

Course Syllabus: History 414: History of Health and Medicine
Tues/Thurs 11-12:15

Professor: Dr. Brent Ruswick

Office: Room 718, Wayne Hall

Office Hours:

Office Phone: 610-436-2248 (leaving a message is not a reliable form of communication)

Email: bruswick@wcupa.edu – most reliable way to reach me.

Required Texts:

- Rebecca Skloot, *The Immortal Life of Henrietta Lacks*
- Anne Fadiman, *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*
- Harry Collins and Trevor Pinch, *Doctor Golem: How to Think About Medicine*
- Course Reader – available as .pdf files through D2L
- Several primary sources handed out as part of in-class activities. Must pick up in class or else email me afterward to receive a copy.

Recommended Texts

- Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity*
- Judith Walzer Leavitt and Ronald L. Numbers, eds., *Sickness & Health in America: Readings in the History of Medicine and Public Health*

Course Description

Welcome to History 414, an advanced introduction to the history of medicine discipline. This course is an approved General Education course that meets the Diverse Communities (J) requirement, and its core General Education goal for students to “respond thoughtfully to diversity” as well as the Gen. Ed. goals to “think critically and analytically” and “communicate effectively”

This course examines the history of how people have understood and experienced health and sickness, and how people have practiced medicine and had medicine practiced upon them, from ancient times to the present. It places particular emphasis on the historical relationship between expert and lay medical knowledge, and in understanding how cultural values and priorities have informed the diverse ways that different societies have practiced medicine. The course similarly explores how medical knowledge and practice have become a potent form of cultural authority open to both great accomplishments and great abuse.

In particular, we will examine how women, persons of African ancestry, persons with disability, and other historically marginalized groups interact with medical knowledge and practice. Using the analytical tools of social constructivist theory, the course examines how medical knowledge and practice can be agents used both to maintain structural equalities. Crucially, however, marginalized persons and their allies also have used medical knowledge and practice to challenge those inequalities.

In understanding how frequently medical knowledge has been employed by entrenched interests to transform difference into inequality, and to make that inequality seem “natural,” HIS 414 aspires to foster in students an informed openness to, and understanding of, human difference. By helping students to recognize the process by which this happens and how historically marginalized groups have resisted this oppression, HIS 414 also aims to inspire and empower students to apply this knowledge in the world around them, for purposes of creating a more just and equitable society.

People unfamiliar with the history of medicine often assume that this topic amounts to chronicling the history of a few medical heroes who steadily advance civilization through the discovery of hidden truths about the nature of disease and the human body. This makes for a good story, if you happen to be a practicing physician. But through this course, you will learn that:

1. What it means to be “healthy” or “sick” and what counts as “medicine” changes over time and reflects the beliefs, values, and systems of power of the society. It is, in this sense, “constructed” by the society.
2. Medical knowledge always comes embedded within a larger social context, and therefore the construction, application, and reception of medical ideas are shaped and even constructed by the same complex historical factors that shape every other human endeavor: factors like race, class, gender, religion, able-bodiedness, psychological makeup, and philosophical beliefs, to name a few.
3. Because medicine is shaped and built by those complex factors, we also will discover that medicine often has reflected and served to support the beliefs and prejudices of persons in power.
4. Alternatively, because virtually everyone practices some basic forms of medicine and has access to practical medical knowledge, medicine has also been one of the most important vehicles for people who lack power to challenge the systems around them.
5. Medical wisdom and discoveries often come from people that we would not recognize as “doctors” and many marginalized people who otherwise lacked social status and power.
6. Whom we recognize as legitimate sources of medical knowledge also changes over time, also reflects the beliefs, values, and systems of power of the society.

