

History of Western Medicine
History 388-003 | Spring 2010
3-4:15 TR Krug Hall 242

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473 Research I

Can meet almost anytime; please email to make a plan.

This course provides synthetic and interpretive frameworks for understanding the evolution of (mostly) western medicine. It explores, through broad narratives and specific case studies, topics such as the range of theories and practices employed by physicians, the social construction of disease, and the rise and development of the medical profession. The course demonstrates how, in addition to medical knowledge, shifting social and cultural values have motivated change in medicine; it also shows how a historical awareness of medicine provides crucial perspectives on contemporary medical controversies such as medical technology, bioethics, and health insurance.

The most important objectives are:

- 1) Acquire some information and get a sense of the overall trajectory of the history of medicine.
- 2) Understand how medicine is influenced by shifting cultural, social, and political attitudes. This may sound obvious, but more often than not, even people who should know better think of medicine (and science) as entities that are (by definition) beyond of the reach of cultural, social, political forces.
- 3) Make a case (through examples) that the history of medicine can be told from multiple perspectives, each of which has its own agenda.

To elaborate on point #3: Lectures present one history of medicine. Each textbook presents another one. Towards the end of the course, from the collective efforts of your notetaking, blogging and literature reviews, we will construct a timeline of key events/people/concepts and ultimately create another history of medicine based on topics of your choosing—and thus filling in the lacunae resulting from the other stories.

Lectures do not serve merely as a crutch or crib notes for the reading assignments: ~50% of lecture material is not in the readings (and vice-versa), yet you will be expected to assimilate it into the larger course narrative. Mastery of all course materials from both lectures AND readings will be crucial for success in the course.

MIND THE DEADLINES

Be aware of [Key Registration/Drop Deadlines of the Registrar](#)

WORKLOAD (and grade %)

- Regular class attendance and participation (10%)
- One ~300-word blog response each week (25%; ~2% each)
- Three ~750-word literature reviews. You can read what you want as long as it has some connection to the history of medicine—even if somewhat tenuous—though you must relate it to history of medicine in a thoughtful way. Most important: write something interesting! I do not want regurgitated course material in academic prose. Should be a critical review or analysis of some kind: examine the sources used, whether the argument supported by evidence, if it is rhetorically effective, etc. (30%; ~10% each)
- One 1500-word final paper on either: 1) what everyone should know about the history of medicine and why? OR 2) the history of a specific medical topic that interests you. These are different and difficult but useful assignments, and you should choose the one that you will be more motivated to put effort into. (35%)

NOTE ON COURSE TOPICS

The topics listed on the syllabus are deliberately broad and only vaguely indicate what will be covered for that section or day. Both the lectures and readings range considerably beyond the stated themes.

NOTE ON LECTURES & READING ASSIGNMENTS

Because the lectures present a different story than do each of the texts, reading assignments do not line up exactly with lecture topics. In general, you will be better off reading before lecture if possible so you will know DURING lecture what is new and what is covered elsewhere. Your ability to participate in the Retelling Section (see Section 6 below) depends heavily on your having good lecture notes. Usually, the readings are more detail about a broader concept discussed in lecture.

FINAL WARNING

Because the course does not present a strictly chronological or thematic narrative, nor does it align particularly closely with the readings, and because the last part is entirely discussion oriented, this class requires some vigilance to stay afloat. I try to help you along with constant review in lectures and by routinely requiring short assignments that force you to keep up without being overburdened by them.

NB: Some internet resources listed below are gated, but your Mason email account credentials should allow you access. They are easily accessed while on campus or at another University or the LOC.

Section 0: Introductions

Week 1

T (19): Introduction and course overview (BG: 153-169)

Th (21): The 70 min version of the history of medicine (GBM: 3-43)

Section 1: Theories of and Attitudes about Disease(s)

Week 2

T (26): Approaching the concept of disease (GBM: 561-596)

BLOG: What are the various factors that go into defining a disease?

Th (28): 19th century medical revolutions (GMB:304-347)

BLOG: Does well does the chapter on scientific medicine adequately explain our modern priorities for medicine? What's missing?

Week 3

T (2 FEB): Germs, Miasmas and Humors (GBM: 428-461; 44-82)

BLOG: Obviously modern medical ideas about disease are quite different than past views. Are they more accurate?

