

**UNIVERSITY OF ABERDEEN**  
**SCHOOL OF DIVINITY, HISTORY & PHILOSOPHY**  
**CULTURAL HISTORY PROGRAMME**  
**CU 3009 (30 Credits)**  
**ME43CH (20 credits)**  
**CULTURAL HISTORY OF MEDICINE**  
**Session 2006-2007**  
**Course Co-ordinator: Dr David Smith**

*Information on the course for session 2006-2007*

This course handout tells you about the organisation of the course. It should be used in conjunction with the History Department's *Guidelines for Students on Level 3 & 4 Courses* and the *School Guidelines*. Please read these carefully and keep them for reference throughout the half-session.

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**Cultural History Home Page:**  
<http://www.abdn.ac.uk/ch>

**History Home Page:**  
<http://www.abdn.ac.uk/history/>

## 1 Lecture and Seminar Schedule

The class meets on Tuesdays, 1-2 in MT013 (Meston Building), Wednesdays, 12-1 in MT159, and Thursdays, 12-1 in KCG5 (King's College). But NB In week 2 the Thursday meeting is at the QML seminar room.

<b>Week 1</b>	<b><i>Introduction &amp; Ancient Medicine</i></b> L: Introduction to the History of Medicine L: Greco-Roman Medicine S: Researching and writing the history of Medicine	<i>Dr David Smith</i> <i>Dr William Naphy</i> <i>Dr David Smith</i>
<b>Week 2</b>	<b><i>Early Epidemics Medicine and Religion – Library Resources</i></b> L: Early Epidemics L: Saints, Relics & Miraculous Healing S: Library Resources NB In Seminar Room QML	<i>Dr William Naphy</i> <i>Dr William Naphy</i> <i>Ms Gilian Dawson</i>
<b>Week 3</b>	<b><i>Plague</i></b> L: Disease and Death in the Early Modern Era L: Controlling & Eradicating Plague: The Italian Solution L: Epidemic Disease: The Aberdeen Example	<i>Dr William Naphy</i> <i>Dr William Naphy</i> <i>Dr William Naphy</i>
<b>Week 4</b>	<b><i>Ancient &amp; Medieval, and Plague seminars; Early Modern Anatomy; election of class representatives</i></b> S: Ancient Medicine S: Plague L: Early modern anatomy	<i>Dr William Naphy</i> <i>Dr William Naphy</i> <i>Dr David Smith</i>
<b>Week 5</b>	<b><i>New Directions? ME43CH Students join the class</i></b> L: Paracelsianism L: A new model of the body? S: Vesalius, Paracelsus, Harvey	<i>Dr David Smith</i> <i>Dr David Smith</i> <i>Dr David Smith</i>
<b>Week 6</b>	<b><i>Enlightenment Medicine / Midwifery and Men Midwives</i></b> L: Philanthropy, Infirmaries & Dispensaries L: Midwifery and Obstetricians S: Enlightenment medicine / midwifery	<i>Dr David Smith</i> <i>Dr David Smith</i> <i>Dr David Smith</i>
<b>Week 7</b>	<b><i>Nineteenth Century Medicine I: Essay 1 due (CU3009)</i></b> L: Nineteenth-century public health L: Women and Medicine in the nineteenth century S: The patients' perspective	<i>Dr David Smith</i> <i>Dr David Smith</i> <i>Dr David Smith</i>
<b>Week 8</b>	<b><i>Reading week level/year meeting: Essay 1 due (ME43CH)</i></b>	
<b>Week 9:</b>	<b><i>Nineteenth Century Medicine II</i></b> L: Surgical revolution L: Psychiatry and the rise of the asylum S: Primary sources on Nineteenth Century Medicine	<i>Dr David Smith</i> <i>Dr David Smith</i> <i>Dr David Smith</i>
<b>Week10:</b>	<b><i>Twentieth-Century Medicine I; student course evaluation form exercise</i></b> L: The rise of 'productionist' medicine L: Inter-war health debates S: : Primary source documents: productionist medicine/ inter-war health debates	<i>Dr David Smith</i> <i>Dr David Smith</i> <i>Dr David Smith</i>
<b>Week 11:</b>	<b><i>Twentieth Century Medicine II; staff-student liaison committee meeting</i></b> L: Medicine and War L: Communitarian medicine: the NHS S: 'War is good for medicine' (Debate)	<i>Dr David Smith</i> <i>Dr David Smith</i> <i>Dr David Smith</i>

<b>Week 12:</b>	<b>Twentieth Century Medicine III: Essay 2 due (CU3009 and ME43CH)</b>	
	L: Medical consumerism in the late twentieth century	Dr David Smith
	L: The rise of alternative/complementary medicine	Dr David Smith
	S: Conceptualising trends in twentieth-century medicine	Dr David Smith

### COMPUTING:

Ensure that you have a valid computing password. You can register from any campus networked PC by pressing <esc> to get the registration screen. Type in your ID number. If registering for the first time the system will give you a username and you create your own password. NOTE IT DOWN. If re-registering, type in your ID number and the system will recognise your username. Then create a new password. You will need to re-register every year.

## 2 Aims and Learning Outcomes

### *The aims of this course are:*

- To offer an introduction to the cultural history of medicine.
- To give students the opportunity to study key topics in the history of medicine from Antiquity to the present day in intellectual, social and cultural context.
- To encourage students to consider both continuity *and* change in the practices of medicine: what *traditions* did medical practitioners draw upon - even as they made radical *innovations*?
- To encourage students to consider the relationship of medicine to its *wider culture*.

## 3 Course Objectives

### *At the end of the course students should be able to:*

- Demonstrate an awareness of relevant introductory scholarship in the cultural history of medicine (e.g., course text, lecture material, additional readings, relationship of medicine to its *wider culture*).
- Engage with the key themes and issues raised by the course (i.e., to show the ability to discuss these issues with factual support and a degree of independence in argument).
- Assess the interconnections between medicine, its ambient culture, and existing traditions.
- Show critical skills in assessing historical sources (in particular, to understand what counts as a *good* source in this field).
- Show enhanced confidence and independence in the skills required for the composition of assessed essays; and the presentation of verbal argument (e.g., in tutorials).

## 4 Transferable Skills

- The development of the associated skills of reading, thinking, and arguing.
- The ability to engage with past and present discourses critically and reflectively.
- Appreciation of the value of a critical historical perspective on major and powerful knowledge-based social institutions.

## 5 Teaching and Learning Methods

**Lectures and Seminars:** Attendance at both lectures and seminars will be monitored. Students attend two 1-hour lectures and one 1-hour seminar a week. The lectures provide an overview of the subject matter for that particular week and are extremely useful for both the writing of assessed essays and exam revision. They will also allow the student to participate fully in seminars. However, it is important to note two further points concerning **lectures**:

- Topics covered in one week of lectures are often complementary to topics covered in other weeks: lectures therefore help students **make connections** between subjects, an important aim of the course that will be rewarded in assessment.
- Lectures are not meant to be the final word on particular subjects so much as introductions and overviews. Students are expected to **follow up** areas of interest by using the reading list, and it should be noted that evidence of further reading is essential if the student is to score well in the assessment process.

**CU3009 Assessment** involves the following:

- Two 2,500 word essays on subjects taken from the lists of questions at the end of this booklet or on subjects agreed in advance with the course co-ordinator (50% of final mark).
- One three-hour examination (50% of final mark).

**ME43CH Assessment** involves the following:

- Two 2,500 word essays on subjects taken from the lists of questions at the end of this booklet or on subjects agreed in advance with the course co-ordinator (100% of final mark).

**Assessed essays:**

**CU3009**

- The **first assessed essay** should be handed in at the History Office (Crombie Annexe) not later than **4 pm on Tuesday, 7 November (Week 7)**.
- The **second assessed essay** should be handed in at the History Office (Crombie Annexe) not later than **4 pm on Tuesday 12 December (Week 12)**.

**ME43CH**

- The **first assessed essay** should be handed in at the History Office (Crombie Annexe) not later than **2.30 pm on Friday, 17 November (Week 8)**.
- The **second assessed essay** should be handed in at the History Office (Crombie Annexe) not later than **2.30 pm on Friday 15 December (Week 12)**.

Essays can be handed in before **but not after these times**. See below for essay guidelines, extensions and penalties for late submission.

**Three-hour examination: (CU3009)**

Students sit the exam in January. They answer three questions. The examination paper divides into two sections, Part A and Part B. Part A includes the topics covered in the first six weeks of the course, Part B the topics covered between weeks seven and twelve.

**IT IS IMPORTANT TO NOTE THAT STUDENTS MUST ANSWER AT LEAST ONE QUESTION FROM PART A AND ONE QUESTION FROM PART B OF THE EXAM PAPER.**

**Marking.** Essays are marked on the University's Common Assessment Scale:

18-20	Outstanding
15-17	Very Good
12-14	Good
9-11	Pass
6-8	Marginal Fail
1-5	Clear Fail
0	no submission

<b>6</b>	<b>Assessment</b>
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**CU3009:** Assessment is by means of two 2,500-word essays (each worth 25% of the final assessment) and a final examination (worth 50% of the final assessment).

**ME43CH:** Assessment is by means of two 2,500-word essays (each worth 50% of the final assessment)

Students are advised that the listed weightings for different components of assessment within a course are contingent upon a minimum CAS mark of six (6) being achieved on all assessed work. Where a student has not achieved a CAS mark of at least six (6) on any one component of assessment, s/he will not receive a pass mark for the course.

