All seminars to take place Tuesdays 1-3pm in the CHM Hub (H449)

Weeks 1-3 Cultures and Politics of Childbirth and Reproduction (Angela Davis and Hilary Marland)

Week 1: Understanding Women and Medicine through Material Culture: Visit to the Museum of the History of Science, Oxford

Angela Davis and Hilary Marland

N.B. DIFFERENT TIME AND LOCATION: FRIDAY 13th January 12:30-14:30, Museum of the History of Science, Oxford

In this first session we will introduce ourselves to our topic – Cultures and Politics of Childbirth and Reproduction – through a visit to the Museum of the History of Science in Oxford. During our visit to the museum we will also consider the use of material culture in the history of medicine, and how the study of physical or material objects generated by past societies can help us to understand them. In the course of our visit, we will look at different medical instruments used by or on women (particularly in the context of reproduction) and see how material culture can help us understand the place of medicine in women’s lives.

Seminar/essay questions:

1. How can the study of material culture add to our understanding of women and medicine?
2. Have women been the main target of new medical technologies? If so, why?
3. Pick one medical instrument and discuss the role it has played in the medical care of women.

Required reading:


Additional reading:


**Week 2: Technologies of Childbirth and Feminist Perspectives**

**Angela Davis**

Medical intervention in pregnancy and childbirth has a centuries’ long history. Histories of maternity care provided to women during pregnancy and childbirth, both from a medical history approach and feminist reinterpretations, have detailed developments and debates surrounding maternity provision and the inter-professional rivalries between midwives,
doctors and others. In this week’s seminar we will focus on the dramatic changes in maternity practices in the UK during the second half of the twentieth century. We will particularly focus on the increased interventions into birth seen in the 1970s and feminist responses to them. We will also examine how recent scholarship, which has prioritised the voices of women themselves, has supplemented the critique of technologised childbirth.

Seminar/essay questions:
1. Who has determined where birth takes place and how it is managed in post-1948 Britain?
2. How has risk been defined in relation to childbirth?
3. How have new technologies shaped women’s experiences of pregnancy and childbirth?

Required reading:

Further Reading:
1. D. Christie and E. Tansey (eds), Maternal Care: Wellcome Witnesses to Twentieth Century Medicine (12) (2001). (Hilary has scarce copy to loan)
Week 3: Birth Control: Regulation and Consumption

Hilary Marland

This week’s seminar will explore changing private, public and medical attitudes towards contraception in Britain during the late nineteenth and early twentieth centuries, and the ways in which it was regulated and repudiated, promoted and consumed. Though the medical profession was initially reluctant to offer contraceptive advice, birth control reformers came to the aid of some of the women seeking their help, with their own – varied and complex – agendas. The seminar explores the ways in which individuals and families obtained access to knowledge on family limitation, and reached decisions on how and when to limit birth. It also focuses on the role of post-suffrage feminism in shaping provision and government recognition of birth control and municipal engagement in the provision of birth control services.

Seminar/Essay Questions

1. Pick a birth control reformer and discuss her or his motivation and approach to promoting family limitation. Or assess how a local authority of your choice or a voluntary organisation approached the issue of birth control.
2. How did new technologies and new modes of marketing contraceptives influence birth control choices and consumption?
3. Who chooses? What access did individuals and families have to knowledge about birth control and how were decisions regarding birth control reached?

Required reading:


Kate Fisher, “‘She was quite satisfied with the arrangements I made”’: Gender and Birth Control in Britain 1920-1950’, Past and Present, 169 (2000), 161-193. (e-journal)

Clare Debenham, Birth Control and the Rights of Women: Post-Suffrage Feminism in the Early Twentieth Century (London: I.B. Taurus, 2014) Book is on order but you can also dip


Further reading:


L. McCray Beier, ‘“We were Green as Grass”: Learning about Sex and Reproduction in Three Working-Class Lancashire Communities, 1900-1970’, Social History of Medicine, 16 (2003), 461-480. (e-journal)


