

HISH2B97 and HISH2B97C
Autumn 2004

Unit Organiser
Dr Steve Cherry

Medicine and Gender

Aims This unit considers the role of medicine in changing views of women, particularly as providers and recipients of health care from early modern era to the contemporary NHS, and also of concepts of manliness and masculinity.

Objectives

- a) To examine historical approaches to this subject over a long timespan
- b) To explore 'key' issues of access and professionalisation in health care
- c) Provide the opportunity to investigate a particular feature or aspect in greater depth in written work and,
- d) To improve your ability to summarise historical findings or debate in contributions to group seminar work.

Teaching format There will be an average contact time of 2 hours per week, based upon lectures and seminars. Note that week 7 will be a reading week.

Assessment

HISH2B97 Assessment is based upon **one essay** (2,500-3,000 words) **weight 40%** ; **one seminar preparation weight 10%**; and a **2 hour examination weight 50%**

HISH2B97C Assessment is based on **2 essays** (2,500 words) **weight 90%** and **one seminar preparation, weight 10%**.

Please base your *essay titles* upon seminar topics or arrange with me in advance. I would like you to produce essays in 12 point or larger format, 1.5 or double line spaced, with a good margin to allow room for comments. *Essay deadlines* are provisionally end of week 10 for HISH2B97, and (1) end of week 8 and (2) end of week 11 for HISH2B97C.

Seminar preparations: will normally be based on subsections under the topic considered. Prepare your introduction as 'speaker's notes': aim to be lively and to speak for no more than ten minutes. All introductions, whether presented in the seminar or not, are to be handed in and marked. **Seminar attendance** is compulsory so do try to let me know if you are ill or if your absence is unavoidable, otherwise you risk losing credits.

This unit offers a broad historical treatment, mainly covering women as providers and recipients of health care from early modern era to the contemporary NHS, but dealing also with concepts of manliness and masculinity. You have the opportunity for more detailed or thematic studies, including, for example, the impact of religious and Classical ideas on emergent theories about gender; the incorporation of gender bias within claims to objectivity or scientific neutrality; and an alleged 'gendered discourse' on insanity.

Lectures : these will cover the following topics:-

1. Classical and medieval concepts of gender
2. Later views of the female body
3. Women's health - 'purity', fertility control and 'defective mothering'
4. Insanity as a 'female malady'?
5. Manly, masculine and 'weak' men
6. Scientific medicine, professionalisation and its consequences
7. Nurses, nursing and reform
8. Women's health - nutrition, work and well-being c. 1850-1950

(It will be useful to attend additional lectures on the *Medieval Medicine* course unit and there will be other complementary lectures covering the modern *Medicine and Society* in the spring semester. Details will be given at a later date)

Unit planner

Week 1	Lecture 1	introductory seminars (1 hour)
Week 2	Lecture 2	seminar 2hrs Group A
Week 3	Lecture 3	seminar 2hrs Group B
Week 4	Lecture 4	sem Group A
Week 5	Lecture 5	sem Group B
Week 6	Lecture 6	sem Group A
Week 7	<i>Reading week</i>	
Week 8	Lecture 7	sem Group B
Week 9	Lecture 8	sem Group A
Week 10	sem.Group A	sem Group B
Week 11	sem.Group B	sem Group A
Week 12	----	Group B

'We have constituted ourselves, as it were, a body who practise among women .. the guardians of their interests, and in many cases, in spite of ourselves, we become the custodians of their honour [cries of `hear, hear']. We are the stronger, and they the weaker. They are obliged to believe all that we tell them. They are not in a position to dispute anything we say to them, and we, therefore, may be said to have them at our mercy. We, being men, have our patients, who are women, at our mercy.'

(Francis Seymour Haden, Obstetrical Society of London, 1867)

A broad introduction...

Two distinct trains of thought influenced the ways in which medieval society perceived the female body, and thus assigned women their role in the world: a role outside the traditional male 'body politic'. In many respects these ancient beliefs about women's mental and physiological makeup still informed debate in the nineteenth century, as the above quotation reveals.

