

**University of Aberdeen
ME43HI**

MB ChB Phase IV Medical Humanities SSC Option:

History of Medicine (40 Credits)

October - December 2007

Course Co-ordinator: David Smith

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Cultural History Home Page: <http://www.abdn.ac.uk/ch>
History Home Page: <http://www.abdn.ac.uk/history/>
WebCT: <http://webct.abdn.ac.uk/public/ME43HI/>

1 School of Divinity, History and Divinity, and History Department Handbooks

The School and subject handbooks may be accessed online from <http://www.abdn.ac.uk/history/ugrad/resource.shtml>

2 Plagiarism

The definition of Plagiarism is the use, without adequate acknowledgement, of the intellectual work of another person in work submitted for assessment. A student cannot be found to have committed plagiarism where it can be shown that the student has taken all reasonable care to avoid representing the work of others as his or her own.

All cases of suspected plagiarism will be reported to the University Investigating Officer.

Essays must be prefixed with the following statement:

"I understand that plagiarism is the use, without adequate acknowledgment, of the intellectual work of another person in work submitted for assessment. A student cannot be found to have committed plagiarism where it can be shown that the student has taken all reasonable care to avoid representing the work of others as his or her own. **I have abided by these guidelines in the preparation of this essay."**

This must be signed and dated.

If you have any doubts about what constitutes plagiarism, please see the course co-ordinator.

3 Class certificates

The general regulations for circumstances in which students are liable to have a 'C6' entered on their record are difficult to apply to a non-standard courses such as this one, which demands very little class contact and substitutes independent working and the submission of progress reports:

Students will therefore be liable to a 'C6' (ie be in danger of losing their class certificate) if they:

Miss any of the contact fixed sessions set out in the timetable without prior permission or without good cause.

Are three or more days late with a progress report or draft essay.

The award of a C6 is the first step towards the withdrawal of a class certificate. Any student awarded a C6 should contact the course co-ordinator immediately.

(Please also note that if you submit work more than a week late, without good cause or medical certificate, then CAS 9 is the maximum grade that you can get.)

4. Course Prospectus, WebCT site

Aim

The aim of the option is to give students the opportunity to research and present, individually, in spoken and written forms, a history of medicine topic of their own choice, using both primary and secondary sources (see further explanation below, under 'Primary and Secondary Sources').

Objectives

The course will

- encourage interest in the history of medicine
- nurture an appreciation of the nature of historical scholarship, and the academic research and writing process
- develop an understanding of the nature of primary and secondary sources in history
- develop skills required for locating and evaluating primary sources
- develop skills required for locating and evaluating secondary sources
- enhance students' critical reading, oral presentation, and writing skills

Description of Content

In principle, students may choose any topic from any period using any form of primary sources. However, students must be able to convince the course co-ordinator that proposed project is viable in terms of the availability of both primary and secondary sources, and that it may be completed during the period available.

Teaching Methods

During the first week of the course students will be introduced to some of the resources available for research in the history of medicine in Aberdeen. (Note that this does not mean students will be confined to sources in Aberdeen - students will be free to base their projects on sources elsewhere, for example at the National Archive of Scotland or National Library in Edinburgh, or sources further afield.) Students will then produce a research proposal and when this has been approved by the course co-ordinator, they will work individually on their project. During this period students will be expected to maintain regular contact with the course co-ordinator, who will comment upon further plans, drafts, and provide assistance and advice as required. A mid-course meeting will also take place for group discussion of historiographical issues. Two written progress reports will be required. Students may also receive advice and assistance from other scholars who may be interested in their topic, in and beyond the university. Towards the end of the course, as specified below, each student must provide two copies of a draft of their essay: one copy to the course co-ordinator, and one to another student in the class, as pre-arranged (the 'student-referee'). Student-referees must provide typed comments on the draft essay by a specified day and time: one copy to the author of the essay, and one copy to the course co-ordinator. The course co-ordinator will also provide some comments on the draft. Each student will give a presentation on their project at a meeting that will be open to other members of the university. Students should attempt to improve their draft essay, if possible, in response to comments received from the student-referee, course co-ordinator, and during the discussion after their presentation. Students will hand in their final essay at the end of the course.

Assessment

Essay, 7,000 words ($\pm 10\%$): 70%
Presentation: 20%
Refereeing: 10%

NB: This is a 40 credit course, which implies 400 hours of effort by the average student. The qualities of the products are expected to reflect this.

Web CT site

There is a webCT site which includes this course booklet, some details of previous projects, and one or more examples of previous essays.

5. Course Co-ordinator

David Smith (Email d.f.smith@abdn.ac.uk; Tel 273676; Room 102 History Department), is senior lecturer in the history of medicine, and he teaches in the School of Medicine and the School of Divinity, History and Philosophy. In the past he has supervised projects on 'Historical explorations of therapies' in the 'Therapy Theme Group' of the Phase II Population-Based Disease SSM. He currently lectures and supervises projects as part of the Phase III Medical Ethics SSM. He co-ordinates the Medical Humanities SSC in which he also runs the history of medicine option and an essay-project for the students taking the languages options..

In the School of Divinity, History and Philosophy he currently co-ordinates 'Aspects of Culture' and 'Cultural History of Medicine', and has coordinated, in the past, 'Brains Breeding and the Bomb', and History and Philosophy of Science II and other courses. His special research interest is in the history of nutrition science and food policy during the twentieth century, and his main publications lie in this area. He has supervised or is supervising postgraduate students working on the history of art therapy and occupational therapy, the history of public health in Aberdeen, the history of infant mortality in Aberdeen and Aberdeenshire, the history of general practice and public health in the post-war period, and the influenza pandemic 1918-19, W.A.F. Browne, the pioneer Scottish psychiatrist, and Stanley Hall, a pioneering mental deficiency institution in Wakefield.

6. Additional Support Persons

Some members of the medical and other faculties have interests in particular aspects of the history of medicine and it is likely that such colleagues will be willing to see students for a discussion about relevant issues at the beginning of their projects. They may also take an interest in the development and outcome of the research. Students are encouraged to develop such contacts within and beyond the university. Such people are, of course, under no obligation to help, and are probably very busy.

Therefore any assistance that students receive will be partly dependent upon their own social skills. On the other hand, such people may well be interested in seeing the fruits of students' projects, and those from Aberdeen may be invited to attend the presentations.

