

The Culture of Disease: A History 286
An honors course
Judith A. Houck

Instructor: Judith A. Houck
Office: 1419 Medical Sciences Center (263-6287)
Email: jahouck@wisc.edu
Office Hours: Tuesday 2:30-3:45 and by appointment.

What is disease? Who decides? What are the consequences of labeling a behavior a disease? Can disease be a tool of liberation? Can disease be an instrument of oppression? How do race, class, and gender affect our understandings of and experiences with illness? How have diseases shaped American history? This course is designed to illustrate the various ways disease operates in America. We will examine the role of disease on at least four levels--political, social, cultural, and personal- to demonstrate that diseases are not merely bodily afflictions; they are also participants in the body politic. At first glance, this course outline might look like one disease after another, and on some level it is. However, the diseases are chosen to illustrate a different point about the social and cultural lives of disease in the history of the United States. Although the course moves forward chronologically, it is not meant as a narrative history of disease.

COURSE TEXTS

Course reader available at Social Science Copy Center, 6120 Social Science Building (262-5396)

See also Learn@UW Course page for handouts, etc.

COURSE REQUIREMENTS:

Class Participation:	20%
Secondary Source Report	10%
Peer Review Notes:	10%
Historical Research Paper	30%
Final Exam (take-home essay):	30%

Participation

Because the discussion of readings is a major component of this course, you will be graded on your preparation for and involvement in class. This approach asks that you engage fully with the material and explore your own beliefs about historical events and processes. I evaluate participation by how well you talk about your ideas, listen and respond to others' ideas, remain sensitive to the feelings of other class members, and take responsibility for moving class discussion forward. Expressing one's ideas and getting reactions from others can help you evaluate your own opinions and ultimately sharpen your thinking. Although I set the grading criteria, you assign your own participation grade daily (though I reserve the right to change them). Please note that the most valuable participation does not necessarily come from the student who speaks most. Students who do not listen to their classmates, who do not make room for various viewpoints and speakers, will not earn the highest participation.

Grading Criteria: See Appendix I.

As part of your participation grade, I expect you to complete **reading guides** before you come to class and turn them in at the end of the discussion. I will provide the reading guides the class session before

they are due. These are to help you approach the reading, provide a starting point for class discussion, and guide your study before the exams. **You will be expected to turn in 14 of these**, but feel free to do them all. For days I do not provide reading guides, I have attached a few general guidelines (Appendix II) to help you think about the texts. Ten points for each reading guide not completed will be deducted from your participation grade.

Examination

The final will be a take-home essay and will be based on the readings and on the conversations we have about those readings in class. I will provide the exam question on May 9th. It will be due 7:05 PM on May 15th.

Grading Criteria: See the exam

Secondary Source Report

To get a sense of how historical writing is structured, you will be asked to analyze a secondary source related to your research topic (see Appendix V). This is due February 28.

Historical Research Paper

The central assignment of this course will be a historical research paper based on primary sources and informed by secondary reading. It will look at some aspect of disease in the United States. It should be about 15 pages long (no more than 20; no less than 10).

I have broken down the paper into several discrete steps. First you will submit a paper topic and a brief source list (see Appendix IV: due February 21). Second, you will submit a more robust bibliography (due March 5). Third, you will prepare a two-page overview of your paper. This overview will describe in detail the topic of your paper, its thesis, and how you will support the thesis (due March 21). The first draft of the paper, is due April 16; the final draft May 9.

As part of this process, you will also be required to submit your work to peer review and to review the work of your peers. When you turn in your first drafts, you will give your papers to two of your classmates. In turn, you will be asked to review two of your classmates' papers. (Details of the review process to follow.) The input you give your peers will be graded.

The first draft should be a serious attempt to write your best paper. We can only give helpful feedback on papers that reflect serious research, reflection, and revision. Drafts that are significantly shorter than 10 pages, that do not have citations, that are merely outlines, or that somehow fall short of the requirements will not fulfill the requirement.

Grading Criteria: See Appendix III

Late Paper Policy:

Assignments that are late, for whatever reason, will be docked 5 points per day unless I have granted prior approval. This applies to all assignments, including the take-home exams. Assignments a week or more late will not be accepted unless there are extraordinary circumstances AND you have talked with me.

Late drafts will be accepted only with my prior approval. In general, a late draft will lead to a point penalty on the final grade. If you do not turn in a draft, your final paper will be lowered by a minimum of 10 points.

GRADING SCALE

93-100	A
88-92	AB
78-82	BC
70-77	C
60-69	D
0-59	F

If you have questions about a grade, speak first to the instructor (Houck). If the question is not resolved, speak with the chair of the department of History of Science, Tom Broman. He will attempt to resolve the issue informally and inform you of the Appeals Procedures if no resolution is reached informally.

I wish to include fully any students with special needs in this course. Please let me know if you need any special accommodations in the instruction or evaluation procedures in order to enable you to participate fully. The McBurney Center will provide useful assistance and documentation.

