

HIS 3931(5301): History of American Medicine (Sickness and Health since 1607)

Fall Semester, 2003
Meeting time: T 5-6, R 6

Place: Flint 119

Instructor: Nina Stoyan-Rosenzweig
Office Hours: Keene-Flint 215 T- 10:45-11:45, R- 1:40-2:40, & by appointment. Ph # 846-1360
Office hours in the Health Science Center, M 11-12 (HSC, NG-003)
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The history of medicine concerns the history of medical establishments and healers, theoretical understandings of disease, as well as practical issues of diagnosis and treatment. It also concerns the history of sickness and health; of disease ecology and changing epidemiology, changes in sanitation, social structures, human behaviors, and attitudes toward disease.

It is necessary to take such a broad view of medicine and health because medicine operates not in an objective scientific vacuum but within a society. Health practitioners bring to their medical practice the beliefs, biases, and structures of their society. In addition, the way in which any society lives, its beliefs about sanitary practices and diet, and the availability of food or past contact with disease all can create a particular health environment and determine the experience of illness, as well as mortality and morbidity. Thus, medicine always works within the social context of disease as well as the biological.

This course operates from this relatively broad definition of issues related to the history of medicine. It examines the effects of disease and changes within the medical professions and within society in America from 1607 to the present.

Exams: There will be a mid-term examination and a take-home final examination.

The midterm exam will be in-class and will consist of a mix of short answer and essay questions. The midterm examination is scheduled for Thursday, October 16.

The take home final is due December 18 by 12PM.

Assigned Reading:

J.W. Leavitt and R.L. Numbers. Sickness and Health in America [Note-abbreviated as L & N in the reading schedule]

J. H. Warner and Janet Tighe. Major Problems in the History of American Medicine. [abbreviated as MP in the reading schedule] Students will choose from the materials within this book and will lead a discussion focused on these topics. These student-led discussions will take place on Tuesdays.

Charles Rosenberg. The Cholera Years.

Martin Pernick. The Black Stork: Eugenics and the Death of "Defective" Babies In American Medicine and Motion Pictures Since 1915.

Allan Brandt. No Magic Bullet.

Readings and discussion: Class consists of a mix of lecture and discussion, and students will receive a list of study questions for each week's reading. Each student should be prepared for in-class writings based on the question and readings for each week. Each student also will be responsible for leading a discussion of material- in a group- from the text Major Problems in the History of American Medicine (specific details will be provided).

Writing assignments:

There will be a term paper, 7-10 pages, due November 25 by 5PM, on a topic chosen from materials in the book "Major Problems". Students will skim the material in this book and turn in their choices by September 9. Each student will submit a list of 5 sources by September 30.

<u>Grading:</u>	30% attendance and participation=	300 pts
	-Includes in-class writings	
	15% midterm examination=	150 pts
	25% final examination=	250 pts
	15% term paper=	150 pts
	15% discussion presentation=	150 pts
	Total=	1000 pts

The final grade will be based at least in part on the performance of the entire class but, roughly speaking, the grades will be assigned in this way:

930- 1000= A	780-799= C+
900- 929= A-	700-779= C
880-899=B+	670-699= D+
800-879= B	600-669= D
Less than 600= F	

Any material not completed will be given an F. The grade for late material will drop for each day the assignment is late; late papers will be accepted only if permission was requested and received before hand.

Grading for class participation and attendance will be as follows. Each student has two "free" absences that will not count against the final grade (note, though, that since Tuesday is two periods that missing Tuesday counts as 1.5 absences). Each absence after 2 will result in 15 points being subtracted from the 100 points dedicated to attendance.

The participation grade obviously depends partly on attendance but participation will not be graded based on “correctness” of written or spoken responses. Instead, it will be the result of willingness to contribute to discussion as well as familiarity with the reading.