We're going to explore these ideas and themes through the following topics:

- Ancient and medieval efforts to supplant traditional and generally woman-dominated “folk” medical practice with academic and almost exclusively man-dominated “learned” medicine.
- Early-modern and modern research practices that reflected physicians’ pursuit of complete authority over the patient –especially patients from historically marginalized communities—and that show the limited or non-existent role of patient consent in medical ethics before the 1960s
- Early-modern and modern physicians whose work “medicalized” difference, turning differences in race, gender, class, and physical and cognitive ability into illnesses that demanded medical intervention.

Assessment and Grading:

Your final grade will be the sum of the following components:

- 100 points for the sum total of 4 discussion journal submissions (25 points each)
- 100 points for the midterm essay
- 100 points for final essay
- 100 points for the Informed Action Project
 - Part 1 20 points
 - Part 2 30 points
 - Part 3 50 points
- 100 points for semester-long course contributions

A	=	100% to 93%	=	500 to 465
A-	=	<93% to 90%	=	464 to 450
B+	=	<90% to 87%	=	449 to 435
B	=	<87% to 83%	=	434 to 415
B-	=	<83% to 80%	=	414 to 400
C+	=	<80% to 77%	=	399 to 385
C	=	<77% to 73%	=	384 to 365
C-	=	<73% to 70%	=	364 to 350
D+	=	<70% to 67%	=	349 to 335
D	=	<67% to 63%	=	334 to 315
D-	=	<63% to 60%	=	314 to 300
F	=	<60%	=	299

For more complete explanations of the nature of these assignments and their relationship to our interdisciplinary course goals and general education goals, please consult the chart below.

Learning Outcomes:

Learning Outcome Level	Course Outcome 1
Student Learning Outcome: Students will..	analyze how both historically privileged and historically marginalized persons and communities have used medical knowledge both to challenge and defend social order
Addressed in Course When Students Study...	The experiences of the Lee and Lacks families in their cross-cultural conflicts with scientific medicine; the historical association of professional, learned medicine with masculinity and its efforts to associate folk medicine with femininity and femininity with medical frailty; the use of public health measures as systems of social control over marginalized communities; the revival of women's practice of both learned and folk medicine as feminist challenges to masculine hegemony in learned medicine; the role of historically oppressed peoples' activism in changing medical views on pain, mental illness, medical consent, and standards of patient care.
Assessed in Course By Students Completing...	Midterm and Final Essay Question 1. Informed Action Project Part 3. Discussion 1 Question 2; Discussion 2 Question 2 and 4; Discussion 3 Question 2; Discussion 4 Questions 1 and 2; Discussion 5 Questions 1 and 3; Discussion 6 Questions 1, 2, and 3.
Learning Outcome Level	Course Outcome 2
Student Learning Outcome: Students will..	compare and contrast the theory and practice of "learned" and "folk" medicine, and of holistic and reductionist medical perspectives, and explain their historical interrelationship.
Addressed in Course When Students Study...	The development of Hippocratic medicine; the history of medical perspectives and care concerning epilepsy; contrasting perspectives on the causes and treatment of plague; the history of midwifery and gynecology; the history of witchcraft's relationship with the scientific revolution; the history of smallpox inoculation; Seventh Day Adventist medical beliefs and practices
Assessed in Course By Students Completing...	Midterm and Final Essay Question 2. Informed Action Project Parts 1 and 2. Discussion 1 Questions 1, 2, and 3; Discussion 2 Questions 1 and 4; Discussion 3 Question 1; Discussion 4 Question 1; Discussion 5 Question 1