7. Students

While conducting their research projects, students are encouraged to maintain contact and to discuss ideas and problems with colleagues in the class. To facilitate contact between members of the class, here is a list of names and Email nos.

| Name | Email |
|------------------------|---------|
| Luke Bedford | u14ljb2 |
| Christopher Farley | u01cdf3 |
| Rizwan Goheer | u04rg3 |
| Jaysina Jaafar Siddek, | u03jaj3 |
| Jamalia Kamarudin | u11jk3 |
| Ashleigh Kerr | u02ak3 |
| Christopher Lowry | u01cjl3 |
| Helen McFerran | u01hlm4 |
| Julie McNee | um5jm |
| Andrew Milne | u01ahm3 |
| Sarah Murray | u26sm4 |
| Gillian Norrie | u02gn3 |
| Lynn Shields | u01lhs3 |
| Daniel Weiland | u08dw3 |
| Samuel Yuen | u04sy2 |
| Aisyah Zakaria | u02saz3 |

8. Research Topics

Examples of topics from previous years are:

- 'Galen on psychology'
- 'The history of anaesthesia in obstetrics'
- 'The role of medicine in the colonisation of Southern Africa and Rhodesia'
- 'The rise and fall of tonsillectomy'
- 'A history of blood transfusion prior to 2000'
- 'A history of British and German views of 'lives not worth living': negative eugenics and euthanasia 1933-1950'
- 'Alexander Ogston'
- 'The history of phrenology'
- 'The history of smallpox'
- 'The history of Carstairs hospital'
- 'The history of plastic surgery'
- 'The foundation of the NHS'
- 'The history of marijuana as medicine'
- 'The history of laparoscopy'
- 'Mountain medicine and the conquest of Everest'
- 'History of Women in Surgery'
- 'The History Craig Dunain Hospital'
- 'Hyperbaric Medicine in Aberdeen'
- 'The History of the Heart Transplant'
- 'History of Entonox'
- 'History of Aberdeen University's department of General Practice'
- 'Quinine and Mepacrine'

'The discovery of *Helicobacter pylori*; a paradigm shift in the aetiology of ulcers'

See 'Example of Conference Programme' on the webCT site for details of last year's topics.

The most successful topics and most impressive essays and presentations were those that have set out to answer a definite question, constructed a definite argument, and showed an element of originality. These projects employed primary sources effectively, but also successfully related the findings to the existing secondary literature. Examples are the project on Carstairs, for which the student visited the institution and consulted archival sources, and interviewed staff and inmates. His findings were compared with existing accounts of the history of the institution. The research for the project on anaesthesia in obstetrics included an interview with the pioneer of entenox, who was based, and still lives, in Aberdeen. For the project on the history of blood transfusion the student visited the library of the Wellcome Institute for the History of Medicine in London.

It will not be possible for more than one student to work on exactly the same topic, although it would be acceptable if two students wanted to investigate eg the history of some specialty during different periods or in different geographical areas.

Students may choose a topic related to their own personal experiences, interests, background, or ambitions. But please remember that, in principle, any period may be chosen. **There are excellent resources for pre-nineteenth century history of medicine projects in the Department of Special Collections at Kings's.** There will be an opportunity to see some of these resources during the first week of the course.

Those who have yet to identify a topic may find inspiration from browsing the library catalogue. Dipping into some old medical journals or books at the medical library, or non-medical periodicals, newspapers etc at QML may also provide ideas. Alternatively, browsing the various history of medicine journals may help (see below). The course co-ordinator will be happy to meet students individually before the start of the course, or during the first few days, to discuss possible projects. During the first few days of the course, besides the Department of Special Collections, the class will be visiting some of the local archives and libraries and students may discuss possibilities with the archivists / librarians.

9. Primary and Secondary Sources

In historical scholarship, the term 'primary sources' usually refers to any source produced at the time of the events under investigation. Written primary sources may be unpublished (eg private correspondence, minutes of meetings etc) and found in public archives or personal collections, or may be printed and found in libraries (eg old books, journals pamphlets etc). Other examples of primary sources are medical records, laboratory notebooks, newspapers, magazines, parliamentary proceedings, government reports, drawings, paintings, cartoons, architects' plans, play scripts, film, oral history interviews, various artefacts and specimens found in museums, electronic data etc.

'Secondary sources' are usually taken to be works of historical scholarship written after the events under investigation, and published in the form of books or articles.

Students should aim to conduct some original research using primary sources - but should attempt to link their work to the secondary literature in the field. Students may, for example, investigate the history of a topic covering a different period or geographical area than that dealt with in the secondary literature. Alternatively, they may investigate a topic already covered in the secondary literature using new primary sources, or the same primary sources but with a different interpretation. Students may criticise the secondary literature or offer new insights that have been missed in previous accounts.

A very useful source which gives a good lead into the secondary literature on a wide range of topics is:

R. Porter and W. Bynum (eds), *Companion Encyclopaedia of the History of Medicine* (London, 1993)

The following are also very useful introductory sources:

P. Elmer, *The Healing Arts* (2004)

D. Brunton, *Medicine Transformed*, (2004)

The following two short books give good outlines of some aspects of the history of medicine in the late nineteenth and twentieth centuries in Britain:

Hardy, A., *Health and medicine in Britain since 1860* (2001).

Steven Cherry, *Medical services and the hospitals in Britain, 1860-1939*, (Cambridge, 1996)

Virginia Berridge, *Health and Society in Britain since 1939* (Cambridge, 1999)

The following consists a large number of up-to-date essays covering many aspects of the history of medicine of the twentieth century:

R. Cooter and J. Pickstone, *Medicine in the twentieth century*, Amsterdam, Harwood, 2000, Ref Sc 362.1 Co

The following Journals are among those that include useful articles concerning the history of medicine

Annals of Science
British Journal for the History of Science
History of Science
History Today
History Workshop Journal
Medical History
Bulletin of the Hist of Med
Social Studies of Science
Journal of Contemporary History
Journal of the History of Biology
Journal of Interdisciplinary History
Journal of the History of Ideas
Journal of the History of Medicine and Allied Sciences
ISIS
Minerva : a review of science, learning and policy
Proceedings of the Scottish Society for the History of Medicine
Social Problems
Social History of Medicine
Sociology of Health and Illness
Twentieth Century British History

The finding aids with which students are already familiar eg the library catalogue, MedLine, etc will generate useful references.

During week 1, Gillian Dawson, Faculty of Arts and Divinity Librarian will introduce students to finding aids in the humanities.

Internet sources should be used with caution, but a good starting point is: MedHist gateway:
<http://medhist.ac.uk/>

Primary Sources

Local:

For some details of some local archival sources see: <http://www.abdn.ac.uk/history/ddd/resources.hti>. (NB This is not a definitive list of sources in the area eg Marischal Museum and the maritime Museum are not included).

