

# Viewing: **HIST 263 : History of Medicine in the United States**

Also listed as:  
GWS 263

Last approved: 06/22/22 3:49 am

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Catalog Pages  
referencing this course

[GWS - Gender and Women's Studies](#)

Programs referencing  
this course

[5221: Interdisciplinary Health Sciences: Health Diversity, BS](#)

## History

1. Apr 20, 2019 by Kristin Hoganson (hoganson)
2. Nov 30, 2021 by Teresa Spence (tcspence)
3. Dec 2, 2021 by Deb Forgacs (dforgacs)
4. Jun 22, 2022 by Deb Forgacs (dforgacs)

## General Information

Effective Term:

College: Liberal Arts & Sciences

Department/Unit: History (1451)

Name (ORG Code):

Course Subject: History (HIST)

Course Number: 263

Course Title: History of Medicine in the United States

Abbreviated Title: US History of Medicine

Course

Description:

Medicine and public health in the United States from the colonial period through the twentieth century. Topics include medical theories, therapeutic practices, and institutions as determined by science, culture, politics, law, and social structures. Additional attention will be paid to illness and epidemics; health care providers, patients, and public policy. Throughout, the course will highlight race, sex, (dis)ability, and other social categories that have affected medical care and been defined in medical terms.

## Justification

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Justification for change:

Please Note: a syllabus is required for General Education review:

### Course Information

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#### Course Credit

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Course credit:

Undergraduate: 3

Graduate:

Professional:

#### Registrar Use Only:

Banner Credit: 0 OR 3

Billable Hours: 0 OR 3

#### Grading Type

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Grading type: Letter Grade

Alternate Grading Type (optional):

Available for DFR: No

#### Repeatability

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May this course be repeated? No

#### Credit Restrictions

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Credit Restrictions:

## Advisory Statements

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Prerequisites:

Concurrent  
Enrollment  
Statement:

Restricted  
Audience  
Statement:

## Cross-listing

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Cross Listed  
Courses:

GWS 263 - US History of Medicine

## Class Schedule Information

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Class Schedule  
Information:

## Fees

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Is a fee requested    No  
for this course?

## Course Description in the Catalog Entry

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This is how the above information will be represented in the Catalog:

Medicine and public health in the United States from the colonial period through the twentieth century. Topics include medical theories, therapeutic practices, and institutions as determined by science, culture, politics, law, and social structures. Additional attention will be paid to illness and epidemics; health care providers, patients, and public policy. Throughout, the course will highlight race, sex, (dis)ability, and other social categories that have affected medical care and been defined in medical terms. Course Information: Same as GWS 263.

## Additional Course Notes

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Enter any other  
course  
information  
details to be

included in the  
catalog:

## Course Detail

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Frequency of  
course:

Every Spring

Duration of the  
course

Full

Anticipated  
Enrollment:

50 with  
possible  
expansion,  
as  
noted  
below

Expected distribution of  
student registration:

Freshman:  
33 %

Sophomore:  
33 %

Junior:  
20 %

Senior:  
14 %

## General Education

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General Education US Minority Culture(s)

Category Historical and Philosophical Perspectives

### General Information

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Is the course required for a  
major concentration? No

Is the course part of a  
sequence? No

What is the frequency with which the course will be offered?:

*(For Example: every semester, once a year)*

This course is taught one semester/year.

Briefly describe how the course fulfills the General Education objectives:

