**University of Aberdeen**

**MB ChB Medical Humanities SSC Option: ME33HM**

**History of Medicine**

**(30 Credits)**

**October - December 2022**

**Course Co-ordinator: Dr Ben Marsden**

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**1. Course Prospectus**

***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
1. nurture an appreciation of the nature of historical scholarship, and the academic research and writing process
2. develop an understanding of the nature of primary and secondary sources in history
3. develop skills required for locating and evaluating primary sources
4. develop skills required for locating and evaluating secondary sources
5. 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 the 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, the National Library in Edinburgh, and sources further afield.

Students will then produce a research proposal for their course co-ordinator to comment upon. They will work individually on their project. During this period students will be expected to maintain regular contact with their course co-ordinator, who will provide assistance and advice as required. They will take part in a group discussion of historiographical issues; and there will be a scheduled session designed to deconstruct and evaluate successful essay-projects of a similar nature to that desired in this course.

A ‘progress report’ is required and, towards the end of the course, an advanced and detailed ‘essay plan’.

Please note that the ‘essay plan’ presents: i) a draft final title, ii) an abstract indicating the key argument of the essay, iii) an indication of the sections of the essay and their titles, iv) bullet-points summarizing the structure of the essay, v) a working bibliography of primary and secondary sources.

The ‘essay plan’ is NOT a written-out draft of the paper as a whole.

The course co-ordinator will comment on the ‘research proposal’, the ‘progress report’ and the ‘essay plan’ (in the form described above) but is NOT able to provide a full commentary on a written-out draft.

Each student will give a presentation, using the Pecha Kucha method, on their project at a conference at the end of the course. Training will be provided in the Pecha Kucha method (see below).

Students will submit their final essay at the end of the course.

***Assessment***

The formative assessment of the course includes i) the initial research proposal, ii) the progress report, and iii) the essay plan.

The summative assessment for this course is made up of two elements:

1. Essay, 5000 words including all quotations and footnotes, but not including bibliography: 80%
2. Presentation (using Pecha Kucha method): 20%
3. Students MUST complete both summative elements in order to pass the course. Submission of the essay only will result in a failing grade.

NB: This is a 30-credit course, which implies 30x10 or 300 hours of effort by the average student. The course runs formally for six weeks, though students may wish to ‘get ahead’ by starting to think about projects and sources before formal teaching commences. The qualities of the products are expected to reflect the approximately 300 hours of effort expended.

**2. Course Co-ordinator and Office Hours**

Dr Ben Marsden is the co-ordinator for the History of Medicine Course ME33HM.

His contact details are normally: 01224 272637 (office) / Room 204 Crombie Annexe (History Building), Meston Walk, Old Aberdeen / b.marsden@abdn.ac.uk / office hours by arrangement. Please e-mail for a time, especially to arrange a meeting via MS Teams.

**3. 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 communicate with 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. Please note that students focusing on topics in recent (‘contemporary’) history should be aware that for ethical reasons, certain sorts of material may not easily be available (without ethical review), or that individuals involved in particular medical innovations may not be able to discuss work fully.

**4. 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, a list of names is here provided. Most of the students taking the course are Medical students; some are History students at junior or senior honours levels. Usually the students in the class set up a social media group to exchange ideas. Feel free to do so – and please try to involve everyone!

|  |  |
| --- | --- |
| MBCHB CLIN | AHMAD, HIRA |
| MBCHB CLIN | AMJAD, SAIRAH |
| MBCHB CLIN | CARRINO,RUDI |
| MBCHB CLIN | CHANG, SU LIM |
| MA HIST-LEGAL S | HASTINGS, CAMERON |
| MBCHB CLIN | INGLIS, SCOTT |
| MBCHB CLIN | LEAVY, FRANCESCA |
| MBCHB CLIN | LECHHARBO, BINU |
| MBCHB CLIN | LIMBU, ROMAN HANG |
| MBCHB CLIN | MCGOVERN, PAULINE CLARE |
| MBCHB CLIN | MCGURK, COLM FRANICS |
| MA HISTORY | MCRITCHIE, EVAN |
| MBCHB CLIN | O'CONNOR CHALLIS, DIARMUID |
| MA HISTORY | SENGUPTA, CHARLOTTE SOPHIA |
| MBCHB CLIN | SOHAIL, HAASHIM |
| MA HISTORY | STEELE, ALISON |
| MBCHB CLIN | SULLIVAN, EMMA |
| MA HISTORY | WYNN, HAZEL ROSINA HOLMES |