First, as in all other areas of medieval and early modern life, the Church exercised enormous influence over every aspect of human endeavour, from birth to death (Amundsen). The concept of Original Sin, developed by theologians in the early Middle Ages (Cadden) fostered a view of women as daughters of Eve, and thus morally weaker and inferior to men. Even before the Fall, Eve represented matter/flesh, while Adam, whom God had made in his image, seemed to be a higher being and thus more spiritual in nature. After the Fall, God had punished Eve (who carried most of the blame) with the pains and sorrow of menstruation, childbirth and the loss of infants. She was doomed to be subordinate to her husband and also to be bound to him by the chains of sexual desire. To medieval theologians she thus seemed defiled and polluted. Eve (like Pandora in Classical mythology) was blamed for unleashing pain, disease and death on the world. Although another woman, the Virgin Mary, had redeemed mankind by giving birth to Christ, hers was an immaculate conception (no sex, no desire) and miraculous birth (no mess, no pain), devoid of human defilement. Yet women's association with corrupt matter was not entirely to their disadvantage (Walker Bynum). Christ had become flesh, and was described by some writers as being like a mother, whose agony on the Cross seemed akin to that of childbirth. Medieval ideas about gender were, in practice, quite elastic.

Second, Classical ideas from Greek and Roman writers tended to reinforce many of these beliefs (King). The Greek physician, Galen (b.129 AD), advanced an extremely influential account of female physiology based on older concepts of humoral theory. Generally accepted until the late-sixteenth century, he argued that women were cold and

wet by nature, while men were warmer and rather drier. The Greeks associated the soul, the intellect and reason with warmth. Aristotle (d.322 BC) had argued that heat was necessary for the development of the soul, and that women lacked the necessary qualities for 'active' intellectual and political life. A 'watery' temperament meant that they were, moreover, fickle, unstable and liable to sexual excess. Although Classical authorities did not all agree about the workings of human reproduction (King corrects Laqueur here), they were unanimous that women were physically imperfect, even deformed, versions of men, whose bodies had been stunted in the womb (Galen compared the female reproductive organs to the eyes of moles, which to all effect cannot see.)

Menstruation made women an even greater threat to men, who might contract diseases such as leprosy by ignoring the Church's prohibition on intercourse at such times (Jacquart and Thommasset). But after the menopause a woman was potentially even more dangerous as she retained her corrupt humours. Images of women as tainted and polluting occur throughout the Middle Ages. Fear, as well as distaste, meant that a particular taboo attached itself to the dissection of the female body, with the inevitable consequence that women remained 'other' or alien for longer (Sawday).

So much for theory. Historians must ask how far these ideas affected the day to day life of ordinary individuals (Bell, 1999). Many female healers were widely respected (Pollock, Hunter and Hutton); hospital nurses were well-regarded (Rawcliffe) and the desire to produce heirs meant that gynaecology and obstetrics attracted widespread interest at all levels (Green). In the final resort, most of the medieval population relied on women as the most important component in the hierarchy of medical resort. These ideas certainly had a powerful effect on the availability of training and education to women, and thus upon their position as healers. Denied access to universities, and thus to the 'literate', classical texts which formed the bedrock of the medical syllabus, women could not practice as physicians. Although many worked as surgeons, their freedom here was increasingly curtailed as craft guilds fought to establish craft monopolies.

NB Students who are unfamiliar with medieval history may find it useful to read H. Leyser, *Medieval Women: A Social History of Medieval Women in England* (1995) and C. Rawcliffe, *Sources for the history of medicine in late medieval England* (1996).

The rise of scientific medicine brought very mixed benefits for women. At the risk of overgeneralisation, women were increasingly seen as different from and indeed *opposite to* men (Sheibinger). Women's bodies were 'read' in ways which emphasised their reproductive roles and instincts whilst their other capacities or potential were steadily downgraded. For example, the new 'science of women' soon focused upon gynaecology. (Moscucci). Excepting a few 'dangerous' women whose sexual appetites menaced men, women were presented as passive and limited (Mort). Evolutionary processes were invoked to suggest that women were going nowhere and medicine emphasised the pathology of female functions, which allegedly restricted and unbalanced women even further (Hall). This apparent underpinning of the female domestic, caring and maternal role simultaneously presented women as vulnerable to the pressures of public life, to physical illness and to forms of insanity. It is easy to see women as the victims of 'male' science (Ehrenreich and English), but it is important to consider how and why such scientific 'constructions' occurred. A re-working of *male* roles, concepts of 'manliness' and 'masculinity' was also underway, with dire consequences for men who in some way 'failed' to meet social expectations (Mosse, Skultans).

