



## Broadening the history of medicine: a case study on Medicine in Britain

*Medicine in Britain, c1250–present is the most popular thematic study option on the Pearson Edexcel GCSE History specification, in which students explore change and continuity in the understanding, treatment and prevention of disease from the Middle Ages to the twenty-first century. The accompanying historic environment, The British sector of the Western Front, 1914–18: injuries, treatment and the trenches, examines the impact of conditions on the Western Front on the nature of illness and provision of medical care.*

*In this article, **Alex Fairlamb** discusses ways in which she has designed her teaching of the Medicine in Britain option to provide students with opportunities to explore more diverse histories that will broaden their study of medicine. In this case study she suggests topics and people that could be included and then offers practical teaching strategies that will thread this content into existing schemes of work in a meaningful and achievable manner in the time available to teach the option.*

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As Educators, we have a duty of care to our children, to ensure that our curriculums are diverse and representative. That the curriculum that we construct, as we are the architects of it, is representative of the communities that we serve. Historically, the History curriculum has been written through a singular lens, that has not included sufficient, or any, lenses of people of colour, differing genders, LGBTQIA+ or people with disabilities. As the African proverb reminds us, “Until the Lion has a historian of its own, tales of hunting will always be about the hunter.”

There has been significant movement within the History curriculum in the past few years to change this and to ensure that History is representative and therefore more accurate. Examination Boards are beginning to make required changes too, evidenced by the introduction and promotion of migration units. For other specification options, changes will occur in the future. Until then, I have discussed below the different ways that you can broaden the Medicine thematic study so that it includes a richer tapestry of people from our past.

For many of us, one concern is fitting in the already existing content within the time constraints of the timetable allocation we have. Experiencing and knowing this myself, the suggested strategies and ideas below take this into account and offer meaningful but achievable ways with which to broaden your students’ study of medicine in our past.

To begin with, I will outline various topics and people that you could include in terms of broadening the content of the specification. Following this, I will then suggest possible teaching strategies to suggest how this content can be threaded through your existing schemes of learning. All of the teaching strategies are interchangeable, and can be applied to all aspects of the additional content I outline.





Era	Content	How does this tie in with the existing specification?
	<p><b>Trotula</b></p> <p><b>Diseases which cause disability</b></p>	<p>Al-Hakam II. He wrote a great medical treatise, the <i>Kitab al-Tasrif</i>, a 30-volume book of medicine and surgery. Al-Zahrawi invented over 200 surgical instruments, many of which are still used today, including forceps, scalpel, surgical needle and retractor, specula and catgut sutures.</p> <p><i>The Trotula – Medieval Compendium of Women’s Medicine</i>. This text had influence within England in the medieval period, including information about treatments for and the conditions of women.</p> <p>Often we discuss leprosy and TB. We should consider how we portray and discuss people with disabilities when discussing these diseases, and ensure that they are visible.</p>
<p><b>Renaissance</b></p>	<p><b>Lady Keepers and Searchers</b> – women within hospitals who research the cause of death</p> <p><b>Midwifery</b> – ‘witch-midwives’ Elizabeth Reeves and Elizabeth Moore (Nottingham), episcopal licencing</p> <p><b>Herbalists, kitchen physic, abortion</b> – Queen Anne’s lace, wild carrot etc</p>	<p>The Renaissance period refers to ‘women in the home’, how they are the midwives, the affordable caregivers for the masses, and how they provide care and rest, as well as maintaining gardens for remedies. However, there is far more to the story.</p> <p>Given that we have all experienced being born, the absence of midwifery as a stronger focus in the Renaissance is something that should be addressed. Women are often invisible in this, despite being the main providers of care during childbirth. Arguably, the sixteenth century saw the emergence of midwifery as a more formal practice. Bishops granted some women midwifery licences from 1611; where she swore an oath to carry out good practices within the parish (three women were licenced in London).</p> <p>The role of women in creating remedies which could be accessed by the masses who could not afford to visit an apothecary.</p> <p>Jeanne Baret joined her lover Philibert de Commerson in the 1760s on a scientific sailing expedition, and was given a job as an ‘assistant’ plant collector. She bound her chest in linen, wore breeches, and joined the ship’s crew as a man named Jean. Over the next two years she circumnavigated the globe in disguise, collecting botanical samples all the while. Most notably, she was the first European to discover the bright pink bougainvillea in Brazil.</p>