Learning Outcome Level	Course Outcome 3
Student Learning Outcome: Students will..	identify the power dynamics that affect how medicine is practiced by and on diverse groups.
Addressed in Course When Students Study...	The experiences of the Lee and Lacks families in their encounters with institutionalized scientific medical practice; the history of the use of prisoners and executed bodies in medical experimentation; the history of animal testing; the history of medical experimentation on African Americans, the history of the concept of patient consent; the history of public health measures as applied to impoverished neighborhoods and to women; the history of efforts to professionalize women's medical practices; the history of hysteria.
Assessed in Course By Students Completing...	Midterm and Final Essay Question 1. Informed Action Project Parts 2 and 3. Discussion 1 Question 2; Discussion 2 Questions 2 and 4; Discussion 3 Questions 1-3; Discussion 4 Questions 1 and 2; Discussion 5 Questions 1 and 3; Discussion 6 Questions 1, 2, and 3.
Learning Outcome Level	General Education Goal 1: "Communicate Effectively"
Student Learning Outcome: Students will..	General Education Goal 1: "Communicate Effectively" Sub-goal 1a: Express oneself effectively in common college-level written forms
Addressed in Course When Students Study...	The qualitative grading rubric for written work, which we examine in class as part of Discussions 2 and 5; written feedback provided on all writing submissions.
Assessed in Course By Students Completing...	All options for completing the 4 required discussion essays, 2 required essay exams, and Informed Action Project are assessed for quality and effectiveness of writing in accordance with the Qualitative Grading Rubric for Written Work.
Learning Outcome Level	General Education Goal 1 "Communicate Effectively"
Student Learning Outcome:	General Education Goal 1 "Communicate Effectively" Sub-goal 1d: Demonstrate comprehension of and ability to explain information and ideas accessed through reading

Students will..	
Addressed in Course When Students Study...	Literally every class-day is designed to give students opportunity to evaluate and show comprehension of primary and secondary source materials.
Assessed in Course By Students Completing...	All options for completing the 4 required discussion essays, 2 required essay exams, and Informed Action Project are assessed for quality and effectiveness of writing in accordance with the Qualitative Grading Rubric for Written Work.
Learning Outcome Level	General Education Goal 2: "Think Critically"
Student Learning Outcome: Students will..	General Education Goal 2: "Think Critically" Sub-goal 2b: Construct and/or analyze arguments in terms of their premises, assumptions, contexts, conclusions, and anticipated counter-arguments
Addressed in Course When Students Study...	The theoretical premises of social constructivist theory and more traditional historiographic approaches; the conflicts over appropriate medical treatments at the center of <i>Immortal Live</i> and <i>The Spirit Catches You</i> ; all written assignments
Assessed in Course By Students Completing...	Midterm and Final Essay Questions 1 and 2; Discussion 3 Questions 1 and 2; Discussion 4 Question 2; Discussion 5 Question 2; Discussion 6 Question 2.
Learning Outcome Level	General Education Goal 2: "Think Critically"
Student Learning Outcome: Students will..	General Education Goal 2: "Think Critically" Sub-goal 2c: Reach sound conclusions based on a logical analysis of evidence
Addressed in Course When Students Study...	Literally every class-day is designed to give students opportunity to practice reaching sound conclusions based on their analysis of evidence. Formally assessed in the six formal in-class discussions and all written work.
Assessed in Course By	All discussion, midterm, and final essay questions require the application of evidence analyzed to come to a thesis. The quality of the analysis of

