are epidemics of STDs somehow more socially constructed than other epidemics?

Question:

How successful are social constuctivist analyses of venereal disease?

M. Douglas, *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo* (London, 1966), ch. 6.

P. Baldwin, *Contagion and the State in Europe, 1830-1930* (Cambridge, 1999), ch. 5.

A. M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States since 1880* (Oxford, 1985), ch. 2, 5

M. Vaughan, 'Syphilis in Colonial East and Central Africa: The Social Construction of an Epidemic', in T. Ranger and P. Slack (ed.), *Epidemics and Ideas: Essays on the Historical Perception of Pestilence* (Cambridge, 1992), pp. 269-302.

18. AIDS: the resurgence of epidemics:

General Themes:

Did AIDS represent a new paradigm of epidemic disease?
Why did policies to control AIDS differ from policies used against other epidemics?
What were the consequences of the focus of the disease being among marginal groups in the West?

Question:

To what extent does has history provided a frame of analysis for AIDS?
How well does Berridge's contrast between emergency and normalisation explain shifts in policy and public responses to AIDS?

R. Shilts *And the Band Played On* (1987), esp. part V.

D. M. Fox, 'The politics of HIV infection: 1989-90 as years of change', in E. Fee & D. M. Fox (eds), *AIDS: the making of a chronic disease* (1992), pp. 125-142

V. Berridge 'The early years of AIDS in the UK: 1981-6: historical perspectives', in Ranger & Slack, *Epidemics and Ideas* (1992), 303-328..

S. Epstein *Impure Science: AIDS, Activism and the Politics of Knowledge* (1996), ch.5, 7

P. A. Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of Aids* (1999), ch. 5, 9.

19. AIDS, Epidemics and Growth

General Themes:

Why do views the macroeconomic impact of epidemics differ?
Do expectations about individual incentives operate comparably in AIDS and other epidemics?
How successfully can these approaches be applied to historical epidemics?

Question:

How well is the economic impact of AIDS outside the West captured in Posner's analysis?

D. E. Bloom and P. Godwin (ed.), *The Economics of HIV and AIDS* (Delhi, 1997), ch. 2.

R. A. Posner, *Private Choices and Public Health* (Harvard, 1996), ch. 4

K. Christensen, 'Economics Without Money; Sex Without Gender: A Critique of Philipson and Posner's "Private Choices and Public Health: The AIDS Epidemic in an Economic Perspective', *Feminist Economics* 4/2 (1998), 1-24 **EJ**

T. J. Philipson and R. A. Posner, 'The Microeconomics of the Aids Epidemic in Africa', *Population and development review*, 21 (1995), pp. 835-48. **EJ**

E. Gaffeo, 'The Economics of HIV/AIDS: A survey', *Development Policy Review* 21/1 (2003), 27-49. **EJ**

20. International responses to AIDS and Emerging infectious disease

General Themes

Has AIDS changed Western attitudes to development?
Does the idea of show 'structural violence' capture the impact of AIDS outside the West?
Has AIDS changed international public health to a post-national form?

Question:

To what extent have recent epidemics driven an internationalisation of public health?

Randall Packard, 'Visions of Post-war Health and Development and Their Impact on Public Health Interventions in the Developing World.' in *International Development and the Social Sciences: Essays on the History and Politics of Knowledge*, eds. F Cooper and R Packard (1997), 93-118.

L. Garret, *Betrayal of Trust*, ch. 6.

N. B. King, 'Security, Disease, Commerce: Ideologies of Post-Colonial Global Health', *Social Studies of Science*, 32 (2002), pp. 763-90.

P. Farmer, *Infections and Inequalities* (Berkeley, 1999), chs. 2, 7, 9