Recently a useful leaflet has been produced on medical archive in Scotland has been published and copies will be available at the first meeting of the class.

The material at the Maritime Museum, is described as follows:

“The collection consists of two basic elements: The George Shepherd Pharmaceutical Collection which is largely 19th and 20th centuries glassware/ceramic, some proprietary preparations, equipment and prescription books; The Kenneth A Webster Nursing Collection, mostly 20th century material ranging from uniforms, student notebooks, teaching aids to surgical instruments and theatre equipment.” For details and access, contact Curator: John Edwards Tel. 01224 337 700 Email: Johne@aberdeencity.gov.uk.

For the catalogue of archives and manuscripts held at Aberdeen University department of special collections see:
<http://calms.abdn.ac.uk/Dserve/Dserve.exe?dsqApp=Archive&dsqDb=Catalog&dsqCmd=Search.tcl>

For recently added medical material see, for example,

Anatomy Department: MS U 1332
Aberdeen University Anatomical and Anthropological Society: MSU 1438
Lockhart: MS 3270

Robert Reid: MS 3753
Alexander Low: MS 2629
William Clark Souter: MS 3755

But NB There is also plenty of other medical material – try searching on ‘medicine’ and browsing.

A number of collections have been catalogued by a recent Wellcome Trust-funded project and students are especially encouraged to make use of these. See:

http://www.abdn.ac.uk/diss/historic/wellcome_detail.shtml

Outwith Aberdeen:

Students are free to use archival sources wherever they are located. Here are some leads:

In London, an excellent collection is held at the Wellcome Trust library: see <http://library.wellcome.ac.uk>

There is a list of other sources in London at: <http://library.wellcome.ac.uk/node265.html>

The above includes a lead into medical material at the Public Record Office at <http://library.wellcome.ac.uk/assets/wtl039762.pdf>

(The PRO website is <http://www.nationalarchives.gov.uk/default.htm>)

In Edinburgh, there is much useful material at the National Archives of Scotland <http://www.nas.gov.uk/>, and the National Library of Scotland <http://www.nls.uk/>

For University archives: <http://www.archiveshub.ac.uk/>

For the national register of archives: <http://www.nra.nationalarchives.gov.uk/nra/>

For the National Cataloguing Unit for the Archives of Contemporary Scientists:
<http://www.bath.ac.uk/ncuacs/>

On-line primary source material

There is an increasing amount of primary material available on-line. See, for example, the material made available via the JISC:

http://www.jisc.ac.uk/index.cfm?name=digi_medical

10. Written work

The following pieces of written work are required:

1. *Research Proposal and Plan*: deadline Friday 26 October 5 pm. If you miss the deadline, you may submit by 9,00 Monday 30 October without penalty

The research proposal and plan should consist of:

1. Working title: A simple descriptive title is preferable initially.
2. Period of interest: A rationale for the start and end dates proposed is desirable.
3. Primary Sources: Students should describe the primary sources that they intend using, their nature, volume and location.
4. Secondary sources: This should take the form of an annotated bibliography.
5. Research and Writing Plan Students should demonstrate that they have given some thought to what they need to do, and when they will do it.

The research proposal and plan should be handed in or sent to David Smith at the history department by post or sent by Email (d.f.smith@abdn.ac.uk). In response, the course co-ordinator may give approval and make suggestions, request further information, or suggest a meeting for a discussion of the proposal and plan

2. *Progress report One*: deadline Thursday 8 November, 3 pm. This should include a diary of what you have accomplished to date and a plan of what you intend to do during the rest of the module.

3. *Progress report Two*: deadline Tuesday 20 November, 3 pm. This should include a diary detailing what you have done since the last progress report, a plan of what you intend to do during the rest of the module, and a plan of your essay.

4. *Draft Essay*: Two paper copies should be produced: deadline 3.00 pm Friday 30 November 3 pm. One copy should be submitted to the course co-ordinator, the other copy to the designated student-referee.

5. *Referees' Report*: Two paper copies should be produced: deadline 10.00 am, Tuesday 4 December. One copy should be supplied to the course co-ordinator, and one to the author of the essay. The Referees' Report may comment upon spelling, grammar, ordering of the material etc, but should also critically consider the viability of author's argument, and make suggestions of alternative arguments and additional sources. **NB: This is worth 10% of the marks.**

6. *Final Essay*: Two paper copies should be submitted to the course co-ordinator by 5 pm on Friday 14 December. **NB: This is worth 70% of the marks**

PLEASE NOTE THAT THERE WILL A PENALTY OF 1/2 MARK PER DAY FROM THE FINAL MARK FOR THE COURSE FOR ANY LATE WORK, INCLUDING ALL ITEMS 1-6 ABOVE.

11. Oral Presentation

The oral presentation will take the form of a contribution to a 'History of Medicine conference' to which interested parties may be invited. This will take place on Thursday 13 December. The papers will be grouped into sessions, students will be appointed to chair the sessions, and 'referees' will lead the discussion on each paper. **NB: This is worth 20% of the marks.**

12. Programme

NB1: Attendance at all sessions is compulsory.

| | |
|---------------------------------|---|
| Mon 22 Oct, 9.00 am, Taylor C24 | Introductory Meeting: students will introduce themselves and a preliminary discussion of possibilities for research projects will take place. |
| 10.00 am | Session on resources for the history of medicine in the QML and on the use of finding aids for history of medicine sources. Gilian Dawson, Information Consultant, Seminar Room, Ground Floor, 272587, g.d.dawson@abdn.ac.uk |
| 1.30 | Northern Health Services Archive, First Floor, Victoria Pavilion, Woolmanhill (archivist: Fiona Watson. Phone 555562, internal extension 55562. Email: f.watson@nhs.net). An appendix describing the archive is appended. |
| Tues 23 October 9.30 | Session on the sources available at the Aberdeen City Archives, Town House Branch, Broad Street Entrance. Archivists Fiona Musk and Gwen McGinty, Tel: 01224 522 513, Email: archives@aberdeencity.gov.uk , Web: www.aberdeencity.gov.uk/archives |
| 11.00 | Session on the sources available at Marischal Museum/Anatomy Museum. Claire Smith, Curator (Scientific Collections) 274309, c.l.smith@abdn.ac.uk, Web: http://www.abdn.ac.uk/diss/historic/museum/index.shtml |
| 2.15 pm | Session on the sources available at the Local Studies Section of the Central Library (librarian, Catherine Taylor) Central Library. Assistant Librarian, O1224 652512, ctaylor@aberdeencity.gov.uk Web http://www.aberdeencity.gov.uk/acc_data/service/arts_refloc2.asp |
| Weds 24 October 9.30 am | Session at the Aberdeen Medico Chirurgical Society to meet the Honorary Librarian, Mr Alex. Adam, and to hear about the archival and printed sources in his care. Each student will say a few about |

their current ideas for a project, and Mr Adam will then mention any sources in the Med Chi library that might be useful. Alex Adam, alex.adam@abdn.ac.uk, 01224 552737