Students Completing...	evidence to create a thesis and conclusion are assessed in accordance with the Qualitative Grading Rubric for Written Work.
Learning Outcome Level	General Education Goal 5: Respond Thoughtfully to Diversity
Student Learning Outcome: Students will..	General Education Goal 5 “Respond Thoughtfully to Diversity” Sub-goal 5a: Discuss the historical practices leading to the marginalization of diverse groups and the ways in which these groups resist oppression and have agency despite structural exclusion and discrimination.
Addressed in Course When Students Study...	The first half of goal 5a is addressed in the role of learned medicine’s ability to control admission into professional medicine in keeping access to expert knowledge and professional advancement away from historically marginalized groups; the role of learned medicine’s theories of difference and corresponding medical practice in “naturalizing” difference and inequality based on race, class, gender, and ability; the implications of public health measures on controlling the bodies of marginalized persons and communities. The second half of goal 5a is addressed in the actions of the Lacks and Lee families, the experiences of Mary Baker Eddy, Charlotte Perkins Gilman, colonial-era midwives, and African-American nursing students, as well as both vaccination and anti-vaccination and HIV and AIDS awareness activists.
Assessed in Course By Students Completing...	Midterm and Final Exam Question 1. Informed Action Project Parts 2 and 3. Discussion 1 Question 2; Discussion 2 Questions 2 and 4; Discussion 3 Questions 1 and 3; Discussion 4 Question 1; Discussion 5 Question 3; Discussion 6 Questions 1, 2, and 4
Learning Outcome Level	General Education Goal 5 “Respond Thoughtfully to Diversity”
Student Learning Outcome: Students will..	General Education Goal 5 “Respond Thoughtfully to Diversity” Sub-goal 5b: Identify and analyze structural inequalities using a recognized theoretical approach
Addressed in Course When Students Study...	The historiography of social constructionism in the history of medicine; the rise of learned medicine and its relationship to folk medicine as a process shaped by historical forces and not just the presumed superiority of a professional scientific perspective; the implications of medical practices, especially experimental research, public health measures, and doctor-patient relationships when viewed through a constructivist

	framework.
Assessed in Course By Students Completing...	Midterm and Final Exam Questions 1 and 2. Informed Action Project parts 2 and 3. Discussion 1 Question 2; Discussion 2 Questions 1 through 4; Discussion 3 Question 3; Discussion 4 Question 1; Discussion 5 Questions 1 and 3; Discussion 6 Question 2
	Note: As an elective course, it is not mandated that HIS 414 document how it addresses the History Department's programmatic goals. But just in case anyone is curious...
Learning Outcome Level	Department of History Goal 1
Student Learning Outcome: Students will..	Construct generalizations and interpretations that demonstrate a knowledge of historical eras, change over time, and key historical concepts in the history of medicine history, based on multiple points of view found in primary and secondary sources.
Addressed in Course When Students Study...	Literally every lesson and reading in the course involves the study of medical theory and practice changing over time and examined from multiple points of view.
Assessed in Course By Students Completing...	All discussion, midterm, and final essay questions require constructing generalizations and interpretations that demonstrate knowledge of change over time and of concepts of folk and learned medicine, as well as holistic and reductionist medical perspectives. The quality of the generalizations and interpretations are assessed in accordance with the Qualitative Grading Rubric for Written Work.
Learning Outcome Level	Department of History Goal 2
Student Learning Outcome: Students will..	Communicate their knowledge of history in reasoned arguments supported by historical evidence drawn from primary and secondary sources and an appreciation of multiple causes, effects, and perspectives, in both oral and written presentations.
Addressed in Course When Students Study...	Literally every assigned reading, formal discussion day and informal class conversation involves communicating knowledge of history with use of primary and secondary sources.
Assessed in Course By	All discussion, midterm, and final essay questions require using primary and secondary sources to find historical evidence in support of reasoned

Students Completing...	arguments that demonstrate an appreciation of multiple causes. The quality of the use of evidence in support of reasoned arguments are assessed in accordance with the Qualitative Grading Rubric for Written Work. Discussion 1 Questions 1 and 3; Discussion 3 question 2; Discussion 4 Question 1; Discussion 5 Questions 1 and 2; and Discussion 6 Questions 2 and 3 also ask students to communicate an appreciation of multiple perspectives.
Learning Outcome Level	Department of History Goal 3
Student Learning Outcome: Students will..	Connect their knowledge of historical events and topics to a broader context (historical, political, global, historiographical, or with contemporary life and issues).
Addressed in Course When Students Study...	The experiences of the Lee and Lacks families in their encounters with institutionalized scientific medical practice; the case-studies documented in <i>Doctor Golem</i> ; the history of the black plague and of witchcraft persecutions in relation to social changes in Europe; the history of smallpox inoculation in reference to the rise of globalism and imperialism; the rise of modern professional medical practice in connection to eugenics and the public health movement
Assessed in Course By Students Completing...	Midterm and Final Exam Question 2. Discussion 1 Question 3; Discussion 2 Questions 2 and 3; Discussion 3 Questions 2 and 3; Discussion 5 Questions 1 and 2;

Additionally...