The most successful topics and most impressive essays and presentations are those that set out to answer a definite question, construct a definite argument, and show an element of originality. These projects employ primary sources (materials written in the period studied) effectively, but also successfully relate the findings to the existing secondary literature (i.e., scholarly studies previously undertaken of similar topics). Examples are a 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 a project on anaesthesia in obstetrics included an interview with the creator of Entenox. For a 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 e.g. 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. Those who have yet to identify a topic may find inspiration from browsing the Special Libraries and Archives catalogue (online) and the library catalogue, or by browsing the old medical journals and books at the medical library, or non-medical periodicals, newspapers etc at the University Library. Alternatively, browsing the various history of medicine journals may help (see below). There is also a wealth of material online which may provide inspiration. This now includes many books and periodicals (especially from the nineteenth century and earlier: see for example the Hathi Trust (online)) and many newspapers (see the British Newspaper Archives online).

There are excellent resources for history of medicine projects in the Department of Special Collections in the Sir Duncan Library, many of which have been recently catalogued. For example, we have access to the NHS Grampian Archives, and those of the Aberdeen Medico-Chirurgical Society. To celebrate the University’s strong links with medicine the Special Libraries and Archives have produced an excellent Information Document entitled ‘The Medical Collections: The Leaves of Life’ which is highly recommended.

The course co-ordinator will be happy to meet students individually during the first few days, to discuss possible projects. Students are also welcome to make contact with the Aberdeen Medico-Chirurgical Society and may discuss possibilities with the archivists / librarians.

**6. 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 (e.g. private correspondence, minutes of meetings etc) and found in public archives or personal collections, or may be printed and found in libraries (e.g. 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. Increasingly ‘primary sources’ (especially periodical material) may be found online – but much of the best material is still accessible only by visiting archives in person and looking at the original paper copies.

‘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 must also link their work to the secondary historical 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. It is vital that students understand that in historical work, as in scientific work, key aims for research are, where possible, to be original, but also to show the relationship of research to the existing scholarly historical literature.**

Experience of teaching the course has shown that students are often more comfortable using ‘primary sources’ (finding historical ‘data’) than ‘second sources’ (assessing, building upon, adding to modern historical ‘arguments’). A good essay in this course uses primary *and* secondary sources effectively.

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

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

As well as using such search mechanisms as ‘Google Scholar’, and those recommended by the University’s librarians (see session in schedule below), students will find it especially useful to search the ‘Isis Cumulative Bibliography’ which is online here: <http://isiscb.org/>. Use the ‘search’ box to find a comprehensive listing of recent historical work, by professional historians, across the history of medicine (including science and technology). Be aware that much published history is written by non-historians (e.g., a brief historical section of what is basically a scientific or medical paper). By going to the Isis Cumulative Bibliography you will be led, usually, to good history written by historians, and it is this sort of work that you should focus on understanding and building upon.

If you want a single-volume history of medicine to get you started in the area, read the short but inspiring:

Porter, R., *Blood and guts: a short history of medicine* (London: Allen Lane, 2002).

This book is a summary of Porter’s work *The greatest benefit to mankind* (see below).

The following are also recommended for general background reading:-

Brunton, D. ed., *Medicine Transformed: health, disease and society in Europe 1800-1930* (Manchester: University Press, 2004).

Brunton, D. ed., *Health, Disease and Society in Europe 1800-1930: A Source Book* (Manchester: University Press, 2004).

Duffin, J., *History of Medicine: a scandalously short introduction* (London & Toronto: University Press, 2010).

Elmer, P. & Grell O. P. (eds), *Health, Disease & Society in Europe 1500-1800: A Source Book* (Manchester: University Press, 2004).