A student who fails to pass solely on the basis of having failed to achieve the threshold mark of six (6) on all individual pieces of assessed work will be awarded a final course mark of eight (8).

## 7 Plagiarism

**The definition of Plagiarism** is the use, without adequate acknowledgement, of the intellectual work of another person in work submitted for assessment. A student cannot be found to have committed plagiarism where it can be shown that the student has taken all reasonable care to avoid representing the work of others as his or her own.

**All cases of suspected plagiarism will be reported to the University Investigating Officer.**

## 8 The Role of the Course Co-ordinator

The co-ordinator for this course is Dr David Smith. His role is not simply to teach but to advise and help. Students who are having difficulty with their work for whatever reason, or who require help or information, should consult him without delay. His office is room 102, Crombie Annexe, and times when he is available for consultation are posted on his office door and the course website (accessible via the departmental website listed on the cover of this handout). Alternatively, messages for him can be left in the Departmental Office (Crombie Annexe, ground floor) and he can be contacted by email ([d.f.smith@abdn.ac.uk](mailto:d.f.smith@abdn.ac.uk)) and phone (273676). **Students having problems with aspects of the course, or wishing to talk about topics and points of interest more generally, are encouraged to consult with the course coordinator.**

Other staff involved in the delivery of the course: Dr William Naphy, Room 109 Crombie Annexe, Tel. 273928, [w.g.naphy@abdn.ac.uk](mailto:w.g.naphy@abdn.ac.uk)

## 9 Preparation for ME43CU Students

Medical students should read the first lecture of week 1 which is on the web, and the introduction to and chapter 3 of P. Elmer *The Healing Arts* in preparation for the course and the week 5 seminar. The medical students will be exempt from preparing presentations for the week 5 seminar but from thereafter will be assigned specific seminar-preparation tasks.

## 10 Reading Lists and Detailed Outline of Topics

- Many of the recommended books can be found in the History of Science section in, Queen Mother Library, Level 2, class mark Sc.
- You are not expected to read all the material listed in the bibliographies below. However,
- You *are* expected to read the **Reading** given for each lecture and the additional material which in some cases is assigned for tutorials. *Remember that you should be spending approximately 20 hours per week on this 30-credit course (including contact teaching).*
- The **Further readings** given for each week are intended to help with essay and seminar preparation. But NB: these are by no means definitive lists of sources. You should build your own bibliographies using, e.g., the bibliographies given in the Porter, Elmer, Brunton and Porter and Bynum (see below) and the search techniques that Gilian Dawson will introduce you to.
- Historical interpretations are not set in stone: use recent books rather than ancient ones.
- Relevant historical journals – in particular *Bulletin of the History of Medicine*, *Journal of the History of Biology*, *Journal of the History of Medicine and Allied Sciences*, *Medical History*, *Social History of Medicine*, and *Isis* – and the very useful *Isis* annual bibliography – can be found on Level 2 and are worth browsing for a taste of recent research.

### Essential course texts:

There is no single book covering all the material discussed in the course. However, you should consider buying some or all of the following, many chapters from which are listed as required reading for many lectures and seminars.

R. Porter, *The Greatest Benefit to Mankind: a medical history of humanity from antiquity to the present* (1997). (A shorter book by Porter, *Blood and Guts: A Short History of Medicine* (2002), is much shorter and less daunting. You might read this first, before going on to the *Greatest Benefit*.)

P. Elmer, *The Healing Arts* (2004)

P. Elmer and O. P. Grell, *Health, Disease and Society in Europe, 1500–1800: A Source Book* (2004)

D. Brunton, *Medicine Transformed*, (2004)

D. Brunton, *Health, Disease and Society in Europe 1800–1930: A Source Book* (2004)

### **General readings:**

There is a huge literature on the history of medicine and related topics. The following books usefully supplement Porter as introductory works:

Roy Porter (ed.), *The Cambridge illustrated history of medicine* (1996)

Irvine Loudon (ed.), *Western medicine: an illustrated history* (2001)

W. F. Bynum and Roy Porter (eds.), *Companion encyclopedia of the history of medicine* (1993)

Jacalyn Duffin, *History of medicine: a scandalously short introduction* (2000)

Two general reference works always worth consulting for the ‘history of science’ context are:

Arne Hessenbruch, *Reader’s guide to the history of science* (2000)

R. Olby et al (eds.), *Companion to the history of modern science* (1990)

Relevant *objects* – including surgical instruments and other delights - can be found in the Marischal College Museum.

There are many good sites on the *World Wide Web* relevant to this course. Be aware, however, that many simply recycle poor quality material. Be aware, also, that plagiarism from the web is risibly easy to spot and, as with all plagiarism, has serious consequences (SEE BELOW). The best rule is: go to our recommended readings first.

Before venturing out into the net, work your way through the *on-line tutorial on information skills for historians and philosophers of science* – also very relevant to history of medicine – at:

<http://www.humbul.ac.uk/vts/hps/index.htm>.

### **Whiggism in the history of medicine:**

Those students who have taken History and Philosophy of Science I will be well schooled in the issue of ‘whiggism’ in the history of science. For those students who have not taken this course, see John Henry, *The Scientific Revolution and the Origins of Modern Science* (1992, 2002), chapter 1.

History students should also be aware of the concept of ‘whig history’. It was raised, right from the start, in the section ‘What’s all this stuff about theory?’ in the first and second year guidelines (see [http://www.abdn.ac.uk/history/documents/1\\_guide.doc](http://www.abdn.ac.uk/history/documents/1_guide.doc)). The same kind of issues apply to the history of medicine. For a discussion of whiggism and other pitfalls in the history of medicine see the chapter ‘Sleuthing and Science’ in Jacalyn Duffin, *History of medicine: a scandalously short introduction* (2000).

This will be one of the issues discussed in the week 1 seminar.

### **Week 1 Introduction & Ancient Medicine I**

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**L: Introduction to the History of Medicine**

*Dr David Smith*

**L: Greco-Roman Medicine**

*Dr William Naphy*

**S: Researching and writing the history of Medicine**

*Dr David Smith*

### **Lecture 1: Introduction to the History of Medicine**

The first lecture will discuss the history and scope of the history of medicine, will consider trends and influences over the last 20-30 years, will outline the aims and content of the course, and will allocate tasks for the preparation for seminars.

## Lecture II: Greco-Roman Medicine

This lecture will examine the beginnings of Western medicine, especially the development of humoral theory, contagion/miasma, and substance/accident in the thought and practice of Greek philosophy and medicine. Special emphasis will be upon the triumph of philosophical theory over empirical observation. This section will also consider the impact of Greek cultural supremacy and Roman 'cultural fringe' on the on-going development of medical thought and practice. Finally, the lectures will consider the development of a classical medical orthodoxy around the work of Galen (the interpreter of Hippocrates) and the Alexandrian school of medicine.

**Required Reading:** Porter, *The Greatest Benefit*, pp. 1-82

### Suggested Additional Readings

- Conrad, L., 'Epidemic Disease in Formal and Popular Thought in Early Islamic Society', in Ranger and Slack, eds., *Epidemics and Ideas* (1992): 77-99
- Doby, T., *Discoverers of Blood Circulation from Aristotle to the Times of Da Vinci and Harvey* (1963)
- Dols, M., 'The Second Plague Pandemic and its Recurrence in the Middle East: 1347-1894', *Journal of the Economic and Social History of the Orient*, 22: (1979): 162-89
- Dols, M., *Black Death in the Middle East* (1997)
- French, R. K., *Science in early Roman Empire: Pliny the Elder, his sources & influence* (1986)
- Jackson, R., *Doctors and Diseases in the Roman Empire* (1988)
- Langholf, V., *Medical Theories in Hippocrates* (1990)
- McVaugh, M., *Medicine before the Plague* (1993)
- Phillips, E., *Aspects of Greek Medicine* (1987)
- Porter, *The Greatest Benefit*, pp. 147-62
- Siegel, R., *Galen's System of Physiology and Medicine* (1968)

## Seminar: Historiography and the History of Medicine

### Reading

Jacalyn Duffin, *History of medicine: a scandalously short introduction* (2000), Chapter 'Sleuthing and Science'. Read at least the sections on 'Whiggism' and 'Presentism'.

L. Jordanova, 'The Social Construction of Medical Knowledge', *Social History of Medicine*, 1995, vol. 8. Read at least, pp. 375-7.

M. Nicolson and C. McLaughlin, 'Social constructionism and medical sociology: a study of the vascular theory of multiple sclerosis', *Sociology of Health and Illness*, 1988, vol. 10, pp. 234-261. Read at least pp. 234-6, 249-55.

<http://www.blackwell-synergy.com/doi/pdf/10.1111/1467-9566.ep11340153>

**Questions for discussion:** (these will be apportioned at the first lecture. If you miss the lecture please consult the webCT site and/or contact the course co-ordinator)

1. Reflect upon the 'sins' of 'presentism' and 'Whiggism' as discussed by Duffin.
2. Discuss and illustrate the third sin of 'hagiography', illustrated by books on an important figure in the history of medicine.
3. What do you understand by 'social constructionism'? Why does Jordanova regard social constructionism as a 'significant historical advance'?
4. Nicolson and McLaughlin's article shows that, as in the history medicine, 'social constructionism' has also been controversial in the related field of medical sociology. Outline their version of 'social constructionism'.