SCHEDULE

January 22	Introduction
January 24	What is Illness? What is Disease?
January 29	Disease as a Weapon of Conquest I
January 31	Disease as a Weapon of Conquest II
February 5-7	Science Versus Religion? Smallpox in North American Colonies
February 12	Racial Politics and Political Races: Yellow Fever in Philadelphia I
February 14	Racial Politics and Political Races: Yellow Fever in Philadelphia II
February 19	Research Workshop
February 21	Class and Gender: Tuberculosis I (Paper Topic and brief source list due)
February 26	Class and Gender: Tuberculosis II
February 28	Pathologizing Sexuality: Hypersexuality (Secondary source report due)
March 5	Pathologizing Sexuality: Homosexuality (Bibliography due)
March 7	Illness as Voice? Women and Mental Illness I
March 12	Illness as Voice? Women and Mental Illness II
March 14	Invading Illnesses: Immigration and Disease I
March 19	Invading Illnesses: Immigration and Disease II
March 21 and April 2	War and Disease: Influenza I (Paper overview due 3/21)
March 23-31	Spring Break
April 4	War and Disease: Venereal Disease
April 9	Southern Disease, Southern 'Deviance'
April 11	Alcoholism: Bad Behavior or Disease
April 16	Occupational Hazards: Silicosis and Black Lung (Paper First Draft due)
April 18	Sickle Cell Anemia: Identity and Disease I
April 23-25	AIDS: Identity and Disease II (Peer Reviews due 4/25)
April 30	Marketing a Disease: Breast Cancer
May 2-7	Student Reports
May 9	Wrap-Up (Final Papers due)
May 15	(Final Exam due)

January 22 **Introduction**

January 24 **What is Illness? What is Disease?**

Charles Rosenberg, "Framing Disease: Illness, Society, and History," in Charles Rosenberg and Janet Golden, eds., *Framing Disease: Studies in Cultural History* (New Brunswick, NJ: Rutgers UP, 1992), xiii-xxvi.

Arthur Kleinman, "The Meaning of Symptoms and Disorders," in *Illness Narratives: Suffering and Healing and the Human Condition* (New York: Basic, 1988), 3-30.

What is a disease? This topic will introduce the idea that diseases are not merely biological events. Instead, diseases--as diseases--only exist after they have been labeled. The process of labeling a limb tremor, a skin rash, or a sexual behavior a disease is a social and cultural process. This unit will examine the social construction of disease while acknowledging the role of scientific discovery and biological critters in the construction process.

January 29 **Disease as a Weapon of Conquest I**

Alfred W. Crosby, "Infectious Disease and the Demography of the Atlantic Peoples," in *Germs, Seeds and Animals: Studies in Ecological History* (Armenk, NY: M. E. Sharpe, 1994), 82-96.

Noble David Cook, "North America," in *Born to Die: Disease and New World Conquest, 1492-1650* (New York: Cambridge University Press, 1998), 192-200.

David S. Jones, "Virgin Soils Revisited," *William and Mary Quarterly* 60 (2003): 703-742.

This topic will show that microbes and disease played a critical role in the devastation of native peoples during the early years of European exploration and colonization. The depopulation and weakening of native populations by various diseases helped Europeans claim the Americas as their own. In other words, diseases were crucial historical actors.

January 31 **Disease as a Weapon of Conquest II**

Elizabeth Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffrey Amherst," *The Journal of American History* 86 (2000): 1552-1580.

Today we will examine the use of disease as an intentional weapon of war. What do we think of biological warfare? Do germs challenge the rules of war?

February 5-7 **Science Versus Religion? Smallpox in North American Colonies**

Cotton Mather, "A Letter about Smallpox Inoculation," (1723).

William Douglas, *Inoculation of the Small Pox as Practiced in Boston*, excerpts.

Zabdiel Boylston, *An Historical Account of the Smallpox Inoculated in New England* (1730).

Edmund Massey, "A Sermon Against the Dangerous and Sinful Practice of Inoculation," Preached in London, 1722, reprinted in Boston, 1730.

John Blake, "The Inoculation Controversy in Boston, 1721-1722," Judith Walzer Leavitt and Ronald Numbers ed., *Sickness and Health in America*, 2nd ed. (Madison, WI: University of Wisconsin Press, 1985), 347-355.

Why should we trust new scientific claims? Why does disease exist? Who should make decisions for the health of a community? What is the role of religion in civic life? These questions, still relevant, rocked the American colonies at the beginning of the eighteenth century. The issue was smallpox inoculation, a new procedure that assuredly made people ill, but maybe prevented people from getting sicker. Was it worth the risk? How would you decide?

February 12 Racial Politics and Political Races: Yellow Fever in Philadelphia I

Benjamin Rush, "Selected Letters," (1793).
Martin Pernick, "Politics, Parties and Pestilence: Epidemic Yellow Fever in Philadelphia and the Rise of the First Party System," Judith Walzer Leavitt and Ronald Numbers ed., *Sickness and Health in America*, 2nd ed. (Madison, WI: University of Wisconsin Press, 1985), 356-371.