One consequence of such logics was that women would not be suitable as scientists or doctors, although professional roles which reflected 'natural' maternal or caring instincts might be permissible. As the traditional providers of health care, women in the nineteenth century were increasingly affected by the twin processes of professionalisation and medicalisation, both of which were essentially elitist and male-dominated (Parry). For example, the role of women as midwives was downgraded by the professionalisation of man-midwifery, surgeon-accoucheurs and the specialism of obstetrics (Donnison).

From 1858 medical practice was formally restricted to the university-trained, qualified, licensed and registered, processes which initially excluded women. Qualified nursing, midwifery and health visiting, seen as 'suitable' female professions/vocations, were not self-regulated and were seen as subordinate to, or lesser than, medical practice (Dingwall et al). As would-be entrants to the medical profession, as practitioners of 'unorthodox' medicine and as the mainstay of nursing and related caring professions, women were particularly affected by the changed character and organisation of modern medical services. (Digby, Richards)

Aside from considerations of child-bearing and medical fees, women's health attracted relatively little attention. Basic poor law services might fail women particularly

(Crowther, Thane) as did early concepts of community health (Lewis). However, women were affected by medical interventionism (for childbirth, see Roberts; for sexual surgery, Dally) and by the 'medicalisation' of areas attracting professional interest (for defective mothering, see Davin, Dyehouse). Similarly with the medical policing of sexuality and new classifications of illness (for hysteria, neurasthenia, depression, see Showalter, Skultans). Insofar as early medical services prioritised male breadwinners, women received low priority, often with dire consequences in interwar depressed areas (see Jones, Petty, Webster) and their mobilisation for war efforts raised particular problems.

Against all this, it might be argued that women benefited alongside men from general improvements in medicine and sanitation; that some were presented with enhanced career opportunities in medical and related services; or indeed that women gained specifically from particular services (see Shorter, Loudon). Nevertheless, the belated fall in maternal mortality in the late 1930s, improvements in women's health with the advent of the NHS, and yet the continuation of ill health, depression etc, suggest that the study of medicine and health care requires careful consideration of gender issues in addition to questions concerning social class, geographic variation and the cultural construction of 'objective' medical knowledge.

Background reading

For an introduction to the medical history of the modern period, try

R. Porter, *Disease, Medicine and Society*, (1994ed)

S. Cherry, *Medical Services and the Hospitals in Britain 1860-1939* (1996) and

V. Berridge, *Health and Society in Britain since 1939* (1999)

For this unit there is no one 'ideal textbook', so buy according to your interests. The books by King, Hall, Jones and Ehrenreich/English below are useful for more than one seminar, though the latter is not readily available. Others, in order of the period covered, include:

H. King, *Hippocrates' woman: reading the female body in ancient Greece* (1998)

T. W. Laquer, *Making sex: the body and gender from the Greeks to Freud* (1990)

A.Wear (ed), *Medicine in society; historical essays* (1992)

- C. Rawcliffe, *Medicine and society in later medieval England* (1995)
- C. Rawcliffe, *Sources for the history of medicine in late medieval England* (1996)
- B. Callagher & T. Lacquer (eds), *The Making of the Modern Body* (1996)
- J. Donnison, *Midwives and medical men* (1988)
- A. Wilson, *The making of man-midwifery: childbirth in England 1660-1770* (1995)
- R. Holmes, *Scanty Particulars* (James Barrie) (2002)
- L. Hall, *Sex, Gender and Social Change in Britain since 1880*, (2000)**
- H. Jones, *Health and society in twentieth century Britain* (1994).
- B. Ehrenreich and D. English, *For Her Own Good* (1978)**
- M. Jacobsen et al, *Body/politics: women and the discourses of science* (1990)

NB Week 1 : Introductory session for the assignment of topics

Seminar 1 : The modern woman? Purity, sexuality and maternity

1. *Victorian perceptions of women*
2. *Influences on 'motherhood'*
3. *Early 20th century services for women and children*