Elmer, P. (ed.), *The Healing Arts: Health, Disease & Society in Europe 1500-1800* (Manchester: University Press, 2004).

Porter, R., *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: HarperCollins, 1997).

The following 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)

Cherry, S., *Medical Services and the Hospitals in Britain, 1860-1939* (1996)

Berridge, V., *Health and Society in Britain since 1939* (1999)

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

Cooter, R. & Pickstone, J., *Medicine in the Twentieth Century* (2000)

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 History of Medicine*

*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*

NB There are plenty of others! And increasing numbers are available full text via online packages that the library subscribes to.

The finding aids with which students are already familiar e.g. the library catalogue, Medline, Pubmed, etc., will generate useful references.

Ewan Grant, Information Consultant, University Library, has prepared an introduction to students to finding aids in the humanities. It is HIGHLY RECOMMENDED that you talk full advantage of Ewan’s recorded talk and advice.

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

MedHist is a free catalogue of evaluated, high quality Internet resources and websites relating to the history of medicine and allied sciences, covering all aspects of the history of health and development of medical knowledge (In their own words).

### Primary Sources

HIRA – is a very useful website on medical archives and museum collections in different parts of Scotland.

It can be accessed at https:/scotlandandmedicine.org/

Material is continually being acquired by Special Collections and some recently added medical material includes, 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

**Local archives in Aberdeen**: students may benefit from history of medicine sources available:

**Aberdeen City Archives**, Town House Branch, Archivists Martin Hall Tel: 01224 522 513 Email: archives@aberdeencity.gov.uk

Web: [www.aberdeencity.gov.uk/archives](http://www.aberdeencity.gov.uk/archives)

**Local Studies Section of the Central Library.** David Oswald Local Studies Librarian, O1224 65234, doswald@aberdeencity,.gov.uk

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

Wellcome Trust-funded projects have seen the identification and cataloguing of much more medicine-related collections. Students are especially encouraged to make use of these. For details of the collections catalogued during this project 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 National Archives http://library.wellcome.ac.uk/assets/wtl039762.pdf

(The National Archives 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 enormous ‘Medical Heritage Library’ here:

<https://archive.org/details/medicalheritagelibrary>

**7. Written work**

The following pieces of written work are required: (For the deadlines see ‘programme’ below)

1. *Research Proposal and Plan*:

The research proposal and plan should consist of:

1. Working title: A simple descriptive title is usually 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’: a list of relevant articles and books, with a few sentences indicating relevance to the project.

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 over the next five weeks.

**Please note that you may not proceed with your research proposal until you have gained explicit approval of the topic from the course co-ordinator.** In practice, the course co-ordinator may propose tweaks to your original ideas, make suggestions, request further information, or suggest a meeting for a discussion of the proposal and plan.

**Before submission of the final essay you must also gain explicit approval of the final title of the essay from the course co-ordinator**

Please note, also, that the course co-ordinator offers ‘surgeries’ (see schedule below) on a weekly basis for those wishing to have face-to-face meetings about their work – and these are offered on a ‘first come, first served’ basis. These surgeries can take place either via Teams or in Dr Marsden’s office, depending on demand.

Bear in mind that although the course co-ordinator aims to be as helpful as possible, and will endeavour to get feedback to you within a week, due to high student numbers it will not always be possible to provide extensive ‘next-day’ feedback. With approximately twenty students on the class each year in this popular class, your consideration is therefore appreciated. Queries will normally be dealt with in order or receipt.

2. *Progress Report*: This should include a diary demonstrating what you have accomplished to date and a plan of what you intend to do during the rest of the SSC. It should highlight any problems that you are experiencing that you would like to discuss with the course coordinator.

3. *Detailed Essay Plan:* This should include: a title that encapsulates the key message in the essay; a draft abstract of about 100 words indicating the argument of the essay, sources used, and original focus (if appropriate); the section headings (subtitles) you intend to use in the essay (usually about four or five); a set of bullet points (or a paragraph) under each section heading outlining what you intend to cover in the section; your current bibliography, ideally given in MHRA style (see below).