This course is a survey of the history of medicine and public health in the United States from early America to the present. Students will learn about medical practitioners, institutions, the health care system, and diseases and how all of these changed over time. At the same time, since medicine and science are not separate from the politics, economics, social hierarchies, and the cultural values of the society in which they exist,

students will learn about American society and culture. The course considers this history from the perspective of the sick and injured, in other words from the perspective of the patient, as well as from the perspectives of practitioners and health authorities. Students will learn how medicine and public health are deeply rooted in social values and cultural norms and beliefs. Thus, they will learn how norms and prejudices around gender, race, class, disability, and sexual orientation have been part of building the medical profession and defining who becomes a doctor and who obtains health care. Many of the readings and lectures in the course explicitly address topics of gender and sexuality. During the semester, students will read and analyze primary source texts such as: Clarke, "Sex in Education: A Fair Chance for Girls" (1873); Vandervall, "Some Problems of the Colored Woman Physician" (1917); "Maternal Mortality in Fifteen States" (1934); "Letters from Women" in the May 1918 Birth Control Review. Secondary source readings, including Ulrich, "The Medical Challenge to Midwifery" (1988); Morantz-Sanches, "Science, Health, and the Woman Physician" (1985); and Reagan, *When Abortion was a Crime* (1996) also address topics of gender, sexuality, and women's history in-depth, from intersectional approaches.

Describe the instructional format and provide special justification, if necessary:

The format for HIST 263 consists of two 80-minute lectures per week. There is an active learning component to lectures. The professor engages in question and answer discussion with students, uses quick writes, and breaks students into small discussion groups. The lectures draw on recent scholarship to provide a more focused interpretive lens on course materials and to introduce students to historical methodology. For example, the professor helps students to understand how historians have learned about the lives of people who left few written accounts and models the methods of analyzing a textual fragment or visual record—such as cartoons of nineteenth-century female medical students—which reveal the open derision of medical men and the press. The professor also exposes students to the different explanations that historians have offered for the same event, such as the apparent "disappearance" of midwives. The latter question is a perfect example for showing how history—in this case the history of midwifery—depends on the perspective taken, sources used or overlooked, and assumptions made about midwives, doctors, and laws. Students learn that midwives "disappeared" several times in American history. As historians shifted their attention geographically and over time from rural North to cities to the South—and to looking at all midwives—the story changed dramatically. Midwives had seemingly been put out of business, in fact black midwives continued to practice in great numbers in the South into the 1960s. The class has long enrolled at the maximum for our 200-level courses and if it continues to enroll in large numbers, it may become a larger course with a TA. If that is the case, it would consist of two 50-minute lectures and one 50-minute small-group discussion section a week. If expanded through TA support, the class would increase in size through multiples of 75, with each TA teaching three sections capped at 25 students each. A discussion section is essential for 1) active engagement with course material (primary sources produced in the time period under discussion and frequently by U.S. minority individuals); 2) grappling with mat

Describe the means by which the Communication Skills goal will be achieved:

The examination of 2-4 primary documents during most class sessions familiarizes non-history majors with primary documents and trains them in making informed interpretations of primary documents. Students share their findings with the entire class, which also allows them to practice speaking in public. In papers, midterm, and final exams, students are expected to offer coherent narratives by synthesizing information from different sources: lecture, primary documents, academic articles, and films. This helps students improve their skills in organizing information as well as in writing.

Describe how evaluation and adherence to General Education guidelines will be monitored:

*Please indicate the timeline for such evaluations*

The director of undergraduate studies in the History department will review the course whenever there is a substantial change in its format and/or syllabus.

Indicate those who will teach the course and describe procedures for training & supervising teaching assistants:

Professor Leslie Reagan, an expert in the history of medicine and public health, has regularly taught HIST 263 for years and is the primary person who will be teaching this course. Professor Rana Hogarth, also a historian of US medicine, public health, and bioethics, may teach the course in the future. If this course grows and becomes sectionalized with TAs, the professor of the course will supervise the TA(s) and provide guidance on teaching and grading. The History Department provides mandatory training to all TAs and offers regular workshops to improve TA skills as teachers of history, historical method, and writing.

## Historical and Philosophical Perspectives

Describe the reading requirements in this course.

Students will read 1-2 books and a reader, consisting of secondary and primary sources. Students read 2-4 sources each week.

Describe the writing requirements in this course.

Students complete 2 in-class essay exams and one 5-6 page historical essay.

How does the course introduce students to the typical critical approaches and methods of the discipline, and to past accomplishments in the field?