February 14 Racial Politics and Political Races: Yellow Fever in Philadelphia II

Mathew Carey, *A Short History of the Malignant Fever* (1794), 21-28, 60-63.
Absalom Jones and Richard Allen, *A Narrative of the Proceedings of the Colored People, during the Late, awful calamity in Philadelphia in the year 1793*.
John Edgar Wideman, "Fever," in *Fever: Twelve Stories* (New York: Henry Holt and Company, 1989), 127-161.

The yellow fever epidemic of 1793 introduces the role of politics in epidemic disease, a theme that returns throughout the course. When yellow fever struck the nation's capital, the emergent political parties of the time, the Federalists and the Republicans, disagreed over the best medical approach. Further, when most people of means fled Philadelphia, black residents were asked to stay and nurse the ill. In return for their efforts, the African-American community was slandered in the popular press. This example shows how disease becomes entwined with the political and social forces that surround it.

February 19 Research Workshop

February 21 Class and Gender: Tuberculosis I

Sheila Rothman, "The Female Invalid: The Narrative of Deborah Vinal Fiske, 1806-1847," in *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (Baltimore: Johns Hopkins University Press, 1995), 75-127.

February 26 Class and Gender: Tuberculosis II

Richard Yates, "No Pain Whatsoever," in *Eleven Kinds of Loneliness* (New York: Everyman's Library, 2009; First published 1962).

Just as diseases are entwined with politics, they are also linked with class and gender. By looking at the experiences of two tuberculosis patients, we will explore how class and gender inform the experience and meaning of chronic illness.

February 28

Pathologizing Sexuality: Hypersexuality

Dio Lewis, "Marital Excesses," in *Chastity; or, Our Secret Sins* (Philadelphia: George Maclean and Co., 1874), 57-83.

Elizabeth Lunbeck, "'A New Generation of Women': Progressive Psychiatrists and the Hypersexual Female," in *Women and Health in America*, 2^d ed., Judith Walzer Leavitt, ed. (University of Wisconsin Press, 1999), 229-249.

Janice Irvine, "Reinventing Perversion: Sex Addiction and Cultural Anxieties," *Journal of the History of Sexuality* 5 (1995): 429-450.

March 5

Pathologizing Sexuality: Homosexuality

Jennifer Terry, "Lesbians Under the Medical Gaze: Scientists Search for Remarkable Differences," *Journal of Sex Research* 27 (August 1990): 317-39.

Bert Hansen, "American Physicians' 'Discovery' of Homosexuals, 1880-1900: A New Diagnosis in a Changing Society," in Judith Walzer Leavitt and Ronald Numbers ed., *Sickness and Health in America*, 3rd ed. (Madison, WI: University of Wisconsin Press, 1997), 13-39.

When is behavior a disease? Using the medicalization of sexuality as a model, we will examine how particular behaviors, after being considered undesirable at a particular time and place, become "diseases." Consequently, people who participate in certain behaviors become vulnerable to medical surveillance and treatment. We will explore the notion of disease creation as an instrument of social control, bearing in mind that the "diseased" groups often eagerly encourage the disease model.

March 7

Illness as Voice? Women and Mental Illness I

Charlotte Perkins Gilman, *The Yellow Wallpaper* (1892).

March 12

Illness as Voice? Women and Mental Illness II

Elaine S. Abelson, "The Invention of Kleptomania," *Signs* 15 (1989): 123-143.

Elizabeth Lunbeck, "'Hysteria: The Revolt of the 'Good Girl' in *American Sexual Histories*, Elizabeth Reis, ed., (Malden, MA: Blackwell, 2001), 171-189.

L. E. Emerson, "The Case of Miss A," in *American Sexual Histories*, Elizabeth Reis, ed., (Malden, MA: Blackwell, 2001), 190-197.

This section continues the themes of the last topic, but in this case, we focus on the diagnosis and treatment of mental illness in women. What behaviors are considered pathological for late nineteenth-century women? Was mental illness perhaps a way for women to escape their socially sanctioned roles? We will examine the intersection of gendered and class-bound expectations in the diagnosis, treatment, and experience of mental illness.

March 14

Invading Illnesses: Immigration and Disease I

Nayan Shah, "Plague and Managing the Commercial City," in *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: UC Press, 2001), 120-157.

March 19

Invading Illnesses: Immigration and Disease II

Amy L. Fairchild, "Policies of Inclusion: Immigrants, Disease, Dependency, and American Immigration Policy at the Dusk of the 20th Century," *American Journal of Public Health* 94 (2004): 528-539.

Madeleine Pelter Cosman, "Illegal Aliens and American Medicine," *Journal of American Physicians and Surgeons* 10 (2005): 6-10.

David Leonhardt, "Truth, Fiction and Lou Dobbs," *NYT*, May 30, 2007.