Plagiarism

In writing papers, be certain to give proper credit whenever you use words, phrases, ideas, arguments, and conclusions drawn from someone else’s work. Failure to give credit by quoting and/or footnoting is PLAGIARISM and is unacceptable. Please review the University’s honesty policy at <http://www.dso.ufl.edu/judicial/academic.php>

Plagiarism or cheating will be punished severely. If there are any questions concerning the format used for citing sources- especially Internet sources, see the instructor.

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Readings and Schedule of Topics to be covered in this course:

Weekly topics and readings are noted. Note that discussions of material from Major Problems will take place on Tuesdays.

[Please note that this schedule is subject to change. If you miss class please contact the instructor or a classmate to verify the readings]

<p>Week I August 26th & 28th Disease pools and Emerging Diseases: childhood diseases and the conquest of America</p>

<p>Does the concept of different disease pools make sense? In your opinion, how did virgin soil epidemics in the Americas affect the outcome of European conquest?</p>
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<p>Reading: <i>MP Ch 2- documents 1 & 7 and Calloway essay.</i> Recommended readings available- see instructor.</p>

<p>Week II September 2nd & 4th Origins of Western medical thought: why are we in a “bad humor?”</p>
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<p>Recommended Reading(see instructor):“<i>Arab Roots of Western Medicine,</i>” <i>Plato, Cult of Asclepius, Hippocrates</i></p>
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<p>We consider Greek medical theory to be “naturalistic.” What does that mean? What is the significance of this approach to disease causation, and this approach to treatment?</p>
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<p>Colonial Medicine: Breaking the bonds of empire?</p>
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<p>Reading: <i>L & N Ch. 3</i></p>
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<p>How did American medicine differ- if at all- from European practices? Were differences due to cultural divergence or to the “away from the center effect” that we see in rural areas of Europe at the time? What role did contact with other</p>

cultures- Native American and African healing traditions- play in separating American medicine from European?

Week III Sept. 9th & 11th **Health in early America and Response to change: smallpox inoculation controversies**

Reading: *MP Ch 2 Documents 2, 3, 4, 5, & 6 and Blake essay.*

Recommended readings available.

What was the basis for the objection to smallpox inoculation? How does inoculation differ from vaccination? How did inoculation controversies reflect social status and place in Puritan society? Do you think the origins of the practice- learned from African slaves- affected original reception of the idea?

Healers in America: folk medicine traditions

Recommended readings available

Week IV Sept 16th & 18th **Medicine in the New Republic & Healers in America: "Regular" practitioners and causes of disease- yellow fever**

Reading: *MP Ch 3*

During the yellow fever epidemic in Philadelphia, Benjamin Rush's heroic treatments became associated with one political party, while the bark and tea treatment became associated with Jefferson's Democratic Republicans. How does medicine and medical treatments reflect social and cultural beliefs rather than biological reality?

Disease and the environment and disease environments: Health on the plantation

Reading: *L & N 22 & 28*

The African slaves living on plantations experienced a different disease environment than their owners. What was the nature of this difference, and how did slaves attempt to resist the culture- and medicine- of their owners?

Week V Sept 23rd & 25th **Disease environments and the diseased**

Reading: *MP Ch 4*

Rosenberg- *The Cholera Years (First half for Tuesday, second half for Thursday)*

How did disease environments differ depending on factors such as wealth and control individuals had over their work patterns, etc?

The Diseased: who is responsible for illness? & Who gets treatment?

Have attitudes toward this issue changed? How have they changed? How do attitudes change when medical discoveries find specific causes for a disease? Is there a greater tendency to blame the sufferer when the causes of a disease are unknown?

Week VI Sept 30th & October 2nd **Healers in America: Regulars and irregulars**

Reading: *MP Ch. 5 and Ch 3, Doc 8*

L & N 14

Women in Medical Practice and women as patients

How did gender and perceptions of gender affect treatment of women's illnesses? Or even the creation and description of illnesses specific to women? Why did EMT make it possible for women to find a place in medicine in the 19th c medical field? What problems did women encounter when they struggled to enter the medical profession in the nineteenth century? Did that century see a rise in women's status with regard to the medical profession?

