1. **Title of the module**

HIST6076 (HI6076) Surgery, Science and Society since 1750

1. **Division or partner institution which will be responsible for management of the module**

Division of Arts and Humanities

1. **The level of the module (Level 4, Level 5, Level 6 or Level 7)**

Level 5

1. **The number of credits and the ECTS value which the module represents**

30 credits / 30 (15 ECTS

1. **Which term(s) the module is to be taught in (or other teaching pattern)**

Either Autumn or Spring term

1. **Prerequisite and co-requisite modules**

None

1. **The course(s) of study to which the module contributes**

BA in History & Associated Joint Honours programmes

1. **The intended subject specific learning outcomes.
On successfully completing the module students will be able to:**
	1. Analyse the concept of a ‘surgical revolution’ as it developed in Europe and North America from the late eighteenth century
	2. Demonstrate a knowledge and critical understanding of the continuities and changes to surgery from 1750 and their place within the history of medicine
	3. Demonstrate a knowledge and critical understanding of different historical approaches to surgery, including those from the history of medicine and social and cultural history
	4. Critically engage in key historiographical debates in the medical history and social and cultural history fields, applying the concepts and principles of the historical study of surgery to the relevant context.
	5. Analyse the public dissemination of surgical history to public audiences
2. **The intended generic learning outcomes.
On successfully completing the module students will be able to:**
	1. Ability to communicate effectively to using a variety of methods
	2. Critically engage in key debates, applying the concepts and principles of study to the relevant context
	3. Make effective use of relevant sources
3. **A synopsis of the curriculum**

Over the last two centuries, surgery has been radically transformed from a barbaric craft to a precision based science. Aided by new technologies, surgeons pioneered exploration into the body in ways never achieved before and became heroes of the hospital operating theatre and beyond. Historians have called this a surgical revolution. But how revolutionary was it? Did surgeons always get it right? Did new ideas, procedures and technologies immediately replace those that came before them? Is the history of surgery simply a story of continual progress? This module will examine major aspects of surgery from 1750 in order to evaluate the extent to which a ‘surgical revolution’ took place. Topics to be addressed include the rise of pathological anatomy; dissection and body snatching; anaesthesia; antisepsis and asepsis; vivisection; war; organ transplantation; and keyhole surgery. Adopting a social and cultural approach, the module will examine these topics in line with several key themes: the surgical profession, masculinity and heroism; patients, ethics and the body; technologies and techniques; and the sciences of pathology and physiology. The module will also explore the dissemination of surgical history today to public audiences through analyses of museum exhibits.

1. **Reading list (Indicative list, current at time of publication. Reading lists will be published annually)**

Lawrence, C. (ed., 1992) *Medical Theory, Surgical Practice: Studies in the History of Surgery*, London and New York: Routledge

Löwy, I. (2009) Preventative Strikes: Women, Precancer, and Prophylactic Surgery, Baltimore: The Johns Hopkins University Press

Richardson, R. (2001) *Death, Dissection and the Destitute*, Chicago: University of Chicago Press

Schlich, T. (2010) *The Origins of Organ Transplantation: Surgery and Laboratory Science, 1880s-1930s*, Rochester, NY: The University of Rochester Press

Schlich, T. (2002) *Surgery, Science and Industry: A Revolution in Fracture Care, 1950s-1990s*, Basingstoke: Palgrave Macmillan

Schlich, T. and C. Crenner (2016) Beyond Innovation: Historical Perspectives of Technological Change in Modern Surgery, Rochester, NY: The University of Rochester Press

Wangensteen, O. H and S. D., Wangensteen (1978) *The Rise of Surgery. From Empiric Craft to Scientific Discipline,* Folkstone: Dawson

1. **Learning and teaching methods**

Total contact hours = 30

Total private study hours = 270

Total study hours = 300

1. **Assessment methods**
	1. Main assessment methods

This module will be assessed by 100% coursework. This will be divided into the following:

Essay (3,000 words) (60%)

Presentation plus general seminar performance (20 minutes) (20%)

Critical evaluation (2,500 words) (20%)

13.2 Reassessment methods

1 x 3,000-word essay

1. ***Map of module learning outcomes (sections 8 & 9) to learning and teaching methods (section12) and methods of assessment (section 13)***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Module learning outcome** | 8.1 | 8.2 | 8.3 | 8.4 | 8.5 | 9.1 | 9.2 | 9.3 |
| **Learning/ teaching method** |  |  |  |  |  |  |  |  |
| **Private Study** | **x** | **x** | **x** | **x** | **x** | **x** | **x** | **x** |
| lectures | **x** | **x** | **x** | **x** | **x** | **x** | **x** | **x** |
| seminars | **x** | **x** | **x** | **x** | **x** | **x** | **x** | **x** |
|  |  |  |  |  |  |  |  |  |
| **Assessment method** |  |  |  |  |  |  |  |  |
| Essay | **x** | **x** | **x** | **x** | **x** | **x** | **x** | **x** |
| Critical evaluation | **X** | **x** | **x** | **x** | **x** | **x** | **x** | **x** |
| Presentation & seminar performance | **x** | **x** | **x** | **x** | **x** | **x** | **x** | **x** |

1. **Inclusive module design**

The Division recognises and has embedded the expectations of current equality legislation, by ensuring that the module is as accessible as possible by design. Additional alternative arrangements for students with Inclusive Learning Plans (ILPs)/declared disabilities will be made on an individual basis, in consultation with the relevant policies and support services.

The inclusive practices in the guidance (see Annex B Appendix A) have been considered in order to support all students in the following areas:

a) Accessible resources and curriculum

b) Learning, teaching and assessment methods

Due to the sensitive nature of some of the module’s content, a trigger warning will be included in the handbook.

1. **Campus(es) or centre(s) where module will be delivered**

Canterbury

1. **Internationalisation**

The module will address the development of surgery from the eighteenth century from a British, European and North American context. Students are encouraged in seminars and in their assessed work to adopt a comparative focus. Subject to feasibility, visits are made to important international medical centres.

**DIVISIONAL USE ONLY**

**Revision record – all revisions must be recorded in the grid and full details of the change retained in the appropriate committee records.**

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| --- | --- | --- | --- | --- |
| Date approved | Major/minor revision | Start date of delivery of revised version | Section revised | Impacts PLOs (Q6&7 cover sheet) |
| 20/01/2021 | Major (incl version 6 removal) | 2021/22 | 8,9,12,13,17 | No |
|  |  |  |  |  |