Era	Content	How does this tie in with the existing specification?
	<p><b>Apothecaries</b> – Widow Wyncke, Susan Lyon, Anne Crosse</p> <p><b>Texts</b></p> <p><b>Compare with Islamic medicine</b> – why did they experience progress comparably?</p>	<p>Qualified widows were able to run family-owned businesses, and these women ran their family apothecary shops. The Company of Apothecaries deemed these widows able enough to make medicines (paid £2 per year) and train apprentices. This helps to challenge the misconception that this was solely the occupation of men: whilst it was dominated by men, it's accurate to acknowledge women also had some influence within this field. Susan Lyon was an acknowledged apothecary shop owner who faced prejudice from the Royal College of Physicians; it is better to name specific examples such as this, than to say generally that 'women who sold remedies were persecuted by...' – give them a specific narrative and person to explore to look at her achievements, and why the Royal College of Physicians targeted women such as her.</p> <p>Texts which were published and used during this period:</p> <ul style="list-style-type: none"> <li>• Mercuriade, <i>On Crises in Pestilent Fever</i> and <i>On the Cure of Wounds</i>;</li> <li>• Rebecca Guarna, <i>On Fevers</i>, <i>On the Urine</i> and <i>On the Embryo</i>;</li> <li>• Abella, <i>On Black Bile</i> and <i>On the Nature of Seminal Fluid</i></li> </ul> <p>A further opportunity for comparisons, whereby arguments can be made that, whilst medicine did witness some progress in England at this time, why in comparison to other cultures and religions, was it still lagging behind?</p>
<p><b>Enlightenment</b></p>	<p><b>Surgery</b> – Dr James Barry</p> <p><b>Female GPs</b> – Elizabeth Garrett Anderson, the Edinburgh Seven</p>	<p>A trans surgeon who performed the first successful caesarean where the mother and child lived. The Enlightenment period currently focuses on pain, infection and the emergence of aseptic surgery. It would be beneficial also to explore the success of differing surgical procedures at this time, including the success of Dr James Barry.</p> <p>Elizabeth Garrett Anderson was the first female to qualify in England as a physician and surgeon. Studying her helps children to understand how, come the modern period, the emergence of female GPs helped to increase the number of medical practitioners within medicine and the impact this had. Elizabeth opened St Marys Hospital for Women and Children and the New Hospital for Women in London. She was BMA registered and co-founded the London School of Medicine for Women, the</p>



Era	Content	How does this tie in with the existing specification?
	<p><b>Nursing</b> – Mary Seacole</p> <p><b>Cerebral palsy</b></p> <p><b>Causes of disease</b> – Africanus Horton</p>	<p>first medical school in Britain to train women to become doctors – this paved the way for the profession to no longer be gendered.</p> <p>The Edinburgh Seven also help us to explore medicine within Scotland, and this can build upon links made with Lister and Edinburgh’s surgical history.</p> <p>As well as her role in setting up The British Hotel and her work in the Crimea as a sutler and tending to wounded soldiers, Mary also had extensive knowledge of cholera and treated those suffering from it. Mary is important within medicine at this time, as a woman of colour and how she overcame racism and discrimination to provide medical care.</p> <p>Classified by British surgeon William Little in 1860.</p> <p>After getting his MD, Horton was commissioned back to West Africa as a surgeon in the British Army. His theories led to a distinguished reputation within medical communities. In his book <i>The Diseases of Tropical Climates and Their Treatment</i> (1874), Horton describes some of the clinical symptoms of sickle cell disease, 36 years before the recorded discovery of the disease in 1910.</p>
<b>Modern</b>	<b>NHS</b> – Female GP expansion, inclusion	<p>Building upon the work of pioneers such as Elizabeth Garrett Anderson, the growth of women within the medical profession in the twentieth century and beyond to me should be a factor as to why medicine has progressed so rapidly. The increase in the workforce itself due to women within the profession itself is significant.</p> <p>Alongside this, the result has been a greater focus on issues affecting women which have long been ignored (such as menopause and polycystic ovary syndrome).</p> <p>The labour shortage post-Second World War led to recruitment from the Caribbean of trainee nurses and India and Pakistan of junior doctors. When studying the introduction of the NHS, limitations are explored such as the North/South divide of hospitals, the lack of investment in hospitals over time, and the outdated skills of GPs. The labour shortage is not really mentioned, nor the positive impact that the recruitment of people from overseas had in helping to resolve these issues and preventing the NHS from collapsing.</p>