Immigration is one of the most important aspects of American cultural, social, and political life. Over the course of United States history, immigrants have been both reviled and welcomed; appreciated for their nimble hands, but resented for their alleged radical politics, valued for their willingness to work for very little money, and assailed for taking jobs away from "natives." This section examines how anxiety over immigrants sometimes expressed itself as a fear of imported disease. Our case study will be the 1900 plague epidemic in San Francisco's Chinatown, and we will also examine how disease is part of current debates concerning immigration.

March 21 and April 2 War and Disease: Influenza I

Mary McCarthy, *Memories of a Catholic Girlhood* (New York: Harcourt, Brace, 1957), 33-39.

Alfred W. Crosby, "The Great Shadow," and "Flu and the American Expeditionary Force," in *America's Forgotten Pandemic: The Influenza of 1918* (New York: Cambridge University Press, 1989), 3-13, 145-170.

Katherine Anne Porter, "Pale Horse. Pale Rider," in *Pale Horse, Pale Rider: Three Short Novels* (New York: Harcourt Brace, 1939), 179-264.

Like immigration, war has been a major cultural and social force in the United States, and war and disease are constant companions. Untreated wounds, unsanitary conditions, overcrowding, spoiled food, and other horrors of war provide an opportunity for diseases as varied as shell-shock, typhus, and typhoid. This section and the next will focus on two examples, influenza and venereal disease, to illustrate the complicated relationship between war and illness.

The influenza epidemic of 1918-1919 may have been the most devastating epidemic in human history. It killed roughly 30 million people worldwide; in India alone, roughly 12.5 million people died. In the United States, conservative estimates put the number of deaths at 550,000. The context of war made these horrific numbers possible, as young men lived together in closed quarters and traveled to distant countries. Even the conditions on the homefront contributed to the spread of the epidemic as crowds gathered in cities to buy war bonds. This unit will examine the role of the war in the epidemic, the effect of the epidemic on the war, and the personal and symbolic meanings of influenza in the United States.

April 4 War and Disease: Venereal Disease

A Message From the Government to the Churches of the United States (Washington D. C.: Government Printing Office, 1919).

Thomas Parran and R. A. Vonderlehr, *Plain Words about Venereal Disease* (New York: Reynal and Hitchcock, 1941), 67-91, 113-116.

Mary Louise Roberts, "The Price of Discretion: Prostitution, Venereal Disease, and the American Military in France," *American Historical Review* 115 (2010): 1002-1030.

Sexual release has often been understood as a necessary aspect of masculinity, especially during war. At the same time venereal disease has long been a significant problem in the military. Today we will look at the efforts to protect fighting men from disease, "working women," and their own sexual desires.

April 9 Southern Disease, Southern 'Deviance'

Alan Marcus, "The South's Native Foreigner: Hookworm as a Factor in Southern Distinctiveness,"
and

Elizabeth W. Etheridge, "Pellagra: An Unappreciated Reminder of Southern Distinctiveness,"
in *Disease and Distinctiveness in the American South* (Knoxville: University of Tennessee Press, 1988), 79-99, 100-119.

Sometimes a place gains the reputation for illness and consequently suffers the social stigma (and often the commercial loss) associated with disease. In the course of United States history, the South has often been condemned as a region of poverty and illness. To explore the role of regionalism in disease, we will use hookworm and pellagra as case studies. Ridding the nation of hookworm at the turn of the century was undertaken as a project of national pride. At the same time the U.S. was exporting its vision of civilization to foreign lands, northerners viewed the high rates of hookworm in the south as a national embarrassment. Hookworm prompted images of barefoot people who defecated in the same place they lived. High rates of hookworm infection also furthered the stereotype of poor southerners as a backward, even deviant people. Eradicating hookworm, then, was seen as an effort to Americanize poor southerners. Later in the century, endemic pellagra again made the south the object of medical reform. Many southerners viewed medical efforts to investigate pellagra as an attempt to embarrass the south by painting it as a backward, insalubrious region. In addition to highlighting regional differences in disease, these examples demonstrate that efforts to eradicate disease among a group of people (a race, a country, a sexual minority) often involves stigmatizing the same group.

April 11 Alcoholism: Bad Behavior or Disease

Timothy Shay Arthur, *Ten Nights in a Bar-Room* (1897), excerpts.

Herbert Fingarette, "Alcoholism--Neither Sin Nor Disease," *The Center Magazine*,
March/April 1985, 56-63.

"What Is Alcoholism," *The Center Magazine*, May/June 1985, 36-44.

Stephen Patnode, "'Their Lack of Masculine Security and Aggression Was Obvious': Gender and the Medicalization of Inebriety in the United States," *CBMH* 24 (2007): 67-92.

Drinking, problem drinking, diseased drinking. What is the line, if any, between these different behaviors? Is there a real distinction between alcoholism and social drinking? Who gets to decide where it is? Today we will examine the medicalization of drinking, trying to understand how and why similar behaviors can be placed into different diagnostic categories.

