The Impact of Epidemic Disease upon European History

3 credit course
Spring 2017
Tuesdays and Fridays, 11:40 – 13:00
Vestergade 23, 201
Major Disciplines: History, Public Health

Instructor: Dr.phil. Peter Christensen

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 rated also began to decline, sustained population growth began. Reasons are debated but it is beyond doubt that the disappearance of plague and generally increased disease control 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 is representative quantitative information 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.
Contents:
An introduction will present key concepts and definitions and provide an overview of the methodological difficulties in analysing 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.

1. Epidemic disease in Antiquity.
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 increase in morbidity (“The Plague of Justinian”).

2. The age of the plague, fourteenth to seventeenth centuries.
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.

3. The demographic transition: the great mortality decline, eighteenth to twentieth centuries.
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 shall discuss Europe's position in relation to the pattern of epidemics in the modern world (HIV, cholera etc.).

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

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%

DIS Contacts
Matt Kelley, Program Assistant, European Humanities Department
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 (acad supp@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.

M. Harrison, *Disease and the Modern World, 1500 to the Present Day* (Cambridge 2004)

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

Appleby, A.B.


Cohn, S.K.

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

Louis Heyligen
"The plague in Avignon," M. Horrox (ed. & tr.): *The Black Death*, pp. 41-45 (Manchester 1994)

*The Nørborg parish register* (extract)

Palmer, R.
1982 "The Church, leprosy and plague in medieval and early modern Europe," W.J. Sheils (ed.): *The Church and Healing*, pp. 79-99 (Oxford)

Slack, P.

_Thucydides_ II.47.-59.  
Tr. C.F. Smith, London 1920. (Loeb Classical Library)

Venette, Jean de  
Schedule:

Introduction
Fri., Jan. 20: 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., Jan 27: 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?

An introduction to Greek humoral pathology (Hippocrates and Galen) which dominated rational European (and Middle Eastern) medical thought for more than 2000 years.

Tue., Feb. 14: Explaining and curing (2): (Gregory of Tours)
Christian magic: why would saints and healers be better than real doctors?

Fri., Feb. 17: 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? And what about plants and animals? Murrain in the Middle Ages.

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

Tue., Feb. 21: Leprosy and the Aburning disease@ (Palmer).
Two diseases characteristic of the High Middle Ages. Why was leprosy primarily a “disease of the soul”?

Fri., Feb. 24: the Black Death (Louis Heyligen, Jean de Venette, McNeill, chap. IV)
Where did it come from? And why? The Malthusian fallacy.

Tue., Mar. 7: The short-term consequences: demographic contraction and changing social relations.

Fri., Mar. 10: Methodological problems: which disease - and does the retrospective diagnosis really matter? (Cohn)
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
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**criticism justified?**

**Tue., Mar. 14:** The plague cycle: an overview from mid-fourteenth to mid-seventeenth century: the impact of recurring outbreaks (McNeill, chap. IV).

*Is modern Europe really the result of the plague cycle?*

**Fri., Mar. 17:** 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?*

**Tue., Mar. 28:** In the shadow of the plague: syphilis and the English Sweat (McNeill, chap. V, Harrison, 33-40).

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

**Fri., Mar. 31:** *Miasmata and contagio* (Palmer, Harrison 15-50)

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

**Tue., Apr. 4:** 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?*

**Fri. Apr. 7:** The disappearance of plague: a continuing puzzle? Copenhagen 1711 and Marseilles 1720. (Appleby).

*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)**

**Tue., Apr. 11:** 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?*

**Fri., Apr. 21:** The cholera pandemic: sanitary reform and medical revolution (McNeill, chaps. V-VI, Harrison, 105-124).

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

**Tue., Apr. 25:** The diseases of the new industrial and urban environment: tuberculosis and influenza. (McNeill, chaps. V-VI, Harrison, 124-144).
How does McNeill explain the decline of TB? Is the explanation plausible? The Spanish Flu as worst case scenario.

Fri., Apr. 28: Morbidity and the public health systems of the modern European welfare states. (McNeill, chaps. V-VI, Harrison, 166-191)

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

Tue., May 2: Globalization: HIV and the AIDS-pandemic. And what happened to SARS, the bird flue and H1N1? (Harrison, 166-191).

Do false alarms really mean that we have nothing – ebola e.g. - to fear?