‘Matters of Life and Death’
Term 2
Module Outline

All seminars to take place in the CHM Hub (off the Graduate Space) unless otherwise stated.

Weeks 1-3 Disease History

Week 1 The History of Medicine and the History of Environment: Past, Present, Future
(Wednesday 13 January, 10am-12noon)

Claudia Stein

The history of environment is one of the ‘hottest’ topics in academic history writing at the moment. Medicine and the human body have been at the core of this flourishing area of scholarship since its first beginnings in the 1960s and 70s. Alfred’s Crosby or William McNeil, two of the founders of the field, specifically focussed on epidemic diseases and their global impact on geography and human history. The body, its biology and its interaction with geography remains central also to the latest version of such histories; indeed, there is talk about the new ‘bio-turn’ in history writing. This seminar introduces the theme of environmental history and discusses some classic and contemporary readings.

Seminar Readings:
Please ‘dip’ into one of the two following ‘classics’ to get an impression what they are about and their central thesis:


Please read the following to authors:

- Smail, Daniel Lord, On Deep History and the Brain (Berkeley, 2008), chapters 1-2. Circulated

Further Readings:
Week 2 Disease and Genetics (Tuesday 19 January, 1-3pm)

Roberta Bivins

This seminar explores both the continuities and the disjunctures enabled or provoked by the twentieth century rise of genetics, molecular genetics and genomics, and their uses (conceptual and practical) in medicine. We will discuss models of heredity and their effects; questions of race in the post-molecular era; and explore ‘genomics’ in relation to matters of medicine, health and identity. We’ll start from the historical perspective I have developed in my own research -- but this is just the tip of a very large iceberg of questions and literatures. In the additional readings, I have tried to sample the many approaches to this expansive area, drawing together viewpoints from anthropology, bioethics, science studies and the history of science as well as the history of medicine. By all means contact me if you are keen to explore any of these vantage points (or indeed, alternative ones) further.

Required Readings


Additional Readings

of kinship’ are great for giving you direct access to the effects of geneticization on individual lives. (several copies in library, though good to share)


Peter Coventry and John Pickstone, ‘From what and why did genetics emerge as a medical specialism in the 1970s in the UK? A case-history of research, policy and services in the Manchester region of the NHS. National Health Service’, *Social Science and Medicine*, 49:9 (1999) 1227-1238. e-journal


John Macnicol, ‘Eugenics and the Campaign for Voluntary Sterilization in Britain between the Wars’, *Social History of Medicine*, 2 (1989), 147-69. e-journal


Dorothy Nelkin, M. Susan Lindee, “Chapter 1, The Powers of the Gene”, in their *The DNA Mystique: The Gene as a Cultural Icon* (New York: W.H.Freeman and Co, 1995) If you feel a bit lost, and want a clear and funny introduction to the place of the gene in pop culture, this is the chapter for you! e-book


Week 3 Diseases of the Mind: Women and Mental Disorder  (Tuesday 26 January, 1-3pm)

Hilary Marland

Women have consistently been seen as prone to a range of mental and physical disorders, attributed to their supposedly weaker biological framework and inability to respond effectively to new environments, challenges and opportunities, or a combination of these factors. This week we will focus on changes in perceptions of women’s health and proneness to mental disorders during the modern period. We will examine – explicitly by not looking at hysterical - puerperal insanity in the nineteenth century and suburban neurosis in the mid-twentieth. How was women’s vulnerability to mental disorder characterized? What changed between these two periods? Has the emphasis on women’s proneness to mental health problems been over-laboured by historians?

Please send a summary of your thoughts on the reading – one page is sufficient by Monday 25 January.

Required Reading


For an early modern perspective, take a look at

Further Reading


Jonathan Andrews and Anne Digby (eds), *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry* (Amsterdam and New York: Rodopi, 2004). (An excellent collection of essays; several of the essays challenge Showalter’s findings and emphasis on ‘gender’, see e.g. the articles of Wright, Levine-Clark and Michael but don’t ignore the rest.) **Several copies in library**


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**Weeks 4-7**

**Patients, Carers, Consumers**

**Week 4 The Medical Marketplace in the Early Modern World** (Wednesday 3 February 2016, 10-12am)

**Claudia Stein**

There are many reasons why Anglophone historians in the 1980s came up with the idea of the ‘medical marketplace’ as new heuristic tool to investigate medical practice and health care provision in the early modern world. This session investigates two things: on one hand
we want to look at what was ‘on offer’ in terms of health care. Who provided what, when and where (we will focus on Europe)? On the other, we want to discuss how useful the concept was and still is by situating it historiographically.

Seminar Reading:


**Week 5: Advertising and Consumption (and the history of medicine) (Tuesday 9 February, 11-1pm)**

Jane Hand and Roberta Bivins

This week, we will explore the relationships – material, intellectual, and historiographical – between advertising, consumption and the history of medicine. What can historical and contemporary advertising tell us about medicine in the past (and present)? How should we think about, access and interpret the behavior and beliefs of the ‘medical consumer’? How can we as historians make the most of the rich visual and audiovisual traces left by advertising, and the equally extensive – sometimes overwhelming – data produced by medical consumption? We will look at both commercial and non-commercial advertising, and discuss how we have used them in our current research. Given the volume of the secondary literatures associated with this topic, we encourage you to work together to select and present pertinent items from the readings listed below in addition to the required readings.