### Further Reading for Lecture 1 and the Week I Seminar

G. Brieger, 'The Historiography of Medicine', in W. F. Bynum and R. Porter, *Companion Encyclopaedia of the History of Medicine* vol. 1 (1993), pp. 24-44.

D. Brunton, *Medicine Transformed*, (2004), 'Introduction', pp. xi-xvii.

J. Duffin, *History of medicine: a scandalously short introduction* (2000).chapter: 'Sleuthing and Science'.

P. Elmer, *The Healing Arts* (2004), 'Introduction', pp. xi-xvi

R. E. McGrew, *Encyclopedia of Medical History*, pp. 175-9.

D. Porter, 'The mission of Social History of Medicine: An Historical Overview', *Social History of Medicine*, 1995, vol. 8, pp. 345-60.

L. Jordanova, 'The Social Construction of Medical Knowledge', *Social History of Medicine*, 1995, vol. 8, pp.

J. Pickstone, 'Review Article Medical History as a Way of Life', *Social History of Medicine*, 2005, vol. 18, pp. 307–23.

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**Week 2**            **Early Epidemics Medicine and Religion**

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**L: Early Epidemics**

*Dr William Naphy*

**L: Saints, Relics & Miraculous Healing**

*Dr William Naphy*

**S: Library Resources**

*Ms Gilian Dawson*

These lectures will examine the role of classical medicine as well as the loss of much of classical learning on medical thought and practice after the fall of the Western Roman Empire. The impact of Christianity will also be considered. Two major themes of the period will be highlighted: the rising opposition to non-elite/traditional medical practices (often labeled 'witchcraft').

**Required Reading:** Porter, *The Greatest Benefit*, pp. 83-134

**Suggested Additional Readings**

Brundage, J., *Law, Sex, & Christian Society in Medieval Europe* (1990)

Carmichael, A., *Plague and the Poor in Renaissance Florence* (1986)

Donegan, J. B., *Women & Men Midwives* (1978)

Edwards & Ziegler *Matrons & Marginal Women in Medieval Society* (1995)

Gavitt, P., *Charity & Children in Renaissance Florence: The Ospedale degli Innocenti, 1410-1536* (1990)

Gottfried, R., *Epidemic Disease in Fifteenth Century England* (1978)

Horden, P., 'Disease, Dragons and Saints: The Management of Epidemics in the Dark Ages', in Ranger and Slack, eds., *Epidemics and Ideas* (1992): 45-76

Porter, *The Greatest Benefit*, pp. 135-46

Shatzmiller, J., *Jews, Medicine & Medieval Society* (1994)

Siraisi, N., *Medieval and Early Renaissance Medicine* (1990)

Zika, C., 'Hosts, Processions and Pilgrimages: Controlling the Sacred in Fifteenth-Century Germany', *Past and Present* 118 (1988): 25-64

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**Week 3**            **Plague**

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**L: Disease and Death in the Early Modern Era**

*Dr William Naphy*

**L: Controlling & Eradicating Plague: The Italian Solution**

*Dr William Naphy*

**L: Epidemic Disease: The Aberdeen Example**

*Dr William Naphy*

These lectures will consider the development of regulations for controlling public health and epidemic disease after the Black Death (and subsequent plague outbreaks) in the last half of the 1300s.

**Required Reading:** Porter, *The Greatest Benefit*, pp. 163-244

**Suggested Additional Readings**

Arrizebalaga, J., *The Great Pox: The French Disease in Renaissance Europe* (1997)

Baldwin, M., 'Toads and Plague: Amulet Therapy in Seventeenth-Century Medicine', *Bulletin of the Social History of Medicine*, 67 (1993): 227-47

Burnby, J., *A Study of the English Apothecary 1660-1760* (1983)

Carmichael, A., 'Contagion Theory and Contagion Practice in Fifteenth-Century Milan', in *Renaissance Quarterly* 64 (1991): 213-56

Dingwall, H., *Physicians, Surgeons, & Apothecaries: Medicine in Seventeenth Century Edinburgh* (1995)

Dixon, L., *Perilous Chastity: Women & Illness in Pre-Enlightenment Art & Medicine* (1995)

Elmer, P., *The Healing Arts: Health, Disease & Society in Europe* (2004)

Elmer, P. & Grell, O., eds., *Health Disease & Society in Europe 1500-1800: A Source Book* (2004)

Hunter, L. & Hutton, S., eds., *Women, Science & Medicine 1500-1700* (1997)

Martensen, R., "'Habit of Reason": Anatomy and Anglicanism in Restoration England', *Bulletin of the Social History of Medicine*, 66: (1992): 511-35

Oakley, A., *The Captured Womb: A History of the Medical Care of Pregnant Women* (1984)

Park, K., *Doctors & Medicine in Early Renaissance Florence* (1985)

Traister, B., "'Matrix and the Pain thereof": A Sixteenth Century Gynaecological Essay', *Medical History*, 35 (1991): 436-51

Walker & Dobson, *Barbers & Barber-Surgeons of London* (1979)

Webster, C., *Paracelsus confronts the Saints: Miracles, Healing & the Secularization of Magic* (1995)

Week, A., *Paracelsus: Speculative Theory & the Crisis of the Early Reformation* (1997)

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**Week 4**      ***Ancient & Medieval, and Plague seminar; Early Modern Anatomy; election of class reps***

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**S: Ancient Medicine**

*Dr William Naphy*

**S: Plague**

*Dr William Naphy*

**L: The Anatomical Challenge**

*Dr David Smith*

Details of the reading requirements and other arrangements for the seminars will be provided in advance by Dr Naphy.

**Lecture: The Anatomical Challenge**

This lecture will consider the challenges to Galen's anatomy and physiology posed in the Sixteenth Century by developments in anatomy, particular the challenges posed by the work of Andreas Vesalius and his followers.

**Reading Reading**

S. Kusukawa, 'The medical Renaissance of the Sixteenth Century', in , P. Elmer, *The Healing Arts* (2004), pp. 58–82.

R. Porter, *Greatest Benefit*, pp.177–86.

**Suggested Additional Reading:** see week 5

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**Week 5**      ***New Directions?***

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L: Paracelsianism

*Dr David Smith*

L: A new model of the body

*Dr David Smith*

S: Vesalius, Paracelsus, Harvey

*Dr David Smith*

**Lecture I: Paracelsus and Paracelsianism**

This lecture will consider the challenge to Galenism posed by Theophrastus Bombastus von Johemheim (Paracelsus) and his followers in the Sixteenth Century.

**Required Reading**

P. Elmer, 'Chemical medicine and the challenge to Galenism: the legacy of Paracelsus, 1560–1700' in P. Elmer, *The Healing Arts* (2004), pp. 108–135.

**Lecture II: A new model of the body?**

This lecture will focus upon the work of William Harvey and the subsequent development of a 'mechanical' model of the body under the influence of René Descartes and others.

**Required Reading**

S. De Renzi, chapter 7, 'Old and New Models of the Body', in P. Elmer, *The Healing Arts* (2004), pp. 166–95

R. Porter, *Greatest Benefit*, pp. 211–26

**Seminar**

Questions:

1. Vesalius In what senses did Vesalius regard his work as furthering Galen's anatomical legacy? Discuss the reception accorded to *The Fabrica*.
2. Paracelsus Discuss the Paracelsus's medical knowledge and practice? How does understanding the religious context of the time help us to understand Paracelsus? Discuss the reception accorded to Paracelsus's ideas.
3. Harvey In what senses was Harvey's programme conservative, continuing established approaches and traditions? In what senses did Harvey break new ground? Does the context of Harvey's work and his position help us to understand its expression and content?

**Suggested Additional Readings**

Beier, L. M., *Sufferers and Healers: The Experience of Illness in Seventeenth-Century England* (1987).

Brown, T. M., 'Physiology and the mechanical philosophy in mid-seventeenth century England', *Bulletin of the History of Medicine*, (1977) vol. 51, pp. 25–54.

- Cipolla, C., *Public health and the medical profession in the Renaissance* (1976)
- Cipolla, C. *Miasmas and Diseases: Public Health and the Environment in the Pre-Industrial Age* (1992)
- Cunningham, A., 'Thomas Sydenham: epidemics, experiment and the "good cause" in R. French and A. Wear (eds) *The Medical Revolution of the Seventeenth Century* (1989), pp. 164–90.
- Doby, T., *Discoverers of blood circulation from Aristotle to the times of Da Vinci and Harvey* (1963)
- French, R., and A. Wear, eds. *The medical revolution of the seventeenth-century* (1989)
- Lane, J., 'Patients' Own Accounts of Illness', in *The Making of the English Patient* (2000), 43-58'.
- Lane, J. "'The Doctor Scolds Me"': The Diaries and Correspondence of Patients in Eighteenth Century England', in Roy Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (1985), 205-48
- Martensen, R., ' "Habit of reason": anatomy and Anglicanism in Restoration England', *Bulletin of the Social History of Medicine* 66 (1992)
- Pagel, W., *New Light on William Harvey* (1976).
- Porter, D., *Health, civilization and the state: a history of public health from ancient to modern times* (1999)
- Porter, R. and Porter, D., *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (1989)
- R. Porter (ed.), *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (1985), 205-48. SRC
- Razzell, P., 'The growth of population in eighteenth-century England: a critical appraisal', *Journal of Economic History* (1993) vol. 53, pp. 743–71.
- Slack, P., *The impact of plague in Tudor and Stuart England* (1985)
- Webster, C., *The Great Insaturation: Science, Medicine and Reform 1626–1660* (1975)
- Whitteridge, G., *William Harvey and the Circulation of the Blood* (1971)
- Wrigley, E. A., 'The growth of population in eighteenth-century England: a conundrum resolved', *Past and Present*, (1983), vol. 98, pp. 121-50.

