THE JOHNS HOPKINS UNIVERSITY
BLOOMBERG SCHOOL OF PUBLIC HEALTH

MPH Program

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History of
Public Health
General reading

General readings are posted on the course website. Most of the class-specific readings should be available on the eReserves website.


Introduction

You will all have your own definition of what public health is; each will be perfectly valid. One of the challenges of this course is for you to grasp how events and processes that took place in the past shape that definition. By developing an historical perspective to public health, hopefully you will be able to reinforce, revise, or debunk your definition. This lecture will provide an introduction to the history of modern public health in general and to the course in particular. We will touch here on public health in antiquity and the middle ages, leading up to the main focus of the course, the modern period. Recurrent themes in the history of public health will be highlighted, such as the relationship between humans and the environment, the role of urbanization, the shifting interpretation of disease causation, the significance of bacteriology, the changing epidemiological panorama, and the problems of measuring the impact of public health on the health status of the population.

Recommended reading


Quarantine

Quarantine is a public health policy that can be traced to the Black Death of the 14th century. Towns and cities developed systems of quarantine to isolated travelers and merchandise that came from places known to be infected. Other urban authorities would erect a cordon sanitaire through which individuals could only pass with permission. These forms of control were maintained well into the 19th century, particularly in the face of cholera epidemics. As such, they illustrate a number of significant issues in the history of public health. Did the historical priority for public health lie in the protection of people or the protection of trade? What alternatives were there to quarantine? How did quarantine affect the relationship between different parts of the globe, such as Western Europe and Asia, and what was the impact on international co-operation in public health? What does quarantine tell us about traditional notions of person-to-person disease transmission? Did a public health policy such as quarantine shift the blame for an epidemic on to non-indigenous or migrant populations?
**Recommended reading**


**The Sanitary Idea**

The second quarter of the nineteenth century is widely regarded as the period in which ‘state medicine’ came of age. Originating in western Europe and inextricably linked with the name of the British lawyer Edwin Chadwick, the basis of the ‘sanitary idea’ was the creation of a central public health administration which directed local authorities in the provision of drains, sewers, street cleaning and the environmental regulation of housing, nuisances and offensive trades. This lecture will seek to describe the Enlightenment origins and key elements of this public health movement. In particular, your attention will be drawn to the following features: Why was medicine marginalized in this model of public health management? On what mode(s) of disease causation was the ‘sanitary idea’ based? Was the ‘sanitary idea’ exported to other nations and other continents and, if so, with what consequences?

**Recommended reading**


World of work

As we observed in an earlier lecture, quarantine implies that the movement of goods and people can carry dangers to the public health and therefore require surveillance. This lecture will turn to other forms of public health surveillance, in other words the monitoring and management of individuals or groups who either have an infectious disease or are suspected of having one. In today’s public health world, disease surveillance is associated with a set of sophisticated information technologies that facilitate a rapid-response system to disease outbreaks. There are also in existence—or are in the process of being set up—surveillance systems that monitor, for example, hospital-related infections and the trans-national movements of tubercular patients. This and the subsequent class ask a number of related questions. What does society require of disease surveillance? How did the close management and control of diseased individuals come to be an accepted form of public health intervention? How did infectious disease surveillance operate in a non-technological world? What does public health surveillance tell us about the societies that implement it? What have been the socio-medical costs and benefits of the development of surveillance systems?

Places of work are environments loaded with health risks, from occupational accidents on the one hand to the handling of hazardous materials on the other. This lecture sketches out how occupational health, the regulation of the workplace, and the medical inspection of school children, became legitimate fields of concern for public health.

Recommended reading
Education and mothering

As we observed in the lecture on quarantine, ideas about controlling infected individuals were not new to the nineteenth century, but it was in the modern period that health authorities turned their attention as much to individuals as to the public environment. This class will consider the development of two key areas of public health policy that focused on the health management of individuals in the domestic sphere: education and maternal health. Emphasis here will be placed on how these policies interacted with earlier environmental reforms, the rise of bacteriology, and the collection of statistics and information.

Recommended reading

Body spaces: from inoculation to immunization

With no known naturally occurring cases of the disease since 1977, smallpox has been globally eradicated. It is one of the most tangible ‘successes’ for public health. The lecture will provide an overview of the epidemiological significance of smallpox and the role played by immunization in causing mortality from this disfiguring disease to fall. Tracing backwards the steps of this ‘triumph’, we can in fact see that smallpox immunization has a complicated and contentious history that illustrates the problems that can arise when a public health intervention seeks to penetrate the body itself. Our focus will therefore turn to the popular protests that were made in objection to vaccination in the nineteenth century, and parallels will be drawn with current controversies surrounding the use of MMR vaccines for children.
Recommended reading


Professionalization and expertise

So, how come you are here? This class considers the importance of professionalization and expertise in cementing—or otherwise—public health’s place in the field of medicine.

Recommended reading