- F. Mort, *Dangerous Sexualities* (1987)
- M. Jacobus, E. Keller & S. Shuttleworth *Body politics: women and the discourses of science* (1990)
- M. Poovey *Uneven developments: the ideological work of gender in mid-Victorian England* (1988)
- C. Gallagher & T. Laquer, *The making of the modern body* (1987)
- O. Moscucci *The Science of Women: Gynaecology and Gender* (1990)
- J. Lane *A Social History of Medicine* (2000) esp ch 2.
- P. Knight 'Women and abortion in Victorian and Edwardian England', *History Workshop*, 4, (1977), pp57-69
- A. McLaren 'Not a stranger; a doctor': Medical men and sexual matters' in R. Porter & M. Teich (ed) *Sexual Knowledge, Sexual Science* (1994)

- P.McHugh *Prostitution and Victorian Social Reform* (1980)
A. Davin 'Imperialism and Motherhood', *History Workshop*, 5,(1978),pp9-65
J. Lewis *The politics of motherhood; child and maternal welfare in England 1900-39* (1980)
- H. Roberts (ed) *Women, Health and Reproduction* (1981)
J. Lewis *In the Family Way; childbearing in the British Aristocracy* (1986)
O. Moscucci *The Science of Women: Gynaecology and Gender*_(1990)
P. Jelland *Women, marriage and politics* (1986) esp. chs 5, 6 on childbirth.
F.B. Smith *The People's Health* (1979)
P.A. Watterson & J.H.Woodward 'The causes of rapid infant mortality decline in England & Wales' in *Population Studies*, (1988-9), 42, pp.343-66; & 43, pp.113-32
M.Llewellyn.Davies *Maternity: Letters from working women* (1915, reprint 1978)
I. Loudon 'On maternal and infant mortality 1900-1960' in *Social History of Medicine*, 4,1 (1991) pp.29-73
- C. Dyehouse 'Working class mothers and infant mortality' in C. Webster (ed) *Biology, Medicine and Society 1840-1940* (1981) pp. 73-98
J. Winter 'Infant Mortality, Maternal Mortality and Public Health in Britain' in *Jnl of European Econ Hist VIII* (1979)
C. Davies 'The health visitor as mother's friend..' in *Social Hist. Medicine*, 5 (1993) pp 39-60
- D. Dwork *War is good for babies and other young children* (1987)
R. Cooter (ed) *In the Name of the Child: Health and Welfare 1880-1940* (1992)
J. D. Hirst 'The growth of treatment through the School Medical Service 1908-18' in *Soc. Hist. Medicine*, 1, (1988), pp 318-42

Seminar 2 : 'Vulnerable women': insanity, asylums and psychiatry.

- 1. social class and gender dimensions of confinement**
- 2. were women the target of a nascent profession?**
- 3. 20th century improvements?**

See the *Madness and Medicine Coursework Reader* for a selection on this topic

- E. Showalter *The female malady: women, madness and English culture 1830-1980*_(1985)
J. Busfield 'The female malady?', *Sociology* 28 (1994) 1, pp259-77
E. Showalter 'Victorian women and insanity' in A. Scull (ed) *Madhouses, Mad-doctors and Madmen* (1981)
E. Showalter *Hystories*, (1997)
V. Skultans *Madness and Morals : Ideas on insanity in 19th c. England* (1975) (esp. chs 5, 6, 8)
R. Porter 'Mental Illness' in R. Porter (ed), *Cambs Illustrated History of Medicine*, (1996) pp278-303
W.F. Bynum et al. *Anatomy of Madness* (1985 3 vols), esp. vol 2, Introduction and pp132-46)

- E. Shorter *A History of Psychiatry* (1989) esp chs 2,6.
D. Gittins *Madness in its Place* (1997)
A. Dally, 'Psychiatric treatment in the Twentieth Century', *Social History of Medicine*, 13, 2000, 3, pp. 547-54.
G.Berrios and H. Freeman *150 Years of British Psychiatry* (1991) chs by K. Jones, 'The culture of the mental hospital' and 'Law and mental health: sticks or carrots?'
M. Neve, 'Medicine and the Mind' in Loudon, *Western Medicine*, pp 232-48.
D. Wright 'Getting out of the Asylum' in *Soc. Hist. Med.*, 1997 (1), pp137-55
M. Foucault *Madness and Civilisation* (1965)
K. Doerner *Madmen and the Bourgeoisie* (1981)
K. Jones *Asylums and After* (1993)
A. Digby *Madness, morality and medicine: a study of the York Retreat* 1985
M. Winston 'The Bethel at Norwich: an 18th century hospital for lunatics', *Medical History* 36 (1992) pp271-89
A. Scull *Museums of Madness* (1979) and 'Museums of Madness Revisited' in *Social History of Medicine* 6,1 (1993) pp.3-25
M. Stone 'Shellshock' in G.Berrios and H.Freeman, *150 years of British Psychiatry*, Vol.2. pp 245-67.
H. Merskey, 'Shellshock and the psychologists' in W.F. Bynum et al *Anatomy of Madness*, (1985) Vol.2. pp 242-71.
J. Busfield *Men, Women and Madness: Understanding Gender and Mental Disorder* (1996)

