

**Social and Cultural History of Disease**  
**OPHOM, Term 2, 2020**  
**3 credits**

What is a disease? How do we describe and study its history? These may seem like simple questions but answering them can be quite challenging. Definitions of disease change over time and space. In this course we will examine alternative approaches to the history of disease, how these approaches are conceptualized and the contribution each approach makes to the history of medicine. We will do this by examining histories of a number of diseases in a variety of geographic contexts. We will emphasize how people sought to comprehend disease in the past, what intellectual and social resources they mobilized to that goal, and the prevailing cultural and scientific norms that shaped their thinking. We will investigate the ways in which studying disease control and therapeutics in multiple contexts casts a critical light on the functioning of societies and governments. We will also focus on how formulations of disease can shape notions of gender, class, race, childhood, and age, and vice versa. Finally, we will look at how histories of disease have been shaped by broader historical forces. Students will analyze a variety of methodological approaches that historians have adopted in trying to understand and interpret different diseases.

**Learning objectives**

By the end of this course, students will be able to:

1. Evaluate different methodological approaches to studying the history of disease.
2. Identify how 'disease', 'sickness' and 'illness' differ from one another, and why this distinction matters.
3. Describe the main features of the history of a range of infectious and non-infectious diseases.
4. Understand how and why cultural, social, and scientific factors influenced how diseases were interpreted in the past and continue to do so.

**Class Sessions**

*Lecture 0: Introduction*

*Randy Packard*

Brief introduction to the structure of the course, learning objectives, assignments.

VoiceThread: Sign into VoiceThread and record a short (2-minute max) video, introducing yourself to the other class members.

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*Week 1: Breakbone Fever*

*Randy Packard*

**Lecture**

disease. Specifically, this lecture will introduce you to the distinction between realist and historicist approaches to the history of disease. It will also describe how each approach can highlight different aspects of the relationship between disease and society.

\*\*Note: before reading the primary source (Rush) you may want to view the Toolbox video “Reading a Primary Source”.

### Readings

#### PRIMARY SOURCE:

Benjamin Rush, “An Account of the Bilious Remitting Fever as It Appeared in Philadelphia in the Summer and Autumn of the Year 1780,” in *Medical Inquiries and Observations*, vol. 2, 2nd ed. (Philadelphia: J. Conrad and Company, 1805), 115-134

#### SECONDARY LITERATURE:

Adrian Wilson, 'On the History of Disease Concepts: The Case of Pleurisy', *History of Science* 38 (2000): 271-319.

Andrew Cunningham, “Transforming Plague: The Laboratory and the Identity of Infectious Disease,” in *Laboratory Revolution in Medicine*, ed. Andrew Cunningham and Perry Williams (Cambridge: Cambridge University Press, 1992): 209-244.

Piers Mitchell, “Retrospective Diagnosis and the Use of Historical Texts for Investigating Disease in the Past,” *Int. J. Paleopathology*. Vol. 1, Issue 2 (2011): 81–88

#### HOW TO READ:

First read the primary source (Rush) and then the secondary literature. For the secondary literature, make written notes from each text, highlighting the fundamental argument of each historian and the evidence they marshal to argue their thesis. We suggest you do the same with every week’s readings. For the Wilson article, focus particularly on understanding the distinction Wilson elaborates between historicist and realist approaches to the history of disease

#### Response Paper: DUE Friday, October 30, 11:59 pm

Write a 2-page double-spaced response to either Cunningham or Mitchell in which you counter their central arguments about the value of historical epidemiology. You can use the history of any disease other than dengue/breakbone fever to make your case.

Live Talk Section 1: Wednesday October 28, 7:00-8:30

Section 2: Thursday, October 29, 5:00-6:30

#### Learning Objectives

1. Understand the difference between realist and historicist approaches to disease, and the pluses and minuses of each.
2. Describe a range of sources used to reconstruct the history of disease, and their relative advantages and disadvantages.