Ethics, Decency, and Intellectual Honesty

- Don't try to pass off someone else's hard work as if it was your own. This is not a proof of your learning, and risks being a form of plagiarism, cheating, or other academic misconduct.
 - For teacher-candidates, it also risks being documented formally as a concern about your professional disposition, one that will follow you throughout your career as a teacher-candidate at WCU.

- Using ideas or answers that are unique to a particular source, whether that source is a classmate, a book, website, or whatever else, without crediting that source, constitutes plagiarism. ***Even if you re-arrange or summarize***

the unique ideas or answers of a foreign source so that the words are your own, if you do not properly acknowledge the original source then you are plagiarizing.

- The penalty for any form of plagiarism begins with a zero on that assignment. More extreme forms of plagiarism may constitute an F for the course, at my discretion.
- Failure to prove that you have learned as a result of having just copied a bunch of material from somewhere else still is a zero, whether or not it also is plagiarism.
- **Ignorance is not an excuse:** if you have any doubt about citations, **ask me!**
- **You should treat this course with the same professionalism you will give to your career. That means demonstrating respect for yourself, your classroom and professional peers, and myself.** If you are behaving unprofessionally I will ask you to leave, and not return.
 - **An incomplete list of ways that a person might fail to demonstrate professionalism include**
 - Chronic lateness
 - Texting in class
 - Use of laptop or other technologies for any purpose unrelated to the learning objectives for our class.
 - Working on materials unrelated to this class
 - Sleeping
 - Not taking notes or otherwise looking unprepared or unfocused
 - Plagiarized or otherwise shoddy and lackadaisical work
 - **Demonstrating a lack of respect for another person or group's identity**, whether it is a matter of race, religion, region, gender, orientation, economic class, or (intelligently defended and ethical) moral and political values. **We are a community of learners in a shared endeavor in this classroom, and you are expected to act like a responsible and respectful community member**
- If you are demonstrating less than professional attitudes in class, I will alert you to it through written feedback. Repeated instances will be grounds for being uninvited from class.
- **You own what you say and write. There is no arguing in bad faith, trolling, playing "Devil's Advocate," "Just being sarcastic" or "Just**

putting it out there” in this class. The goal of our class is to create good, defensible historical, political, literary, ethical, and artistic interpretations based on rigorous examination of evidence.

- “Devil’s advocate” arguments like “Well, hey, what if cannibalism is a good thing because it saves our environment!” are not intellectually serious and not worth our time. They generally get uttered in bad faith by persons who do not want to own and take responsibility for their ideas, so much as they want to generate cheap conflict and antagonism. If you try to do a “just putting it out there...” question about whether cannibalism may be a good thing, I will assume you do indeed suspect that cannibalism may be a good thing. I will then ask you to defend this idea with real evidence.

Attendance Policy

- I record absences, tardiness, and demonstrations of inattention and disrespect to your peers. While I do not and cannot use absences or tardies to trigger automatic removal from or failure in the course, they do affect your Classroom Contribution grade.
 - My assumption is that you understand that missing class speaks poorly of your professionalism.
 - And that you will quickly realize that this is a pretty rigorous course, and that everything we do in class is done with a clear educational purpose behind it.
 - And that unexcused **missing of graded in-class activities cannot be made up.**
 - And that you cannot expect to be an irregular member of this class and still demonstrate enough course-learning to be able to pass it. Success in this class involves sharing in the learning experience in class and demonstrating that you’ve learned from class.

