I. COURSE DESCRIPTION

This seminar explores topics in the history of health and medicine in Canada, c. 1848-1984. By the end of the course students will: (1) understand key themes and approaches in the social history of medicine and health care; (2) critically examine the emergence of the medical profession and modern hospitals; and (3) appreciate the complex interaction between scientific discovery, social change and public health. Students will also be introduced to a range of critical research and writing skills, as well as gain experience presenting material in front of their peers. The capstone experience of the seminar will be the presentation of an original research paper, based in part on primary sources, near the end of Term 2.

II. SEMINARS

Seminars will be held weekly and will consist primarily of student-led individual and group discussions. Students will be expected to present critical summaries of important works in the history of health and medicine and participate fully in the seminar.

During Term I, all students will be required to read several articles in common; graduate students will read and review a book each week, in addition to the regular readings (see below, WRITTEN WORK). The readings for each seminar will be grouped chronologically and thematically (as listed in Seminars for Term I). All students will be expected to participate in, and generate, discussion. Participation will count towards a student’s overall mark (see EVALUATION). Students are encouraged to email and inform the Instructor of any absences.

Term II will be primarily devoted to introducing students to the critical use of primary sources and to the construction of research papers (see WRITTEN WORK).

III. WRITTEN WORK

Graduate students will be required to review, on not more than one side of 8 1/2x11” typed paper, one book per seminar (See weekly readings). These submissions will summarize succinctly the main points of an individual reading in a manner that is understandable to an intelligent non-expert. These weekly summaries will be submitted at the beginning of each seminar. Late submissions will be deducted 1 mark out of 10 per day (submission later on a seminar day being considered as 1 day late).

At the end of the weekly TERM I seminars students will be required to write one secondary source essay of between 4,000 and 5,000 words (see Timetable). Late papers will be deducted 2% per day, including weekend days and holidays, from the mark assigned to the paper.
During Term II, students will have the opportunity to complete a work of original research based partly on primary sources. This research paper will be much more substantial in size – between 6,000 and 7,000 words – and will be critiqued by another member of the seminar. Late papers will be deducted 2% per day, including weekend days and holidays, from the mark assigned to the paper. All papers will be marked by the instructor and form part of the overall grade (see EVALUATION).

In accord with McGill University’s Charter of Students’ Rights, students in this course have the right to submit in English or in French any written work that is to be graded.”

Conformément à la Charte des droits de l’étudiant de l’Université McGill, chaque étudiant a le droit de soumettre en français ou en anglais tout travail écrit devant être noté (sauf dans le cas des cours dont l’un des objets est la maîtrise d’une langue).

IV. EVALUATION (to be revised)

Term I
- Group Presentation (I) 10%
- Historiographical Term Paper 20%
- Seminar Participation 20%

Term II
- Group Presentation (II) 10%
- Primary Source Research Paper 30%
- Seminar Participation/Critique of another student’s paper 10%

100%

V. READINGS:

There are no mandatory core texts for this course. Readings are available through the McGill Library online e-journals or through the course website (see below).

VI. ACADEMIC ETHICS

McGill University values academic integrity. Therefore, all students must understand the meaning and consequences of cheating, plagiarism and other academic offences under the Code of Student Conduct and Disciplinary Procedures (see www.mcgill.ca/students/srr/honest/ for more information). (approved by Senate on 29 January 2003)
Timetable

Term 1

05 September  Introduction: Explanation of Syllabus & Discussion
12 September  Seminar 1: Approaches to the History of Health and Medicine
19 September  Seminar 2: Medical Professionalization and Clinical Practice, 1815-1867
26 September  Seminar 3: Epidemics and the State, 1866-1919
3 October    Seminar 4: Medical Institutions, 1870-1920
10 October   Seminar 5: Public Health and the Decline in Mortality, 1880-1920
17 October   Seminar 6: Medical Discovery and Experimentation, 1922-1952
24 October   Seminar 7: Childbirth & Family Limitation, 1900-1945
31 October   Seminar 8: Eugenics Movement, 1900-1933
07 November  Seminar 9: Origins of National Health Insurance, 1911-1957
14 November  Seminar 10: Controlling Substances, 1920-1967
28 November  Seminar 12: Medicare, 1957-1984
05 December  First Term Paper due

Term 2

09 January  Seminar 1: Researching the History of Health and Medicine
16 January  Seminar 2: Resources at the Osler Library
23 January  Seminar 3: Constructing a Research Article
30 January  [research]
06 February [research]
13 February [research]
20 February Seminar 4: update presentations A
27 February Seminar 5: update presentations B
06 March   [research]
13 March   Submit Research Papers for Distribution
20 March   Seminar 6: Critiques: week 1
27 March   Seminar 7: Critiques: week 2
03 April   Seminar 8: Critiques: week 3
10 April   [deadline for revised papers]
HIST 596D1/D2: History of Health and Medicine

Seminar 1: Approaches to the History of Medicine

How have approaches to the history of medicine changed over time? What does it mean to do medical history ‘from below’? How do these trends reflect broader changes in the contemporary historiography?

Please read in order:


Burnham, J. “A Brief History of Medical Practitioners and Professional Historians as Writers of Medical History”, Health and History, 1 (1999), 250-73.

HIST 596D1/D2: History of Health and Medicine

Seminar 2: Medical Professionalization and Clinical Practice, 1815-1867

What are the essential components of professionalization? How do they apply to health care professionals in the past? How did professional closure work in practice? Why was popular opinion resistant to medical professionalization? How is medical expertise claimed, expressed and encoded?

