The Impact of Epidemic Disease upon European History

Fall 2017
European Humanities 3-credit course

Instructor: Peter Christensen

Major Disciplines: Anthropology, History
Tuesdays and Fridays, 11:40-13:00
Classroom: ST3-21

Course Instructor
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Course Objectives
Epidemic disease has been a basic human condition over the last 5,000 years. The frequency and the impact of epidemics have varied considerably over time, however. In Europe, two periods stand out as particularly disease-ridden: the early Middle Ages (sixth to eighth centuries) and the Renaissance and Early Modern period (mid-fourteenth to late seventeenth centuries). In both cases the increased morbidity sprang from the introduction of new diseases, primarily plague (the precise nature of which remains unknown). Then, beginning in the eighteenth century, Europe experienced an unprecedented demographic transition. Overall mortality declined and though fertility rates also began to decline, sustained population growth began. The reasons for this development are debated but it is beyond doubt that the disappearance of plague and increased disease control in general played a crucial role in the process.
First, the course aims at providing students with a chronological outline of shifting disease patterns and a basic knowledge of the concepts and theories of historical epidemiology. This will involve analysis of original source materials to demonstrate the difficulties involved in retrospective diagnosis. Also, considering that today epidemiology is for all practical purposes a statistical discipline, it remains important for students to realize how limited representative quantitative information is from pre-modern times. Third, the course will provide an analysis of how European society responded to epidemics. In broad historical perspective the ebb and flow of epidemic disease was a key factor in the demographic development in Europe. Until recently, recurring mortality crises would regularly cause dramatic population decline. Obviously, epidemic disease – and plague in particular – was a key factor in demographic growth and decline. But epidemics also worked to shape social relations, cultural norms and values and political institutions and practices, the rise of public health being the obvious and most important example.

Course Contents
An introduction will present key concepts and definitions and provide an overview of the methodological difficulties in analyzing epidemic disease as a historical phenomenon (e.g. the lack of quantitative source materials).

Following the introduction, the course is arranged chronologically in three sections reflecting the most obvious changes in the European disease pattern.

I. Epidemics in Classical Antiquity and the Middle Ages (up until the 14th century)
Among the themes discussed will be the formation of European medical thought (Galenic medicine) and the various theories linking the fall of the Roman Empire and the end of the Ancient World to an increased in morbidity ("The Plague of Justinian").

II. The plague cycle (1347- c.1700)
The emphasis will be on the Black Death and the recurring outbreaks of plague. The nature of the disease will be discussed (as an example of the difficulties in diagnosing past diseases) and of course the consequences. Special attention will be drawn to the gradual development of systematic countermeasures to contain the disease and the key role of central governments in shaping public health policies.

III. Post-plague developments. The demographic transition: the great mortality decline (1700-2015)
The main themes will be a discussion of what caused sustained population growth in Europe from the 1700s onward. This will include an analysis of technological advances such as smallpox vaccination, sanitary reforms following the cholera epidemics of the nineteenth century, and the rise of microbiology. Also, the changes in disease patterns caused by industrialization will be discussed. Finally, we will discuss Europe's position in relation to the pattern of epidemics in the modern world (HIV, cholera etc.).
Course Requirements

One short answer test (1-2 pages): due date TBA
One midterm essay (5 pages, on materials covered until midterm): due date TBA
One term paper (8-10 pages): due Tuesday, December 5
One extensive quiz at the end of the course: Tuesday, December 5

Please hand in papers in class as hardcopies.

Course Evaluation

Short answer test = 5%
Participation = 20%
Midterm essay = 25%
Term paper = 35%
Extensive quiz = 15%

Disability and Resource Statement

Any student who has a need for accommodation based on the impact of a disability should immediately contact Office of Academic Support (acadsupp@dis.dk) to coordinate this. In order to receive accommodations, students should inform the instructor of approved DIS accommodations.

Readings

a. Textbooks

Though somewhat dated and on many points debatable, McNeill still provides the most original and sustained argument for the historical importance of shifting disease patterns. It remains one of the most stimulating books on the subject and is well suited for teaching purposes. We use it to provide a common frame of reference, not as a proper textbook.


b. Binder

The key issues of the course will be discussed based on a number of articles and original sources (in English translations):

Appleby, A.B.
W.P. Barrett (ed.): *Present Remedies against the Plague etc.* Shakespeare Association Facsimiles 7 (Oxford 1933): "The English Orders 1592."