Julie Grier, ‘Eugenics and Birth Control: Contraceptive Provision in North Wales, 1918-1939’, Social History of Medicine, 11 (1998), 443-448. (e-journal)


Kate Fisher, Birth Control, Sex and Marriage in Britain, 1918 to 1960 (Oxford University Press, 2006). (e-book)


Hera Cook, ‘Getting “foolishly hot and bothered”? Parents and Teachers and Sex Education in the 1940s’, *Sex Education*, 12 (2012), 555-567. (e-journal)

Angela Davis, “‘Oh no, nothing, we didn’t learn anything”: Sex Education and the Preparation of Girls for Motherhood, c.1930-1970’, *History of Education*, 37 (2008), 661-677. (e-journal)


W. Secombe, ‘Starting to Stop: Working Class Fertility Decline in Britain’, *Past and Present*, 126 (1990), 151-188. (e-journal)


Weeks 4, 5 and 7 Medicine, Science and the Body (Elise Smith and Kathryn Woods)

Week 4: Classifying the Body: Gender, Race, and Science

Elise Smith

From the age of exploration in the Renaissance to the height of imperial expansion in the nineteenth century, Europeans attempted to categorise the new peoples they encountered. Drawing on the classificatory impulse of the Enlightenment and the burgeoning field of comparative anatomy, ideas around ‘race’ began to consolidate in the late-eighteenth century. The new ‘science of man’, anthropology, emerged from these trends, and attempted to explain the causes and consequences of human variation. In this session we’ll consider the gendered and racial assumptions behind the rise of anthropology, and how scientific understandings of human difference have changed over time.

Questions:

What role did gender play in the classification of racial difference in the early modern period?

Why did a biological concept of race emerge in the Enlightenment?

How did racial theory help to justify European imperialism?

Required Reading:


Sadiah Qureshi, ‘Displaying Sara Baartman, the “Hottentot Venus”’, History of Science, 42 (2004), 233-257. [e-journal]


Further Reading:


**Week 5 Diagnosing the Body: Health and Sickness**

**Kathryn Woods**

Diagnostic processes are intimately connected to understandings of health, the body and disease in different places at different times, and are dictated by the perspectives of the
people involved. To whatever extent it is medicalised, the diagnosis of the body in health or sickness always involves a social encounter between the ‘subjective’ embodied experience of the individual and systems of knowledge that treat the body as an ‘object’ of knowledge and interpretation. The context of medical diagnosis, as well as the perspectives, knowledge, experiences, and social identity and background of the people implicated, influence the diagnosis and treatment of disease. Focusing on early modern diagnostic processes and perceptions, this seminar explores how different understandings of the body, diagnostic contexts, methods of diagnosis, and the identity of patients, practitioners and other diagnostic intermediaries, inform diagnostic outcomes. It also explores whether investigation of early modern diagnostic processes offers insights into ‘modern’ medical diagnosis processes, especially as they occur in the realm of ‘domestic medicine’.

**Seminar Preparation:**

For the class please bring along a piece of primary evidence from The Cullen Project. The Consultation Letters of Dr William Cullen (1710-1790) at the Royal College of Physicians Edinburgh: [http://cullenproject.ac.uk/search/](http://cullenproject.ac.uk/search/)

You are also encouraged to bring along a piece of primary source material (relating to the themes of the seminar), which correspond with your own research interests to discuss with the group.

**Seminar Questions:**

In what ways are medical diagnoses informed by their context and process?

Who possessed the authority to interpret and diagnose the early modern body?

To what extent is the diagnosis of disease influenced by the gender and class of patients and practitioners?

What is meant by ‘semantic medicine’ in the early modern context? Is there wider applicability of this theory to later periods of medical history?

**Essay Questions:**

Are categories of ‘patient’ and ‘practitioner’ useful for examining early modern medical diagnostic practices?

In what ways did gender AND/OR class inform early modern medical diagnosis?