Era	Content	How does this tie in with the existing specification?
	<p><b>Treatment</b> – Dorothy Crowfoot Hodgkin</p> <p><b>Causes</b> – Rosalind Franklin</p>	<p>Significant work by Crowfoot included her work on penicillin and B12; so much so she was elected into the Royal Society.</p> <p>Greater recognition is long overdue of the work of Franklin within the discovery of DNA.</p>
<b>First World War</b>	<p><b>Nursing</b> – Vera Brittain</p> <p><b>Care</b> – Endell Street</p>	<p>A VAD nurse during the First World War, Vera Brittain as a focus would help to broaden the role of women within the historic environment study of the Western Front. The FANY are mentioned within the specification and textbooks, but the VAD also played a significant part in medicine during this time. How Vera Brittain can be further included in lessons will be discussed below.</p> <p>The pioneering work of Louisa Garrett Anderson and Flora Murray brings to life the developments in medicine during this period. War acted as a catalyst for so many changes, and the establishment of a female-led and staffed hospital should feature within this. The innovative treatments of gas injuries, the treatment of 24,000 soldiers and their recognition by the Ministry of War enable students to understand how war transformed medicine. Furthermore, these two inspiring women enable us to explore queer history within medicine.</p>

### How can content be translated into practice?

As mentioned earlier, the key issue will always be one of time constraints. Whilst I hope that the above information inspires people to look at opportunities to thread in more diverse medical history, the desire to include content is different from practicality of being able to do so, and do so meaningfully.

#### Homework

Opportunities to thread in these narratives are provided by homework, including hinterland and wider reading. A great example of this is Rich Kennett and Will Bailey-Watson's [Meanwhile, elsewhere...](#) (and its local history subsection [Meanwhile, nearby...](#)), which has also been developed by Al MacDonald to be [Meanwhile, She...](#). These provide excellent opportunities for students to research topics in greater depth and find out more about key individuals.

The template is available so that you can create ones of your own, and this lends itself greatly to opening the door to micro-history opportunities with 'Meanwhile, nearby...'. An example for me is Lady Sybil Grey, so that my students can find out about the role of local people in medicine in the First World War. There is a chapter on her in *Angels of the North*.

Directed reading provides students with the opportunity to read more widely about a topic. This can be carried at as part of flipped learning, which is then threaded into subsequent lessons. Alternatively, it can be used to stretch and enhance their knowledge of that topic or period. Additionally, it enables us to draw in scholarship into our classrooms.



The directed reading homework example on Islamic Medicine below fits perfectly after studying the beliefs about the causes of disease in the medieval period, and the factors that led to limited progress in medicine, such as the role of the Church.

Students can then complete this as a homework task, and discussions in the following lesson bring to life that these limitations were not global. Therefore, why was it in particular in England that it was limited?

## Islamic Medicine

**For them to understand how limited progress was, compare with Islamic medicine.**

### Class reading task to enable debate about:

- Similarity vs difference
- Why did Islamic medicine progress comparably?
- How far did it progress comparably?
- What was the main factor in limiting progress in English medicine?