**Week 6**                      **Enlightenment Medicine / Midwifery and Men Midwives**

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L: Philanthropy, Infirmaries & Dispensaries	<i>Dr David Smith</i>
L: Midwifery and Obstetricians	<i>Dr David Smith</i>
S: Enlightenment medicine / midwifery	<i>Dr David Smith</i>

**Lecture 1**

The presence of the old Aberdeen Infirmary on Woolmanhill is one local reminder of the widespread eighteenth-century trend for the wealthy to donate money to provide health-care for the poor (though the present building dates from the beginning of Victoria's reign). In the 1770s philanthropy took the form of establishing dispensaries where the sick poor could be treated as out-patients, and from which home-visits could be made. This was a period when Edinburgh began turning out large numbers of medical graduates whose training in both surgery and physic paid more attention to practical skills than the gentlemanly education received at Oxford and Cambridge by aspiring physicians. One result was the expanding numbers of Scottish doctors moving into the wealthier cities in England. Meanwhile, surgical practice was coming increasingly to be combined with the apothecary's trade. Sometimes, too, the surgeon-apothecary also offered his services as a man-midwife. Besides those practitioners formally licensed as physicians, surgeons or apothecaries, there was a multitude of numerous 'irregular' practitioners who, for instance, sold medical concoctions or knew how to set broken bones.

**Required Reading:**

- Porter, *The greatest benefit*, pp. 245-303
- Morrell, J. B., 'Medicine and science in the eighteenth century', in Gordon Donaldson (ed.), *Four centuries. Edinburgh University Life 1583-1983* (1983), pp. 38-52.

**Suggested Additional Readings**

- Anderson, R.G.W. and A. D. C. Simpson (eds.), *The early years of the Edinburgh Medical School* (1976).
- Brockliss, L.W.B., 'Before the clinic: French medical teaching in the eighteenth century', in Caroline Hannaway & Ann La Berge (eds.), *Constructing Paris medicine* (1998), pp. 71–115
- Bynum, W.F., 'Health, disease and medical care' in G S Rousseau & Roy Porter (eds) *The Ferment of Knowledge: studies in the historiography of eighteenth-century science*, (1980), pp. 211–53.
- Christie, J.R.R., 'The origins and development of the Scottish scientific community, 1680-1760', *History of Science*, 12 (1974).
- Gelfand, Toby, 'The gestation of the clinic', *Medical History*, 25 (1981) pp. 169-80.

- Jewson, N.D., 'The disappearance of the sick man from the medical cosmology 1770–1870', *Sociology*, 10 (1976), pp. 225–44.
- Loudon, Irvine, 'The nature of provincial medical practice in eighteenth-century England', *Medical History*, 29(1985).
- Morrell, J.B., 'The university of Edinburgh in the late eighteenth century: its scientific eminence and academic structure', *Isis*, lxii (1971), pp. 158–171.
- Porter, Roy, 'The gift relation: philanthropy and provincial hospitals in eighteenth-century England', in Lindsay Granshaw & Roy Porter (eds) *The Hospital in History* (1989), pp.149–78.
- Risse, Guenter, 'Medicine in the age of Enlightenment', in Andrew Wear (ed) *Medicine in Society: historical essays* (1992), pp. 149–96.
- Guenter Risse, *Hospital life in Enlightenment Scotland care and teaching at the Royal Infirmary of Edinburgh* (1986).
- Rostner, Lisa, *Medical education in the age of improvement: Edinburgh students and apprentices 1760-1826* (1991).
- Webster, Charles, 'The crisis of the hospital during the industrial revolution', in E. G. Forbes (ed) *Human Implications of Scientific Advance* (1978), pp.214–24

## Lecture II

In this lecture, it is not a matter of simply telling the story of how maternity care has changed over the last few centuries, but rather of discussing the rival merits of different versions of the story. From the old-style medical historian's perspective, it is a narrative of more or less uninterrupted progress, as scientific knowledge accumulates and is applied for the purpose of overcoming the many risks, for the mother as well as for the baby, that may arise in childbirth. For feminist historians, it is a tale of the steady encroachment of men in a sphere which rightfully belongs to women and which was at one time women's preserve. A subsidiary theme in older feminist literature is the (now discredited) idea that midwives were prime victims of the seventeenth-century witch-hunts and thus lost ground to male birth-attendants.

The lectures will initially concentrate largely on the early modern period, and thus on the transition from a state of affairs in which medically-trained men were rarely involved in attendance at birth to a situation where man-midwives or *accoucheurs* were beginning to make inroads into this potentially significant section of the healthcare market. We will then consider the patterns which developed in the English-speaking world on both sides of the Atlantic, and we see how the deficiencies in institutional provision for the training of midwives led to the assumption that only a system controlled by doctors would provide adequate care. Finally, we will look at the history of the Dutch pattern of largely cooperative relationships between doctors and midwives, based on two principles: the autonomy of midwives as providers of maternity care when a delivery is expected to be normal, and standardisation of criteria for identifying when there is a risk of things going wrong.

### Required Reading:

- Loudon, Irvine, 'Childbirth', in W. F. Bynum & Roy Porter (eds) *Companion Encyclopedia of the History of Medicine* (1993) pp. 1050–71

### Suggested Additional Readings

- Blumenfeld-Kosinski, R., *Not of woman born: representations of caesarean section in medieval and Renaissance culture* (1990)
- Declerq, Eugene R, 'The trials of Hanna Porn: the campaign to abolish midwifery in Massachusetts', *American Journal of Public Health* 84 (1994): 1022–8.
- Donegan, J.B., *Women and men mid-wives* (1978)
- Grundy, I., 'Sarah Stone: Enlightenment midwife', in R. Porter (ed), *Medicine in the Enlightenment* (1995).
- Heagarty, Brooke V, 'Willing handmaidens of science? The struggle over the new midwife in early twentieth-century England' in M.J. Kirkham & E.R. Perkins (eds), *Reflections on Midwifery* (1997)
- King, Charles, 'The New York maternal mortality study: a conflict of professionalization', *Bulletin of the History of Medicine* 65 (1991)476–502
- Loudon, Irvine, 'Midwives and the quality of maternal care' in Hilary Marland & Anne-Marie Rafferty (eds), *Midwives, Society and Childbirth* (1997) pp.180–200.
- Marland, Hilary, 'Questions of competence: the midwife debate in the Netherlands in the early twentieth century', *Medical History* 39 (1995): 317–37
- Marland, Hilary, 'Childbirth and maternity', in Roger Cooter & John Pickstone (eds), *Medicine in the Twentieth Century* (2000), pp.559–74
- Scholten, C.M., '“On the importance of the obstetrick art”: changing customs of childbirth in America, 1760 to 1825', *William and Mary Quarterly* 34 (1977): 426–45

- Traister, B., ‘“Matrix and the pain thereof”: a sixteenth century gynaecological essay’, *Medical history* 35 (1991), 436-51
- Versluysen, M.C., ‘Midwives, medical men and “poor women labouring of child”: lying-in hospitals in eighteenth-century London’, in Helen Roberts (ed), *Women, Health and Reproduction* (1981), 18–49
- Weitz, Rose, & Deborah Sullivan, ‘The politics of childbirth: the re-emergence of lay midwifery in Arizona’, *Social Problems* 33 (1986) pp. 162–75
- Wiesner, Merry E., ‘Early modern midwifery: a case study’, in Barbara A Hanawalt, ed., *Women and Work in Preindustrial Europe* (1986)
- Wilson, Adrian, ‘Participant or patient? Seventeenth-century childbirth from the mother’s point of view’, in W. F. Bynum & R. Porter (eds) *William Hunter and the Eighteenth-Century Medical World* (1985)

### Seminar: Enlightenment medicine / midwifery

**Enlightenment medicine:** Assess the need for practitioners (and teachers of anatomy) to market their services (cf. Porter, pp. 284-287, 290-293). Compare and contrast the ‘leave it to the market’ and state-controlled approaches to provision of health-care (ibid. pp.287-294). What were the connections between surgery (also preventive medicine) and warfare/imperial expansion? Assess the development of Edinburgh as a centre of medical teaching in the Enlightenment. What was the relationship between the University and Infirmary in that context?

**Midwifery:** Is it the growth of scientific knowledge that has driven the changes in maternity care since the seventeenth century? What part did factors relating to social class play in the move to involve doctors in maternity care? How do you account for the fact that customs relating to this ‘biological given’ differ so much?