3. Examine the contexts that shape how a single disease has been understood at different times.

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*Week 2: Ontological versus Physiological Concepts of Disease: Their Origin in Hippocratic Medicine*

Gianna Pomata

Lecture

This lecture will introduce you to the distinction between ontological and physiological views of disease as it originated in the Hippocratic Corpus, the foundational text of the Western and the Arabo-Galenic medical traditions. The lecture will focus especially on the physiological view, as illustrated by the case histories in the Hippocratic *Epidemics*, the first case collection in European history. The lecture will also provide a comparative framework on the ontological/physiological distinction as a tool for the cross-cultural study of disease concepts.

\*\* If you have not taken Survey 1, you may wish to view the lectures “The Four Humors” and “Galen’s Physiology” as background for this week’s topic.

Readings

PRIMARY SOURCE:

Gianna Pomata, “Nine Cases From *Epidemics*”:

*I have selected for you nine cases from the Hippocratic text, with an introduction that highlights the way the Hippocratic authors thought about disease in a way that Owsei Temkin has called “physiological”.*

SECONDARY LITERATURE:

Owsei Temkin, “The Scientific Approach to Disease: Specific Entity and Individual Sickness”, in O. Temkin, *The Double Face of Janus and Other Essays in the History of Medicine*, Baltimore, 1977 (first pub. 1963), pp. 441-55.

Paul Unschuld, “The Limits of Individualism and the Advantages of Modular Therapy. Concepts of Illness in Chinese Medicine”, in *Asian Medicine. Tradition and Modernity*. 2: 1 (2006) pp. 14-37.

Optional Supplementary Reading

Agnes Loeffler, “Individual Constitutions vs Universal Physiology: Iranian Responses to Allopathic Medicine”, in *Body and Society* 13:3 (2007) pp. 103-123.

HOW TO READ:

Start with Gianna’s Introduction to the nine cases from *Epidemics*, then carefully read the nine cases, noting all aspects that may relate to the description of disease.

Then read most Temkin’s article, a classic of the history of medicine. Compare your own reading of the cases with Temkin’s interpretation, and his concept of a physiological concept of disease. After reading Temkin, you should have a clear notion of the distinction between ontological and physiological views of disease. Then read Unschuld’s article and focus on the distinction he sees in Chinese premodern medicine between “individualizing” and

“categorizing” views of disease. Make written notes of your reading of both articles.

In case you are interested, we suggest an optional supplementary reading that describes how the Hippocratic view of disease is still extant in present-day Iran.

### VoiceThread

#### Response paper: DUE Friday, November 6 at 11:59 pm

The readings for this week include the classic essay by Owsei Temkin that first highlighted the distinction between ontological and physiological notions of disease. Temkin focused exclusively on the Western medical tradition, but the other essay in this week's reading list makes it clear that a similar distinction can be found in premodern Chinese medical culture. Based on these readings, write a short response paper (max. 2 pages) comparing the physiological notion of disease as we find it in Hippocratic medicine and in pre-modern Chinese medicine.

#### Learning Objectives

1. Distinguish between an ontological and a physiological concept of disease as a tool for medical history.
2. Contextualize the origins of this distinction in the Hippocratic corpus.
3. Utilize this distinction for a comparative approach to medical cultures.

#### *Week 3: Green Sickness*

Mary Fissell

#### Lecture

Green sickness, a malady diagnosed in girls and young women in the early modern period, is a disease category that is no longer with us. What does it mean to explore a disease that has seemingly vanished? How and why did this disease make sense in premodern European medicine, but not today? This lecture introduces the disease concept “green sickness” and explores its clinical aspects: diagnosis and treatment. It situates the disease within a larger cultural framework about gender, puberty and marriage.

#### Readings:

##### PRIMARY SOURCES:

“A Remedy for the Green Sickness...” ([London]: Printed for F. Cole, T. Vere., J. Vright/ J. Clark. VV. Thackery, & T. Passenger, ca. 1678-1680). Pepys Ballads 3.119.

“The Green-sickness grief, Or a Maidens moan, / Complaining because her Sweet-heart was gone.” (London, Printed by E.C. for F. Coles. T. Vere. and J. Wright, ca.1663-1674), Euing Ballads 125.