Seminar 3: Redefining men? Manliness and 'weakness'

1. Medicine and changing concepts of maleness and masculinity

2. Why did masturbation become a major 19th century medical concern?

- B. Haley, *The Healthy Body and Victorian Culture*, (1978)
R. Porter & M.Teich, *Sexual Knowledge, Sexual Science*, (1994) (chs by Mosse, Hall)
F. Mort, *Dangerous Sexualities: Medico-Moral Politics in England* (2000).
J. Weeks *Sex, Politics and Society* (1989)
L. Hall, *Sex, Gender and Social Change in Britain since 1880*, (2000)
T. Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (1990)
J. Bourne Taylor *Embodied Selves: An Anthology of Psychological Texts, 1830-1890*
& S. Shuttleworth, (See esp. section 3.3 on Masculinity)
V.Skultans, *English Madness: Ideas on Insanity, 1580-1890* (1979) esp. pp. 69-76.
J. Oppenheim, *"Shattered Nerves": Doctors, Patients, and Depression in Victorian England* (1991) esp. chapters 2, 3 and 5)
R.Porter & L. Hall, *The Facts of Life: The Creation of Sexual Knowledge in Britain*

1650-1950, (1995).

- M. Foucault, *The History of Sexuality 1: The Will to Knowledge* (1998)
A. McLaren, *The Trials of Masculinity.. 1870-1930* (1997) esp. ch.6.
M. Mason, *The Making of Victorian Sexuality*, (1994)
M. Neve & T. Turner, 'What the Doctor Thought', *Medical Hist.* 39 (1995), pp. 399-432.
B. Sicherman, 'The uses of a diagnosis...neurasthenia', *Journal Hist. Med. and the Allied Sciences*, 32 (1977), pp 33-54.
S. Wessley, 'Neurasthenia and fatigue syndromes', in G.Berrios & R.Porter (eds) *A history of clinical psychiatry...* (1995), pp 509-32.
E. Shorter, *From Paralysis to Fatigue... Psychosomatic Illness* (1993), ch. 8.
E. Caplan, 'Trains, brains, and sprains: railway spine and the origins of psycho-neuroses', *Bulletin History of Medicine*, 69,(1995), 3, pp.387-419
R. P. Neuman, 'Masturbation, Madness, and the Modern Concepts of Childhood and Adolescence', *Journal of Social History*, 8, (1975), 3, pp.1-27.
L. Hall *Forbidden by God, despised by men* (1990)
R. Pearshall *Public Purity and Private Shame* (1976)
H. T.Engelhardt, 'The Disease of Masturbation', *Bulletin History of Medicine*, 48, (1974), pp. 234-48.
A. N. Gilbert, 'Doctor, Patient, and Onanist Diseases', *Journal Hist. Med. And Allied Sciences* ,30, (1975), pp. 217-34.
G. J. Barker-Benfield, 'The Spermatic Economy', *Feminist Studies*, 1, (1973) pp. 45-74.
P. T. Commos, 'Late Victorian Sexual Respectability and the Social System', *International Review of Social History*, 8, (1963), pp 18-48, 216-50.

Seminar 4: Why was it so difficult for women to establish themselves as medical practitioners?