For class, you should assume you will need

- A pen or pencil
- A notebook (even if you’re taking notes on a laptop, it is useful to have a notebook)
- A binder for storing
 - Handouts
 - Returned Assignments
 - Your Discussion Grading Sheet
 - Other stuff
- An easily accessible electronic or paper copy of the day’s readings

Excused Absences Policy for University-Sanctioned Events

Students are advised to carefully read and comply with the excused absences policy for university-sanctioned events contained in the WCU Undergraduate Catalog. In particular, please note that the *“responsibility for meeting academic requirements rests with the student,” that this policy does not excuse students from completing required academic work, and that professors can require a “fair alternative” to attendance on those days that students must be absent from class in order to participate in a University-Sanctioned Event.*

Policies concerning granting of No Grade, violation of academic integrity, and violation of student code of conduct.

“For questions regarding Academic Dishonesty, the No-Grade Policy, Sexual Harassment, or the Student Code of Conduct, students are encouraged to refer to their major department’s handbook, the Undergraduate Course Catalogue, the Rams Eye View, or the University Web Site. Please understand that improper conduct in any of these areas will not be tolerated and may result in immediate ejection from the class.”

Americans with Disabilities Act:

If you have a disability that requires accommodations under the Americans with Disabilities Act (ADA), please bring me your letter of accommodations and meet with me as soon as possible, so I can support your success in an informed manner. Sufficient notice is needed in order to make the accommodations possible. If you would like to know more about West Chester University’s services for students with disabilities, please contact the Office of Services for Students with Disabilities at 610-436-3217. You can find out more information at www.wcupa.edu/ussss/ossd.

Accommodations can only be assured for lessons and assessments that occur after I have been notified of the need for accommodation.

Title IX

“West Chester University and its faculty are committed to assuring a safe and productive educational environment for all students. In order to meet this commitment and to comply with Title IX of the Education Amendments of 1972 and guidance from the Office for Civil Rights, the University requires faculty members to report incidents of sexual violence shared by students to the University’s Title IX Coordinator, Ms. Lynn Klingensmith. The only exceptions to the faculty member’s reporting obligation are when incidents of sexual violence are communicated by a student during a classroom discussion, in a writing assignment for a class, or as part of a University-approved research project. Faculty members are obligated to report sexual violence or any other abuse of a student who was, or is, a child (a person under 18 years of age) when the abuse allegedly occurred to the person designated in the University protection of minors policy. Information regarding the reporting of sexual violence and the resources that are available to victims of sexual violence

is set forth at the webpage for the Office of Social Equity at <http://www.wcupa.edu/admin/social.equity/>."

Emergency Preparedness All students are encouraged to sign up for the University's free WCU ALERT service, which delivers official WCU emergency text messages directly to your cell phone. For more information and to sign up, visit www.wcupa.edu/wcualert. To report an emergency, call the Department of Public Safety at 610-436-3311

ELECTRONIC MAIL POLICY

It is expected that faculty, staff, and students activate and maintain regular access to University provided e-mail accounts. Official university communications, including those from your instructor, will be sent through your university e-mail account. You are responsible for accessing that mail to be sure to obtain official University communications. Failure to access will not exempt individuals from the responsibilities associated with this course.

Course Outline

Minor modifications to the schedule are likely. Check regularly in class for announcements about schedule changes

Date	Class Focus	Required materials for the week	Supplemental materials and resources on reserve in the Library, that may help or be of interest to you, and/or that may get referenced in class	Assignments Due in Class and other Important Notes
Week 01: January 22-24	Health and Sickness in pre-history and contemporary	Fadiman, <i>Spirit Catches You</i> ch. 1-3	Porter, chapters 1-2	