Week VII Oct. 7th & 9th **Sanitation and war**

Reading: *MP Ch. 6*

19th century revolutions: Environmental-moral therapy and reform

Reading: *L & N 21*

What was this paradigm? How did it differ from scientific medicine? Who were the reformers? Why might women have played a prominent role in this type of reform?

Week VIII Oct 14th & 16th **19th century revolutions: Environmental-moral therapy and reform**

Reading: *L & N 34; Doc. 5 only(MP Ch 4)*

October 16- MIDTERM EXAMINATION

Week IX Oct 21st & 23rd **19th century revolutions- science and medicine**

Reading: *MP Ch 7*

What characterized "scientific" medicine? In terms of technology, funds, and knowledge, what would be required to propagate such medicine? What was the fundamental difference between the older, humoral theory and its treatments, and the approaches taken to find specific causes for specific diseases?

19th and 20th century revolutions- changing treatments

Reading: *L & N 5 or 6 (your choice)*

Week X Oct 28th & 30th **19th and 20th century revolutions- Authority and Healers in the 19th and 20th century**

Reading: *MP Ch 10*

What defined a physician? How did a quest for professional stature change the role of physicians in medicine?

Midwifery

Reading: *L & N- 4 or 15 (your choice)*

How did the focus on professionalization, and the change in doctor's roles, affect the status of midwives in America?

Week XI Nov. 4th & 6th **19th century revolutions- Medical education**

Reading: *MP Ch 9*

What aspects of American society (such as Jacksonianism) helped to shape medical education and (lack of) licensing laws in the 19th century? What

societal changes helped to fuel the intensification and standardization of medical education?

19th and 20th century revolutions: eugenics and the increasing role of gov in health care

Reading: *Pernick- The Black Stork*

How did social factors- immigration, urbanization, industrialization- contribute to the rise of eugenics? How did eugenics reflect global changes, as well as specific structures of each society in which eugenics programs developed?

Week XII Nov 11(Veterans Day- no class)

November 13th

19th and 20th century revolutions- changing treatments and expectations & eugenics

Reading: *MP Ch 8 & 11*

How did better understanding of genetics, in addition to the reaction against Naziism after WWII lead to the rethinking of eugenics?

Week XIII Nov 18th & 20th **20th century revolutions: Increasing role of gov. in health care- insurance and government funding of research.**

Reading: *MP Ch. 13 & 14*

Thursday: *L & N 17*

What aspects of changing sanitary and medical systems require more of a government presence? Why? How did Americans react to the idea of medical insurance in the early 20th century, and why? Why did research funding originally fall under a government umbrella? How did FDR affect the face of research funding?

Ethical issues in medical research- Tuskegee

Reading: *L & N 24*

What happened with Tuskegee and why? How did social attitudes define the nature of this research project and treatment of the people who became experimental subjects?

Week XIV Nov. 25th **Increasing role of gov. in health care- public health and individual rights and medical research**

Reading: *MP CH 12*

L & N 36

With the increasing power of government, knowledge of sanitation/quarantine efficacy came greater challenges to individual rights- how did they play out in situations like Typhoid Mary?

Week XV Dec. 2nd & 4th **Funding and disease- Polio and attitudes toward disease & the diseased**

Reading: *Brandt- No Magic Bullet*

L & N 35 & 1

How are funds allocated? How does allocation differ in countries with socialized medicine and in the United States? What are the advantages and disadvantages to each kind of funding system?

Week XVI Dec. 9th **Medicine at the end of the 20th century**

Reading: L & N 27 & 18

MP Ch. 15

Are funds allocated based on a rubric that determines the actual threat? What role does emotion play in funding decisions? How do we respond to new diseases? Is our response always in proportion to the virulence of the disease? Has this response changed over time? How are research funding decisions dependent on our perceptions of particular diseases? What is world medicine? Who makes the decisions? How has technology changed our definitions of illness and our ability to make health care decisions?

Take Home Final Exam available in class.

The take home final is due December 18 by 12PM.