##### SECONDARY LITERATURE:

Karl Figlio, "Chlorosis and Chronic Disease in Nineteenth Century Britain: The Social Constitution of Somatic Illness in a Capitalist Society", *Social History* vol. 3 (1978):167-19.

Irvine Loudon, "Chlorosis, anaemia, and anorexia nervosa", *Br Med J* 1980; 281:1669.

### HOW TO READ:

Before reading the Figlio article, please listen to the comment on this week's VoiceThread that provides a background on Marxism and Marxist scholarship. Try to understand the aspects and context of chlorosis that Figlio and Loudon focus on, respectively. What is each of their main aims in writing about chlorosis (what are they interested in elucidating for readers)?

### VoiceThread

### Response Paper: DUE Friday, November 13 at 11:59 pm

In 2 single-spaced pages, compare and contrast Figlio's and Loudon's interpretations of chlorosis.

### Learning Objectives

1. Analyze how gendered ideas shape disease categories
2. Analyze primary sources to reconstruct cultural meanings of a disease
3. Define a functionalist model of disease and its advantages/disadvantages.

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## *Week 4: Sexually Transmitted Disease*

Bridget Gurtler

### Lecture

This lecture explores how sexually transmitted diseases, known as "venereal" or "social diseases" for much of the 19<sup>th</sup> and 20<sup>th</sup> centuries, have historically been especially rich sites for the creation of anxieties about the moral and physical health of individuals and nations. Focusing on the United States, Part 1 traces how and why venereal diseases became the focus of large scale educational and disease control efforts, and how a range of historical actors defined venereal diseases as simultaneously moral and epidemiological problems. In Part 2, we will explore how and why the management and treatment of venereal disease became a concern of the state in the USA from the mid nineteenth century to mid-twentieth, and how issues of gender, sexuality, and nationalism became key determinants in the shifting balance between personal privacy and the interests of the state in protecting the public's health.

### Readings

#### PRIMARY SOURCE

Walter D. Bieberback. "Venereal Disease and Prostitution." *The Boston Medical and Surgical Journal*, 172, No. 6 (1915), p. 201-208.

#### SECONDARY LITERATURE:

Roger Davidson, Lesley A Hall, eds. *Sex, Sin and Suffering: Venereal disease and European Society since 1870*, Routledge (2001). Chapter 12 by Michaela Freund "Women, Venereal

Disease and the Control of Female Sexuality in Post-war Hamburg”, 205-219.

Hannah-Louise Clark. “Civilization and Syphilization: A Doctor and His Disease in Colonial Morocco” *Bulletin of the History of Medicine*, Vo. 87, No. 1 (Spring 2013), 86-114.

Allan Brandt. *No Magic Bullet: A Social History of VD in the United States Since 1880*. Oxford University Press, 1987. Chapter 5 Dr. Ehrlich’s Magic Bullet: VD in the Age of Antibiotics (161-83)

### HOW TO READ:

The articles for this week present a variety of contexts for the study of venereal disease, from 20<sup>th</sup> c. Hamburg to colonial Morocco to post WWII US. In reading the articles, focus especially on this aspect in a comparative perspective.

### Response Paper: DUE Friday, November 20 at 11:59 pm

Write a 2 page, double-spaced paper that compares how the role of place and space (the geographic context) shaped the discourse around venereal disease in post-war Hamburg and Morocco, in the writings of Freund and Clark, respectively.

Live Talk Wednesday Section1: Wednesday, November 18, 7:00-8:30 PM  
Section2: Thursday, November 19, 5:00-6:30 PM

### Learning Objectives

1. Analyze tension between individual rights and the protection of public health
2. Examine how race, gender, colonialism, and sexuality influenced understandings and management of venereal disease
3. Evaluate primary sources to reconstruct different cultural meanings and medical models of venereal disease

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*Week 5: Diabetes*  
Jeremy Greene

### Lecture

Diabetes is an ancient disease. Clinical descriptions matching the condition can be found in Egyptian papyri from thousands of years ago. Yet the treatment, prognosis, and very definitions of diabetes changed dramatically over the course of the nineteenth twentieth century in concert with changing technologies for disease management, from insulin to home glucometers and test

strips. We will explore the historical trajectory of diabetes to grapple with continuity, change, and the role of technologies in the definition of disease.