The course introduces the primary approaches and materials used by the discipline

through readings, lectures, and modeling of analysis by the professor in class. Students learn through active engagement with each other in class and by identifying primary sources themselves for writing assignments. The professor includes discussion of historiography—how historians have changed their methods and questions and how “history” has changed over time—through lecture. For example, the interpretation of midwives and their significance by historian has changed enormously. Where midwives were regarded as the source of maternal and infant mortality (the view of MDs), since the 1980s that assessment has changed as scholars looked at maternal mortality data and actual practice. Midwives are now understood to be crucial providers of maternal and infant care and public health within their communities.

How does the course foster the goals of humanistic study, including: skill in communication; discriminating judgment and appreciation of ideas; understanding of cultural traditions; appreciation awareness of cultural ethnic and national diversity; and reflection on the human condition?

The examination of 2-4 primary documents during each session familiarizes non-history and history majors with primary documents and trains them in making informed interpretations of primary documents. Students share their findings in small groups and with the entire class, which also allows them to practice speaking in public. In papers, midterm, and final exams, students are expected to offer coherent narratives by synthesizing information from different sources: lecture, primary documents, academic articles, and films. This helps students improve their skills in organizing information as well as in writing.

Students gain analytical skills in critical and historical reading through practices in class, reading, and writing. The professor models historical analysis during lecture, by presenting images or texts on power point slides. The professor also presents sources in class and asks students to discover what they can learn, for example, from an 1866 state report about a cholera epidemic about both the disease and the time period—to see the details of public health policy, work, and daily life. Analysis of representations (advertisements, photos, public health posters) and texts (medical reports, newspaper columns, correspondence, etc.) is a daily practice in class and in assignments.

Students gain appreciation and awareness of cultural, ethnic, racial, and national diversity throughout the course. At all times lectures bring out the similarities and differences among social groups. Furthermore, specific lectures and reading assignments directly address the range of cultural and ethnic groups, their experiences, and contributions to U.S. history. Thus, one important focus is the development of medical education, the fight by the women’s rights movement to gain entrance to prestigious (male, white) medical schools, and the rise of separate schools for women-only and for African Americans only as a result of discrimination and segregation. As part of that section, students read letters of white medical students, opponents and proponents of co-ed education, and a black female physician. Reading

assignments include White, African American, Latina/o, disabled and able-bodied, female and male authors. Asian American and Native American histories are part of lectures, powerpoint images, film, and discussion; I plan to incorporate primary sources produced by these groups.

If the course contains elements of more than one category within the Humanities and the Arts (literature, the arts, historical perspectives, or philosophical perspectives), explain why this course is more appropriate for the category for which it is proposed.

This is a history course, which examines time—eras, centuries, decades--and change over time in medicine and public health specifically and American history generally. Thus, it belongs in the category of historical perspectives.

Is this a course in  Yes  
historical  
perspectives:

What chronological and/or geographical aspect of human history is studied in this course?

U.S. history of medicine and public health—early America to the present.

Show how the course addresses continuity and change in the human experience and elucidates the development of institutions, ideas, beliefs, and social structures.

The course moves chronologically, beginning in early America, then moves through the 19th and 20th centuries. It is designed for students to learn about how medicine and public health changed over time and why and to compare topics over time. History of medical therapeutics, public health, maternity and childbirth, birth control, disease, and disability are covered and explicit comparison to what students learned weeks earlier is made in lecture and through direct conversation with students, and in writing assignments and exam.

Show how the course familiarizes students with significant movements, persons, and events in their intellectual, social, economic, and political contexts.

In this course, students learn of major social movements such as the struggles of women and people of color to gain access to regular medical education and to end discrimination in employment at hospitals; campaigns against diseases (TB, STIs, polio, cancer, HIV/AIDS); the birth control movement, the disability rights movement, gay rights and psychiatry and the AIDS epidemic. At each point we analyze the individual experience of sickness, health, and death.