### Homework as hinterland knowledge

What was the contribution of Islam to medieval medicine?		
What similarities and differences can we see between Islamic medicine and medicine in England?		
<b>sk 1:</b> Sum up each paragraph in 3 bullet points	<p><b>Overview</b></p> <p>The Islamic achievements in medieval medicine were ground breaking. While medieval European medicine was still rooted in superstitions and the rigid Catholic teachings of the Church, the rise of Islam in the 7th century A.D. gave rise to impressive growth and discoveries in many scientific fields, especially medicine.</p> <p>Islamic scholars and doctors translated medical texts from all over the known world, including the Greeks and Romans, Persians and Indians. They not only gathered this knowledge and translated it into Arabic (and later into Latin), they added their own medical observations and methods. Islamic doctors developed new techniques in medicine: dissection, surgery and pharmacology (medicine). They founded the first hospitals, introduced physician training and wrote encyclopaedias of medical knowledge.</p> <p>Before the 12th century in Europe, medical practice was stalled – there were few new discoveries, and, as the Church considered disease a punishment from God, doctors could do little for their patients. However, when new translations, books, observations and methods from the Islamic world gradually became known in the 12th century, Western medicine finally moved forward. Ideas, insights and methods from Islamic doctors brought many new advances to European medicine, essentially forming the basis of modern medicine as we know it today.</p> <p><b>Islamic Achievements in Medieval Medicine: Translations</b></p> <p>In the 7th century, Arab and Persian scholars began translating medical texts from Greek, Syriac, Sanskrit and Pahlavi into Arabic, and from Arabic into Latin, thus saving those texts from disappearing entirely. During the 8th century in Baghdad, Islamic scholars and doctors translated the works of the Roman doctor Galen, as well as Persian and Indian medical texts. As these doctors translated medical texts from around the known world, they also added their own observations, therefore creating encyclopaedias of medical knowledge.</p> <p>Many Islamic medical texts, such as Ibn Sina's Canon of Medicine, Al-Razi's Libor Almarbtoris and Al-Zahrawi's Kitab al Tassif became central to medical education in European universities for hundreds of years.</p>	<p><b>Task 2:</b> Answer the questions for each paragraph</p> <p><b>1. Why did Islamic medicine continue to make progress while European medicine did not?</b></p> <p><b>2. What role did translations play in helping Islamic medicine to progress?</b></p> <p><b>3. What prevented this similar progress from happening with translations in England?</b></p>

This template is a hybrid of Simon Beale's Directed Reading and Rich Kennett's scholarship with questions and homework ideas.

Further examples of this include using Stephen Bourne's book *Black Poppies* to study the role of Caribbean soldiers in the First World War: chapter 7 is on the British West Indies Regiment, and students are asked to annotate the margins with their thoughts and then answer questions on the content to show their understanding of what they've read.

### Scholarship


Building upon the idea of directed reading, texts which could be used for directed reading could include those which focus on diverse history or are written by historians who are disabled, women, LBGTQIA+, people of colour.

Excerpts from texts such as the ones below would provide powerful interpretations to be studied to enhance student knowledge of the period. A suggested format for how this could look is to follow Dan Warner-Meanwell's 'Story, Source, Scholarship' format. For example, I have created a worksheet, 'How significant was Endell Street in providing medical care during World War One?' (next page) Students are given an article extract, two sources and two interpretations, completing tasks on each of these three components.

- *Dr James Barry: A Woman Ahead of Her Time*, Michel du Preez and Jeremy Dronfield
- *Endell Street: The Trailblazing Women Who Ran World War One's Most Remarkable Military Hospital*, Wendy Moore
- *Unwell Women: A Journey Through Medicine and Myth in a Man-Made World*, Elinor Cleghorn
- *The Butchering Art: Joseph Lister's Quest to Transform the Grisly World of Victorian Medicine*, Lindsey Fitzharris