April 16 Occupational Hazards: Silicosis and Black Lung

David Rosner and Gerald Markowitz, "'The Street of Walking Death': Silicosis, Health, and Labor in the Tri-State Region, 1900-1950," *Journal of American History* 77 (1990): 525-552.

Barbara Ellen Smith, "History and Politics of the Black Lung Movement," *Radical America* 17 (1983): 89-109.

Come All You Coal Miners (Rounder Records, 1973) [not in reader].

This section will focus on the workplace as a contributor to illness. We will look at players outside the medical profession who participate in the construction of disease. In this case, labor unions, legal battles, folk singers, and insurance companies all contributed to the definition of silicosis and black lung and the effort to secure the health of miners.

April 18 Sickle Cell Anemia: Identity and Disease I

Harry Schwartz, "Sickle Cell: Resentment Complicates the Case," *New York Times*, 5 Nov. 1972.

Tabitha M Powledge, "The New Ghetto Hustle," *The Saturday Review*, January 27, 1973, 38-47.

"Famous Blacks Fight Sickle Cell Anemia in Nationwide Drive," *Jet* October 7, 1971, 58-60.

Alondra Nelson, "Spin Doctors: The Politics of Sickle Cell Anemia," in *Body and Soul*, "The Black Panther Party and the Fight Against Medical Discrimination" (Minneapolis: University of Minnesota Press, 2011), 115-152.

This topic explores what happens when a disease becomes racialized. The example of sickle cell anemia illustrates the risks and benefits of constructing a disease as if it "belonged" to a certain group. We will explore the power of community organizing and the unintended consequences of getting what you wish for. This unit will also provide an example of the long-held mistrust some members of the African-American community feel toward medical institutions.

April 23-25 AIDS: Identity and Disease II

Peter Lewis Allen, "AIDS in the USA," in *The Wages of Sin: Sex and Disease, Past and Present* (Chicago: University of Chicago Press, 2000), 119-155.

Robert A. Padung and Gerald M. Oppenheimer, "Riding the Tiger: AIDS and the Gay Community," in *AIDS: The Making of a Chronic Disease*, Elizabeth Fee and Daniel M. Fox, eds. (Berkeley: University of California Press, 1992), 245-278.

Richard Berkowitz and Michael Callen, *How to Have Sex in an Epidemic* (New York: News from the Front Publications, 1983).

Kyra Pearson, "How to Have History in An Epidemic," in *Remembering the AIDS Quilt*, Charles E. Morris III (East Lansing: Michigan State University Press, 2011), 261-296.

David Feinberg, "Despair (August 1987) and Rebecca Brown, "A Good Man," in *Vital Signs: Essential AIDS Fiction*, Richard Canning, ed. (New York: Carroll and Graf Publishers, 2007), 159-171, 203 244.

This unit explores the social and cultural meanings of AIDS by looking at popular depictions of AIDS victims and the cultural efforts to document the epidemic and the lives lost to it. We will also explore the politics of AIDS, from both the activist and legislative communities.

April 30 Marketing a Disease: Breast Cancer

Susan Ferraro, "The Anguished Politics of Breast Cancer," *New York Times Magazine*, August 15, 1993, 25-27+.

Letters, *New York Times Magazine*, September 1993, various.

Lisa Belkin, "Charity Begins at...the Marketing Meeting, the Gala Event, the Product Tie-In," *New York Times Magazine*, December 22, 1996, 40-46.

Letters, *New York Times Magazine*, January 12, 1997.

Barbara Ehrenreich, "Welcome to Cancerland: A Mammogram Leads to a Cult of Pink Kitsch," *Harper's*, November 2001, 43-53.

Breast cancer is both a serious disease and a marketing bonanza. Pink ribbons, celebrity fundraisers, Breast Cancer Awareness Month, and Walks for the Cure all attest to the visibility of breast cancer. Why has breast cancer become such a "popular" disease while other diseases kill more women? How has the publicity around breast cancer affected patients' experiences? In this section, we will explore the intersection of disease, sexuality, race, and marketing to understand the cultural meanings of health, illness, and female bodies.

May 2-7 Student Reports

May 9 Wrap-Up

Appendix I: How to Grade Your Participation

1) Attendance points 3

If you show up on time and stay the whole class period, you earn full credit.
If not, adjust accordingly.

2) Attention points 2

If you pay attention to the conversation, give yourself full credit.
If you read a magazine, do a crossword puzzle, or take a nap,
adjust accordingly.

3) Preparation points 2

If you read all the readings, give yourself full credit. If not, adjust
accordingly.

4) Participation

Participation points gauge several aspects of course involvement. They reflect whether you have understood the basic issues, engaged with the material, volunteered your opinions, and listened to your classmates. Choose the category (and the point assignment) that best fits your situation.