### Week 7 *Nineteenth Century Medicine I: Essay 1 due (CU3009)*

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L:	Nineteenth-century public health	<i>Dr David Smith</i>
L:	Women and Medicine in the nineteenth century	<i>Dr David Smith</i>
S:	The patients’ perspective	<i>Dr David Smith</i>

### Lecture 1: Nineteenth-century public health

The emergence of the sanitary reform movement was stimulated by the cholera epidemic of 1832, along with Poor Law reform, investigations of conditions in factories, and increasing awareness of the effects of towns upon health. The Public Health Act of 1848 established a General Board of Health but it was abolished in 1858, largely because the centralising thrust of its policies aroused such strong opposition from entrenched local interests. Nevertheless, a medical department of the Privy Council was created under John Simon and a series of further public health acts followed. At the beginning of the nineteenth century, the state’s involvement in public health had been minimal. By the end, a nation-wide civil service of medical officers of health was in place, which was responsible for enforcing regulations covering a wide range of aspects of community life, including water supplies, sewerage, garbage disposal, and housing, and the control of infectious disease, smoke emission and offensive trades.

#### Required Reading

D. Brunton, Chapter 7, ‘Dealing with Disease in Populations: public health, 1830–1880’, in D. Brunton, *Medicine Transformed* (2004), pp. 180–210

### Lecture II: Women and Medicine in the Nineteenth Century

This lecture will focus on two important developments during the nineteenth century: the entry of women into the medical profession – and the professionalisation of nursing. The campaign to allow women to train and register as doctors emerged at around the time that, after years of conflict within the overcrowded and fragmented (of physicians, surgeons and apothecaries) and between ‘regular’ and ‘irregular’ practitioners, the Medical Reform Act 1858, which created the General Medical Council was expected to put more order into the profession. These circumstances help to explain the fierce reaction of much of the male medical establishment to the new form of competition that the entry of women into the medical profession represented. Medical practice was considered an unsuitable form of employment for cultural reasons, and once they won the right to obtain medical qualifications, their career choices were limited for many decades. In contrast, the suitability of nursing, as a female occupation was never disputed. But during the Nineteenth Century Britain nurses did improve their status in society via professionalisation, although the autonomy of nursing as a profession remained limited. The state and the medical profession played key roles in reshaping nursing.

## Required Reading

M. Rhodes, 'Women in medicine: doctors and nurses, 1850–1920' in D. Brunton, *Medicine Transformed* (2004), pp. 151–179

## Seminar

### Seminar: The Patients' Perspectives

Since the 1970s various historians of medicine have argued for the importance of considering the patient's as well as medical professionals' viewpoints in the history of medicine. The following list of sources is a sample of the literature which argues for this refocusing and provides examples of it. These papers will be assigned to groups of students who will prepare a summary and critical assessment of them for presentation to the class.

### Reading

R. Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, (1985), vol. 14, pp. 175-98.

M. E. Fissell, 'The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine', in R. French and A. Wear (eds), *British Medicine in an Age of Reform* (1991), 92-109.

N. D. Jewson, 'The Disappearance of the Sick Man from Medical Cosmology, 1770-1870', *Sociology*, 10 (1976), 225-44.

N. D. Jewson, 'Medical Knowledge and the Patronage System in Eighteenth Century England', *Sociology*, 12 (1974), 369-85.

R. Porter, 'Lay Medical Knowledge in the Eighteenth Century: The Evidence of the Gentleman's Magazine', *Medical History*, 29 (1985), 138-68.

### Suggested Additional Readings for weeks 7-9

Abel-Smith, Brian. *A history of the nursing profession* (1960)

Anderson, B. S. and Zinsser, J. P. *A history of their own: women in Europe from prehistory to the present* (1990) vol. 2

Bartlett, P., and D. Wright (eds.), *Outside the walls of the asylum: the history of care in the community, 1750-2000* (1999)

Blake, Catriona *The charge of the parasols : women's entry to the medical profession* (1990)

Bonner, Thomas Neville *To the ends of the earth : women's search for education in medicine* (1992)

Bynum, W., Porter, R., Shepherd, M.(eds.), *Anatomy of Madness*, Vol. 2 (1985)

Brockington, C. F., *Public health in the nineteenth century* (1965)

Cartwright, F. F., *A Social History of Medicine* (1977)

Cartwright, F. F., *The development of modern surgery* (1967)

Dally, A., *Fantasy surgery, 1880-1930: with special reference to Sir William Arbuthnot Lane* (1996)

Digby, A., *Making a medical living: doctors and patients in the English market for medicine, 1720-1911* (1994)

Digby, A., *Madness, morality and medicine: a study of the York Retreat 1796-1914* (1985)

Dingwall, R., Rafferty, A. M., and Webster, C. *An introduction to the social history of nursing* (1988)

Dyhouse, C. *No distinction of sex? : women in British universities, 1870-1939* (1995)

Dyhouse, C. 'Driving ambitions: women in pursuit of a medical education, 1890-1939' *Women's History Review*, 1998, vol. 7, pp. 321-4

Eyler, J. M., *Victorian social medicine: the ideas and methods of William Farr* (1979)

Finer, S.E., *The life and times of Sir Edwin Chadwick* (1952)

Fisher, R. B., *Joseph Lister, 1827-1912* (1977)

Geyer-Kordesch, J., Chapter 38, in W. F. Bynum and Roy Porter (eds.), *Companion encyclopaedia of the history of medicine* vol. II (1993), pp. 888–914.

Hamilton, D., *The healers: a history of medicine in Scotland* (1981)

Hamlin, C., *Public health and social justice in the age of Chadwick: Britain, 1800-1854* (1998)

la Berge, Anna F., 'Edwin Chadwick and the French Connection', *Bulletin of the History of Medicine*, 1988, vol. 62, pp. 23-41

Lambert, R., *Sir John Simon, 1816-1904, and English social administration* (1963)

Lane, J. *A social history of medicine: health, healing and disease in England 1750-1950* (2001)

Larkin, J., Chapter 55, 'The emergence of para-medical professions', in *Companion encyclopaedia of the history of medicine* vol. II (1993), pp. 1329–49

Lawrence, C., *Medical theory, surgical practice: studies in the history of surgery* (1992)

Lawrence, C., *Medicine in the making of modern Britain, 1700-1920* (1994)

MacQuitty, B., *The Battle for Oblivion: the discovery of anaesthesia* (1969) Morris, R.J., *Cholera 1832: the social response to an epidemic* (1976)

Maggs, C., Chapter 54, 'A general History of Nursing', in W. F. Bynum and Roy Porter (eds.), *Companion encyclopedia of the history of medicine* vol. II (1993), pp. 1309–28.

Melling, J., and B. Forsythe (eds.), *Insanity, institutions and society, 1800-1914* (1999)

Pernick, M.S., *A Calculus of Suffering: pain, professionalism and anaesthesia in nineteenth-century America* (1985), chp. 3

Porter, D., *Health, civilization and the state: a history of public health from ancient to modern times* (1999)

Porter, *The greatest benefit*, pp. 348–427

Rosen, G., *A history of public health* (1958)

Rosen, G. *From medical police to social medicine* (1974)

Scull, A., *Museums of madness: the social organisation of insanity in nineteenth-century England* (1979)

Scull, A., *The most solitary of afflictions: madness and society in Britain* (1993)

Scull, A., MacKenzie, C., Hervey, N., *Masters of Bedlam: the transformation of the mad-doctoring trade* (1996)

Showalter, E., *The Female malady: women, madness and English culture, 1830-1980* (1987)

Smith, F. B., *The people's health, 1830-1910* (1979)

Smith, W. D. A., *Under the Influence: a history of nitrous oxide and oxygen anaesthesia* (1969)

Sykes, W.S., *Essays on the First Hundred Years of Anaesthesia* (1960)

Szreter, S., 'The importance of social intervention in Britain's mortality decline c. 1850-1914: a re-interpretation of the role of public health' (Xerox Heavy Demand) *Social History of Medicine*, 1988 Vol. 1

Summers, A. *Angels and citizens : British women as military nurses, 1854-1914* (1988)

Waddington, I. *The medical profession in the Industrial Revolution* (1984)

Waddington, K. 'The nursing dispute at Guy's Hospital, 1879-1880', *Social History of Medicine* 1995 vol 8, pp. 211-30.

Walsh, O.F., 'Gender and insanity in nineteenth-century Ireland', in J. Andrews and A. Digby, eds., *Sex and Seclusion* (2003)

Walsh, O.F., 'Gendering the asylums: Ireland and Scotland, 1847-1877', in T. Brotherstone et al, eds., *Gendering Scottish History: An International Approach* (1999)

Wohl, A. S., *Endangered lives: public health in Victorian Britain* (1983)

Youngson, A. J., *The scientific revolution in Victorian medicine* (1979)

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**Week 8      Reading Week: Essay I due date (ME43CU)**

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**Week 9      Twentieth Century Medicine II**

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L: Surgical revolution	<i>Dr David Smith</i>
L: Psychiatry and the rise of the asylum	<i>Dr David Smith</i>
S: Primary sources on Nineteenth Century Medicine	<i>Dr David Smith</i>

**Lecture 1: Surgical revolution**

During the nineteenth century the operative repertoire, ambitions, and status of surgeons increased following the introduction of anaesthesia in the 1840s and antiseptic surgery in the 1860s. The former innovation spread rapidly, reduced the terror of surgery for patients, and allowed surgeons to attempt more delicate operations. The latter innovation was resisted by many surgeons, but greatly reduced the mortality rate from sepsis. By the end of the century, elective surgery was becoming common, and surgeons were prepared to open body cavities and attempt the repair of damaged organs. With their practice underpinned by the germ theory of disease, surgeons could claim to be at the forefront of scientific medicine. After centuries of being regarded as inferior to physicians, surgeons and physicians were now of equal status.