	“uncontacted” people	Collins and Pinch, <i>Doctor Golem: Introduction</i>		
Week 02: January 29-31	Epilepsy and Exclusive Medicine: The Hippocratics’ creation of professional medicine and its challenge to Folk Authority	Fadiman, <i>Spirit Catches You</i> ch. 4-6 Collins and Pinch, <i>Doctor Golem</i> Ch. 1 – “The Hole in the Heart of Medicine: The Placebo Effect” Hippocrates “Sacred Disease”	Porter Chapter 3 Lindberg Chapter 6	Informed Action Project Part I is due Jan 31st
Week 03: February 05-07	The Black Plague and the place of scapegoats in medical history	Fadiman, <i>Spirit Catches You</i> ch. 7-9 Black Plague Persecutions Primary Source Packet	Porter chapters 4-5	Discussion 1 Feb. 5
Week 04: February 12-14	Scapegoats part 2: Witchcraft’s place in the Folk/Learned medical relationship during the Scientific Revolution	Fadiman, <i>Spirit Catches You</i> ch. 10-12 Witchcraft Trials Primary Source Packet	Porter chapters 8-9 Lindberg, “Harvey’s experimental demonstration” Harvey, “On the Motion of the Heart and Blood”	
Week 05: February 19-21	The contested expertise of Midwifery and Gynecology: turning a woman’s	Fadiman, <i>Spirit Catches You</i> ch. 12-15 Scholten, “Changing	Thatcher Ulrich, “Martha Moore Ballard and the Medical Challenge to Midwifery” in Leavitt and	Discussion 2 February 19

	profession into a man's	Customs of Childbirth"	Numbers, <i>Sickness and Health in America</i>	
Week 06: February 26-28	Smallpox: how an enslaved West African man and an aristocratic Englishwoman saved one-hundred million, and a Puritan minister got the credit	Fadiman, <i>Spirit Catches You</i> ch. 16-Afterword Glynn, <i>The Life and Death of Smallpox</i> ch.4-7 and NPR, "Keep or Kill Smallpox?" Collins and Pinch, <i>Doctor Golem</i> , ch. 8 "Vaccination and Parents' Rights"		
Week 07: March 05-07	A history of pain, medical consent, and women's activism: live animal-dissection and primate behavior labs in the history of medicine	Hansen – "America's First Medical Breakthrough" Morantz-Sanchez, "The "Connecting Link": The Case for the Woman Doctor in 19 th -Century America" in Leavitt and Numbers, <i>Sickness and Health in America</i>	Porter, chapter 17	Discussion 3 March 5th Midterm Essay due March 8
Week 08: March 12-14	No Class: Spring Break			
Week	A folk and	Skloot, <i>Immortal</i>		Discussion 4

09: March 19-21	learned medical alliance: the Germ Theory of Disease and the marketing of a medical breakthrough	<i>Life</i> ch. 1-4 Collins and Pinch, <i>Doctor Golem</i> ch. 2 – “Faking it for Real: Bogus Doctors”	Porter, chapter 14	March 21st
Week 10: March 26-28	Tuberculosis, Public Health campaigns, and efforts to regulate the poor	Skloot, <i>Immortal Life</i> ch. 5-11 <i>Gospel of Germs</i> primary source packet.	Porter, chapter 13 Congran, Williams, and Cheney, “The Decline in Mortality in Philadelphia from 1870 to 1930: The Role of Municipal Services” in Leavitt and Numbers, <i>Sickness and Health in America</i>	Part II of Informed Action Project due March 28
Week 11: April 02-04	Women’s challenges to professionalizing medicine: Seventh Day Adventism, Christian Science, and religious/folk alternatives.	Skloot, <i>Immortal Life</i> ch. 12-20 Numbers, <i>Prophetess of Health</i> ch. 5-8	Smith-Rosenberg and Rosenberg, “The Female Animal: Medical and Biological Views of Women and Her Role in Nineteenth-Century America” <i>The Road to Wellville</i> (movie)	Discussion 5 April 4th
Week 12: April 09-11	A History of Hysteria: topics in the medicalization of gender non-	Skloot, <i>Immortal Life</i> ch. 21-27 Lunbeck, Ch. 8, “Hysteria: The	Collins and Pinch, <i>Dr. Golem</i> ch. 5, “Yuppie Flu, Fibromyalgia, and	