The point of the essay plan is to show that you have located a clear topic; that you have thought about the argument you want to make (or theme you wish to explore); that you have a clear and logical way of breaking up and ordering that topic; that you have located an adequate supply of primary and secondary sources (listing them in your bibliography).

**Please note that you should NOT submit a detailed written-out draft of the essay at this point. The course co-ordinator will only be able to provide feedback on the *Detailed Essay Plan* if it takes the form above.**

4. *Essay*: 5000 words to include footnotes, but not including bibliography

5. *Copyright declaration form for Pecha Kucha slides*

**Submission of work:**

**Items 1-3: must be emailed to Ben Marsden on** **b.marsden@abdn.ac.uk****. He will endeavour to return them with feedback within one week, so long as they are submitted on time.**

**Item 4: must be submitted following the link on the ME33HM course MyAberdeen site. Please note that the Turnitin submission will check for plagiarism.**

**PLEASE NOTE THAT THERE WILL BE PENALTIES FOR LATE SUBMISSION OF WORK, INCLUDING ALL ITEMS ABOVE. THESE PENALTIES FOLLOW THE INSTITUTION’S POLICY. NOTE THAT UNDER THE NEW POLICY, LATE SUBMISSION UP TO 24-HRS LEADS TO A DEDUCTION OF 2 CGS MARKS.**

**Item 5: must be submitted via the link on the MyAberdeen site for ME33HM.**

**8. 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. **NB: This is worth 20% of the marks. Presentations will be delivered using the Pecha Kucha method. Guidance on how to prepare a Pecha Kucha presentation is given below.**

**9. Programme**

**It is essential that you view all the offered recorded (asynchronous) materials in a timely manner. Please note that it may be necessary to view these before a ‘live’ (or synchronous) class.**

**Attendance at all ‘live’ (synchronous) sessions is compulsory and will be monitored. Failure to attend may lead to you being placed ‘at risk’ (C6) on the course or losing your class certificate (C7)**

**Discussion Boards: there is a ‘Discussion Board’ set up in the MyAberdeen site for this course. Please get into the habit of posting questions or insights here, so that answers are available to all students.**

**Monday 24 October**

**9:30 -11 am** **CB009 / 50-52 College Bounds**

 **COMPULSORY ATTENDANCE**

Introductory Meeting: students will introduce themselves, the nature and structure of the course will be explained, and preliminary discussion of research project ideas will take place.

**Tuesday 25 October**

**9-10 am Via MyAberdeen ME33HM site:** slides and a recorded session will be provided on: resources for the history of medicine and on the use of finding aids for history of medicine sources. The session has been produced by Ewan Grant, Information Consultant (01224 272587, e.grant@abdn.ac.uk.)

 You must finish reviewing this material before 10 am on Tuesday 25 October.

 This session will include information on the Library’s Special Collections. A Factsheet on '500 Years of Medicine in the Library of the University of Aberdeen' is also available from the library. Special Collections also hold materials which could be used as a starting point for broader locally focused projects, e.g. 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 medicine in that and earlier periods. Useful contacts may include: Michelle Gait, Reading Room Manager (m.gait@abdn.ac.uk). For information about the resources available in the **Medical Library** contact (m.bickerton@abdn.ac.uk; 01224 552488 / F/H Ext 52740).

**Afternoon**  Unfortunately this year we are not able to visit the **Aberdeen Medico Chirurgical Society**, Polwarth Building, Forresterhill campus. However, you can be in contact should you wish with the Med-Chi via Drs Marion White and Hilary Hinton who look after the Society’s archival and printed sources. They may be contacted via: medchilibrarian@abdn.ac.uk**. Please also take a moment to browse the** Medico Chirurgical Society library catalogue here: <http://www.med-chi.co.uk/>

**Thursday 27 October**

**1-3 pm Preparatory (Historiography) Seminar.**

 **MR250 / Macrobert Building**

 **COMPULSORY ATTENDANCE**

Historiographical issues in the history of medicine: based upon those raised in the chapter ‘Sleuthing and Science’ from J. Duffin *History of Medicine: a scandalously short introduction*, Basingstoke, Macmillan, 2000. **See Section 10 below**.  **The book, and relevant chapter, are both available via the ME33HM MyAberdeen course site.**

**Tuesday 1 November**

**10 am-12 noon** **Surgery**: I will be available to meet via MS Teams (or in my office 204 Crombie Annexe) for 15-minute appointments to discuss any aspect of your work. It is essential to make an appointment in advance by e-mail.