**Required Reading**

T. Schlick, Chapter 3, 'The emergence of modern surgery', in D. Brunton, *Medicine Transformed* (2004), pp. 61–91

**Lecture 2: Psychiatry and the rise of the asylum**

The nineteenth century saw the emergence of another new specialty, psychiatry. Psychiatrists, or 'alienists', claimed to be able to treat lunacy within asylums, which were to be curative institutions within which the new technique of 'moral management' could be applied. The origins of moral management are often traced to the legendary unchaining of lunatics by Phillippe Pinel at Bicêtre hospital in Paris in 1793, but in Britain similar methods were introduced during the same period at the York Retreat, a Quaker institution. During the decades that followed, in the more progressive institutions, physical restraint of the mad gave way to 'moral treatment', involving orderly regimes of work and leisure. Under English legislation passed in 1845, and Scottish

legislation in 1857, a series of asylums were established throughout Britain, and expanded rapidly. The outcome of the 'psychiatric revolution' was, however, disappointing, as the ideal of 'moral treatment' increasingly gave way to the impersonal management of large numbers of inmates in massive institutions.

**Required Reading**

J. Andrews, Chapter 11, 'The rise of the asylum in Britain', in D. Brunton, *Medicine Transformed* (2004), pp. 61–91

**Seminar: Discussion of primary sources on public health, women and medicine, psychiatry, and surgery (WebCT)**

The documents will be assigned to groups of students who will prepare joint commentaries for presentation to the class.

<i>Week 10</i>	<i>Twentieth Century Medicine I</i>	
	L: The rise of 'productionist' medicine	<i>Dr David Smith</i>
	L: Inter-war health debates	<i>Dr David Smith</i>
	S: Primary source documents: productionist medicine/ inter-war health debates	<i>Dr David Smith</i>

**Lecture 1: The rise of 'productionist' medicine**

The lectures on medicine in the Twentieth Century will be structured by the conceptual scheme offered by John Pickstone's introductory chapter to *Medicine in the twentieth century*. The first lecture will consider what Pickstone terms 'productionist' medicine: medicine which aims to nurture a large and strong population to meet the needs of industry and the nation.

**Required Reading**

J. Pickstone, 'Production, Community and Consumption: The Political Economy of Twentieth-Century Medicine'. In R. Cooter and J. Pickstone, *Medicine in the twentieth century*, 2000, pp. 1—19

**Lecture 2: Inter-war health debates**

This lecture will briefly consider the development of the health services during the inter-war period and two big issues which were discussed extensively during the period: nutrition, and eugenics.

J. Moore, Chapter 10, 'The fortunes of eugenics', in D. Brunton, *Medicine Transformed* (2004), pp. 266–97

**Seminar: Discussion of primary source documents on productionist medicine and inter-war health debates (WebCT)**

The documents will be assigned to groups of students who will prepare joint commentaries for presentation to the class.

**Suggested Additional Readings for Weeks 10–12**

Berridge, V., 'AIDS and Patient-Support Groups', in Cooter and Pickstone (2000) pp. 687–701.  
 Berridge, V., *Health and society in Britain since 1939* (1999).  
 Bogacz, T., 'War neurosis and cultural change in England, 1914-22', *Journal of Contemporary History* 24 (1989)  
 Brandt A. M. and Gardner, M., 'The Golden Age of Medicine?', in Cooter and Pickstone *Medicine in the twentieth century* (2000), pp. 21–37  
 Brookes, B., *Abortion in England, 1900-1967* (London, 1988).  
 Bryder, L., *Below the magic mountain: a social history of tuberculosis in twentieth-century Britain* (Oxford, 1988).  
 Cartwright, F., *A social history of medicine* (London, 1977).  
 Cherry, S., *Medical services and the hospitals in Britain, 1860-1939* (1996).  
 Cooter R., and Pickstone, J. V., *Medicine in the twentieth century* (2000).  
 Cooter, R., *Studies in the history of alternative medicine* (1988).  
 Cooter, R., 'War and Modern Medicine' in Porter and Bynum, *Companion Encyclopaedia of the History of Medicine* (London, 1993)  
 Cooter, R., Harrison M., and Sturdy, S., (eds) , *War, medicine and modernity* (Thrupp, 1998).  
 Cooter, R., Harrison M., and Sturdy S., (eds) , *Medicine and modern warfare* (Amsterdam, 1999).  
 Cooter, R., *Surgery and society in peace and war: orthopaedics and the organization of modern medicine, 1880-1948* (Basingstoke, 1993).

- Davidson, R. "‘A Scourge to be firmly gripped’": The Campaign for VD Controls in Interwar Scotland', *Social History of Medicine*, 6 (1993)
- Declercq, R. et al, "‘Where to Give Birth? Politics and the Place of Birth’", in DeVries, R. G., Benoit C., Van Teijlingen, E., and Wrede, S., *Birth by design: pregnancy, maternity care, and midwifery in North America and Europe* (2001)
- DeVries, G. B. et al 'What (and Why) Do Women Want? The desires of women and the design of community care', in DeVries et al., *Birth by design: pregnancy, maternity care, and midwifery in North America and Europe* (2001)
- Diack L., and Smith, D. F., 'Professional strategies of Medical Officers of Health in the post war period (1): ‘innovative traditionalism’: the case of Dr Ian MacQueen, MOH for Aberdeen 1952–1974', *Journal of Public Health Medicine*, 24 (2002)
- Dormandy, T., *The white death: a history of tuberculosis*, (London, 2001).
- Dwork, D., *War is Good for Babies a history of the infant and child welfare movement in England 1898-1918*, (1987).
- Evans, D., 'Tackling the "Hideous Scourge": The Creation of the Venereal Disease Treatment Centres in Early Twentieth-Century Britain', *Social History of Medicine*, 5 (1992)
- Freedman, M., 'Eugenics and Progressive Thought: A study of Ideological Affinity' *The Historical Journal*, 22, (1979), pp. 645–71
- Gilbert, B. B., *The evolution of national insurance in Great Britain: the origins of the welfare state* (1966).
- Hall, L. A., 'The Great Scourge': Syphilis as a medical problem and moral metaphor, 1880-1916 Venereal Disease' <http://homepages.primex.co.uk/~lesleyah/grtscrge.htm>
- Hall, L. A., 'Venereal Diseases and Society in Britain, from the Contagious Diseases Acts to the National Health Service' in Davidson R., and Hall L., (eds), *Sex, sin and suffering: venereal disease and European society since 1870* (London, 2001)
- Hall, L. A., *Sex, gender and social change in Britain since 1880* (London, 2000).
- Hardy, A., *Health and medicine in Britain since 1860* (2001).
- Honigsbaum, F., *The division in British medicine: a history of the separation of general practice from hospital care, 1911-1968* (London, 1979).
- Jones, G., 'Women and Eugenics in Britain: the cases of Mary Scharlieb, Elizabeth Sloan Chesser, and Stella Browne', *Annals of Science*, 1995, vol, 51, pp. 481–502.
- Jones, H., *Health and society in twentieth-century Britain* (1994).
- Kamminga, H., and Cunningham, A., *The science and culture of nutrition, 1840-1940* (Amsterdam, 1995)
- King D., and Hansen, R., 'Experts at work: state autonomy, social learning, and eugenic sterilisation in 1930's Britain', *British Journal of Political Science*, 1999, vol. 29, no. 1
- Klein, R., 'The Crises of the Welfare States', in Cooter and Pickstone (2000), pp. 155–70.
- Lane, J., *A social history of medicine: health, healing and disease in England, 1750–1950* (2001).
- Lawrence, C., *Medicine in the making of modern Britain, 1700–1920* (1994).
- Lawrence, C., and G. Weisz, *Greater than the parts: holism in biomedicine, 1920-1950* (New York, 1998)
- Lewis, J., *What price community medicine?: the philosophy, practice and politics of public health since 1919* (1986).
- Loudon, I., et al (eds) *General practice under the National Health Service, 1948–1997* (1998).
- Lowe, R., 'The Second World War, Consensus, and the Foundation of the Welfare State', *Twentieth Century British History*, 1990, vol. 1, pp. 183–206.
- MacKenzie, D. A., *Statistics in Britain, 1865-1930: the social construction of scientific knowledge* (1981).
- McLaurin, S., and Smith, D. F., 'Professional strategies of Medical Officers of Health in the post war period (2): ‘progressive realism’: the case of Dr R. J Donaldson, MOH for Teesside, 1968–1974' \_submitted to *Journal of Public Health Medicine*, 24 (2002)
- Macnicol, J., 'Eugenics and the Campaign for Voluntary Sterilisation in Britain Between the Wars', *Social History of Medicine*, 1989, vol. 2, pp. 147–269
- McKeown, T., *The role of Medicine* (1979).
- Pfeffer, N., *The stork and the syringe: a political history of reproductive medicine* (1993)
- Pickstone, J., 'Production, Community and Consumption: The Political Economy of Twentieth-Century Medicine'. In Cooter and Pickstone (2000), pp. 1–19.
- Pickstone, J. V., 'Past and Present Knowledges in the practice of the history of science, technology and medicine', *History of Science*, 33 (1995)
- Pickstone, J. V., *Ways of knowing: a new history of science, technology and medicine* (Manchester, 2000).
- Porter, D., *Health, Civilization and the State. A History of Public Health from Ancient to Modern Times* (London, 1999)