- 11.30-12.30 Session on resources for the history of medicine in the Taylor Library, and use of finding aids for official publications. Liz Mackie, European & Business Information Officer. Tel: 273892, Email: e.a.mackie@abdn.ac.uk
- 1.00–3.00 Session in the Old Senate Room. King's College, on the sources available at the University's Department of Special Libraries and Archives, King's College: Michelle Gait, Senior Information Assistant, and Siobhan Convery, Senior Curator, Special Collections & Archives. A Factsheet on '500 Years of Medicine in the Library of the University of Aberdeen' is also available from the library. Various projects on the history of medical education in Aberdeen or Scotland, or studies focussed on individuals such as eg David Skene, Alexander Bain, or Mary Esslemont would be possible using these sources. Special Collections also hold materials which could be used as a starting point for broader locally-focussed projects, eg on the history of spa treatments in the North East of Scotland. There is a large collection on the history of pharmacology and much material on ancient medicine. There are various catalogues and publications which describe the collections including W. P. D. Wightman, *Science and the Renaissance* which should be useful to students interested in ancient medicine.
- There will also be an opportunity to discuss the two Wellcome Trust-funded projects which have seen the identification and cataloguing of medicine-related collections. For details of the collections catalogued during this project see: http://www.abdn.ac.uk/diss/historic/wellcome_detail.shtml
Students are especially encouraged to make use of these collections.
- Siobhan Convery, Senior Curator (Archives), s.convery@abdn.ac.uk 272929; Michelle Gait, Senior Information Assistant, 272598, m.gait@abdn.ac.uk
- Thurs 26 October 9.00-11.00 A brief tour of the medical library, including some tips from the course co-ordinator. Demonstration of some finding aids by Melanie Bickerton, Site Services Manager. Tel: 01224 552740 / 552488 Email: m.bickerton@abdn.ac.uk. There will be time for some practice searches while Melanie is on hand to provide assistance.
- Friday 27 October 5 pm Research Proposal and Plan to be submitted. NB If you cannot make this deadline, please submit by 9.00 am Monday 29 October.
- Weds 7 Nov venue, time to be confirmed Seminar: Historiographical Issues in the history of medicine: based upon the issues raised in the chapter 'Sleuthing and Science' from J. Duffin *History of medicine: a scandalously short introduction*, Basingstoke, Macmillan, 2000.
- Thurs 8 November, 3 pm Progress Report One to be submitted
- Tues 20 November, 3 pm Progress Report Two to be submitted
- Friday 30 November 3 pm Draft Essay to be submitted.
- Tues 4 December, 10 am Referee's Report to be submitted
- Thurs 13 December Oral Presentations 9-5 approx: venue, time to be confirmed
Evening: post-conference social event: venue and programme to be arranged
- Fri 14 December, 5 pm Final Essay to be submitted

13. Seminar

Reflections on Being a Historian: a seminar based on Duffin 'Sleuthing and Science' and student experiences

Small group discussion

A) Discuss the following questions, each student contributing their thoughts and experiences:

1. Duffin speaks about the research process as consisting of formulating and pursuing an initial question and then refining the question / generating new questions. Have you worked along these lines or in some other way? Tell the others in the group about it.
2. Duffin refers to the importance of historians situating their topic in time and place, and the importance of studying the political, social, economic and cultural environment. She refers to the value of a comparative approach in helping to highlight the impact of political, social, economic and cultural factors. Is there a comparative dimension to your work? Speak about the potential benefits of a comparative approach.
3. Duffin notes that the distinction between primary and secondary sources can sometime blur. Are you working with any sources that are difficult to characterise?
4. A good historical product, according to Duffin, not only provides information about the past. It also connects with previous historical writings, either supporting existing ideas with new data, or introducing original explanations of the past. How is your work related to existing secondary literature?
5. Duffin speaks about the dangers of 'presentism' and 'Whiggism'. Give examples to others in your group of such pitfalls that could arise in your own work, and how you can avoid them. Another very rude word sometime used by historians is 'hagiography'. What is hagiography and how can hagiography be avoided?
6. Putting it together / writing up. In some ways the research is the easy bit. What difficulties are you experiencing or do you foresee in making some sense of material that you have collected? Share your thoughts with your group.

B) What kind / kinds of historian are you? What approach or approaches are you using?

How would you describe your period / focus / approach? Tell the other members of your group. Here are some examples. Are you an ancient historian, medievalist, early modernist, modernist, contemporary historian, quantitative historian etc? Do you favour the approach of economic history, social history, cultural history, demographic history etc? Or a combination of these approaches, or 'total history'? Are you interested in gender history, political history, administrative history, colonial history, history of professions, history of institutions, history of art etc? Are you a historian of ideas? Do you favour history informed by sociology, anthropology, psychology or other theory? Are you really a historian of science or technology rather than medicine? Is there a difference between 'medical history' and 'history of medicine'? Within history of medicine are you interested in the history of hospitals, the medical profession, medical knowledge, health, disease, medical science, public health, or what? Speak about yourself and your interests to other members of your group using terms such as these.