Category A—no participation 0

did not participate in discussion

Category B—good participation 1

answered a question when directly asked
volunteered an item for a board list

Category C—better participation 2

asked a question
participated in small groups discussion
voluntarily offered an interpretation of an event or reading
voluntarily offered a summary of a reading

Category D—best participation 3

advanced the conversation by building on the efforts of your peers
brought two comments or articles in conversation with each other
helped clarify a confusing text or claim
offered to play the devil's advocate

I generally accept the grade you offer, but I have the final authority. Make sure you describe on the participation chart how you arrived at your number.

The discussion format is based upon the notion that students can and do learn from each other. To acknowledge this, **one bonus discussion point will be assigned by your peers.** After every discussion, you will indicate which two people you believe contributed most valuably to discussion that day and explain why. Please note that this is not a reward for sheer quantity. Instead, perhaps someone asked one question that you made you rethink an issue. Perhaps somebody brought two disparate strains together in a way that enlivened discussion. Perhaps somebody dared to offer a contrary opinion. Perhaps someone rephrased what you were trying to say in a way that helped others understand. Maybe someone helped you finally understand discourse analysis. Carefully consider which of your classmates helped you engage, understand, and analyze the material.

Attendance is part of your participation grade. You cannot participate in the conversation if you are not present for it. Participation grades will be figured to allow you one absence without penalty. Any absences beyond one may affect your participation grade. If you notify me within 12 hours before class or after class that you will be unable to attend, I **may** waive any missed- class penalty. If you are truly sick, please don't come to class and do notify me.

The Culture of Disease

Appendix II: Approaching Texts

As you read:

Decide whether the source is a primary source or a secondary source. (In general, a primary source is a text generated at the time of the event or issue or person discussed. A secondary source is a document that analyzes that event, issue, or person from a historical perspective. If the topic of discussion is tuberculosis in the early 19th century, primary sources might include medical literature, newspaper articles, journal entries, short stories, domestic health guides, and personal letters from the early 19th century. Secondary sources might include a historian's account of tuberculosis in the early 19th century that was written in the 20th century. There are cases where the differences are more fuzzy, but start from this rough distinction.

If the source is a primary source:

- a) Note the date. What else happened at the same time? Make sure you understand the chronology of the sources for any given topic.
- b) What perspective does it illuminate? Was it written by a middle-class woman facing childbirth? Was it written by a physician advising women how to cope with childbirth?
- c) What is the author's goal? Is she trying to persuade? Inform? Seduce? Scold?
- d) Who is the intended audience for the piece?
- e) Look up words and phrases you don't know.
- f) Can you identify a take-home message?

If the source is a secondary source:

- a) Figure out the author's argument. Every article has a main point. Make sure you know what it is. (Knowing the argument is different than knowing what the article is about).
- b) What kind of evidence does the author use? (Prescriptive literature, diary entries, medical journals?) Is the evidence appropriate for the argument?
- c) Is the argument persuasive? Has the author proven his or her claim?
- d) Keep track of the chronology. In other words, if the author is describing change over time, make sure you understand how, when, and why things change.
- e) Look up words and phrases you don't know.

The Culture of Disease: A History

Paper Grading Criteria Appendix III

Grading Criteria:

The paper will be evaluated on the specificity of its thesis, the soundness of its organization, the strength of its analysis, the effectiveness of its evidence, the originality of its ideas, and the grace of its style.

Thesis: A thesis is the reason a paper exists; it is the point you are trying to make. A thesis should not merely describe what the paper does ("This paper examines the validity of the biological understandings of gendered behaviors"). Instead, your thesis statement establishes your claim ("The efforts to link gendered behavior and biology always rely on culturally and historically specific notions of gender. The failure to recognize the culture-bound definitions of gender weakens the claims that gendered behaviors--such as playing with truck--are biologically based.")

Organization: The organization of your paper should revolve around your thesis. Each paragraph should build an argument in support of the thesis. Consider every paragraph a mini-argument. It should have one main idea (presented in the topic sentence) and three to five sentences (or so) that clearly support the topic sentence. Each paragraph should be connected to the one above it by a transition. End with a conclusion that explains how your paper contributes to the history of the American body.

Evidence: In your papers and in your exams, your argument must be supported by evidence. For the exams, you should rely for evidence on the course materials, lectures and discussions. In your papers, the course materials will still be useful, but they need to be supplemented by evidence that you collect. This is especially important for the historical research project. In evaluating your written work, I will consider the appropriateness of the evidence for the claims you are trying to make.

Analysis: Your paper should analyze and interpret the evidence to support your claim. Imagine for a moment a courtroom drama on TV. The gun, the barking dog, the tire tracks are all deployed by the prosecutor to support her case. But she does not merely describe the evidence; she uses it to make a point. She claims that the fingerprints on the gun, coupled with the tire tracks that match Jane Doe's car prove that Jane murdered Hello Kitty. Or pretend you are the defense attorney who analyzes the same evidence to prove Jane is innocent. The defense attorney notes that the finger prints provided only a three-point match, and besides, Jane shoots regularly at the firing range. Further, he claims that Jane loaned her car to her friend Willy that night so he could attend a "Dance, Dance Revolution" tournament. In other words, evidence does not speak for itself; your analysis gives evidence meaning. In the same way, you must analyze your sources, you must interpret them, to make a convincing case.