To what extent were understandings of the body and disease in (insert your own period of interest) ‘semantic’?

**Seminar Reading:**


**Further Reading:**


Chris Millard, ‘Concepts, Diagnosis and the History of Medicine: Historicising Ian Hacking and Munchausen Syndrome’, *Social History of Medicine*, published online (2016)


Edith Snook, ‘The Women Know’: Children’s Diseases, Recipes and Women’s Knowledge in Early Modern Medical Publications’, *Social History of Medicine*, published online (2016)

Week 7: Measuring the Body: Anthropometry

Elise Smith

In the nineteenth century, statistics came to define scientific methodology and embodied the positivist spirit of the age. Quantitative analyses spurred the growth of the social sciences, and also transformed medical practice, with data relating to morbidity and mortality used to define more ‘evidence-based’ methodology. It also encouraged a rise in anthropometric studies, with heights and weights increasingly being adopted as an indicator of health and wellness. Such figures had long been used as a basis for military recruitment, but were now being seen as useful measures of growth and physical development amongst the general population, as well as a means of evaluating general levels of fitness and predicting longevity. In this session, we’ll question the rise of such quantitative measures as a basis of health assessment, and consider whether their application has ensured a more ‘objective’ approach to studying the body.
Questions:

Why has weight been such a contested measurement of health?
Why did measurements come to occupy a central place in health evaluations?
To what extent have measurements been an ‘objective’ or ‘neutral’ means of evaluating bodies?

Required Readings:

Robertta Bivins and Hilary Marland, ‘Weighting for Health: Management, Measurement and Self-Surveillance in the Modern Household,’ Social History of Medicine, 29 (2016), 757-780. [e-journal]


Elise Juzda Smith, ‘Class, Health and the Proposed British Anthropometric Survey of 1904,’ Social History of Medicine, 28 (2015), 308-329. [e-journal]


Further Reading:


Laura Dawes, Childhood Obesity in America: Biography of an Epidemic (Cambridge, 2014).


Weeks 8-10: The Cultural History of the NHS (Mathew Thomson, Jennifer Crane and Natalie Jones)

Week 8: Introducing the Cultural History of the NHS (Mathew Thomson)

This seminar introduces the history of the NHS since its formation in 1948. More particularly, it introduces the theme of the cultural history of the NHS. In doing so, it prepares students for the case studies on literature (week 9) and activism (week 10) that follow. The seminar asks students to reflect on what we might mean by a cultural history of the NHS, why such a history might be valuable, and the conceptual and methodological that might emerge in tackling it.

Questions

- What do we learn about the history of the NHS from the core reading, and what questions and challenges does this reading present for our understanding of the NHS?

- What might a cultural history of the NHS look like? What might be the subject(s) of such a history (and what has the NHS meant)? What might be the sources and the
methodologies of such a history? What might be its narratives? What should be its purpose, and what might be its value?

Core Reading


Hayes, Nick, ‘Did We Really Want a National Health Service? Hospitals, Patients and Public Opinions before 1948’, English Historical Review, 127 (2012), 566-591. (e-journal)


People’s History of the NHS: http://peopleshistorynhs.org/


Further Reading


Rivett, Geoffrey, From Cradle to Grave: 50 Years of the NHS (1998).

Webster, Charles, The Health Services Since the War, 2 Vols (1988 and 1996).


Week 9: A Level Playing-Field?: Literature, the NHS, and the ‘Greater Good’ (Natalie Jones and Mathew Thomson)

When it comes to the cultural values and meanings invested in the NHS, literature can tell us a great deal about the history of this towering, British institution. In its most romanticised and elevated forms, literature is often credited with the power to transform the self, society and even incite political action. In such formulations, literature (and art generally) are thought to reflect and develop our sense of the human condition and our responsibilities as ethical subjects, or citizens. However, how far are such notions borne out in practice when we look at the relationship between literature and the NHS?