C) On History and Medicine: As in any discipline the segmentation of knowledge and interests has resulted in the emergence of specialist societies and journals. In Britain, the Society for Social History of Medicine (SSHM) was formed in 1970 and now publishes

Social History of Medicine. Factors leading to the formation of the society included the support of the Wellcome Trust for the development of professional history of medicine, and the interest of public health academics and doctors in history. The latter interest was stimulated partly by the impending shake up of public health in Britain, in view of the abolition of local authority medical officers of health, under the 1974 NHS reorganisation. The society was initially an alliance of medically qualified amateur historians and professional historians of medicine. As the society developed, however, it became more concerned with the interests of the professional historians and the medically qualified members fell away. Many professional historians of medicine began to see other professional historians of medicine (and the wider discipline of history) as their main audience. (See *Social History of Medicine* 1995 for an article about the history of the society). Several other history of medicine societies of which the membership consists mainly (but not exclusively) of medical men and women (mostly but not exclusively retired) existed before the SSHM and continue to meet – for example the Scottish Society for the History of Medicine. Against this background:

1. Does it matter if there is little interaction between historians of medicine and medical professionals? Or is such interaction a ‘good thing’? Should historians of medicine continue to think of medical professionals as an important part of their audience? Why?
2. Are there benefits to medical students of studying the history of medicine? If so what are they?
3. Should all medical students be encouraged to develop a ‘historical imagination’? Why?
4. Are there benefits to medical history for medical historians extending beyond a hobby for retired doctors? Would it be a ‘good thing’ if more medical practitioners / academics / scientists took an interest in the history of medicine? Why?
5. Is interest in the history of medicine among the general public a ‘good thing’? Why?
6. After you graduate, would you find it worthwhile to be on the mailing list for a local Wellcome Trust or other history of medicine centre/group? Would you occasionally attend seminars and conferences? For examples see:

<http://www.wuhmo.ox.ac.uk/events/mt2005.htm>

<http://www.ucl.ac.uk/histmed/events/index.html>

<http://www.chstm.man.ac.uk/events.htm>

<http://www.arts.gla.ac.uk/History/Medicine/seminar%20programme.html>

<http://www.arts.gla.ac.uk/History/Medicine/workshop%20programme.html>

<http://www.arts.gla.ac.uk/History/Medicine/regforumreport02.html>

<http://www.chstm.man.ac.uk/seminars.htm>

<http://www.lshstm.ac.uk/history/historyinpublichealth.html>

Do you envisage continuing to read, or even conducting part-time research and writing in the history of medicine during your career? Or even applying to the Wellcome Trust for a research leave fellowship or other grant? For Wellcome ‘Short-term research leave awards for clinicians and scientists’ and details of other Wellcome Trust grants see:

<http://www.wellcome.ac.uk>

14. Guidelines for Refereeing

Guidelines for refereeing

The assessed work required by the course is supposed to mirror the usual academic process of preparing and publishing papers – which usually involves conference presentation and refereeing.

You should make arrangements for the exchange of draft essays with the student you will be paired with for this purpose. Remember when you send the 'referee's report' to the student you have been paired with the course co-ordinator must have a copy at the same time. The "referee's report" is worth 10% of the marks and should be taken seriously, not only for this reason, but also for the benefit of the student whose essay you are commenting upon.

It should be easy enough for the course co-ordinator to see if students have read their partner's essay carefully and have made a good effort with the referee's report. The course co-ordinator will have no hesitation in awarding full marks for this exercise when it obvious it has been carried out thoroughly and thoughtfully.

It is suggested that you arrange to exchange reports with your partner as soon as you are both ready. There is no need to wait for the deadline.

The course co-ordinator will also be commenting on the draft too. As there will be eighteen 7,000 word essays to read in a few days, do not expect my comments to be as thorough as those of the referee (if they do their job properly).

In preparing the final version of your essay you should attempt to take account of those comments which seem sensible and helpful to you – although, of course there will be time constraints, which may preclude the possibility of following up some suggestions, especially when they involve additional research.

If your partner fails to produce a draft essay for you to comment upon, please contact the course co-ordinator.

A referee's report might typically consist of

1. 500-1000 words general comment
2. a list of specific problems and suggestions.

1. General Comments

Students may be worried by the idea of commenting on an essay on a topic that they do not know anything about, but if the author has done his or her job properly then the reader should understand something about the subject by the time they get to the end of the essay! If you have not understood what the author is getting at, you should say so. At what point did you get lost? What additional material or information do you feel you need to make sense to the author's argument? Is there in fact a definite argument? Are the conclusions justified by the material presented? If not you may suggest alternative conclusions or ways of making the argument more convincing.

The essay should have a clear structure, a definite beginning, middle and end with some definite conclusions.

The introduction should usually begin with some review of the relevant secondary literature, and should make it clear what contribution the essay makes to the field. This might take the form of a discussion of what questions have yet to be addressed in / arise from the secondary literature and why the primary sources under scrutiny promise to make good a gap in understanding. There should be some explanation of why the particular topic, sources and methods were chosen, and discussion of the research questions you set out to address.

If the author has found and used a substantial body of primary sources, the middle part of the essay might be based mainly upon the primary sources. There are, of course, a wide variety of viable ways for presenting material, and the main thing is that the reader should be able to follow and grasp the points that author wishes to make. What works best depends upon the nature of the material and the writing style of the author.

The conclusion will frequently return to and reflect upon the questions or themes discussed in the introduction and should draw out and clarify what has been achieved in the essay.

Students should find the chapter 'Sleuthing and Science' from *History of Medicine* by J. Duffin useful: has the author of the essay that you are refereeing slipped into any of the 'pitfalls' that Duffin identifies? eg 'presentism' and 'Whiggism'. An example of 'presentism' would be if the author either explicitly or

subtly condemns past doctors for their strange ideas and behaviour because they do not match up to today's standards - rather than trying to understand their thoughts and actions in the circumstances of the time.

Duffin's chapter will be made available at the start of the course.

The general comments should refer to specific examples in the essay of the weaknesses that the referee wants to draw author's attention to.

The general comments should also make some positive remarks about what the author does well! If you are impressed with the essay, say so – but do not leave it at that.

2. List of specific problems and suggestions;

Probably the best way to give you the general idea about this is to give some imaginary examples of the kinds of thing you might say:

Page 1: Title: I do not think that this really reflects the content of the essay: it would be better to devise a title which encapsulates the conclusion – and include some dates too.

Page 1: Lines 4-10: This sentence is far too long – split it into at least two – and preferably three.

Page 1, line 12: Are you sure that the correct date is 1848? Surely you meant 1948?

Page 2: Paragraph 2: I think that this is where you really begin to get down to the substance of your topic – I suggest you introduce a subheading, and a subheading 'Introduction' for everything up to this point.

Page 2, footnote 1: you have missed out the date of publication.

Page 2, 4 lines from the bottom: Who is this Dr John Smith? the reader cannot be expected to know – you should include some details, either in the text or in a footnote.

Page 3 line 8: It would help the reader to understand what is going on if you gave some details about this organisation: date of establishment, membership, aims and political orientation etc. Some of this could go in the text – but additional detail in the footnote.

Page 3, middle paragraph: this paragraph is far too short. It would be better to join it the previous one.

Page 3, line 20: Where did these data coming from? Add a footnote with a reference.