Originality: A first-rate essay will not just reiterate the claims made in the readings or the ideas raised in discussion. Instead, the best essays will use the readings and discussions as the starting point to explore and create your own interpretations of a topic.

Style: The best ideas can fail to impress if packaged carelessly or imprecisely. Vague or messy prose tends to leave the reader puzzled and frustrated rather than persuaded and enlightened. Take care that your prose illuminates your ideas rather than obscures them. Take your work seriously enough to pay attention to the way it is packaged.

Some particular items to keep in mind.

Strive for clarity

If a reader must read a sentence three times to understand it, the writing hinders the idea.

Sometimes hazy prose reflects hazy thinking. Make sure you know exactly what you are trying to say before you say it.

Strive for precision

Avoid claims like “people thought,” “doctors argued,” “women dieted.” Which people, doctors, or women? All of them?

Avoid baggy sentences

Good prose is direct prose. As a result, good writers rid their sentences of all extraneous words. For example, I could advise you that if there is any way at all to get rid of extra words in your sentences that are not absolutely necessary, they should be gotten rid of if you can. Or in the words of Strunk and White, “Omit needless words.”

Use active voice

Instead of saying “The study was conducted,” try “Mr. Smith conducted the study.” This is desirable for several reasons. 1) It often allows you to omit needless words. 2) It forces you to identify the historical actors. “It was generally believed...” is a dead give-away that you only have a vague idea of who believed. 3) Active voice forces you to use punchy verbs rather than the drab and generally unhelpful form of the verb “to be.” (See next point.)

Use vigorous verbs

Verbs provide the foundation of good writing. Unfortunately we often use verbs that provide no action such as forms of the verb “to be” or its helper verbs (am, is, was, were, are, be, been, being, have, has, had, do, does, did). These are perfectly fine, but try replacing them with something jazzier or omit them altogether. “She was a good student,” provides basic but bland information. “She excelled in math and science,” adds verve and specificity. Further, “he laughed” can usually replace “he was laughing.” Finally, avoid turning perfectly good verbs into nouns. Consider the following: “The mirror *had* a *reflection* of the lake on it.” “The mirror reflected the lake,” is stronger.

Avoid careless stuff

Run a spell check. Check for run-on sentences and sentence fragments. Proof-read.

What do grades mean?

- A (93-100) For outstanding papers only. Thesis and argument are clear, thought-provoking, and persuasive; research is thorough, appropriate, and creative; relationships drawn between evidence and ideas are sophisticated, subtle, and/or original. The paper also connects to larger trends addressed by the course. Writing is grammatically correct and succinct. The argument flows well from point to point, without any puffery or wasted words.
- AB (88-92) For very good papers that for some reason fall short of the criteria listed above. For example, the argument may be murky in one place; information may be presented that doesn't directly or clearly contribute to the argument; writing style may be awkward here and there, or flawed by one or two consistent (if minor) grammatical errors.
- B (83-87) Your basic good grade. The paper may pursue a straightforward but not especially deep or sophisticated argument; it is okay as far as it goes, but it doesn't penetrate the material very far. It may lack enough primary research to make the argument completely persuasive. It may have a flash of brilliance that is unfulfilled, counterbalanced by minor grammatical problems, a weakness in argumentation, and/or a significant misunderstanding of events or chronology.
- BC (78-82) The paper shows some of the basics of the ideal paper, but is weakened by a lack of serious think-work, evidence gathering, or writing problems. It may make superficial connections without offering sufficient evidence to make the connections plausible or persuasive, or it may have what is in principle a good argument supported by incorrect facts or chronology. Alternatively, it may provide a fairly solid argument with minor flaws, from which the reader is repeatedly distracted by awkward or ungrammatical prose.
- C (70-77) A grade signifying some serious problems in paper design, expository writing, or primary research. It may deliver facts without a recognizable thesis or argument; it may wander away from the point; or it may be a thoughtful attempt so weakened by writing problems (grammar, punctuation, word choice) that it is difficult for the reader to understand a crucial point you are trying to make. Alternatively, it may offer a strong thesis without providing sufficient primary evidence. Also used for papers that do not ask historical questions.
- D (60-69) A marginal grade. This grade usually indicates a paper does not meet the requirements of the assignment in two or more ways: the paper does not ask an historical question, lacks an original thesis, and/or relies almost exclusively on secondary sources. There may be some evidence of reading in the secondary literature, but the paper indicates no effort at synthesis or critical engagement. Also used for essays that are just barely coherent.
- F (0-59) For unacceptable essays. An essay may be judged unacceptable if it contains plagiarism (see below); if it fails to meet three of the major requirements for the paper; if it consists primarily of content inappropriate to the themes of the course; or if the writing fails to meet standard college-level requirements of basic communication in English.