**How significant was Endell Street in providing medical care during World War One?**

Story		Source
<p>Create a title for each paragraph.</p> <p>The article below examines the role of Endell Street in treating soldiers during WW1.</p> <p><a href="#">Women And The First World War: The Work Of Women Doctors   Woman and her Sphere</a></p>	<p>Summarise each paragraph in 1-2 bullet points.</p>	<p><b>A</b></p> 
<p>Louisa Garrett Anderson and Flora Murray wasted no energy in approaching the War Office. Instead, on 12 August, they called in person at the French Embassy, offering to raise and equip a surgical unit, comprising women doctors and trained nurses, for service in France. Within a week the French Red Cross had accepted this offer. The newly-formed Women's Hospital Corps quickly raised £2000.</p> <p>Working alongside Anderson and Murray were Drs Gertrude Gazdar, Hazel Cutbert and Grace Judge. In March 1915, after running a second hospital at Wimereux, close to heavy fighting, the Women's Hospital Corps received the accolade from the War Office of being put in charge of a new military hospital in London, housed in the former St Giles Workhouse in Endell Street, Covent Garden.</p> <p>The hospital staff comprised women only and included 15 doctors, surgeons, ophthalmic surgeons, dental surgeons, an anaesthetist, bacteriological and pathological experts and seven assistant doctors and surgeons, together with a full staff of women assistants. Flora Murray's rank was equivalent to that of a lieutenant-colonel and Louisa Garrett Anderson's that of a major.</p> <p>There were 573 beds, 17 wards, an operating theatre and an X-ray room, as well as a theatre and a library with 5,000 books. 17,000 operations were carried out.</p> <p>Louisa Garrett Anderson who, like all the other women surgeons, had had no previous experience of trauma surgery, was particularly interested in the treatment of gunshot wounds. She backed the BIPP treatment (bismuth and iodiform paraffin paste), publishing articles on the subject in the <i>Lancet</i>. Both Murray and Anderson were, in 1917, among the first to be appointed CBE.</p> <p>The Endell Street hospital was retained in service until October 1919, longer than many other temporary military hospitals, and in its time treated over 24,000 soldiers as in-patients and nearly the same number of out-patients.</p>		<p><b>Scholarship</b></p> <p><b>Endell Street, Wendy Moore</b></p> <p>Since both in the casualty clearing stations filled immediately, stretch-bearers had to be sent to meet in the surrounding fields. By the end of July the wounded numbered 130,000, the majority shipped back to England. There was little fear through August as a further 25,000 casualties arrived in Britain. The strain on medical services, according to official reports, was without parallel.</p> <p>As the convalescers arrived at the Endell Street hospital throughout the summer, Louisa Garrett Anderson's medical interests, in the operating theatre, the theatre boxes at a stretch with only a few minutes' break to dash down on to look after a patient, finally ceased to make space for new admissions. The constant demand meant that patients had to be transferred to convalescent care as soon as they were fit to be moved at a rate of one hundred a week. Some have been moved to Dulwich Hill House to bring on their recovery to safety.</p> <p><b>Deeds AND Words in the Suffrage Military Hospital in Endell Street, Jennian Geddes</b></p> <p>Many of the casualties arriving at Endell Street needed major abdominal surgery, and in the first couple of years there were also serious head injuries, some requiring craniotomy. Long bone fractures with severe soft tissue lacerations were common, with the result that a considerable proportion of cases were orthopaedic: at one time there were 154 cases with a compound fracture of femur on the wards. Later in the war, head injuries and fractures of femur were directed to specialist units, but a large number of fractures, for whom the skill became proficient at making prostheses, still passed through the hospital. Normal lactation was a major complication of all injuries and the women obstetricians, with a different location, continued. The</p>
<p><b>Task 1</b></p> <p>Read through the Story of Endell Street. For each paragraph, you need to create a title on one side, to sum up the focus of the paragraph and a short summary in your own words (two bullet points).</p>	<p><b>Task 2</b></p> <p>Look at source A. Annotate the source with what it tells us. Then answer the question 'What can we learn from these source about injuries and treatment during WW1?'</p>	<p><b>Task 3</b></p> <p>Read through both interpretations and annotate them with what they tell us about the significance of the work of Endell Street. Highlight what you think are the three most important sentences. In your book, answer the question 'What do Historians argue about the significance</p>

Source A: An operation for appendicitis at the Military Hospital, Endell Street, London. Chalk drawing by Francis Dodd, 1920. [Welcome Collection](#).

### Sources

Section A of the paper requires students to determine the utility of two sources and to also identify how they would follow up an enquiry into a given focus. However, as historians we don't just restrict looking at sources to when we focus on Section A, and would naturally include sources as part of their study of Section B too.

Sources are windows into the past and there is an amazing range of sources which can help our students to explore a more accurate and representative history of medicine.

Vera Brittain's book, *Testament of Youth*, is a particularly interesting source to use, given that she purposefully delayed the publication of her diary of her experiences as a VAD nurse. She waited to see which other nurses' diaries had sold well before publication, and then fictionalised aspects of her story to add interest. This is a great way to challenge the student's set mindset of 'it's a diary, therefore it must be true'!

August 18, 1910	
Allowance: 20s	
	s. d.
Rent	8 0
Burial Insurance	1 0
Coal (regular sum)	1 6
Oil and wood	0 4.5
Soap, soda, etc,	0 5.5
<b>Total</b>	<b>11 4</b>
Left for food	8 8

Maud Pember-Reeves' book, *Around about a pound a week*, gives us insight into the conditions that the working class experienced, just as the work of Booth and Rowntree does.