Page 4: first para: I have read this several times and still do not have a clue what you are getting at. Maybe there are some lines missing – anyway re-write this bit.

Page 4: quote in the middle of the page: this is too long for a quote in the middle of a paragraph – separate and indent it.

Page 4: line 10: what date did this happen – put this into the text? – I am beginning to lose the thread at this point

Page 4, line 29: Spelling! You surely mean ophthalmic

Page 5, footnote 22: you have missed out the page numbers.

Page 5, para 1: I think you should alert the reader to the point that you understand that this interpretation of events is from the doctor's perspective – from other perspectives these events might look very different.

Page 5: Here I think it would be clearer if you somehow signalled that you have finished speaking about the national dimension and are going on to the local situation. This could be done with a linking sentence. Alternatively you might insert a sub-heading here.

Page 6: Para 1: I very much like this interpretation but it is spoilt by a grammatical error.

Page 6: para 3: this point could be reinforced by a quote from the source – you have evidently done much research with primary sources, but you are not making the best of them – more quotes generally would make for a more interesting read – but don't over-do it.

Page 7 lines 5-7: there are clearly some words missing here!

Page 7 lines 12-13: this is a good point but it could be reinforced by a reminder of what you said on page 2 para 2

Page 7 line 20: I had forgotten who John Smith was and had to look back through the text to find out – it is worth reminding the reader who people are when they drop out of the story for several pages.

Page 8 quotation in the middle: this is far too long why not replace the two middle sentences with '...'?

Page 9 first para: Now this really is padding and can be cut without losing anything relevant

Page 9, lines 10-12 – can you not find a less sexist-sounding way of expressing this point?

Etc, etc etc etc

15. Detailed Conference Guidelines

Each paper will be delivered and discussed within a session normally lasting 20 minutes, with a separate chair, speaker and discussant for each session. A five minute break between sessions allows for a degree of flexibility but the schedule remains tight and the success of the day depends upon efficient chairing and accurate time keeping.

Guidelines for chairs:

1. As soon as the speaker and discussant are in their place, introduce the speaker *very briefly*. Ask the speaker in advance how they would like to be introduced, but there is no need to say more, for example, than their name, where they come from, and where / in what field they hope to work after they graduate.
2. Timekeeping: after they have been speaking 12 minutes, show the speaker a card, which will be provided: '2 minutes left'; after 13 minutes: '1 minute left'. After 14 minutes: STOP NOW PLEASE.
3. Ask the discussant to comment - but do not let the discussant speak for much more than 1-2 minutes.
4. After the discussant has spoken it may be appropriate to ask the speaker for an immediate response - otherwise ask for questions or comments from the floor. If there are none, the chair must be ready with a question for him/herself.
5. Ask the speaker for his/her response to the questions / comments from the floor, or make some other final comment if they wish to.
6. Finally, thank the speaker and discussant.

Guidelines for discussants:

The discussant will also be the 'referee' of the speaker's essay and so will have seen the essay in draft form a few days before the conference. He/she will therefore be well placed to start the discussion by making some informed comments or asking some informed questions. The idea is not to attack the interpretation of the speaker for the sake of it - but helpful and polite critical comment is desirable. Discussants must not speak for more than 1-2 minutes. The 10% of the marks for the module awarded for refereeing will also take the performance of the referee as discussant into account.

Guidelines for speakers:

Please note that partly because of the potential for delays and for other reasons, the computer slide projection system 'Powerpoint' will not be available, and speakers will therefore have to rely mainly upon acetates. However, it will be possible to arrange for a 35 mm slide projector to be available if this is required, and possibly other equipment. However, speakers requiring anything other than an OHP must contact the course co-ordinator well in advance of the conference. Speakers are also advised that they must time their presentation very carefully as they will not be allowed by the chair to speak for more than 14 minutes. Speakers are reminded that 20% of the marks for the module are awarded for their presentation.

Audience

All students are expected to stay for the whole conference and to provide an audience for their colleagues when not speaking, chairing or acting as a discussant. Students are also encouraged to invite anyone who has helped them with their research to attend the presentations. Students may also ask any other students or members of staff who might be interested. If you would like the course co-ordinator to send a programme and invitation to anyone, please let him know.

16. Example of Conference Programme

Medical Students' History of Medicine Conference 2005 (Phase IV Paramedical SSM)

Room HMG1, Humanity Manse, College Bounds, Thursday 15 December

9.10-9.15: Introduction and welcome: David Smith

Session 1: Aspects of the History of Surgery

9.15-9.40 Speaker: Gillian Farquhar
 Topic: Surgical evolution of thyroidectomy
 Discussant: Susan Halliday
 Chair: Sukhwinder Sahota

9.40-10.05 Speaker: Louise Foubister
 Topic: The History of Caesarean Section
 Discussant: Matthew Smith
 Chair: Farha Khatri

10.05-10.30 Speaker: Susan Halliday
 Topic: The history of oesophageal surgery
 Discussant: Gillian Farquhar
 Chair: Minas Psychoulis

10.30-10.55 Speaker: Matthew Smith
 Topic: The History of Anterior Cruciate Ligament Surgery
 Discussant: Louise Foubister
 Chair: Angus D Macleod

10.55-11.10: Break

Session 2: Aberdeen-related History of Medicine

11.10-11.35 Speaker: Morag Christie
 Topic: The Aberdeen Typhoid Outbreak: Patients' Perspectives and Compensation Cases
 Discussant: Suzanne Edge
 Chair: Gillian Farquhar

11.35-12.00 Speaker: Suzanne Edge
 Topic: Sir James McGrigor's work as Director General of Army Medical Department, 1815-1851
 Discussant: Morag Christie
 Chair: Louise Foubister

12.00-12.25 Speaker: Ahmed Hashmi
 Topic: History of the Aberdeen Eye Institute
 Discussant: Alice Muspratt
 Chair: Dayalan Balasanthiran

12.25-1.10 Lunch BRING SANDWICHES

Session 3: new knowledge, new diseases and new technologies

1.10-1.35 Speaker: David McClelland
Topic: Professor Hans Kosterlitz and understanding opiates
Discussant: Sukhwinder Sahota
Chair: Alice Muspratt

1.35-2.00 Speaker: Farha Khatri
Topic: The origins of HIV
Discussant: Angus D Macleod
Chair: Susan Halliday

2.00-2.25 Speaker: Minas Psychoulis
Topic: History of ultrasound and its use in obstetrics and gynaecology
Discussant: Dayalan Balasanthiran
Chair: Matthew Smith