Theory/Historiographical Article

Secondary Source Readings

(Graduate Students only) for review; choose one
Duffin, J. Langstaff, A Nineteenth-Century Medical Life (Toronto: University of Toronto Press, 1993).
What is the relationship between epidemic disease and the development of the state? Was it true that epidemics precipitated political change? What is the balance between the prerogative of government and the rights of individuals when it comes to vaccination? Can one write the history of a disease?

Theory/Historiographical Article

Secondary Source Readings
Jones, E. “ ‘Co-operation in All Human Endeavour’: Quarantine and Immigrant Disease Vectors in the 1918-1919 Influenza Pandemic in Winnipeg”, CBMH/BCHM, 22 (2005), 57-82.

(Graduate Students only) for review; choose one
Bilson, G. A Darkened House: Cholera in Nineteenth-Century Canada (Toronto, 1980).
Bliss, M. Plague: A Story of Smallpox in Montreal (Toronto, 1991)
McCuaig, C. The Weariness, the Fever, and the Fret: the campaign against tuberculosis in Canada (Montreal, 1999)
Lux, M. Medicine that Walks: Medicine, Disease and Canadian Plains Native People, 1880-1940 (Toronto: University of Toronto Press, 2001).
Jones, E. Influenza 1918: Disease, Death and Struggle in Winnipeg (Toronto, 2007)
Why were medical institutions known as ‘gateways to death’? Why were they created, and for what populations? Who was excluded, and why? In what way did medical institutions begin to specialize?

Theory/Historiographical Article


or


Secondary Source Readings


Lux, M. “Care for the ‘Racially Careless’: Indian Hospitals in the Canadian West, 1920-1950s”, Canadian Historical Review, 91 (2010), 407-34.


(Graduate Students only) for review; choose one


Adams, A. Medicine by Design: The Architect and the Modern Hospital, 1893-1943 (Minneapolis: University of Minnesota Press, 2008)
HIST 596D1/D2: History of Health and Medicine

Seminar 5: Public Health and the Decline in Mortality

The period from 1880 onwards was one in which western society saw a dramatic decrease in mortality and, consequently, an increase in life expectancy. How did this come about? What were the contributions of medical science, sanitary reform, or other factors?

Theory/Historiographical Article


Secondary Source Readings


Or


(Graduate Students only) for review; choose one

HIST 596D1/D2: History of Health and Medicine

Seminar 6: Medical Discovery and Experimentation, 1922-1952

Theory/Historiographical Article


Secondary Source Readings


(Graduate Students only) for review; choose one

Twohig, P. Labour in the Laboratory: Medical Laboratory Workers in the Maritimes, 1900-1950 (Montreal and Kingston : McGill-Queen’s University Press, 2005)
The decline in mortality (particularly infant and children mortality) was not accompanied by a concurrent decline in maternal mortality. Indeed, maternal mortality actually rose in the early years of the hospitalization of childbirth. Meanwhile, a broader social debate was emerging over the reproductive rights of women and the plurality of means by which women and their partners were engaging in family limitation.

Theory/Historiographical Article

tbd

Secondary Source Readings


(Graduate Students only) for review; choose one


HIST 596D1/D2: History of Health and Medicine

Seminar 8: Child Welfare and the Eugenics Movement, c.1900-1930

The decline in fertility intersected with nationalistic concerns, fuelled by the collection and dissemination of vital statistics, of the relative size and health of the population. During an era dominated by population explosion (through immigration) Canadians became acutely sensitive to warnings of declining corporate health. Fuelled by social darwinistic metaphors of ‘survival of the fittest’, there emerged a preoccupation with producing a healthy generation of babies.

Theory/Historiographical Article

tbd

Secondary Source Readings


(Graduate Students only) for review; choose one

Comacchio, C. ‘Nations are Built of Babies’: Saving Ontario’s Mothers and Children, 1900-40 (Montreal, 1993).
HIST 596D1/D2: History of Health and Medicine

Seminar 9: The Origins of National Health Insurance, 1911-1957

Theory/Historiographical Article

tbd

Secondary Source Readings


(Graduate Students only) for review; choose one


HIST 596D1/D2: History of Health and Medicine

Seminar 10: Controlling Substances, 1920-70

How have social behaviors and ‘vices’ become medicalized over the course of the last 150 years? What interests are at play? Can health history have policy implications?

Theory/Historiographical Article

Berridge, V. “Public or Policy Understanding of History?”, Social History of Medicine, 16 (2003), 511-23.

Secondary Source Readings


(Graduate Students only) for review; choose one

HIST 596D1/D2: History of Health and Medicine

Seminar 11: Technology, the Body, and the State, 1950-1970

How has the era of cytogenetics, transplantation, biomedical science, and the pill, changed the way we understand and view the body?

Secondary Source Readings

Other readings tbd.

(Graduate Students only) for review; choose one
Andrea Tone, Devices and Desires: A History of Contraceptives in America (Hill & Wang, 2001)
The advent of universal health care remains a defining feature in contemporary history and indeed in how Canadians define themselves. How do we understand an event that is so deeply embedded in Canadian myth-making? Where the ‘father’ of Medicare is voted the ‘Greatest Canadian of All Time’?

Theory/Historiographical Article


Secondary Source Readings


(Graduate Students only) for review; choose one

Gray, G. Federalism and Health Policy: The Development of Health Systems in Canada and Australia (Toronto: University of Toronto Press, 1991)
Ostry, A. Change and Continuity in Canada’s Health System (Ottawa: CHA Press, 2006).

Bryder, L. “‘Not Always the Same Thing’: The Registration of Tuberculosis Deaths in Britain, 1900-1950”, *Social History of Medicine*, 9 (1996), 253-266.


HIST 596D1/D2: History of Health and Medicine

Term II: Seminar 2: The Osler Library

Reading


* meet in the Osler Library