- 1. 'Storming the Citadel'**
- 2. Post-qualification experiences**
- 3. Ancillary professionals**

- T. Wright & M. Treacher (eds), *The Problem of Medical Knowledge* (1982)
L. Jordanova 'The social construction of medical knowledge', *Soc.Hist. Medicine*, 8 (1995), pp361-81
J. Brotherston, 'Evolution in Medical Practice' in Nuffield Provincial Hospitals Trust' ,*Medical History and Medical Care* (1971)
A. Digby *Making a Medical Living* (1994)
A. Digby *The Evolution of British General Practice* (1999)
F. Honigsbaum *The Division in British Medicine* (1979)
I. Loudon *Medical care and the general practitioner*, (1986) (esp pp152-207)

- A. Wear (ed) *Medicine in Society* (1992) (esp Loudon, pp 219-247)
 F.B. Smith *The People's Health 1830-1910* (1979)
 E. Shorter *Bedside Manners* (1986)
 J. Lewis *What Price Community Medicine* (1986)
 R.S Roberts (ed) *Women, Health and Reproduction* (1981)
 A. Dally *Women Under the Knife, A History of Surgery*, (1991)
 A. Dally *Fantasy Surgery* (1996)
 O. Moscucci *The science of woman: gynaecology and gender in England* 1990)
 B. Ehrenreich & D. English, *Complaints and Disorders: the sexual politics of sickness* (1974, Xerox),
 J. Leeson & J. Gray *Women and Medicine* (1974)
 E. Shorter *A History of Women's Bodies* (1982)
 L. Jordanova 'Gender and the Historiography of Science', in *Br. Journal. Hist. Science*, 26, (1993)

Women as doctors

- C. Blake *The Charge of the Parasols* (1990)
 J. Donnison *Midwives and Medical Men* (1987)
 W. Alexander *First Ladies of Medicine* (1987)
 R. Holmes *Scanty Particulars* (James Barrie) (2002)
 E. Moberly Bell *Storming the Citadel* (1953)
 N. & J. Parry *The Rise of the Medical Profession* (1977)
 S. Kent *Sex and Suffrage in Britain 1860-1914*. (1987) ch.4.
 J. Donnison *Midwives and Medical Men* (1987)
 M. Slater *Unequal colleagues: the entrance of women into the professions 1890-1940* (1987)
 M. Elston 'Women doctors in a changing profession' in E. Riska & K. Wegar, *Gender, Work and Medicine*

Other healthworkers

- A.L. Wyman 'The surgeoness: 1400-1800', *Medical History*, 28, 1986, 22-41
 E. Brook *Women Healers through History* (1993)
 A. Wilson, *The making of man-midwifery* (1995) esp. chs 3, 14
 R. Holmes, *Scanty Particulars* (James Barrie) (2002)
 H. Bourdillon *Women as Healers* (1988)
 G. Jones *Social hygiene in twentieth century Britain* (1986)
 R. Dingwall & P. Lewis (eds) *The sociology of the professions* (1983)
 M. Stacey et al *Health and the Division of Labour* (1977)
 H. Jones 'Women health workers; women factory inspectors' in *Social Hist. Medicine*, 1, (1988), pp 165-182
 H. Marland 'A pioneer in infant welfare; the Huddersfield scheme 1903-20' in *Social Hist. Medicine*, 6, (1993), pp 25-50.

C. Davies 'The health visitor as mother's friend..' in *Social Hist. Medicine*, 5 (1993) pp 39-60

'Alternative' healers

- W.Bynum & R.Porter *Medical Fringe and Medical Orthodoxy* (1987) Esp. chs. by Cooter, Harrison
- R. Cooter (ed) *Studies in the history of alternative medicine* (1988)
- B. Inglis *Fringe Medicine* (1964)
- M. Saks (ed) *Alternative Medicine in Britain* (1992)
- B. Ehrenrich & D. English, *Witches, midwives and nurses: women healers* (1973)
- P. Nicholls *Homeopathy and the medical profession* (1988)
- R.Price 'Hydropathy in England 1840-70', *Med. History*, 25, (1981) 269-80
- P.S. Brown 'The vicissitudes of herbalism', *Med. History*, 29, (1985), pp71-92
- I. R. Morus 'Marketing the machine..electrotherapeutics..in early Victorian England' in *Medical History*, 36, (1992), pp34-52
- T. Richards *The Commodity Culture of Victorian England*. ch 4.