**Wednesday 2 November**

**5pm** Research Proposal and Plan to be submitted.

**Monday 7 November – Friday 11 November**

**Pecha Kucha training session**

 **This is an essential part of the course, since the end-of-course presentations will follow the Pecha Kucha format**.

 **COMPULSORY AUDITING OF GUIDANCE MATERIAL**

Pecha Kucha is a unique form of presentation. Originating in Japan, it has become a popular way to present. It consists of the presenter delivering the talk supported by exactly 20 images which are displayed for only 20 seconds each. Therefore the whole presentation should last 400 seconds or 6 mins 40 seconds. The flow of the talk should match the changing images. It is challenging, creative and makes for fun presentations.

Please watch the two 7-minute presentations below. Also, follow the link to a website that has lots of examples of Pecha Kucha on a wide variety of topics.

If you have any questions on the Pecha Kucha presentation system, please direct them to Leanne Bodkin: leeannebodkin@abdn.ac.uk

What is a Pecha Kucha and some tips on creating one: <https://www.youtube.com/watch?v=32WEzM3LFhw>

Instructions on how to create a Pecha Kucha using PowerPoint

<https://www.youtube.com/watch?v=l9zxNTpNMLo>

Examples of Pecha Kucha presentations:

[https://www.pechakucha.com](https://www.pechakucha.com/)

**Tuesday 8 November**

**10 am-12 noon** **Surgery**: I will be available to meet via MS Teams (or in my office if you prefer) for 15-minute appointments to discuss any aspect of your work. It is essential to make an appointment in advance by e-mail.

**Thursday 10 November**

**10 am-12 noon Deconstructing and re-constructing a history of medicine project essay**.

 **KCS15 / King’s College**

 **COMPULSORY ATTENDANCE**

In this session we will deconstruct a good history of medicine article / some previous student essays of the type you are asked to produce, to give you an idea of how to consolidate your own project. The seminar will be based on readings here (Roy Porter Prize Articles – all of which were written by students, but which have gone on to be published in the leading journal *Social History of Medicine*. <https://sshm.org/the-roy-porter-prize-articles/>

 We will also take a quick look at the recommended MHRA referencing guide.

**Tuesday 15 November**

**10 am-12 noon** **Surgery** I will be available to meet via MS Teams (or in my office if you prefer) for 15-minute appointments to discuss any aspect of your work. It is essential to make an appointment in advance by e-mail.

**5pm** Progress Report to be submitted.

**Tuesday 22 November**

**5pm** Detailed essay plan to be submitted**.**

**Friday 2 December**

**c. 9am – 5pm Oral Presentations / Pecha Kucha Conference**

 **COMPULSORY ATTENDANCE**

**The end of course conference will take place on Friday 2 December.**

**It will take place in person in ZB18 / Zoology. Please allow good time to find the room.**

**Precise timings will be confirmed, depending on the numbers of students, and the topics chosen. You should make yourself available for the entire day except in special circumstances.**

**Monday 6 December**

**12 noon Final Essay to be submitted – via** Turnitin link on the course website.

**10. Preparatory (Historiography) 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. Think about how you will work along these lines? Talk 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. What do you think this might mean in terms of your own work?
3. Duffin refers to the value of a comparative approach in helping to highlight the impact of political, social, economic and cultural factors. Could there be a comparative dimension to your work? If not how could you create one? Speak about the potential benefits of a comparative approach.
4. Duffin notes that the distinction between primary and secondary sources can sometimes blur. Have you identified any sources that are difficult to characterise?
5. 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 might your work relate to existing secondary literature?
6. ‘Presentism’ is a rude word that historians use when criticising the work of other historians. Professional historians of medicine sometimes use if when speaking of the work of amateur historians of medicine. Duffin speaks about the dangers of ‘presentism’. Talk within your group of such pitfalls that could arise in your own work. How can you avoid them?
7. Another rude word used by historians is ‘hagiography’. What is hagiography and how can it be avoided?