- Porter, D., and Porter, R., (eds) *Doctors, politics and society: historical essays* (Amsterdam, 1993).
- Porter, D., (ed.) *Social medicine and medical sociology in the twentieth century* (Amsterdam, 1997).
- Porter, R., and Gijswijt-Hofstra, M., (eds) *Cultures of psychiatry and mental health care in postwar Britain and the Netherlands* (Amsterdam, 1998).
- Rapp, D., 'The early discovery of Freud by the British general educated public, 1912-1919', *Social History of Medicine*, 3 (1990)
- Rosenberg, C. E., and Golden, J., *Framing disease: studies in cultural history* (New Brunswick, NJ, 1992).
- Saks, M., 'Medicine and the Counter Culture', in Cooter and Pickstone (2000), pp. 113–23.
- Searle, G. R., *The quest for national efficiency: a study in British politics and political thought 1899–1914* (1971).
- Searle, G. R., *Eugenics and politics in Britain, 1900–1914* (1976).
- Smith, D. F., *Nutrition in Britain: science, scientists and politics in the twentieth century* (London, 1997)
- Smith, D. F., and Phillips, J., *Food, Science, Policy and Regulation in the Twentieth Century: International and Comparative Perspectives* (London, 2000)
- Stone, M., 'Shellshock and the psychologists', in Bynum, W. F., Porter, R., and Shepherd, M., (eds) *The Anatomy of Madness Vol II*, (1985)
- Sturdy, S., and Cooter, R., 'Science, scientific management, and the transformation of medicine in Britain c.1870-1950', *History of science* 36 (1998)
- Thomson M., *The problem of mental deficiency: eugenics, democracy, and social policy in Britain c.1870–1959* (1998).
- Webster, C., 'Medicine and the Welfare State 1930–1970' in Cooter and Pickstone 2000, pp. 125–40.
- Webster, C., *The health services since the war*, London, H.M.S.O., 1988.
- C. Webster, *The National Health Service: a political history*, Oxford, O.U.P. 1998.
- Wivel, A., 'Abortion policy and the politics of the Lane Committee of Enquiry, 1971–74', *Social History of Medicine*, 11 (1998)
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**Week 11**      **Twentieth Century Medicine II: staff-student liaison committee meeting**

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|--|-----------------------|
| L: Medicine and War                    | <i>Dr David Smith</i> |
| L: Communitarian medicine: the NHS     | <i>Dr David Smith</i> |
| S: 'War is good for medicine' (Debate) | <i>Dr David Smith</i> |

**Lecture 1: Medicine and War**

What has been the impact of war upon medicine, especially the World Wars and other conflicts during the Twentieth Century? This lecture will address these issues.

**Required Reading**

R. Cooter, Chapter 12, 'Medicine in War', in D. Brunton, *Medicine Transformed* (2004), pp. 331–63

**Lecture 2: Communitarian medicine: the NHS**

This lecture will discuss the roots of the 'communitarian' ideal in medicine which found its fullest expression in the establishment of the NHS in 1948. A brief account of the establishment of the NHS will be given, which will cover the wartime Emergency Medical Service and the post-war conflicts between the medical profession and the Labour government. The early concerns about the costs of the NHS will also be briefly discussed.

**Required Reading**

C. Webster, Chapter 9, 'Medicine and the Welfare State 1930–1970', in R. Cooter and J. Pickstone, *Medicine in the twentieth century*, 2000, pp. 125–140

**Seminar: Debate:** Motion: 'War is good for medicine'. Positions will be assigned and students must prepare to propose, second and argue for a position in this debate.

**Week 12**      **Twentieth Century Medicine III: Essay 2 due (CU3009 and ME43CH)**

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|---|-----------------------|
| L: Medical consumerism in the late twentieth century    | <i>Dr David Smith</i> |
| L: The rise of alternative/complementary medicine       | <i>Dr David Smith</i> |
| S: Conceptualising trends in twentieth-century medicine | <i>Dr David Smith</i> |

**Lecture 1: Medical consumerism in the late twentieth century**

This lecture will consider the 1974 reforms of the NHS and consider the examples of the mental health services, abortion law reform, and midwifery.

**Required Reading: primary sources (WebCT)**

## Lecture 2: The rise of alternative/complementary medicine

This lecture considers the further example of Complementary and Alternative medicine. Some of the longer-term history of some of the therapies will be considered, before tuning to a discussion of their increasing popularity since the 1960s.

**Required Reading: primary sources (WebCT)**

## Seminar: Conceptualising trends in twentieth-century medicine

### Reading

J. Pickstone, 'Production, Community and Consumption: The Political Economy of Twentieth-Century Medicine'. In R. Cooter and J. Pickstone, *Medicine in the twentieth century*, 2000, pp. 1—19

### Questions for Discussion

1. What do you understand by 'productionist' medicine?
2. What do you understand by 'communitarian' medicine?
3. What do you understand by 'consumerist' medicine?
4. Discuss the strengths and weakness of Pickstone's conceptual scheme.

<b>11</b> <b>Essays</b>
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**Assessed Essays (2,500 words).** It is expected that the essays will be submitted in word-processed format and must be accompanied by a bibliography and foot- or endnotes conforming to established academic conventions (see below).

**CU3009:** The first essay title should be chosen from the first list, the second from the second list. Students are also invited to work out essay topics relating to their particular interests in consultation with the course co-ordinator. Each essay mark will constitute **25%** of the final mark. The deadline for handing in the first essay is **Tuesday 7 November 2006 (not later than 4 pm)** while the second essay is due on **Tuesday 12 December 2006 (not later than 4 pm)**.

**ME43CH:** Students may choose their essay title from either list. Students are also invited to work out essay topics relating to their particular interests in consultation with the course co-ordinator. Each essay mark will constitute **50%** of the final mark. The deadline for handing in the first essay is **Friday 17 November 2006 (not later than 2.30 pm)** while the second essay is due on **Friday 15 December 2006 (not later than 2.30 pm)**.

Essays will be returned with a mark taken from the Common Assessment Scale with written comments. Essays will be returned individually, providing you with the opportunity to discuss your essay, techniques of essay writing, and other aspects of the course with your tutor. See below for information on extensions and the late submission of work.

Please note: It will be assumed that your bibliography (i.e., the list of only those works actually cited in the footnotes) will include at least:

- a scholarly monograph (i.e., a book)
- an article from a journal (i.e., a periodical)
- an essay from a book of collected essays
- if appropriate, a primary source (i.e., something written at the time of the historic events)

In addition to these four requirements you may include as many further works as you wish. You may not count more than two sources from the Required Texts towards these four required sources. If you wish, you may include a separate list called Works Consulted listing those works you read but did not cite in the footnotes. None of these may be counted towards the required four sources.

### List 1

- 1) The 'great man' approach to the history of medicine is obsolete. Discuss.
- 2) How did the Hippocratic physicians attempt to compete in the ancient Greek 'medical market place'?
- 3) Discuss the approach of ancient Greek and Roman medicine towards female physiology and health.
- 4) 'The value of Arab contributions to medicine lies not in their novelty but in the thoroughness with which they preserved and systematised existing knowledge' (Porter *Greatest benefit* p. 102). Discuss.
- 5) To what extent can the Black Death be seen as one of the best things ever to happen to Western Europe c. 1350-c.1450?

- 6) What were the consequences of seeing syphilis as a contagious 'venereal' disease in the early modern period?
- 7) 'Vesalius was both conservative and innovative'. Discuss.
- 8) Why was Paracelsus so reviled?
- 9) Explore the impacts of the Reformation and Counter-Reformation upon medicine.
- 10) To what extent can William Harvey's theory of circulation be described as revolutionary?
- 11) What motives underlay the establishment of hospitals and dispensaries in the eighteenth century?
- 12) In many respects eighteenth-century medicine operated more like a trade than ... [a] profession'. (Porter, *Greatest benefit*, p. 286.) Discuss
- 13) Discuss the importance of and methodological problems involved in researching and writing the history of medicine from the patients' perspectives.

## List 2

- 1) Account for the emergence of the 'man midwife'.
- 2) Compare and contrast the historical changes in the role of midwives in any two Western countries.
- 3) Analyse the key stimuli to public health reform during the nineteenth century.
- 4) Why was the entry of women into the medical profession so problematic?
- 5) Explore the factors that facilitated and inhibited the introduction and dissemination of the new surgical technique of anesthesia during the Nineteenth Century?
- 6) Account for the rapid expansion of the lunatic asylum system in the nineteenth century.
- 7) Analyse the rise and decline of 'productionist medicine' in twentieth-century Britain.
- 8) Discuss the impacts of the First World War upon the history of medicine.
- 9) Discuss the impact of the eugenics movement in Britain.
- 10) Analyse the history of 'communitarianism' in British medicine in the Twentieth Century.
- 11) Did public health 'lose its way' during Twentieth Century?
- 12) Explore the trends towards 'consumerist' medicine during and beyond the late Twentieth Century.
- 13) Explore the late-twentieth century alternative medicine movement and the transition from 'alternative' to 'complementary' medicine.