Looking at a selection of literature prior to and following the establishment of the NHS, and considering Levinas’ concept of the ‘Other’, this seminar will address the role that literature has played in investing the NHS with cultural meaning and moral value. Plots centred around ‘ethical dilemmas’ in doctors’ decision-making will be considered, alongside the question of where and how medical ethics generally transforms, or translates, into the idea
of a socialised medical service – a ‘level-playing field’. The role of the doctor as ‘priest’ or ‘hero’ will be questioned as central to this ‘ethical authority’, while the ethical and aesthetic implications of a ‘universal levelling’ in a new National Health Service will also be explored in a selection of poetry. Here medical ‘levelling’ itself is seen in relation to literary reflections on mortality and an emerging, modern subject.

Questions

- What can literature tell us about the conception and reception of the NHS?
- What role does ethics and the role of the doctor play in literature that preceded the beginnings of the NHS? How (or if) does this change following its establishment?
- What is the relationship between the ‘dilemmas’ explored in the prose texts and the need for a National Health Service?
- Do these texts present ‘social levelling’ through medicine as a common good, and either achievable or desirable?
- What effect do the different genres of these texts (novels, play, poetry) have on our interpretation of them and their representations of medicine?

Primary Sources


Shaw, Bernard, The Doctor’s Dilemma, 1906 (copies available in library).

Core Reading


Irvine, Craig, ‘The Other Side of Silence: Levinas, Medicine, and Literature’, Literature and Medicine, 24:1, Spring 2005 (e-journal)


Further Reading
Week 10: ‘Save Our NHS’: NHS Activism and Politics in Contemporary History (Jennifer Crane and Mathew Thomson)

Since 1948, various types of activism and voluntary action have existed inside and outside of the NHS – for example fundraising offices, staff unions, anti-cuts groups, and patient support forums. In this seminar we will think about the extent to which there is a distinctly ‘NHS’ form of activism. We will discuss how campaigning around the NHS has changed over the institution’s history, and how campaigning has interacted with and influenced NHS policy. We will also think about the challenges and opportunities of contemporary history, and the extent to which historians can and should themselves work with campaigners and policy-makers to drive change.

Questions

- Is campaigning around the NHS different from other types of campaigning in the post-war period, and how does ‘NHS activism’ change over time?
- Was the rise of the patient-consumer in the NHS a reflection of neo-liberalism or grass roots politics?
- How should historians best learn about the politics of the NHS? To what extent are the publications or websites of activist groups themselves a useful source?
- Do historians have a role to play in NHS campaigning and/or policy?

Core Reading

Mold, Alex. ‘Making the Patient-Consumer in Margaret Thatcher’s Britain’, The Historical Journal, Vol. 54, 2011, pp. 509-528. (e-journal)

On the history of party political manifestos and the NHS: [http://peopleshistorynhs.org/encyclopaedia/party-political-manifestos/](http://peopleshistorynhs.org/encyclopaedia/party-political-manifestos/)

Read an article about the NHS on the History & Policy website ([http://www.historyandpolicy.org/](http://www.historyandpolicy.org/)), for example Claire Hilton’s ‘Whistle-blowing in the NHS since the 1960s’ or Sally Sheard’s ‘Abuse, complaints, and inquiries in the NHS’.

**Primary Sources**


Explore the website of Keep Our NHS Public here ([http://keepournhspublic.com](http://keepournhspublic.com))


Read the sections of the party manifestos dealing with health for the 1979, 1983, and 1987: [http://www.politicsresources.net/area/uk/man.htm](http://www.politicsresources.net/area/uk/man.htm)

**Further Reading**


Lister, John, *The NHS after 60: For Patients or Profits?* (Enfield: Middlesex University Press, 2008).


Mold, Alex, and Berridge, Virginia, *Voluntary Action and Illegal Drugs: Health and Society in Britain since the 1960s* (Basingstoke: Palgrave Macmillan, 2010).


Widgery, David, Health in Danger: The Crisis in the National Health Service (1979).