Students study the development of medical/public health institutions such as hospitals, medical and nursing schools, U.S. and state public health departments, and the battles to get rid of and reinstate state licensing. They learn about the efforts to secure



national health insurance since the 1890s up to 21st-century federal policies, including Medicaid, Medicare, and the ACA. We discuss the proponents and opponents, how ideas, debates, and policies changed over time and how class, race, gender, professional interests, and politics shaped outcomes.

Significant ideas covered include the transition from filth theory to germ theory and its impact on medical practice (or not); thinking about gender norms, sexuality, equality and freedom as expressed by social movements and individuals over the course of time (eg from 19th c. voluntary motherhood and sexual abstinence to the ideal of heterosexual companionate marriage based on recognition of female desire and birth control); and the historical practice of human experimentation, ethics, and abuses, (such as the Tuskegee syphilis study and forced sterilization of Latinas, Native Americans, and African Americans).

Significant individuals include midwife Martha Ballard, Dr. E.H. Clarke, Louis Pasteur, WEB DuBois, Margaret Sanger, Emma Goldman, (poet and doctor) William Carlos Williams, Jonas Salk, Franklin Delano Roosevelt, Audre Lord, and many more.

Throughout the course, medicine and health are put into the context of US history so that they are simultaneously learning about U.S. slavery, industrialization, war, changes in the economy, gender, class, and social relations. For instance, we discuss late 19th and early 20th century immigration and how US immigration policy used health inspections to deny entry and citizenship and the ways in which those exams and policies varied by nationality, ethnicity, race, gender, and disability. From this, the class moves to the Progressive Era reform movements and their focus on immigrants in the cities and epidemics (which were often blamed on marginalized groups: Asians, Eastern Europeans and African Americans).

Students gain a complex and nuanced overview of American medical and public health history in History/GWS 263.

Is this a course in  philosophical perspectives:

## U.S. Minority Cultures

Show how the course treats topics and issues that promote a deeper understanding of the culture(s) discussed.

HIST263 teaches how medical theories, ideas, therapeutic practices, and institutions have historically been shaped not by science alone but by social structures and ideas about groups of people based on race, class, gender, citizenship status, (dis) ability, and sexual orientation. This course focuses on the United States and so students learn

how American culture and society have shaped and changed medical ideas, practice, and institutions and also how medical practitioners and ideas have shaped and changed American history. Since the course covers the early colonial period to the present, it begins with European settlers bringing their ideas with them, encountering Native peoples, and incorporating new plants and ideas into their knowledge and practices. We see how old ideas and terminologies change in a new context. As the course progresses, students learn about the various practitioners who provided health care and how their practices were tied to the underlying economic structure (slavery, plantation economy, self-sufficient farming, cities and factories) and to their social status as defined by gender, race, class, and other social identities. Through the history of medicine, students will learn about social change and the terms that are used ubiquitously as explanations for other social changes, such as "urbanization," "immigration," "industrialization," and "migration." They will gain a deeper and more finely-grained picture of the shared history of people within the United States, yet, perhaps more importantly, they will also learn that regional and local conditions determined the health and health care practices of most people well into the 20th century. Similarly, major changes, such as "professionalization" are treated as questions rather than automatic events. How, when, and why did medicine professionalize? From where does the status and power of the medical profession derive? In tracking the development of the profession, its institutions, and its competitors, the answers may surprise students. Overall changes in the economy, changes won in the law, and changes in admission to medical school all played a role in making medicine the powerful, high status profession that it is today in the US. The course also looks at how public health developed and changed from the nineteenth to the twentieth century, moving from a primary focus on sanitation to individuals and vaccines. At all times, the course looks at how the dominant culture (mainstream, white Protestant middle-class America) looked at health problems and conceived of solutions and also considers the perspectives of the people who were sick or who were identified as the source of disease. In this way, this course is particularly important for the many students who are planning future as health-care professionals. They learn in this course to think about health care from the "patient perspective" rather than solely from the perspective of medical authorities. They learn to place themselves in the position of the sick, and other groups, such as the poor Chinese immigrants who were blamed for Cholera in 19th-century San Francisco. Benefiting from the perspective of historical distance, they can see that officials, nurses, and doctors were often unfair, discriminatory, and unkind to their patients. One hopes that they will retain this eye-opening history and be able to apply to themselves and their future practices (as doctors, nurses, dentists, midwives, public health workers, etc.) some of this awareness of what can happen when there is a big gap between the knowledge and culture of health care providers and the people they attend.