<b>12      Essay Guidelines, Extensions &amp; Penalties</b>
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- All pieces of work **must** be submitted to the departmental office (Crombie Annexe, ground floor) where the time and date will be noted on the title page.
- Two copies of each piece of work must be submitted.
- All work **must** come with a covering (title) page including the following information:
  - **Name of student**
  - **Student ID number**
  - **name of tutor**
  - **course code**
  - **title of work/essay question**
  - **this phrase with the student's signature: "I understand that plagiarism is the use, without adequate acknowledgment, of the intellectual work of another person in work submitted for assessment. A student cannot be found to have committed plagiarism where it can be shown that the student has taken all reasonable care to avoid representing the work of others as his or her own. I have abided by these guidelines in the preparation of this essay."**

**Extensions.** The School aims to ensure fair and equal treatment in the assessment of all students and that no student is unjustly denied or unfairly granted the benefits of continuous assessment. Accordingly essay extensions will be granted in accordance with the following rules:

- Extensions of up to one week may be granted by the course co-ordinator (*tutors cannot grant extensions*).
- Extensions exceeding one week may be granted by the Undergraduate Programme Co-ordinator.
- Extensions must be sought before the essay deadline. While an extension cannot be granted after an essay deadline is past, the relevant Undergraduate Programme Co-ordinator may recommend the reduction or elimination of any penalty when made aware of appropriate extenuating circumstances. Students who find themselves in such a circumstance, are therefore strongly encouraged to contact the relevant Undergraduate Programme Co-ordinator as soon as they are able to.

- Extensions are granted only where students have encountered exceptional or unforeseen difficulties, or are subject to long-term episodic illnesses, or are affected by any relevant impairment, in the period during which they are expected to prepare the essay.
- Many Departments set essay deadlines at similar points during term and, therefore, students should both begin essay preparation in good time and budget their preparation time for essay writing appropriately. Please also note that this may affect availability of set and recommended texts from QML detrimentally. Hence, just in themselves, mere lack of availability of texts and pressure of other essay deadlines alone are not normally grounds for extension. Again, however, if there are any circumstances which mean that these issues might constitute a real barrier to you then, again, best advice is to contact the relevant Undergraduate Programme Co-ordinator as soon as you are able to.
- When an extension is granted, the student will be given written confirmation of the extension and a copy of this confirmation and any additional information you might wish to provide will be retained.

The School is aware that its aim of securing fair and equal treatment in the assessment of all students is ultimately inextricable from disability-related issues and is, therefore, anxious to ensure that proper provision/reasonable adjustment is always made. You can help the School to achieve this aim by communicating any relevant information to the University Disabilities Officer.

**Penalties** The School considers the timely submission of work **essential**. Therefore, any work submitted beyond the due date (**without** an approved extension) **will be penalised** according to the following schedule: **1 CAS point deducted per two days or part thereof** (Saturday, Sunday and other days when the University is closed are counted together as a single day). Thus, a piece of work due on a Friday no later than noon if submitted before noon on the following Monday will incur a penalty of 1 CAS mark; a further CAS mark would be deducted between then and noon on the following Wednesday, etc.

**Scholarly Apparatus** Every essay should be page numbered and have end/footnotes and a full bibliography, comprising *only* works cited. Any material consulted but not cited may be noted under an additional heading: 'works consulted'. Please observe the following guidelines.

**End/footnotes** You must give credit where credit is due. Quotations, paraphrases, statistics, interpretations, and significant phraseology taken from books and articles must be carefully and correctly cited in footnotes or endnotes. On the other hand obvious facts on which all authors would agree need not be footnoted. For further information and guidance consult the *School Guidelines*. Footnotes may be placed either at the bottom of the page or at the end of the paper. One acceptable form for footnotes is indicated by the following examples:

**Standard entry:**

W. H. McNeill, *Venice: The Hinge of Europe, 1081-1797* (Chicago, 1974), 27.

**Multi-volume work:**

M. Roberts, *Gustavus Adolphus: A History of Sweden, 1611-32* (2 vols., London, 1958), ii, 2-39.

**Article within a book:**

L. Stone, 'The English Revolution', in R. Forster & J. P. Greene, eds., *Preconditions of Revolution in Early Modern Europe* (Baltimore, 1970), 57.

**Article in a journal:**

E. W. Monter, 'Witchcraft in Geneva, 1537-1662', *Journal of Modern History*, 43 (1971), 195-7.

In citing a work for which the publication data has been given in an earlier footnote, it is not necessary to repeat the same data in full. Simply write the author's surname, an abbreviated title and the page number. If the work was cited in the immediately preceding footnote, you do not even have to write the surname; simply write *ibid.* and the page number. The following sequence should make these practices clear:

<sup>6</sup>J. P. Kenyon, ed., *The Stuart Constitution 1603-1688. Documents and Commentary* (Cambridge, 1966), 203.

<sup>7</sup>*Ibid.*, p.2.

<sup>8</sup>J. Stoye, *Europe Unfolding, 1648-1688* (London, 1968), 85.

<sup>9</sup>Kenyon, *Stuart Constitution*, 207.

**Bibliography** Your paper should also include a bibliography. Bibliographies should be arranged in alphabetical order by *author's surname* and should distinguish between primary and secondary sources. If citing a whole book do not include page numbers. If citing an article in a book or journal, give the page numbers of the *whole* article, as follows:

**Primary Sources**

Kenyon, J. P., ed., *The Stuart Constitution 1603-1688. Documents and Commentary* (Cambridge, 1966)

## Secondary Sources

McNeill, W. H., *Venice: The Hinge of Europe, 1081-1797* (Chicago, 1974)

Monter, E. W., 'Witchcraft in Geneva, 1537-1662', *Journal of Modern History*, 43 (1971), 180-204

Stone, L., 'The English Revolution', in R. Forster & J. P. Greene, eds., *Preconditions of Revolution in Early Modern Europe* (Baltimore, 1970), 55-108

**Websites** Full citations should also be given when material has been accessed via the internet. As much of the following information as possible should be provided:

Author, 'Title of Article', <url location, <http://www>>, date

For example: Andrew Ayton, 'Edward III and the English aristocracy at the beginning of the Hundred Years War', <<http://www.deremilitari.org/resources/articles/ayton2.htm>> (1998)

## 13 Monitoring Students' Progress

The University operates a system for monitoring students' progress to identify students who may be experiencing difficulties in a particular course and who may be at risk of losing their class certificate. If the Course Co-ordinator has concerns about your attendance and/or performance, the Registry will be informed. The Registry will then write to you (by e-mail in term-time) to ask you to contact their office in the first instance. Depending on your reason for absence, the Registry will either deal directly with your case or will refer you to your Adviser of Studies or a relevant Support Service. This system is operated to provide support for students who may be experiencing difficulties with their studies. Students are required to attend such meetings with their Adviser of Studies in accordance with General Regulation 8.

Set criteria are used to determine when a student should be reported in the monitoring system. You will be asked to meet your Advisor if any of the following criteria apply:

- Either
- (i) if you are absent for a continuous period of two weeks or 25% of the course (whichever is less) without good cause being reported; or
  - (ii) if you are absent from two small group teaching sessions (eg, tutorial or seminar) without good cause; or
  - (iii) if you fail to submit a piece of summative or a substantial piece of formative in-course assessment by the stated deadline.

If you fail to respond within the prescribed timescale (as set out in the e-mail or letter), you will be deemed to have withdrawn from the course concerned and will accordingly be ineligible to take the end-of-course assessment or to enter for the resit. The Registry will write to you (by e-mail in term-time) to inform you of this decision. If you wish consideration to be given to reinstating you in the course you will require to meet with the Convener of the Students' Progress Committee.

For more information on class certificates see the *School Guidelines* available on the internet at:

<http://www.abdn.ac.uk/sdhp/ugradstudenthandbook/index.shtml>

## 14 Student Feedback and Comment

The Department places great importance on interaction with and feedback from its students. To facilitate this, each course has a meeting of all students registered for a course (the Class Meeting). At Levels 1 and 2, each tutorial group elects a tutorial representative and these meet with all teaching staff for that level at the Level Meeting which takes place each half session. At Levels 3 and 4, the Class Meeting elects two representatives and these attend the Level Meeting for their respective levels. Minutes are kept of the Level Meetings and these are posted on Level notice boards in the Department. Each Level Meeting elects two representatives to serve on the Staff-Student Liaison Committee (SSLC) which also comprises members of staff with responsibility for teaching. The SSLC meets at least once each half session and its minutes are also posted in the Department. In addition, each course participates in the Student Course Evaluation Form (SCEF) exercise. SCEF forms are distributed to students and returned by students to the Departmental office and then sent to the central administration for tabulation. As part of the SCEF exercise, course co-ordinators provide a report of the tabulated results and then an overall report is prepared for the Academic Standards Committee (Undergraduate).

The University aims to provide a welcoming and supportive environment for its undergraduate students. However, occasionally students will encounter problems and difficulties. Complaints should be addressed in the first instance to the person who is in charge of the University activity concerned, e.g. the Head of the relevant School about academic matters; the Head of the relevant administrative section about the service that you receive; a Warden about residential matters. Your Adviser of Studies or the Students' Association will assist you if you are unsure how to pursue a complaint.

The University's Policy on Student Complaints is available at:

[www.abdn.ac.uk/registry/appeals](http://www.abdn.ac.uk/registry/appeals)

The Vice-President (Advice & Support) in the Students' Association is available to help students wishing to make a complaint (tel: +44(0)1224 272965).

If you enjoyed your experience on this course and are interested in pursuing further study, including taught postgraduate courses at level 5 and PhD research, please consult with your tutor who will be happy to discuss the various opportunities with you.