Th (4): Disease in society (Rosenberg, "Disease and Social Order in America" in *Explaining Epidemics*, pp. 258-277;

<http://eurpub.oxfordjournals.org/content/vol19/issue6/index.dtl>)

BLOG: To what extent is obesity socially constructed?

Section 2: Public Health and Epidemics

Week 4

T (9): Introduction to public health (GBM:397-427; BG:1-20)

BLOG: How much is epidemiology a cultural phenomenon?

Th (11): NO CLASS (gibbs out of town)

Week 5

T (16): Reading society through epidemic disease (Leavitt, Duffy, and Brieger in *Sickness & Health in America*)

BLOG: What does a study of the history of epidemic disease reveal about societies that face them?

Th (18): Mental health and marginal diseases (GBM: 493-524;

<http://www.nytimes.com/2010/01/10/magazine/10psyche-t.html?em>)

BLOG: Is insanity a disease according to the typical definition? Is this progress? Or ignorance?

Section 3: Medical Training, Practice, and Administration

Week 6

T (23): Medicine and the State (GBM:628-667)

BLOG: What are the biggest factors that determine the extent to which medicine becomes “incorporated into the public domain”?

Th (25): Medical Research (GBM:348-396; BG:75-98)

BLOG: What aspects of medicine changed most in the 19th century?

Week 7

T (2 MAR): Science of Medicine (GBM: 201-241) and Hospitals (BG:135-152)

BLOG: How did the “New Science” as described in the reading change the emphasis of the medical profession?

Th (4): The emergence of learned medicine (GBM:106-134)

BLOG: Is there more continuity or discontinuity regarding how physicians are trained now versus in the Middle Ages?

<spring break/>

Section 4: Investigating and Understanding the Body

Week 8

T (16): Medical research and the patient (GBM:668-709)

BLOG: How central is the patient in modern medicine?

Th (18): Renaissance science and the body (GBM:201-244)

BLOG: How did larger belief systems (religious or natural philosophical) influence medical thinking?

Week 9

T (23): Physiology, anatomy, and medical illustrations (BG:53-74; GBM:176-190)

BLOG: How do you think medical illustrations affect the way people think about the body?

Th (25): Feeling the body (Kuriyama, “Grasping the Language of Life” in *The Expressiveness of the Body*, pp. 17-60.)

BLOG: How might modern medicine and its technology benefit from the gist of this chapter?

Section 5: Maintaining, Repairing, and Improving the Body

Week 10

T (30): Food, diet & health (Hillel Schwartz, *Never Satisfied: A Cultural History of Diets, Fantasies and Fat*, pp. 146-87.)

BLOG: Is measurement of the body more precise than past methods, or unfairly and inaccurately specific? Is weight really the issue?

Th (1 APR): Surgery (GBM:597-627; BG:109-134)

BLOG: Many regard surgery as the most prestigious of medical specialties. Why is this the case? Where did this attitude come from?

Week 11

T (6): Body image (Elizabeth Haiken, *Venus Envy: A History of Cosmetic Surgery* (Baltimore: Johns Hopkins University Press, 1995), 91-130;

<http://www.newsweek.com/id/138932> and

<http://www.bmj.com/cgi/content/full/329/7468/696>)

BLOG: How does BIID fit or not fit into the modern disease paradigm?

Th (8): Balance, regiment, and drugs (GBM:428-461; BG:99-108;

<http://www.slate.com/id/2240688/>)

BLOG: How does the use of vitamins fit into the historical context of nutrition, regimen, and balance?

Week 12.1

T (13): Race, class, and gender (<http://www.annals.org/content/125/8/675.full>; GBM: 462-492)

BLOG: Outline what you see as the most fundamental relationships between race, class, gender, and disease.

Section 6: Retelling the History of Medicine

Week 12.2

Th (16): Re-creating I

BLOG: As a way of reflecting on GBM, what are Porter's biases in his history?

Week 13

T (20): Re-creating II

Th (22): Re-creating III

Section 7: Conclusions

Week 14

T (27): Re-creating IV

Th (29): Finale

FINAL EXAM due VIA EMAIL no later than TUES May 11, 4:15pm. This deadline is set by university policy. If this causes undue hardship, please speak with me about arranging a more accommodating date/time.