Show how the course provides at least one of the following: (i) a broad description and analysis of the interaction of intellectual, artistic, political, economic, social, and other aspects of a society's cultural life; (ii) an intensive investigation of the cultural life of a society or group in a particular time and place; (iii) a focused investigation of particular aspects of the culture of a society or group (e.g., its art and architecture); or (iv) a comparative investigation of cultural

systems and the development of constructs for cross-cultural sensitivity and analysis.

HIST 263 shows the broad interaction among intellectual, political, legal, economic, social, and artistic aspects of American society and life with medicine and health. The course tracks American politics and law: for example medical law (licensing law 18th c-20th c; law regarding vaccination; regarding contraception and abortion; health insurance; and federal social insurance for the entire 20th c-21st c. For these, we discuss how laws are made in the US, from the local level to Congress to courts. HIST 263 also shows how the Civil War, the end of slavery, Reconstruction, Jim Crow law, and desegregation were all very much part of medical practice through a close examination of medical practice (For example, topics include J. Marion Sims and use of enslaved women for experimentation and segregation of medical schools and hospitals). American social norms, identities, and debates regarding gender, race, ethnicity, citizenship status, and sexuality all had medical angles. Participants in these debates often used medical ideas to bolster their arguments. Students learn of both advances and setbacks in medical therapeutics and education, the rise and fall of mortality and specific diseases, and the different movements by patients (now "medical consumers") as they all tie to and influence other aspects of US history. HIST 263 is also an intensive investigation of the changing historical culture and lives of health care practitioners: doctors (and the changing definition of "doctor"), midwives, nurses, public health officials, voluntary health societies (such as the American Cancer Society, the National Tuberculosis Association, and others), and "lay" activists who have changed the practice of medicine or health law (including early 20th c. women's clubs who worked to change the law for maternal and child health and AIDS activists at the end of the 20th c.). Artistic aspects of American history are part of the course, though as a more minor note, in that students are frequently asked to study images—posters produced by voluntary health societies or pamphlets and posters produced by public health departments—and to analyze these as sources. They are asked to think of when they were produced, what messages they were meant to teach, what other messages might be learned, and, also, to consider how artists might contribute to health care or social change.

If the course contains elements of both the Western, Non-Western, and/or U.S. Minority Cultures categories, show how the emphasis of the course makes it more appropriate for the category for the U.S. Minority Cultures category for which it is being proposed.

Given the content and focus of the course, and the current need for campus to have more USM courses, we are requesting a change in the Cultural Studies Gen Ed designation for this course from Western Comparative Cultures to U.S. Minority Cultures. It meets the campus expectations for attentiveness to the experiences of racialized minority groups through extensive attention to African Americans (both men and women); American women (including African American women as noted earlier and also European-American, Asian-American, Mexican American and Native American women); religious minorities, immigrants, and other disempowered groups. Non-citizens, LGBTQ people, and people with disabilities also receive substantial attention

throughout the course.

Show how the course provides understanding and awareness of significant aspects of one or more U.S. racial minority cultures. Courses that focus on other socially significant U.S. minority identities (for example, relating to sexuality, gender, religion, or disability) or on theories of diversity, inequality, or discrimination are also appropriate for this requirement if the experiences, conditions, and perspectives of one or more U.S. racial minority populations are significantly and appropriately integrated into the course.