8. Putting it together / writing up. In some ways the research is the easy bit. What difficulties do you foresee in making some sense of your source material? Share your thoughts with your group.

B) 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? Should medical students be encouraged to develop a ‘historical imagination’? Give reasons for your answers
	3. Would it be a ‘good thing’ if more medical practitioners / academics / scientists took an interest in the history of medicine? If so, why?
	4. Is interest in the history of medicine among the general public a ‘good thing’? If so, why?

**11. Friday 2 December - Oral Presentations**

**Detailed Conference Guidelines**

Each paper will be delivered and discussed within a session normally lasting 10 minutes. Due to the number of papers to be delivered the schedule remains tight and the success of the day depends upon efficient changeover and accurate time keeping. Students will be split into two groups (Group A, morning; Group B, afternoon). Students are expected to attend both morning and afternoon sessions.

The event will take place in person in ZB18 (Zoology Building). Speakers should ‘arrive’ early, and will need to e-mail their presentations to me well in advance of the start. Further details closer to the time.

All students are expected to stay for the whole section of the conference (Group A or Group B) and to provide an audience for their colleagues when not speaking or chairing. Students are encouraged to invite anyone who has helped them with their research to attend the presentations. Students may also invite other students or members of staff who might be interested.

**12. Assessment of Presentations**

Assessment of presentations will be made using the Common Grading Scale. See <http://www.abdn.ac.uk/staffnet/teaching/common-grading-scale-2840.php> for more information.

Essentially a number of key elements will be considered:

1. that the presentation makes links to existing historical secondary literature and/or the theories and opinions expressed within these sources
2. that the presentation effectively deploys the primary sources used
3. that the presentation makes a definite and convincing argument/analysis/message and is an original narrative
4. that the presentation communicates well (that it is audible, that the presenter looks at his/her audience, that he/she engages with the audience)
5. that the presenter shows skill and has understood the key principles of Pecha Kucha and has kept to the time allocation
6. that the presented handles questions well

**13. Detailed Essay Presentation and Formatting Guidelines**

**The essay should be submitted with a cover sheet attached and completed. This is available on the MyAberdeen site for the course.**

**Plagiarism Statement: This should be on the front cover of the essay and is incorporated into the cover sheet.**

**There should be a word count for the essay which included the main text and footnotes but excludes bibliography.**

**Essays should where possible use the MHRA form for notes and bibliography – which is available here:** [**http://www.mhra.org.uk/pdf/MHRA-Style-Guide-3rd-Edn.pdf**](http://www.mhra.org.uk/pdf/MHRA-Style-Guide-3rd-Edn.pdf)

**Please note that essays must be in English, and if quotations are used from foreign language publications they must be translated**.

**14. Essay Marking Criteria**

Essays will be marked using the Common Grading Scale (CGS).

The CGS grades run as follows:

|  |  |  |
| --- | --- | --- |
| Excellent | A | Grade point 18-22 |
| Very Good | B | Grade point 15-17 |
| Good | C | Grade point 12-14 |
| Pass | D | Grade point 9-11 |
| Weak | E | Grade point 6-8 |
| Poor | F | Grade point 3-5 |
| Very Poor | G | Grade point 0-2 |

The criteria used to determine the grade point draws upon an extensive range of characteristics that can be evidenced in the work. Full details can be seen at

<http://www.abdn.ac.uk/staffnet/teaching/common-grading-scale-2840.php>

**15 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.

Essay cover sheets 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 your course co-ordinator.

NB The final essay must be submitted in electronic format so that it can be checked with plagiarism detection software in cases of suspected plagiarism.

**16 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’ (i.e. 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 their course co-ordinator immediately.

(Please also note that if you submit work more than a week late, without good cause or medical certificate, then CGS D3 is the maximum grade that you can get.)