Part 1 of the lecture, “A Disease in Motion,” examines the expansion of the clinical diagnosis of diabetes in the 19<sup>th</sup> and 20<sup>th</sup> centuries, from the classic symptomatic triad of polyuria, polydipsia, and autophagia to a process mediated by laboratory analysis of sugar and glycosylated hemoglobin in the urine and blood. We will explore the role of science, technology, and market forces in the expansion of disease categories.

Part 2 of the lecture, “Living with Uncertainty,” explores the daily challenges that patients face as the expectations of living with chronic disease change with the development of new diagnostic and therapeutic technologies. We will examine the expectations of scientific and technological literacy that accompany biomedical patienthood in the 20<sup>th</sup> and 21<sup>st</sup> centuries

### Readings

Christopher Feudtner, “A Disease in Motion: Diabetes History and the New Paradigm of Transmuted Disease,” *Perspectives in Biology and Medicine*, 1996; 39(2):158-70.

Christopher Feudtner “Getting the Point: The Daily Work of Diabetes” in *Bittersweet: Diabetes, Insulin, and the Transformation of Illness*. Chapel Hill: University of North Carolina Press, 2003, pp. 89-120

Jeremy Greene, “Finding the Hidden Diabetic: Orinase Creates a New Market” in *Prescribing by Numbers: Drugs and the Definition of Disease*, Baltimore: JHUP, 2007, pp. 83-112

Harry Marks, “Anatomy of a Controversy: The University Group Diabetes Program Study” in *Progress of Experiment: Science and Therapeutic Reform in the United States, 1900-1990*, Cambridge: Cambridge University Press, 1997, pp. 197-228.

### HOW TO READ:

In reading this week’s literature, focus on the specific historical actors and processes that each historian highlighted in his piece in order to describe the historical transformation of diabetes, as well as the argument of each historian about how this transformation took place.

### Response Paper: DUE Friday, November 27 at 11:59 pm

This week’s readings make clear that diabetes at the end of the 20th century was a different disease than in the beginning of the 20th century and encompassed a far larger population with a much different symptomatic basis for diagnosis. Yet the three authors we read this week produced very different stories about this transformation. Write a short response paper comparing and contrasting these different histories of the same disease, with attention to how each historian attends to different kinds of historical actors and historical forces in relating the changing epidemiology and experience of diabetes in the 20th century.

### Learning Objectives

1. Explore continuity and change in the definition of disease over time
2. Describe the historical interaction between chronic disease and therapeutic technologies
3. Consider the problems in the expansion (and contraction) of disease categories
4. Describe the many stakeholders—beyond the medical profession—involved in the definition of disease categories.

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*Week 6: Malaria*

Randy Packard

Lecture

Malaria is a quintessential tropical disease, affecting millions of people living in African, Asia and Latin America. It is also understood to be a vector borne disease, that is a disease transmitted by mosquitoes, and control efforts have focused on eliminating mosquitoes. But malaria was not always a disease limited to the tropics. In the 19th century, malaria outbreaks occurred as far north as Minnesota, New York and Boston. On the other hand, the extent of malaria in the tropics expanded during the 19th and 20th centuries. Malaria was also not always viewed as a vector borne disease. Alternative understandings of the disease and how to fight it had a wide following. This session we will examine the forces that reshaped the distribution of malaria, leading to its concentration in the tropics. It highlights how the histories of disease are shaped by wider political and economic conditions. It will also examine why malaria came to be viewed primarily as a vector borne disease

Readings

## PRIMARY SOURCES:

M. A. Barber, "History of Malaria in the United States," *Public Health Reports*, 44, 43 (1929), 2575-2587.

William Gorgas, *Sanitation in Panama* (New York, 1918), 182-204.

## SECONDARY LITERATURE

Randall M. Packard, "Introduction: Constructing a Global Narrative" and "Chapter Five: The Making of Vector Borne Disease" in *The Making of a Tropical Disease: A Short History of Malaria* (Baltimore: Johns Hopkins University Press, 2007), 1-18 and 111-149.