2.25-2.50 Speaker: Angus D Macleod
Topic: Kuru and Cannibals
Discussant: Farha Khatri
Chair: Suzanne Edge

2.50-3.05 Break

Session 4: Institutions and Disciplines

3.05-3.30 Speaker: Dayalan Balasanthiran
Topic: A History of Forensic Medicine
Discussant: Minas Psychoulis
Chair: Ahmed Hashmi

3.30-3.55 Speaker: Alice Muspratt
Topic: The History of the Liverpool School of Tropical Medicine: 1898-1918
Discussant: Ahmed Hashmi
Chair: David McClelland

3.55-4.20 Speaker: Sukhwinder Sahota
Topic: History of the Centre for Reproductive Medicine (CRB) in Edinburgh
Discussant: David McClelland
Chair: Morag Christie

4.20-4.25 Summing-up and thanks: David Smith

4.25-4.30 Final completion of and handing in the presentation assessment forms

5.00 Party Time! Divinity Library

17. Assessment of Presentations

All students and visitors will be asked to participate in the assessment of presentations by rating the performances of each student according to the following scales:

| | |
|--|--|
| Presentation effectively made links to secondary literature / 'theory' | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 |
| Presentation effectively deployed primary sources | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 |
| Presented a definite and convincing argument / analysis / message / original narrative | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 |
| Speaking (audible, looked at the audience etc) | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 |
| Use of visual aids | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 |
| Handling of questions | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 |
| Performance as discussant | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 |
| Performance as chair | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 |
| Overall | 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 |

18. Detailed Essay Presentation and Formatting Guidelines

These notes are adapted from the instructions to authors of *Social History of Medicine*, a journal students will find in QML. Students may not be familiar with the formatting conventions but following these instructions will provide a further insight to the usual process of academic publication. If one wants to publish you just have to follow the style sheets provided by publishers and editors, even if you think you know a better way of doing it!

An additional reasons for all students following the same conventions is that when a sufficient number of good essays accumulate, it may be possible to publish a selection locally - but only if the editorial work required is kept to a minimum. And a good reason for using a system close to that of *SHM* is that the Society for the Social History of Medicine has an annual essay writing competition for unpublished scholars and the winning essay is published in the journal. It might be that a particularly brilliant essay would be worth entering.

NB: if you are using RefWorks or another similar system but find that the *Social History of Medicine* style is not supported, please choose one that is close as possible to it.

Guidelines

1. *Presentation*: Essays must be typed or letter-quality printed, double-spaced on A4 paper with ample margins. The word count of the main text should be 7,000(±10%): . Each page of the typescript should be numbered. The essay should begin with a title, the author's name, and an abstract containing a maximum of 200 words. Two copies must be submitted by 5 pm on Friday 20th December. A small extension may be permitted if negotiated in advance. One copy should be submitted to David Smith at the History Department, Crombie Annexe, King's College. Instructions will be given as to where the second copy should be sent.

2. *Style*: Quotation marks should be single and not double unless they indicate a quotation within a quotation. Indent quotations of over 50 words (without quotation marks). All figures up to and including ten should be given as words, all above ten in numbers, except where a series is given. Thus '8 sheep, 12 horses and 36 goats'. Use 'eighteenth century' not '18th century'. Use '1930s' not '1930's'. 'Per annum' and 'per cent' should be used in text and notes. Use 1852-72, not 1852-1872. In general, when referring to numbers in sequence, use the shortest form: thus 20-6, 101-7, 151-7; note exceptions, 10-13, 11-17. Authors should use an 11 or 12pt standard font for the main text.

3. *Sections*: It is difficult to be absolutely prescriptive about this, but it is normally desirable to divide the essay by using section headings. An introductory section will normally outline the subject of the essay, the questions addressed, previous literature, the sources and the methods of analysis employed, problems encountered, and give a brief indication of the conclusions. Dividing the middle of the essay with section headings helps to indicate to the reader where the essay is heading. The essay should end with a section in which more detailed conclusions are given.

4. *Footnotes*. These should be numbered consecutively throughout the essay. They should be single-spaced and placed at the foot of each page. Footnotes should normally contain necessary references rather than additional explanations. Acknowledgements should appear as footnote 1 to the title or the first sentence.

5. *Tables, diagrams, graphs, maps, pictures*. If these are used they should normally be placed at the most appropriate point within the text. When a large number of such items are used, however, they may be placed in an appendix. Tables should be comprehensible without reference to the text. Sources for tables should be given in full detail, even if elsewhere referred to in footnotes in the text of the article. It is permitted to use p.a. and % in tables, though not in the text or footnotes.

6. *References*. References are confined to footnotes. The following points should be noted. Ensure that a full reference is given when citing a work for the first time. Authors' and editors' first names should be designated by initials only. All titles should be capitalized. Book and journal titles should be italicized. Place and date of publication must be given for all books. When referring to specific pages in a book or article in order to identify an argument or quotation use 'pp.' followed by the appropriate numbers: when indicating the location of an article in a journal or chapter in an edited collection provide the page numbers only. Some examples are given below.

(a) Books: (Note that volume numbers in a series should be in upper-case roman numerals)

D. Dwork, *War is Good for Babies and Other Young Children: A History of the Infant Welfare Movement in England, 1898–1918* (London, 1986).

P. J. Weindling (ed.), *The Social History of Occupational Health* (London, 1985).

R. H. Tawney and E. E. Power (eds.), *Tudor Economic Documents*, 3 vols., vol. 1 (London, 1953).

Where a chapter from a collective work is cited, or where a volume is one of a series, give the editor(s) of the individual volume in the precise form which follows:

D. J. Kevles, 'Genetics in the United States and Great Britain, 1890–1930: A Review with speculations', in C. Webster (ed.), *Biology, Medicine and Society, 1840–1940* (Cambridge, 1981), 193-216.

D. V. Glass, 'World Population, 1800–1950', in H. J. Habakkuk and M. M. Postan (eds.), *Cambridge Economic History of Europe*, VI, Pt. 1, *The Industrial Revolution and After* (Cambridge, 1965), 60-138.

(b) Articles: Note the sequence and formats of volume number, year of publication, and page references.

D. Thompson, 'The Decline of Social Welfare: Falling State Support for the Elderly since Early Victorian Times', *Ageing and Society*, 4 (1984), 451-82.

A. Digby, 'Changes in the Asylum: The Case of York, 1777–1815', *Economic History Review*, 2nd ser. XXXVI (1983), 218-39.

