Drugs and modern society

This option explores the development of modern medicine, medicines, and medical practice in the context of demographic, social, economic and political change since 1800. Beginning with an examination of Thomas McKeown’s theory of the modern rise of population, it will include discussion of growing state involvement in the provision of health care, the shaping of the modern medical profession and medical institutions, the emergence of modern scientific medicine and public reaction to it, drug discovery and ensuing problems, the rise of the welfare state, changing relations between doctors and patients, and the ‘fall’ of modern medicine. The geographical focus will be on Britain, with reference to Western Europe and North America.

There is no set reading for each week, but a list of recommended texts, which students are expected to read selectively as applicable. The reading list gives an idea of the wide scope of this module and should help you to select topics of particular personal interest. Assessment will be by two essays each of c.3500 words (excluding footnotes and bibliography). One will be chosen from a precirculated list, the other on a relevant topic of the student’s own choosing, with the agreement of the lecturer.

**Student Collection: available on loan, Wellcome Library
*** Available on Moodle**

**General reading**


Anne Hardy. *Health and medicine in Britain since 1860.* Basingstoke, Macmillan, 2000. (Student Collection)


1. Demographic and epidemiological transitions

Thomas McKeown’s argument that improved nutrition brought about falling death rates after c.1870 has generated ongoing historical debate. This session will discuss the McKeown thesis, and changing patterns of death and disease, of changing life expectancy and the role of medicine across the period to 2000.

**Reading**


2. Poverty and public health

State provision for the poor was transformed in concept and practice in 19th century Britain as the state sought new ways of managing poverty and disease by implementing public health measures. This session explores the changing nature of public health provision in the 19th and 20th centuries.


Emma L. Jones and John V. Pickstone. *The quest for public health in Manchester: the industrial city, the NHS and the recent history.* Manchester: Manchester NHS Primary Care Trust in association with the Centre for the History of Science, Technology and Medicine, University of Manchester, 2008.


Michael Worboys. *Spreading germs: disease theories and medical practice in Britain, 1865-1900.* Cambridge; New York: Cambridge University Press, 2000, especially chapters 4, 6 & 7. (Student Collection)


3. Caring and curing: medical institutions
The changing role of the hospital as a provider of medical treatment during the period will be explored, highlighting the part it played in shaping the identity of the modern medical profession, the impact of new technologies and social and economic change, the role of nurses, and the emergence of alternative forms of institutional care in the later 20th century.


Peter Bartlett & David Wright, eds. *Outside the walls of the asylum: on “care and community” in modern Britain and Ireland.* New Brunswick; London: Athlone Press, 1999. (Student Collection)


4. The medical profession
The medical profession underwent profound changes over the past 200 years, with the emergence of general practitioners, medical specialisation and distinctive forms of hospital medicine. This session examines the development of the modern profession, including the part played by hospitals and medical schools.

**Reading**


5. Scientific medicine

This era saw, the rise of biomedicine - of medicine practice based in knowledge acquired in the laboratory - and its eventual dominance of western medical practice. It was not, however, a uniform development nor one uncontested from within medicine itself. The processes by which biomedicine came to dominate are the focus of this session.


Lindsay Granshaw. ‘”Upon this principle I have based a practice”: the development and reception of antisepsis in Britain, 1867-90.’ In John V Pickstone, ed. Medical innovations in historical perspective. Basingstoke, Hampshire: Macmillan, in association with the Centre for the History of Science, Technology, and Medicine, University of Manchester, 1992. (Student Collection).


6. Science and society
The rise of scientific medicine and of public health was not universally accepted as a public good, and their methods have been very specifically challenged, notably in the fields of animal experimentation and immunisation. This session looks at the early history of these movements, and their legacy.

Reading

***Nadja Durbach. “‘They might as well brand us’”: working class resistance to compulsory vaccination.’ Social History of Medicine 13 (2000): 45-62.


R.M. Macleod. ‘Law, medicine and public opinion.’ *Public Law* 1967: 107-28 (copies in Wellcome Library, Student Collection reprints)


7. Building a better nation

Concerns over the apparent physical degeneration of urban populations surfaced in mid-19th century Europe, and reached a climax in Britain in the years around 1900. This session looks at the nature of this phenomenon, its relationship to Darwinism, international competition, development of the eugenic movement and of alternative models of physical fitness.

**Reading**


8. The rise of welfare

Degenerationist anxieties and the concern for a healthy workforce helped to drive new forms of social legislation in Britain deriving in part from Continental models. This session examines the impact of these measures, which included sickness insurance, the school medical service, mother and child clinics, and clinics for STDs, in the years up to 1940.


9. The National Health Service
The establishment of Britain’s National Health Service in 1948 marked a new era in health provision. Almost from the beginning, however, the new service encountered problems of supply and demand, which only escalated with time. This session looks at the impetus behind the creation of the NHS, its consequences, and the factors that complicated the delivery of equitable medical treatment free to all.

Reading


*Geoffrey Rivett. From cradle to grave: fifty years of the NHS. London: King’s Fund, 1998. Some of these chapters are available at http://www.nhshistory.net/


10. Problems with new medicine – post 1945

In the years to c.1965, medicine appeared to be on a roll following wartime success and the discovery of new therapeutic drugs such as antibiotics, and the development of novel operative techniques. From the mid-1960s, however, medicine’s public image (exploited through the new concept of ‘media exposure’) became increasingly scarred following the thalidomide and other drug tragedies, and growing recognition of bacterial resistance. This session examines both the factors that contributed to the tarnishing of medicine’s reputation as a science for a brave new world, and those that complicated the state’s adoption and implementation of health policies.

Reading


The *James Lind Library* ‘has been created to introduce people to the characteristics of fair tests of treatments in health care’, and includes examples over many centuries, including some modern drug trials. It can be found at: [http://www.jameslindlibrary.org/](http://www.jameslindlibrary.org/)