**Required Readings:**

- Alex Mold, ‘Making the Patient-Consumer in Margaret Thatcher's Britain’, *Historical Journal* 54: 2 (2011) 509-528. [e-journal]
Advertising:


Medical Consumers/Consumption:


Visual:

Week 7 Birth Control: Regulation and Consumption (Tuesday 23 February, 1-3pm)

Hilary Marland

This week’s seminar will explore changing public and medical attitudes towards contraception in Britain during the late nineteenth and twentieth centuries, and the ways in which it was regulated and repudiated, promoted and consumed. As women campaigned for better childbirth facilities and state support, they also demanded access to knowledge on family limitation. Though the medical profession was reluctant to offer contraceptive advice, birth control reformers came to the aid of some of the women seeking their help, with their own – varied and complex – agendas. Recently historical work has focused on the question of who was involved within the family in making decisions about birth control and the consumption of contraceptives, shifting the focus to agency and decision-making and knowledge.

Given the volume of the secondary literatures associated with this topic, ideally work together to select and present pertinent items from the readings listed below in addition to the required readings. Please circulate your views on your readings by Monday 22 February.

Required reading


Kate Fisher, “’She was quite satisfied with the arrangements I made’”: Gender and Birth Control in Britain 1920-1950, Past and Present, 169 (2000), 161-93. e-resource JSTOR/Oxford journal

L. McCray Beier, ‘’We were Green as Grass’: Learning about Sex and Reproduction in Three Working-Class Lancashire Communities, 1900-1970’, Social History of Medicine, 16 (2003), 461-80. e-resource Oxford journals

Further reading


Hera Cook, ‘Getting “foolishly hot and bothered”’? Parents and Teachers and Sex Education in the 1940s’, *Sex Education*, 12 (2012), 555-67. **e-resource Education Research Complete**

Angela Davis, “‘Oh no, nothing, we didn’t learn anything”: Sex Education and the Preparation of Girls for Motherhood, c.1930-1970’, *History of Education*, 37 (2008), 661-77. **e-resource Taylor & Francis**


Kate Fisher and Simon Szreter, “‘They Prefer Withdrawal’: The Choice of Birth Control in Britain, 1918-1950’ *Journal of Interdisciplinary History*, 34 (2003), 263-91. **e-resource JSTOR/Project Muse**


W. Secombe, ‘Starting to Stop: Working Class Fertility Decline in Britain’, *Past and Present*, 126 (1990), 151-88. [e-resource JSTOR/Oxford journals](#)

**Weeks 8-10**  
**Medicine in the Twentieth Century**

**Week 8 Professionalisation and Regulation (Tuesday 1 March 2016, 2-4pm)**

**Elise Smith**

In the nineteenth century, medical practitioners in the West began to fasten their professional identity on the increasingly ‘scientific’ character of modern medicine. Medical societies, journals, and training programmes proliferated during this period as practice became more specialised. This session will look at these developments predominantly in the British context, showing how relations between patients, practitioners, and the state changed from the mid-nineteenth century into the post-war period, defined by steadily increasing levels of regulation and standardisation. In examining these shifts, we will consider how the authority of biomedicine has been consolidated over time.

**Seminar Questions:**

1. How has ‘professionalisation’ changed the nature of medical practice?
2. What role has the state played in the growth of biomedicine?
3. In what sense has medicine become more ‘scientific’ since the nineteenth century?

**Readings:**


Week 9 Science, Medicine, and Sexuality (8 March 2016, 3.15-5pm)

**Howard Chiang**

This seminar extends our investigation into the relationship between medicine, identity, and being human by exploring scientific and medical approaches to the understanding of sex, gender, sexuality, and the body. We will go over some classic studies in the field, but we will also look at some of the more recent findings. Because there is already a very healthy body of scholarship supporting the study of science, medicine, and sexuality, our seminar can only be introductory in nature and, as such, focus on historical developments in the modern West. Students are encouraged to contact the seminar tutor for a list of further readings, especially for comparative and global perspectives.

Please send Howard a summary of your readings and thoughts on the questions by Monday 7 March.

**Seminar Questions:**

1. Is ‘sexuality’ a stable concept across time and space?
2. In what ways have scientific and medical understandings of ‘sex’ changed over time?
3. What is the relationship between sexual science and social movement, or knowledge and power?
4. What is the difference between sex and gender? Has science contributed to their distinction?

**Readings:**


Week 10 Medical Humanitarianism, from Colonial Mission to the Present (Tuesday 15 March, 2-4pm)

Kathleen Vongsathorn

This seminar will explore the history of global medical humanitarianism, through the case study of Africa. We will explore continuities and changes in medical humanitarianism, from its missionary foundations to the present, with particular focus on the priorities and agendas that have shaped medical humanitarian intervention. We will also discuss the extent to which these agendas were successfully or unsuccessfully fulfilled, from the perspective local recipients and foreign humanitarians. Students are welcome to contact the tutor for further readings, whether to expand on any of the topics covered (e.g. maternity and child welfare, female circumcision, leprosy, HIV/AIDS), or learn about a different geographical context.

Seminar Questions

• What priorities have shaped medical mission and medical humanitarianism? Whose priorities have these been?

• Are the agendas that shape medical humanitarianism consistent even when the medical interventions are different? What do interventions into leprosy, HIV/AIDS, maternal and child welfare, and female circumcision, have in common? How do they differ?

• What continuities are there between colonial medical humanitarianism and contemporarily medical humanitarianism? What changes?

• What have the consequences of medical humanitarianism been? Have different people and organisations perceived those consequences differently? Why?

Readings:


William Easterly, *The White Man’s Burden: Why the West’s Efforts to Aid the Rest Have Done So Much Ill and So Little Good* (2007). Ch. 7: The Healers: Triumph and Tragedy, pp. 211-236. Scanned chapter