Wounded Soldiers Arrive at Red Cross Hospital No.5, Auteuil, France (National Archives).



GARHWAL  
From Ram Singh, Kitchener Indian Hospital, Brighton, To his father  
Subadar Madhun Singh, 7 Co. 2/30 Garhwal Rifles, Lansdowne.  
(Garhwal, May 1918). "We are not allowed to write about the  
war x x x What is put in they papers is all lies, we have only  
captured 400 yards of trenches. The war is very hard."

An excerpt from a letter written by an Indian soldier, Ram Singh, from the Kitchener Indian Hospital in Brighton. In writing to his father Subadar Madhun Singh, who was a soldier in the Garhwal Rifles, Ram Singh complains how difficult the war was proving to be.

### *Presence*

When creating resources and PowerPoints, we can ensure that we use images which are representative of the past. When looking at the First World War, this could include images of Empire troops in medical care. Or, when studying women in the home, this can include women of colour.

If we only show images of white males, that will reinforce the misconception that these were the only people present at this time.



Elisabeth, Sarah and Edward, children of Edward Holden Cruttenden (with black nursemaid), Joshua Reynolds, c1763, oil on canvas.



World War One: convalescent Indian soldiers with British military medics outside the Royal Pavilion, Brighton. Photograph, 1914/1918. Created 1914-1918.  
Work ID: k7kaujhe.



World War One: Zelobes, France: Indian soldiers taking a patient on a stretcher from an ambulance to the dressing station

Examples of images of soldiers from the Gypsy Traveller community in the First World War can be found on the East Sussex First World War website [here](#).

### *Inter-disciplinary work and utilising shared events*

A further way that we can bring to life the diversity of our past, can be working with other departments. For example, in GCSE Biology students learn about both penicillin and DNA; and this is an opportunity to collaborate to strengthen student knowledge and explore diversity by tapping into the roles of Dorothy Crowfoot Hodgkin and Rosalind Franklin.

This can be echoed across the whole period of medical history by working with departments such as Art, Literature and Geography.

National and international events can also provide moments when we can encourage students to look at more diverse history, such as [International Women's Day](#), [Black History Month](#), [Disability History Month](#) and [Gypsy, Roma and Traveller History Month](#). Whilst we know we should thread these histories throughout our curriculums, these events do also provide opportunities to champion these narratives.



## Further reading

### Books

*Angels of the North*, Joyce Quin and Moira Kilkenny ([Tyne Bridge Publishing](#), 2018)

*Black Poppies*, Stephen Bourne ([The History Press](#), 2019)

*Dr James Barry: A Woman Ahead of Her Time*, Michel du Preez and Jeremy Dronfield ([Oneworld Publications](#), 2016)

*Endell Street: The Trailblazing Women Who Ran World War One's Most Remarkable Military Hospital*, Wendy Moore ([Atlantic Books](#), 2020)

*Unwell Women: A Journey Through Medicine and Myth in a Man-Made World*, Elinor Cleghorn ([Weidenfeld & Nicolson](#), 2021)

*The Butchering Art: Joseph Lister's Quest to Transform the Grisly World of Victorian Medicine*, Lindsey Fitzharris (Penguin, 2018)

*Testament of Youth*, Vera Brittain (Virago Modern Classics, 2014)

### Articles

[The Extraordinary Secret Life of Dr. James Barry](#), Brynn Holland, Sky History

[Women's Business: 17th-Century Female Pharmacists](#), Judith S. Woolf, Science History Institute

[Doctor Brighton's Pavilion](#), SikhMuseum.com – Indian and Sikh Soldiers in World War I

[Caribbean Women and the NHS](#), Black History Month

[Women and Healthcare](#), Historic England

[Buildings for Training Nurses, Doctors... and Mothers!](#), Historic England

[History of Women in Surgery](#), Royal College of Surgeons of England

[The Queer Victorian Doctors Who Paved the Way for Women in Medicine](#), Olivia Campbell, Sky History

[Dr Laura Kelly on the history of women in medicine](#), Journeys Through Health History, University of Strathclyde Glasgow

[Immigration and the National Health Service: putting history to the forefront](#), Stephanie Snow, Emma Jones, History and Policy

[What were women's lives like during the 17th-century plague?](#), Rebecca Rideal, History Extra