Cohn, S.K.

Gregory of Tours
*Life of the Fathers* (extract).
*Historia Francorum* (History of the Franks, extract).

Louis Heyligen

*The Nørborg parish register* (extract).

Palmer, R.

Slack, P.

*Thucydides II.47.-59.*

Venette, Jean de
Course Schedule

Introduction

Fri., Aug. 25: The periodization of history in terms of morbidity: epidemic disease and population development in the very long-term perspective.

When and where did epidemics arise? How does McNeill explain the origins of epidemic infections?

I. Epidemics in Classical Antiquity and the Middle Ages (until the 14th century)

Fri., Sept. 1: The "Plague of Athens" (Thucydides; McNeill, Chap. III).
Why does McNeill think that this epidemic is particularly important? To what extent is his account consistent with the (only) primary source, Thucydides?

Was the “Fall of Rome” caused by the 2nd and 3rd century epidemics? Does chronology lend support to this hypothesis? If not, is “Justinian’s Plague” a more plausible candidate?

Fri., Sept. 8: Explaining and curing (1): McNeill, chap. III.
An introduction to Greek humoral pathology (Hippocrates and Galen) which dominated rational European (and Middle Eastern) medical thought for more than 2000 years.

Christian magic: why would saints and healers be better than real doctors?

Fri., Sept. 22: Europe in the High Middle Ages: demographic recovery and the great expansion (1000-1200), McNeill, chap. III.
Did Europe become “overpopulated”? And what does “overpopulated” mean?

II. The plague cycle (1347- c.1700)

Tues., Sept. 26: Leprosy and the “burning disease” (Palmer).
Two diseases characteristic of the High Middle Ages. Why was leprosy primarily a “disease of the soul”?

Fri., Sept. 29: The Black Death (Louis Heyligen, Jean de Venette, McNeill, chap. IV).
Where did it come from? And why? The Malthusian fallacy.

Tues., Oct. 3: The short-term consequences: demographic contraction and changing social relations (Gottfried).

To what extent is the conventional identification of the plague (as accepted by McNeill) consistent with contemporary accounts (e.g. Louis Heyligen and Jean de Venette)? Is Cohn’s criticism justified?


Is modern Europe really the result of the plague cycle?

Fri., Oct. 20: Counting the dead: statistical evidence of the plague (the Nørborg parish register).

A chance to have a look at the key source material for European demographic history. What can the register tell us about the impact of plague at local level?


Two mysterious diseases. Which hypothesis of the origins of syphilis seems more plausible?

Fri., Oct. 27: Miasmata and contagio (Palmer, Harrison 15-50).

Medical thought in the plague era. Does it make sense at all?

Tues., Nov. 7: Containing the plague: the Plague Orders and the beginning of public health. (Barrett; Slack 1989).

Why would the state (and other authorities) be interested in trying to contain the disease? And did it (they) command the means to do so?


How does McNeill explain the rather sudden disappearance of the plague in the late 1600s? How does Appleby explain it? Is his explanation plausible in the light of the sustained criticism of the conventional retrospective diagnosis?

III. Post-plague developments (1700-2015)

Tues., Nov. 14: The nature of the demographic transition in Europe (Harrison, 51-71, see also pp. 142-144).

How can we explain the slow, but sustained population growth in Europe beginning in the 1700s?


How do you make certain that brilliant medical discoveries are actually being used?
Final Syllabus

Another case of globalization. And – at last – microorganisms. But what actually motivated the sanitary reformers of the cholera era?

How does McNeill explain the decline of TB? Is the explanation plausible? The Spanish Flu as worst-case scenario.

Can we afford it? Is everybody (even those without insurances) entitled to medical treatment?

Tues., Dec. 5: Globalization: HIV and the AIDS-pandemic. And what happened to SARS, the bird flu and H1N1? (Harrison, 166-191).
Do false alarms really mean that we have nothing – ebola, zika e.g. – to fear?