HIST 263 analyzes how medical theories, ideas, therapeutic practices, and institutions have historically been shaped not by science alone but by social structures and ideas about groups of people based on race, class, gender, citizenship status, (dis)ability, and sexual orientation. For example, social ideas about intellectual capacity in the 19th century that underpinned female subordination and white supremacy were both justified by medico-scientific theories. Those theories are reviewed in class together with contemporary challenges to them. The course also focuses on the development of the medical profession and its institutions over time. Rather than learning about great individual doctors or a unified medical profession (which is the mythological history), students learn of the many different people who claimed to be doctors in early America and that colonial era midwives did all of the myriad types of work identified with doctors but never had the same status because of their gender. They learn that as the nation established Jim Crow in public transportation, it also established racial segregation in medical education and hospitals that lasted into the 1970s. Nonetheless, excluded groups—women, African Americans, Japanese Americans—built their own schools and hospitals and successfully entered medicine. These are complicated, mixed histories of discrimination, radical inclusion, and struggle. The histories of men and women, immigrant and native born, European-Americans, African Americans, and Asian Americans are interwoven and compared throughout the course. Because African Americans and women (of course these are not exclusive categories, but are intersectional) had the most developed campaigns to build medical institutions and medical professions in the nineteenth century, more attention is devoted to their efforts and to comparing and contrasting those campaigns. The health work of Japanese American and Mexican American doctors and midwives are also covered, but to a lesser degree. This material is covered through lectures and assigned reading and discussion of primary sources. As the course moves towards public health and specific diseases, it continues to examine how diseases always are understood through social and cultural lenses. Students learn that epidemics and frightening diseases are frequently linked to and blamed on “others”—identified by race, citizenship status, sexual deviance, sexual orientation, or other categories. In the case of AIDS, a sexual minority was linked to a new epidemic and attempts to criminalize gay men were promoted as a protective public health measure. Female sex workers were similarly blamed. AIDS is studied as a source of social discrimination, scientific mistakes because of the initial assumptions made, and a failure in public health because of the political climate. The result was that the majority learned incorrectly that they were not at risk—because they did not identify as “gay men.” At the same time, students learn that communities of gay men

were the first to insist that sex could be safe in the midst of a deadly epidemic and that the LGBT community created new movements, institutions, and art in response. The essential caretaking and organizing done by lesbian women—which often went completely unseen and uncelebrated—is highlighted. History of disabilities is also an important theme in HIST 263. It is covered in discussion of the theory of eugenics and the Supreme Court case that endorsed state sterilization of the “feeble-minded.” The course also includes a section that specifically focuses on the history of disabilities. In this section, students learn about the medical model and the social model of disability, the disability rights movement of the 1960s-present, and earlier progenitors. Many of the leaders of the modern movement were “polios” (as they call themselves). This class learns about the history of polio as an epidemic, as a disease with a changing class identity, and as a social problem that gained national attention with FDR and the National Foundation for Infantile Paralysis (March of Dimes) effort to find a vaccine. The class discusses the representations and fears of people with disabilities, social discrimination against them, the effort to hide and overcome polio (especially by the “super-crip” FDR), and research ethics. This is accomplished through lecture, a film, discussion and examination of historical artwork and posters, and readings written by people with disabilities.

## Additional Course Information

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Does this course replace an existing course? No

Does this course impact other courses? No

Does the addition of this course impact the departmental curriculum? No

Has this course been offered as a special topics or other type of experimental course? No

Will this course be offered on-line?

Face-to-Face

Faculty members  
who will teach  
this course:

Professor Leslie Reagan, History Department; potentially: Professor Rana Hogarth,  
History Department

Course ID: 1003664

Comments to  
Reviewers:

This course has recently (AY 2018-19, in late spring 2019) been approved for the US  
Minority Culture (s) gen ed: we were informed that we did not need to fill out that  
section of the Gen Ed questionnaires since that had been completed and submitted to  
the gen ed committee recently. At present, it is only being re-evaluated for the  
Historical Perspectives gen ed.

Course Edits  
Proposed by:

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Key: 4849