HOW TO READ

Please focus on the way this week's sources present evidence of the link between the causes attributed to disease and the social effort to control it.

Response Paper: DUE Friday December 4, 2020 at 11:59 pm

Barber and Gorgas present different views of how malaria can be controlled and eliminated. How does each explain the disappearance of malaria? In what ways are they similar? In what ways do they differ? What are the implications of each article for the control of malaria?

VoiceThreadLearning Objectives

1. Explain the ways in which political and economic forces have shaped the distribution of the global burden of disease
2. Analyze the conditions that produce medical categories like "tropical disease".
3. Evaluate the conditions that shaped changing understandings of how to control malaria from the end of the 19<sup>th</sup> century.



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*Week 7: From Wenbing to SARS: Writing a Biography of a Chinese Disease Concept*  
Marta Hanson

Lecture

The Chinese disease concept *wenbing* (lit., warm diseases) encompasses a wide range of febrile disorders from the simple fever and related symptoms of a bad cold to the more life-threatening complications of pneumonia and many infectious diseases. Changes in the understanding of and therapies for *wenbing*—from its birth in the 1st century BCE, to maturity in the early modern period, and its continued relevance in Chinese medicine today—reveal geographic, intellectual, and cultural diversity within classical Chinese medicine. Examining its place as a disease concept that guided integrated medical interventions in mainland China during the SARS epidemic provides a revealing example of why some traditional medical concepts persist in the present in two ways: first, as forms of resistance to the narrowing of meaning, and second, therapeutic options in modern biomedicine. Part 1 of the lecture applies analytical concepts from the works of Temkin, Rosenberg, and Duffin to understand Chinese traditional epidemiology broadly and the disease concept *wenbing* “warm diseases” specifically within traditional epidemiology (synchronic approach). Part 2 uses the narrative device of a “biography of disease” to understand how *wenbing* changed meaning over time from its “birth” in Chinese medical classics to its role during the SARS epidemic (diachronic approach).

Readings

SECONDARY LITERATURE

Hanson, Marta. “Medical History in Three themes: Chinese epidemiology, the geographic imagination, and a biography of *wenbing* “Warm diseases’,” ch. 1 in *Speaking of Epidemics in Chinese Medicine: Disease and the Geographic Imagination in Late Imperial Chinese Medicine* (Routledge, 2011): 7-24.

Hanson, Marta. “The Art of Medicine: Maoist Public-health Campaigns, Chinese Medicine, and SARS.” *The Lancet*, vol. 372 (Oct. 25, 2008): 1457-8.

Rosenberg, Charles, “Chapter 14: Explaining Epidemics,” *Explaining Epidemics and Other Studies in the History of Medicine* (Cambridge, Mass.: Cambridge Univ. Press, 1992), 293-304.

Duffin, Jacalyn, “Chapter 1: The Disease Game: An Introduction to the Concepts and Construction of Disease,” *Lovers and Livers: Disease Concepts in History* (Toronto: University of Toronto Press, 2005), 1-37.

Shigehisa Kuriyama, “Epidemics and the Weather in Traditional Chinese Medicine,” in *Contagion: Perspectives from Pre-Modern Societies*, ed. Lawrence I. Conrad, Dominik Wujastyk, (Aldershot: Ashgate, 2000).

HOW TO READ

Read first the articles by Rosenberg and Duffin for their theoretical framework and then reflect on how they may be applied to the Chinese case. Evaluate which of the analytical concepts of Temkin, Rosenberg, and Duffin you found most useful for gaining entry into how Chinese physicians understood fevers and epidemics.

Response Paper: Due Friday, December 11, 2020

Write a 2-page double space essay evaluating which of the analytical concepts of Temkin, Rosenberg, and Duffin you found most useful for gaining entry into how Chinese physicians understood fevers and epidemics.