History of Science 286

The Culture of Disease: A History

Appendix IV

Research Paper Topic and Preliminary Bibliography Due February 21

The topic of your research paper must address some aspect of the cultural history of disease in the United States. It therefore must be about a disease AND the cultural response to or meaning of that disease. What kind of cultural work did it do, what kind of reaction did it engender? How was it used by doctors, patients, communities, businesses, critics? The paper's focus must be historical; the paper may be inspired by contemporary topics, but you must ask historical questions.

Feel free to think creatively about the notion of disease. We personally may not view menopause, obesity, or masturbation as diseases, but at some point in U. S. history, they have all been regarded as diseases or illnesses by some groups or at least treated as if they were. Nevertheless, more familiar diseases can be just as rich historical topics.

Be as specific as you can. I realize that your paper's focus may narrow or change as you begin your research, but try to think small at the start. Rather than choosing the history of polio, for example, perhaps you could research the role of polio in the disability rights movement. Or you could explore the place of the polio narrative as a form of memoir. Or you could look at how polio influenced the development and marketing of hot springs.

Also think about perspective. Let's say you are interested in writing about PMS. Do you want to study medical debates about it? Self-help books promoting it? Its use as a criminal defense? Feminist responses to it? Its coverage in sex education or health classes? Now is the time to consider these options since perspective often determines our sources.

How to find a topic

Review the syllabus. Do any of the topics make you want to know more? If you are interested in the medicalization of homosexuality, for example, perhaps you could study medical treatments. If you are interested in "disease as voice," maybe you could look at the psychoanalytic literature on anorexia nervosa. Look more closely at individual readings. Do they raise any compelling questions? Leave interesting aspects unexplored? Provide tantalizing ideas about sources? Inspire you to challenge the author's interpretation of the past?

In addition to the material covered on the syllabus, some possible very general topics include:

Arthritis	ADHD	Alcoholism
Senility	Autism	Sex Addiction
Toxic Shock Syndrome	Alzheimer's	Inhibited Sexual Desire
PTSD	Hair loss	Chronic Fatigue
Shell shock	Gender Identity disorder	
Menopause	Obesity	
Premenstrual Syndrome	Chicken Pox	Congenital Adrenal
Fibromyalgia	German Measles	Hyperplasia
Anorexia Nervosa	Depression	Androgen Insensitivity
Hypertension	Melancholia	Syndrome
Prediabetes	Rickets	Impotence
Lupus	Polio	Compulsive Gambling
Masturbation	Lung Cancer	
Muscular dystrophy	Cirrhosis of the Liver	
Leprosy		

BIBLIOGRAPHY:

At this point, you need to identify *four* sources on your topic (the next bibliography assignment will require more). These should include a secondary source (a historian's explanation of the past) and at least two primary sources (documents generated during the time you are studying). The other source can be either primary or secondary.

How to find sources

We will spend some time in class talking about historical research. In the meantime, head to the library homepage and look at some of the research guides. Under the heading "History of Science, Medicine and Technology," you will find two helpful overviews, "Introduction to Historical Research" and "History of Health Sciences." Poke around.

When looking for secondary sources, I urge you to start with two databases, America: History and Life, and History of Science, Technology and Medicine. We will talk about finding primary sources in class.

Consult librarians. They are there, in part, to help students, and they know amazing things.

Find a **secondary source** that might be relevant to your research topic.

In no more than 4 double-spaced pages:

- 1) **Cite the source.** Use the *Chicago Manual of Style* citation method.
(<http://www.writing.wisc.edu/Handbook/DocChicago.html>)
- 2) **Describe**, in no more than 3 sentences, **what the article is about**. Make sure you identify when and where the article is set.
- 3) **Describe**, in your own words and in no more than 3 sentences, **the author's thesis**. What is the author's claim about the past? What is the author trying to demonstrate?
- 4) **Identify the question** the author answers with the thesis.
- 5) **Outline the structure of the argument**. How does the author support the thesis? Summarize the reasons the author gives for why the thesis is correct.
- 6) **Describe the evidence** the author uses to support the thesis. Do not list the sources; describe broadly the kinds of sources the author uses. Are they local or national? Are they published or personal? Are they professional or popular? Are they dense or are they thin?
- 7) **Evaluate the argument**. Do you think the author gets it right? Is the article persuasive? Why? As you consider this question, consider the following: Is the evidence appropriate for the argument? Can you think of a counter-argument that might be made from the same evidence? Can you think of other sources of evidence that might challenge the argument? Do you find the argument balanced or overstated? Do you find the argument biased? If so, explain how you understand bias playing out in the article. Are some parts of the argument more convincing than others?
- 8) **Identify possible avenues for future research on this topic**. What are some approaches to the topic that the author fails to explore? What questions does the article leave unanswered? What kinds of sources were left unexamined?