Seminar 5 : What sort of nurse? Gender and agendas in nursing

1. *Issues in 'the Nursing wars'*
2. *Professional status*
3. *Vocational, respectable and trade union approaches*

- R. Dingwall, A.M. Rafferty
& C. Webster, *Introduction to the Social History of Nursing* (1988)
- S. McGann *The Battle of the Nurses* (1992)
- B. Abel Smith *A History of the Nursing Profession* (1960)
- A.M.Rafferty, R.Elkan
& J.Robinson *Nursing History and the Politics of Welfare* (1997)
- C.J. Maggs *The Origins of General Nursing* (1988)

- C.J. Maggs (ed) *Nursing History: the State of the Art* (1987)
 C. Davies (ed) *Re-writing Nursing History* (1980)
 R. White *Social Change and the Development of the Nursing Profession: the Poor Law Nursing Service 1848-1948* (1978)
 R. White *The effects of the NHS on the nursing profession* (1985)
 A. Digby & J. Stewart (eds) *Gender, Health and Welfare* (1996) ch 5.
 B.A. Bennett 'Nursing and the Health Service' in J. Farndale (ed) *Trends in the NHS* (1964) 227-238
 M. Baly *Nursing and Social Change* (1980)
 F.B. Smith *Florence Nightingale: Reputation and Power* (1982)
 L. Massie, 'The role of women in mental health care in 19th century England', *International History of Nursing Journal*, 1, 1995, pp. 39-51.
 P. Nolan *A History of Mental Health Nursing* (1993)

Seminar 6: Caring for carers? Women's health

- 1. was women's health neglected?**
- 2. women workers**
- 3. the impact of the NHS**

See previous reading plus :-

- B. Harrison 'Women's Health and the Women's Movement in Britain' in C. Webster (ed) *Biology, Medicine and Society*, (1981) pp.15-72
 J. N. Clarke 'Sexism, feminism and medicalism: review of literature on gender and illness' in *Sociology of Health and Illness*, 5, (1983) pp 62-82
 H. Roberts (ed), *Women, Health and Reproduction* (1981)
 E. Shorter *A History of Women's Bodies*, (1983). see also critique by:-

M. Shortland, 'Bodies of History', *History of Science*, xxiv, (1986), pp.303-26.

19th and early 20th centuries

- F.B.Smith *The People's Health 1830-1910*, (1979)
A.Digby & J.Stewart (eds) *Gender, Health and Welfare*, (1996) esp.Chs. 3, 6.
J. Winter 'Infant Mortality, Maternal Mortality and Public Health in Britain' in *J of European Econ Hist*, VIII ,(1979)
C. Davies 'The health visitor as mother's friend..' in *Social Hist. Medicine*, 5 (1993) pp 39-60
P.Thane 'Women and the Poor Law in Victorian England' in *History Workshop*(6) 1978
L. Marks 'Medical Care for Pauper Mothers and their Infants' in *EcHR* XLVI, 3 (1993) pp.518-542
J.M. Winter *The Great War and the British People* (1986)
L. Bryder 'The First World War: Healthy or Hungry?' in *History Workshop* 24, (1987) pp.141-155

Health and occupations

- E. Roberts *Women's Work 1840-1940*, (1988)
P. Weindling *The Social History of Occupational Health* (1985)
L. Massie, 'The role of women in mental health care in 19th century England', *International History of Nursing Journal*, 1, 1995, pp. 39-51.
K. Figlio 'Chlorosis and chronic disease in nineteenth century Britain', in *Social History*, 3, (1978), pp 167-197
J.A. Banks *Prosperity and Parenthood* (1976)
J.Finch & D.Groves (eds), *A Labour of Love: Women, Work and Caring*, (1983)
D. Gittins 'Marital status, work and kinship' in J. Lewis (ed), *Labour and Love* (1986)
J. Riley *Sickness, Recovery and Death* (1989)
J. Riley *Sick, not Dead* (1997)
A. Wohl *Endangered Lives: Public Health in Victorian Britain* (1983)

Twentieth century

- H. Jones *Health and Society in Twentieth Century Britain* (1994)
S. Leff *The Health of the People* (1950)
J. Lewis 'Providers, Consumers and the State and the Delivery of Health Care Services' in A. Wear (ed) *Medicine and Society* (1992) pp. 317-345
B. Harrison 'Women and Health' in J. Purvis (ed) *Women and Society* (1993) ch7.
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A Medieval option: Prof Rawcliffe is on study leave but, for those with a particular interest in Classical and medieval traditions, this reading should help you to prepare an essay on

either ***Comparisons between the Hippocratic and Galenic models of the female body***
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