VoiceThreadLearning Objectives

1. Analyze pros and cons of the biography of a disease concept as a heuristic device in medical history.
2. Understand the Chinese disease concept for “fevers” as both disease and symptom within the classical Chinese medical framework and, by extension, how to take a historical and contingent approach to any other disease concept.
3. Apply Rosenberg’s distinctions of contamination, predisposition, and configuration, Temkin’s ontological-physiological spectrum, and Duffin’s elements of disease concepts to Chinese disease concepts (Warm diseases and SARS).

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***Week 8 The Influenza Pandemic of 1918-1919***Lecture

Thus far we have studied diseases which were endemic to the places they occurred. While there were moments when they spiked, with many more reported cases than normal, these diseases remained present over long periods of time. Influenza was similar in the sense that there were seasonal occurrences of the disease nearly every year in many parts of the globe, associated primarily with temperate regions during the cooler months of the year. Like other diseases, influenza could strike with greater numbers and lethality for reasons that were not well understood. When it did, it could produce pandemics, large numbers of cases that spread over wide regions of the globe. None of the other diseases we have studied could produce such widespread death and destruction. Pandemics of lethal diseases, like cholera, smallpox, plague and influenza have occurred throughout history. With the exception of smallpox, for which there was a medical response in the form of inoculation and later vaccination which could limit its spread from the 18th century, the virulence and destructiveness of these diseases required societies to take extraordinary social measures to limit their impact. Many of these measures are being deployed today: quarantines, the wearing of masks and other protective equipment, the closing of ports, schools, restaurants, and theatres. As today, these measures brought hardships, were viewed as violating civil rights, and as destructive to economic activity. For many, the responses were viewed as more destructive than the disease. The Influenza of 1918-1919 was the deadliest pandemic in human history, killing an estimated forty million people worldwide in a period of just two years. In this week’s lecture and readings we will explore why the pandemic was so deadly, how societies responded to it, and the conflicts that arose over these responses.

ReadingsPRIMARY SOURCES

For this week’s reading you should use the University of Michigan’s Influenza Digital Archives (<http://chm.med.umich.edu/research/1918-influenza-digital-archive/>) to compare the responses of two cities. One with a high EDR and one with a low EDR and compare how they responded to the

pandemic. How do you account for differences in response? What do these histories tell us about the conditions that shaped public health responses.

### SECONDARY LITERATURE

Alexis Stern, et. al. “Better Off in School”: School Medical Inspection as a Public Health Strategy During the 1918–1919 Influenza Pandemic in the United States. Public Health Reports, 3, 125, (2010), 63-70.

Nancy Tomes, “Destroyer and Teacher”: Managing the Masses During the 1918–1919 Influenza Pandemic. Public Health Reports, 125, 3 (2010), 48-62

Michael Bresalier, “Fighting Flu: Military Pathology, Vaccines, and the Conflicted Identity of the 1918–19 Pandemic in Britain,” Journal of the History of Medicine and Allied Sciences, 68, 1 (2013), 87-128

Live Talk: Section 1: Wednesday, December 16, 2020 at 7:00-8:30 pm  
Section 2: Thursday, December 17, 5:00-6:30PM

Learning Objectives:

1. Understand the various approaches historians have taken to describe the 1918 Influenza pandemic
2. Evaluate the various kinds of primary sources historians employ to analyze the impact of the 1918 pandemic.
3. Compare similarities and differences between public health and popular response to the 1918 influenza pandemic and the Covid19 pandemic.

### **FINAL PAPER: DUE Monday, December 21 at 11:59 pm**

Drawing from course materials related to two or three diseases we have studied this term, describe different ways historians have approached the history of disease. (5-7 pages)

### **END OF COURSE REFLECTION**

Eight weeks can seem to zip by very quickly. For this final week’s Response Paper, please take a moment to reflect on what you’ve learned, and where you want to go from here. We’ve posed 5 questions to help you frame your thoughts; you can type right on this worksheet and upload it to the Dropbox, or create a new document if you prefer.

What was the most challenging aspect of this course for you? Why was it challenging?

What surprised you about this course?

What historical skill(s) have you gained, and which would you most like to work on?

Which of the reading(s) did you like the best, and why? Would you want to emulate aspects of it/them in your writing?

What would you change?