In this unit we study how biomedical knowledge and practice have shaped understandings of sex difference, gender and sexuality over time. We also study how cultural, social and political expressions and problems of gender have influenced biomedicine and public health practice and knowledge. This unit explores largely modern (that is, post 1800) examples and events, from Australian, European and US history. It is organised in three blocks. First we look at the medical reinventions of bodily difference from the early modern period to the early twentieth century: anatomical, evolutionary, racial, hormonal, sexological. In the second block we think about public health, biopolitics, and population management including the significance of reproductive sex to twentieth century nation-states; the Australian history of eugenics, public health, and race; and the global programs of sterilisation, contraception and population control in the post World War II period. In the final block we think about the practice of medicine and health: gender and the institutions of obstetrics and midwifery; of early women doctors; and the explosive feminist politicisation of sexually transmitted diseases from 1860 onwards.

**Objectives**
- to familiarise students with histories and theories of sex and gender, understood through western bio-medicine;
- to historicise in detail recent feminist theory on sex and race difference and embodiment;
- to offer students a broad knowledge of the history of modern medicine;
- to extend and refine students’ capacity to read critically;
- to extend student’s abilities to communicate these critical skills effectively (orally and in writing).

**Assessment**

1. Tutorial attendance and participation 10%
2. Block One Article summary and critical evaluation 10%
   Choose one secondar article from Block One. In 500 words only summarise the author’s argument. Briefly describe the historiography to which the historian responds Evaluate the argument.
   **Due Friday 27 August**
3. Block Two Article summary and critical evaluation 10%
   **Due Friday 24 September**
4. Essay (3,000 words) **Due Friday 8 October** 40%
5. Take-Home exam distributed Monday 1 November. **Due Friday 5 Nov.** 30%

The Department’s criteria for grading assessment is detailed in the Department of History Undergraduate Handbook, pp. 8-10.
**Attendance**
Please read Department of History Handbook for full policy on attendance. This will be applied. A minimum of 80% tutorial attendance is required.

**Course Reader:** Available from the Copy Centre

**LECTURE AND TUTORIAL OUTLINE**

<table>
<thead>
<tr>
<th>Week</th>
<th>Lecture Hour 1</th>
<th>Lecture Hour 2</th>
<th>Tutorial/Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 26/7</td>
<td>Introduction: medicine, gender and the modern period</td>
<td>Sex/Gender/Sexuality: thinking historically about bodies</td>
<td>No tutorial</td>
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**BLOCK ONE - Medical Science Invents Sexual Difference**

| 2 2/8 | Early Modern Anatomy | 'One-Sex'/Two-Sex' | Historians, the Body and Sexual Difference |
| 3 9/8 | Enlightenment Science: Gender, nature and culture | Evolution and difference: mid Victorian theories | Rare Book Library Tour |
| 4 16/8 | Hermaphrodites and the search for sex difference | The invention of hormones: the essence of difference? | Norman Haire, *Rejuvenation* (1922) |
| 5 23/8 | Sexology c.1880-1900 - constructing the 'abnormal' | Sexology c.1900-1940- constructing the 'normal' | Krafft-Ebing *Psychopathia Sexualis* (1892) |

**BLOCK TWO - Sex and Reproduction: Biopolitics, Populations, Nations**

| 6 30/8 | Biopolitics | Film - *Homo Sapiens 1900* | Report of the NSW Birthrate Commission (1904) |
| 7 6/9 | Malthus and Neo-Malthusianism in the 19th century | Birth Control in the early 20th century | Margaret Sanger, *The New Motherhood* (1922) |
| 8 13/9 | Reproduction and Eugenics in Germany | Reproduction and Eugenics in Austria | The Racial Hygiene Association of NSW (1938-9) |
| 9 20/9 | Global Population and post WWII International history | Film - *Something Like a War* | International Planned Parenthood Federation (1952) |

**BLOCK THREE: Practice: Gender, Hygiene and Medicine**

| 10 4/9 | Public Holiday/essay consultations | | No tutorials |
| 11 11/10 | Gender and Sanitary Reform | Cleanliness: Bodies, Houses and Gender | Florence Nightingale, *Notes on Nursing* (1871) |
| 12 18/10 | The Contagious Diseases Acts c. 1860s | Feminism and Venereal Disease, c. 1906-14 | Christabel Pankhurst, *Votes for Women, Chastity for Men* (1913) |
| 13 25/10 | Women Doctors | Women's Hospitals/ Women's Health | 'Female Physicians' (1862) |
Week 1: 26 July
Introduction: Lecture only. No tutorials