Items in newspapers and popular magazines should be treated as far as possible like other articles. ie Author, Headline, Title of Newspaper, Date, page number(s)

(c) Official papers: British Parliamentary Papers are always abbreviated as P.P. Give full title, year of publication, volume number. Thus:

Papers relating to the Sanitary State of the People of England (P.P., 1857–58, XXIII).

(d) Theses:

D. E. Watkins, 'The English Revolution in Social Medicine' (unpublished Ph.D. thesis, University of London, 1984).

(e) Second and subsequent citations: In the footnotes, books, articles, theses and official publications should, in second and subsequent citations, be referred to in abbreviated form, with the precise page reference if applicable.

For example second and subsequent citations to the Dwork, Kelves and Digby publications already used as examples above could be:

Dwork, *War is Good for Babies*, pp.78–9.

Kelves, 'Genetics in the United States', pp. 194–5.

Digby, 'Changes in the Asylum', pp. 220–1.

If the a is cited in more than one consecutive footnote, use 'Ibid.'. For example, if both footnotes 1 and 2 use the following reference by D. Thompson, the footnotes would look like this:

1. D. Thompson, 'The Decline of Social Welfare: Falling State Support for the Elderly since Early Victorian Times', *Ageing and Society*, 4 (1984), 451-82.
2. Ibid., p. 453.

'Ibid.' cannot be used when the first footnote contains more than one source.

When more than one work by the same author is cited within a single a footnote, 'idem' may be used. For example two books by Dwork might be referred to as follows:

1. D. Dwork, *War is Good for Babies and Other Young Children: A History of the Infant Welfare Movement in England, 1898–1918* (London, 1986); Idem., *Children with a star: Jewish youth in Nazi Europe* (New Haven, 1991).

NB: Op cit. and loc. cit. should not be used.

(f) Web sources

These should include, wherever possible, author, title of page or site, web address, and date consulted.

Edward M. Miller, 'Eugenics: Economics for the Long Run', <http://www.eugenics.net/papers/miller1.html>, consulted 17 November 2000.

(g) Archival Sources

When first citing a source in an archive, introduce an abbreviation for the archive, and use the archive's file-numbering system when there is one eg.

W. E. Elliot, 'Present food position in the UK', 20 November 1939, Public Record Office (hereafter PRO) CAB 74/10.

A later reference might then be:

Minutes of Food Policy Committee, 5 December 1939, PRO CAB 74/8.

References to letters should take the form:

P. J. Wheelson to P. D. Proctor, 22 January 1940, PRO MAF 127/49

IF YOU ARE IN DOUBT ABOUT ANY OF THE ABOVE CONVENTIONS, LOOK AT AN ISSUE OF *SOCIAL HISTORY OF MEDICINE*. IF YOU ARE STILL IN DOUBT, CONTACT THE COURSE CO-ORDINATOR.

7. *Bibliography* Besides the references in the footnotes, at the end of the essay, the essay should include a full bibliography listing all sources consulted - including archives searched and interviews conducted which yielded no useful information. Primary and Secondary sources should be included under different headings, which may be subdivided appropriately. This is not a requirement of *Social History of Medicine*, but is normally required for history PhD, Mphil and honours theses. It is you chance to show to the markers what a lot of work you have done.

19. Essay Marking Arrangements

The essays will all be marked by the course co-ordinator and a second marker. The second marker will normally be a member of staff or former member of staff of the medical or other faculty who has an interest in the topic. Alternatively the second marker may be a history postgraduate or an archivist. The markers will arrive at a CAS score, guided by the following descriptions.

| Mark | Class | Description |
|---------|--------------|--|
| 18 - 20 | First | A well-written and referenced essay which displays a) evidence of diligence, skill, and success in the location of both primary and secondary sources, b) a critical grasp of the secondary literature, c) skill in interpreting the primary literature, d) the development of a clear, original, and sound historical argument. |
| 15 – 17 | Upper Second | An essay that shows most of the above qualities, but is insufficiently strong in one or more areas for a mark in the first class range to be awarded. |
| 12 – 14 | Lower Second | An essay that is clearly deficient at least one area mentioned above: for example, failure to locate and satisfactorily deploy adequate primary sources or relevant secondary material, or failure to develop a sufficiently clear and sound argument. |
| 9 – 11 | Third | An essay which shows some attempt to locate and employ relevant sources but which is clearly deficient in more than one area mentioned above. |
| 6 – 8 | Fail | An essay which shows little success in the location and employment of relevant primary and secondary sources, and little success in developing a historical argument. |
| 0 – 5 | Fail | A non-existent, or completely irrelevant essay. |

20. Appendix

NORTHERN HEALTH SERVICES ARCHIVES

Serving Grampian and Highland

Northern Health Services Archives administers the archives of Grampian and Highland Health Boards. These archives are held in Aberdeen and Inverness and comprise the records of hospitals and other health-related institutions that have existed and/or still exist in Grampian and Highland. In Grampian the records go back to 1739, to the founding of the Aberdeen Infirmary, and in Highland records date from 1799 with the move towards establishing an Infirmary in Inverness.

Most of the records from the 18th and 19th centuries are of hospitals - general and specialist hospitals, asylums and some poorhouses (those which after 1948 became NHS hospitals). They contain information not only on the administrative and financial affairs of the hospitals, but also on individuals who were managers, staff, or patients. There are also records of members of the general public who contributed by means of annual subscriptions, donations or legacies and, as some of the capital of the larger hospitals was tied up in land, estate papers are sometimes found among the hospital records.

Material from the 20th century includes the records of the local National Insurance Committees set up under the 1911 National Health Insurance Act and the records of the various NHS administrative bodies - the Regional Hospital Boards (1948-74) and their constituent Boards of Management, Executive Councils and Health Boards. Also contained in the archives are the records of various local authority health departments which, prior to 1974, had responsibility for a range of healthcare services including prevention of epidemics, mother and child welfare and school medical services.

Access to the archives is by appointment only and readers who wish to do extensive research should contact the archivist well in advance of their proposed visit. It should be noted that some administrative records are subject to closure periods of 30 years while records containing confidential, personal or medical information are closed for 75 years (100 years in the case of minors).

Records may be consulted on weekdays during normal office hours. Enquiries should be directed to the archivist, Miss Fiona R Watson, at Northern Health Services Archives, ARI Woolmanhill, Aberdeen AB25 1LD (telephone 01224 555562), f.watson@nhs.net Information from or access to the archives of Highland Health Board may also be arranged through Rob Polson, Highland Health Sciences Library, Raigmore Hospital, Inverness IV2 3UJ (tel 01463 255600).

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