**17 Student Feedback and Comment**

The Department places great importance on interaction with, and feedback from, its students. To facilitate this, each course participates in the Student Course Evaluation Form (SCEF) exercise. SCEF forms are distributed to students and returned by students to the Departmental office and returned to the central administration for tabulation. As part of the SCEF exercise, course co-ordinators provide a report of the tabulated results and an overall report is prepared for the Academic Standards Committee.

**18 Sample Titles from Previous Years**

The Nazi doctors in Auschwitz: a discussion of the causes and consequences of their power

Examining the significance of the Edwin Smith Surgical Papyrus

A historical review of hemispherectomies in the treatment of epilepsy in the twentieth century

Who discovered the smallpox vaccine?

How important were differences of opinion between prominent figures in women's reproductive medicine in ancient Graeco-Roman medicine?

Resuscitating the role of the UK in progressing pre-hospital cardiac care

Recovering the discoverers of insulin

How did the treatment of hydrocephalus change with the invention of the shunt in 1952?

A discussion of the media reaction to the Zika outbreak, 2015-2016

Factors influencing the spread of HIV amongst people who injected drugs in the UK in the 1980s

How did the relationship between professional and popular attitudes towards traumatic stress in conflict change from the Great War to the present day?

Discuss the relationship between World War One and the Spanish influenza

Alexander Gordon, MD: Cold-bathing, hygiene and midwifery in late-eighteenth-century Aberdeen

A study of the dissemination of new blood transfusion techniques in the First World War

What was the impact of the Oral Contraceptive pill on British society following its introduction in 1961?

Approaching psychoanalysis through the unconscious: did intellectual differences shape the Jung-Freud relationship (1906-1913)?

Why was the introduction of psychosurgery in the mid 20th century so controversial?

A concise history of puerperal insanity in the nineteenth century

Opium: from magical pain relief to epidemic of abuse

The establishment of a National Health Service in Britain: was the British Medical Association and the medical profession the greatest obstacle to a National Health Service in Britain?

**19 Medical Humanities SSC – Absences, Extensions and Academic Misconduct**

**Absence**

Attendance is monitored and unaccounted absence can lead to class certificate being refused. Inform the course coordinator and MBChB office of absences ideally in advance. The timetable indicates when sessions are mandatory and completion of tasks is also mandatory.

STUDENTS should be

* Reading information providing in the course guide with regard to required attendance and absence reporting
* Seeking approval for planned absence prior to the ME33 course by contacting MBChB Office in advance
* Reporting absences through local reporting processes outlined in their course guide
* Responding to **C6**email notification by following the relevant School procedure for your medical humanities course(s).

**Extension**

The late submission of work without prior approval from the SSC coordinator will incur late submission penalties. You should submit your request for approval to Dr Leeanne Bodkin leeannebodkin@abdn.ac.uk and copy in Diane Gerrie in the MBChB office. Diane.Gerrie@abdn.ac.uk.

STUDENTS should be

* Reading information providing in the course guide with regard to requesting extensions and penalties for unapproved late submissions
* Seeking approval for a short (one week) extension to an assessment submission deadline from Course coordinator through local School procedures
* Providing if required evidence of exceptional circumstances to support request e.g. medical certification.
* Responding to email correspondence from course coordinator, MBChB office and SSC coordinator with regard to request.
* Aware late submission of work without prior approval from course coordinator or  SSC coordinator will incur late submission penalties.
* Aware candidates who wish to establish that their academic performance has been adversely affected due to exceptional circumstances should follow medical school policies and procedures.  A Student Guide to Exceptional Circumstances Policy can be found in the Assessment section of MyMBChB

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**Academic Misconduct**

The work you submit must be your own and meet academic writing standards for referencing. You will be asked to submit a plagiarism declaration and if plagiarism is suspected this will be investigated as academic misconduct.

STUDENTS should be

* Reading information providing in the course guide with regard to plagiarism and use of text matching plagiarism detection software.
* Submitting work for assessment through the software as instructed
* Responding to email notifications regarding plagiarism investigation