BLOCK ONE: MEDICAL SCIENCE INVENTS SEXUAL DIFFERENCE

Week 2: 2 August
Anatomies of Sexual Difference: medieval, renaissance and enlightenment perceptions
Much of this course is about different imaginings, different historical perceptions of bodies. As a way into the content of sex and medicine, as well as into this theoretical idea, we will look at medieval and early modern perceptions of sex difference. These are often entirely unfamiliar ways of understanding bodies and sex. We look at the tradition of anatomy and the representation of men’s and women’s bodies as well as some of the therapeutics from the premodern and early modern period. We will examine the historical contention that there used to be one sex, and in the modern period (post1800) there were two.

Required Reading:

Further Reading:

Tutorial Discussants:
Week 3: 9 August

**Nature and sex difference: Enlightenment and Victorian ideas**

From the late eighteenth century natural philosophers increasingly theorised about the nature of 'woman' and by association, 'man'. This week we will read historical work on both Enlightenment and Victorian intellectuals on 'nature', evolutionary theory and sex difference.

**Tutorial:** Please meet at the Rare Book Collection, lower level, Fisher Library. The Rare Book Librarian will introduce us to the Collection and some of the rare books and documents on medicine and gender. These are available for essay research.

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**Required Reading**


**Further Reading**


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**Tutorial Discussants:**
Week 4: 16 August

Hermaphrodites and hormones: ambiguities and the ‘essence’ of difference

The first hour's lecture this week will introduce Victorian clinical medicine and the interest it developed in normal and abnormal femaleness and maleness. 'True' femininity and masculinity were partly established in therapeutic and anatomical fields of practice, including clinical and research work on hermaphrodites.

Medical and scientific ventures into sexual difference moved broadly from anatomical to chemical bases over the turn of the century. In the early twentieth century new practices of ‘organotherapy' prefigured the discipline of endocrinology. Hormones were being discovered and sex difference was being reinvented again. We will look at the kinds of masculinity and femininity implicated in the early hormone research and clinical practice. Much of this early research shaped later twentieth century popular as well as scientific (mis)perceptions about the nature of sex and gender, as well as leading to crucial technological and pharmaceutical innovations.

Required Reading


Further Reading


Tutorial Discussants:
**Week 5: 23 August**  
**Sexology: medical theorising on desire, gender identities and sexuality**

Sex differentiation has also been determined historically in terms of object of desire: gender, sex and sexuality are mutually constitutive. ‘Difference’ is apparent within as well as between sexes, in gendered ways. Medicine has often been implicated in shaping the contours of this field. This week we look at the new discipline of sexology, emerging in the 1880s which was interested in the ‘pathologies’ of sex. This of course established cultural and scientific ideas about ‘normal’ sex, heterosexuality and gender. In practice, sexologists — especially the later generation — dealt with the problems of heterosexuality and reproductive sex.

**Required Reading**


Lesley Hall, ‘I have never met the normal woman’: Stella Browne and the politics of womanhood *Women’s History Review*, 6 (1997): 159-82.

**Further Reading**


**Tutorial Discussants:**
Week 6: 30 August

Biopolitics: Reproduction, population, the state and the nation
This week we think about the modern problematisation of ‘population’: health, birth-rates, infant and maternal mortalities rates, fecundity and so forth. Foucault called this problematisation ‘biopolitics’. Especially from the late nineteenth century and through the twentieth century, national governments, women’s groups, as well as experts in the human, biological and social sciences have been invested in practices, policies and effects of reproduction.


Required Reading

Further Reading
Ann Laura Stoler, Carnal Knowledge and Imperial Power: race and the intimate in colonial rule, University of California Press, 2002.