	<p>conformity</p>	<p>Revolt of the “Good Girl” in <i>The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America</i></p> <p>Bert Hansen, “American Physicians’ “Discovery” of Homosexuals, 1880-1900: A New Diagnosis in a Changing Society” in Leavitt and Numbers, <i>Sickness and Health in America</i></p>	<p>Other Contested Diseases”</p> <p>Will, “The Nervous Origins of the American Western”</p> <p>Weir Mitchell, “Lecture XVII – The Treatment of Obstinate Cases of Nervous Exhaustion and Hysteria By Seclusion, Rest, Massage, Electricity, and Full Feeding” in <i>Diseases of the Nervous System</i></p> <p>Elaine Showalter, “The Rise of the Victorian Madwoman” and “Managing Women’s Minds”</p> <p>S. Weir Mitchell, <i>Wear and Tear</i> pgs 30-55.</p> <p>Gregory Herek, “Evaluating Interventions to Alter Sexual Orientation: Methodological and Ethical Considerations”</p> <p>Robert Spitzer, “Can Some Gay Men and Lesbians Changes their</p>	
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			Sexual Orientation?"	
Week 13: April 16-18	Medicalizing and criminalizing intellectual disability, poverty, and sex: the eugenics movement	Tone, "Black Market Birth Control" Skloot, <i>Immortal Life</i> ch., 28-33 <i>Are You Fit to Marry?</i> (In-class, movie.)		Part III of Informed Action Project due April 18th
Week 14: April 23-25	Gender and racial norms in modern Nursing	Clark Hine, <i>Black Women in White</i> ch. 8 Northington Gamble, "Roots of the Black Hospital Reform Movement" in Leavitt and Numbers, <i>Sickness and Health in America</i> Skloot, <i>Immortal Life</i> ch.34 - Afterword		Discussion 6 April 23
Week 15: April 30-May 2	Henrietta Lacks, Cancer, HIV, and the molecular vision of medicine	Collins and Pinch, <i>Doctor Golem</i> ch. 7, "The AIDS Activists" and "Conclusion"	Mooney, "The science of why we don't believe science" and Breen, "Yesterday's Drugs are Tomorrow's Medicines"	
Final Exam Week				Final Essay due at scheduled final exam time.

History of Health and Medicine Bibliography

Barnes, David S. *The Great Stink of Paris and the Nineteenth-Century Struggle against Filth and Germs* (Johns Hopkins University Press, 2006)

The Cambridge History of Medicine ed. Roy Porter (Cambridge University Press, 2006)

The Cambridge World History of Human Disease ed. Kenneth F. Kiple (Cambridge University Press, 1993)

Canguilhem, Georges *The Normal and the Pathological* (Brooklyn: Zone Books, 1989)

Collins, Harry and Trevor Pinch *Dr. Golem: How to Think about Medicine* (University of Chicago Press, 2005)

Cook, Harold J. *Matters of Exchange: Commerce, Medicine, and Science in the Dutch Golden Age* New Haven: Yale University Press, 2007

Demaitre, Luke *Medieval Medicine: The Art of Healing, from Head to Toe* (Praeger, 2013)

Duffy, John *The Sanitarians: A History of American Public Health* (University of Illinois Press, 1992)

Fadiman, Anne *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* (Farrar, Straus and Giroux, 2012)

Garnwell, Lynn *Madness in America: Cultural and Medical Perceptions of Mental Illness Before 1914* (Cornell University Press, 1995)

Glynn, Ian and Jenifer Glynn *The Life and Death of Smallpox* (Cambridge University Press, 2004)

Halliday, Stephen *The Great Filth: The War Against Disease in Victorian England* (The History Press, 2011)

Harrison, Mark *Disease and the Modern World: 1500 to the Present Day* (Polity, 2004)

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