Tutorial Discussants:
**Week 7: 6 September**

**Birth control and body politics c. 1880-1930**

Various methods of contraception and reproductive control have always been used, even as technology and conduct has changed over time. In the late nineteenth century in Britain the birth control issue was flung into the public domain with the Bradlaugh-Besant trial. Thereafter, questions of law, knowledge, print culture, sex education and medicine were linked constantly. The nineteenth and early twentieth century women's movement had a complicated view on birth control, many feminists advocating abstinence rather than contraception. Other women — Margaret Sanger in the US, Marie Stopes and Stella Browne in Britain — created birth control clinics, published widely, and formed national and international associations to legalise and promote contraception. This week's topic links closely with what we have learned in week 6 on sexology, and in week 12 on feminism and venereal disease.

**Required Reading**


**Further Reading**


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**Tutorial Discussants:**
Week 8: 13 September
Eugenics, Race and Sex c. 1910-1930
Eugenicists were concerned with the ‘quality’ and to some extent the quantity of the future population (in any given national, racial or imperial community). This week we will think carefully about eugenics in two national contexts in the first half of the twentieth century, Germany and Australia. In both contexts, eugenic ideas and practices were connected with public health departments, with women’s groups and maternal welfare, and with racial imaginings of nations.

Required Reading
Ann Taylor Allen, 'Feminism and Eugenics in Germany and Britain, 1900-1940' German Studies Review, 23 (2000): 477-505

Further Reading
Martin Crotty, John Germov and Grant Rodwell (eds) “A Race for a Place”: Eugenics, Darwinism and Social Thought and Practice in Australia, Faculty of Arts and Social Sciences, University of Newcastle, 2000.
Greta Jones, Social Hygiene in Twentieth Century Britain, Croom Helm, 1986.
Week 9: 20 September
Global biopolitics: sterilisation, contraception and world health c. 1950-2000
The history of twentieth century attempts to implement birth control at individual, family, communal, national and global levels is a fascinating study in 'governmentality': in which attempts are made to bring the governance of the self and governance of the nation/community/globe into alignment. As coercion, as 'education', or as 'liberation' the policies and technologies of population management have exercised many governments as well as international governing and humanitarian bodies, such as the Rockefeller Foundation and the World Health Organization. The readings compare the social and political significance of population/birth control in India and in the US in the period 1950-1970 when the oral contraceptive was developed.

FILM Deepa Dhanraj, *Something like a war*, Channel Four/Australian Film Institute, 1993.

Required Reading

Further Reading
Vimal Balasubrahmanyan, 'Women as targets in India's family planning policy' in Rita Arditti et al (eds.), *Test-Tube Women*,

Tutorial Discussants:
Week 11: 11 October
Gender, Hygiene and Sanitary Reform
From the beginning of the nineteenth century, sanitary reform — of prisons, asylums, urban spaces, hospitals, working-class homes — involved a deeply moralised understanding of hygiene. This understanding was classed and gendered in ways which invited, and gave considerable authority to, certain middle-class women. The fascinating and complicated Florence Nightingale was just one. This was one beginning of ‘social science’ and a range of new (and newly inscribed) missions as well as occupations for women.

Required Reading:
Document: Florence Nightingale, Notes on Nursing, what it is and what it is not, D. Appleton, 1860.

Further Reading
Week 12:  18 October
Sexually Transmitted Diseases, Feminism and Biomedicine

Venereal diseases (syphilis and gonorrhoea) have been major public health problems, and their management has been highly politicised. This week we study the connections between early feminism and what was then called ‘contagious diseases’, including the prominence of the problem of venereal diseases in the movement for women’s citizenship. We will also look at the preventive and treatment regimes which problematised and criminalized certain women as conduits of disease.

Required Readings

Further Readings
Judith Smart, ‘Sex, the State and the “Scarlet Scourge”: Gender, citizenship and venereal diseases regulation in Australia during the Great War’ *Women’s History Review*, 7, 1998.

Tutorial Discussants:
Week 13: 25 October

**Women Doctors, Women's Hospitals, Women's Health**, in the middle of the nineteenth century, medicine was in many ways an unregulated business. Part of the process of its regulation was the question of the sex of practitioners. If women were to practice, was this to be similarly or differently to men? This week we examine the fascinating and unexpected ways in which women’s medical practice played out, the institutions which were the result and the constitution of the field of women’s health. We look at the connections and the discontinuities between this early moment in the history of feminism, medicine and women’s health, and the re-emergence of ‘women’s health’ as an imperative in the 1970s.

**Required Reading**


**Further Reading**


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Tutorial Discussants: