MADNESS AND SOCIETY IN THE MODERN AGE

HS 3832 (10 CREDITS)
HS 4332 (20 CREDITS)

Lectures: Tuesdays 12-1, Lecture Theatre B, Basement, Simon Building
Seminars: 1 hour per week, times to be arranged

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A paper copy of assignments should be submitted in CHSTM Essay Box, outside 2.21, Simon Building by 4pm on due date. The due date is, of course, the final cut-off date for submission; essays can be handed in earlier!
AIMS

This course explores the history of psychiatry from the late eighteenth century to the present. It examines how insanity has been understood, and how the diagnosis and treatment of mental illness is influenced profoundly by social and cultural, as well as medical factors. By the end of the course, students should acquire:

- Familiarity with the outlines of the history of concepts of mind and madness
- In depth knowledge of key issues and topics.
- Facility in linking the history of madness to the history of medicine
- Appreciation of the social forces that have influenced medical ideas of madness, and of the changing social meanings of madness.
- Critical skills in analysing the claims of historians.
- Experience in presenting historical arguments in essays and seminars.
- Experience in planning, researching and presenting a project with reference to modern historical scholarship in a selected topic in the history of psychiatry. (20 credits).

COURSE REQUIREMENTS

The course meets twice a week (one lecture and one seminar). The lectures will deal broadly with a single important theme; the seminars are intended for closer critical investigation of specific points based on the required readings for the week. Attendance at lectures and seminars is required and we will be monitoring attendance.

ASSESSMENT

10 credits (HSTM 30832): You will be required to:

(1) write a 1000-word ‘essay’ DUE DATE: 16 March
(2) take the 2-hour examination.

The essay will contribute 30% of your total mark and the exam the other 70%.

20 credits (HSTM 40332): You will have to:

(1) write a 1000-word ‘essay’ DUE DATE 16 March
(2) take the 2-hour examination, and
(3) complete a 3000-word essay (including footnotes and bibliography) (DUE DATE: 11 MAY)

(1) will contribute 15%; (2) will contribute 35% of your final mark, while (3) will contribute 50%.
ESSAYS

The 1000-word ‘essay’ is not a standard assessment. Rather you are asked to write a letter, in the role of a nineteenth-century contemporary, to a professional journal addressing a particular issue of the day. There is a choice of four topics and for each of which you asked to read articles from a contemporary debate and then write a letter, assuming the role and beliefs of a nineteenth-century psychiatrist or psychologist as appropriate. Your letter will need to be informed by the ideas and practices of the time, which you can obtain from the articles and books on the Reading List. Further advice will be given when the topics are given out. Please see Professor Worboys if you have any questions.

The 3000-word Long Essay (including Bibliography) is meant to be a substantial piece of independent work in which you will explore in depth issues one area from the history of madness. The essay will require a literature review on a relevant topic and the development of an argument, backed up by evidence and analysis, to support your judgement on the question set.

Most of the material you need for the 3000-word essay should be available from the seminar readings and background readings. If there are points you want to explore at greater depth than is possible through those sources, follow up the references supplied in them, bearing in mind that not all of those referred items may be available locally. I am available to advise on these or other research questions by e-mail or during office hours.

With this essay there is an opportunity to choose your own topic if you have a particular interest. If you wish to do this, please contact Professor Worboys to agree an essay title, which must be in the form of a question.

Please submit one copy of your assignment to Blackboard and a paper copy, with cover sheets, to the essay box outside the CHSTM Office, 2.21 Simon Building. As marking is anonymous, please remember to have your student number printed on every page of your work.
SEMINARS

The seminars are integral to the course – please note that substantial amounts of examinable material, which cannot be dealt with in the lectures, will be discussed in the seminars. More generally, presentational and debating skills acquired in seminars will serve you well beyond this particular course. We will be looking for careful and constructive participation in the seminar discussions. You must be prepared to converse with your fellow students, to ask questions, point out alternative perspectives, suggest further issues for exploration or debate, and listen carefully and respectfully to others. To do all this intelligently would require that you come to the seminars having digested the required readings and having reflected on the issues highlighted in the Reading List.

Try to come to seminars with questions, or with points from the reading that you would like to be discussed or amplified.

Seminar times will be arranged at the first lecture.

READINGS AND RESEARCH

The seminar discussions will be based on the required primary and secondary readings.

The background readings are to help provide you with additional sources to flesh out your lecture notes and for your essays.

All required readings – as well as many of the background readings – will be available in multiple copies at the Short Loans Collection of the Rylands, or available online at the Unit website (see below) Short Loan items are marked SLC on the reading list. We may have added copies to SLC since this handbook went to press, so please check the library catalogues.

The Library’s Link²Lists version of this Reading List, with hyperlinks to book and journal references, details of items in the Short Loan Collection, AND information on access to electronic books and online articles, can be found via: http://www.library.manchester.ac.uk/subjects/lifesciences/chstm/readinglists/

Please use the Course Blackboard site, where you will find lecture PowerPoints, reading, and other resources.
EXAMINATION

The exam consists of two essay questions chosen out of six. The questions will test your knowledge of the ‘big picture’ rather than your memory for detail. All examinable material will be covered by the lectures, the seminar discussions and the required readings. The date of the examination will be announced later in the course. For previous examination papers, see: http://www.campus.manchester.ac.uk/ssc/pastpapers/ then go to Faculty of Life Sciences and CHSTM

I will discuss the examination in the revision lecture.
TOPIC ONE

LECTURE: Introduction and the Age of Unreason

In this session we will set out the teaching arrangements for the course and deal with other administrative matters, including arranging seminar groups.

This will be followed by an introductory lecture which will review the debate over the great change in the understanding and management of madness that occurred at the end of the eighteenth century.

SEMINAR

The focus of this seminar is to consider the nature and problems of historical analysis. The received view in the history of madness is that before 1800 the mad were regarded as people who had lost their humanity and were treated like animals. The new view of the mad in the early nineteenth century was that they were people who had only lost their 'reason', crucially they were still human. The implication was that they should be treated humanely in the hope they would regain their rationality and return to sanity. The latter change was exemplified in the new 'moral treatment' that was advocated by so-called lunacy reformers. The treatment aimed to place the mad in a rational, ordered environment, where their minds could regain lost faculties.

There is major historical debate on this issue, which hinges on two issues:
1. whether eighteenth century madhouses were as bleak and inhumane as traditionally painted; AND
2. and whether the new nineteenth century asylums were as humane and adopted moral therapy all their advocates claimed.

The central figures in this debate are Andrew Scull, who supports the accepted view (albeit with some reservations) and Roy Porter, who argues against it, claiming that there was no great shift in views or practices around 1800.

Before the seminar prepare a series of bullet points to support the interpretation of Porter OR Scull on whether a new view of the mad was created c1800? In doing this also focus on the weaknesses of the other side. The point of the exercise is not to be right or wrong (the jury is still out on this question), rather it is to practice the art of historical argument.

Required reading

A. Scull, 'Museums of Madness Reconsidered', Social History of Medicine, 1993, 6, 3-24, especially pp. 8-11.
Further reading

E. Shorter, *A history of psychiatry from the era of the asylum to the age of Prozac* 1997, Ch 1.


J. Busfield, *Managing Madness* 1986, Ch. 5


TOPIC TWO

LECTURE: Reforming the Mad Trade

At the beginning of the nineteenth century increasing pressure was being applied to Parliament for the need to reform the ‘trade in lunacy’. Drawn from the beliefs that the mad could be cured, that trading in the mad was immoral and often cruel, that the mad should be removed from society – for their benefit as well as society’s – and that a state institutional response offered the best answer to all these concerns, lunacy reformers campaigned long and hard.

SEMINAR

The implications of the shift in attitudes to the mad, discussed in topic one, ordained that the mad should be treated humanely in the hope they would regain their rationality and return to sanity. The latter change was exemplified in the new ‘moral treatment’ that was advocated by so-called lunacy reformers. The treatment aimed to place the mad in a rational, ordered environment, where their minds could regain lost faculties. In this seminar we will look Pinel’s classic statement on the nature of moral theory and at its implementation in one British institution: The York Retreat.

Required reading

Primary
P. Pinel, A Treatise on Insanity in which are contained the principles of a new and more practical nosology of maniacal disorders, 1806, 1-6 and 48-68.

Read this closely, identifying key phrases and points that support or contradict points made in the lecture and other readings about ‘moral treatment’. You will find unfamiliar terms that you should look up. Finally, Pinel seems to offer a view on last week’s debate between Porter and Scull – who does he support?
Secondary


As well as reading this article closely, try to summarise its main message/s in a sentence or two. Alternatively, come up with a newspaper style headline.

Further readings:

E. Shorter, A history of psychiatry from the era of the asylum to the age of Prozac 1997, Ch. 2.
J. Goldstein, Console and classify: The French psychiatric profession in the nineteenth century, 1987, Ch. 3.
TOPIC THREE

LECTURE: The Great Confinement

In 1845, the lunacy reformers demands were met. New legislation saw an unprecedented programme of asylum building. This lecture will chart the developments that resulted in huge-scale ‘museums of madness’ appearing in almost every English county and city that bore few of the hallmarks of the reforming zeal that inspired them.

Pages from treatment book entry of Mary Jane Malone. Aged - 15; Occupation – Cap maker, Diagnosis – Melancholia of Puberty.

SEMINAR

In the seminar we will look at asylums admissions and how historians have explained the growth in the number of asylum inmates. The records from Prestwich admissions in January-March 1860 reveal patient profiles, while in the secondary reading, Wright and Scull argue about why numbers grew

Required Reading

Primary
Patient records from Lancashire Asylum, 1 January-31 March 1860. Downloadable from the Intranet.
Secondary

Further reading
E. Shorter, A history of psychiatry from the era of the asylum to the age of Prozac 1997, Ch. 2
P. Fennell, Treatment without consent: law, psychiatry and the treatment of mentally disordered people since 1845, 1996.
TOPIC FOUR

LECTURE: Theories of Insanity: Phrenology to Degeneration

This lecture will examine the theories of insanity that informed psychiatry in the construction of deviant typographies. We discuss phrenology - the earliest theory of localisation of function, and then look at monomania, ideas of reflex and nerve exhaustion, ending with degeneration.

SEMINAR

Henry Maudsley was a significant figure in late nineteenth and early twentieth century psychiatry. His ‘pessimism’ and criticism of the asylum system, plus his fears over the degeneration of race, will be discussed. Maudsley was the founder of the first acute mental hospital in Britain, built in direct response to the failings of the asylum system. We will examine his views on degeneration, and then consider Pick’s review of the wider impact of ‘degeneration’.

Required reading

Primary

Secondary
E. Shorter, A history of psychiatry from the era of the asylum to the age of Prozac 1997, Ch. 3 and 4.
Further reading


D. Pick *Faces of Degeneration, A European Disorder c.1848-1918*, 1989


History of Phrenology on the web –
http://www.webarchive.org.uk/pan/11656/20050419/pages.britishlibrary.net/phrenology/index.html

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TOPIC FIVE

LECTURE: Insanity, Crime and Responsibility

This lecture will explore the development of the insanity plea in criminal cases. It will consider the case of Daniel M’Naughton who in 1843 attempted to assassinate Sir Robert Peel and killed his secretary instead. The defence was able to persuade the jury that M’Naughton was insane at the time of the killing and could therefore not be responsible for his actions. Subsequently, rules were drawn up to cover such cases, known as the M’Naughton rules, which were used to determine whether a person committing a criminal act knew the ‘nature, quality, or wrongfulness of their actions’.

SEMINAR

In this seminar we will look at a report of a trial where an insanity plea was entered. Alexander Thomson was tried for the murder of his wife and acquitted. In reading the report you are asked to identify the different types of evidence being offered by the different witnesses and the issues that were in contention. Would you, like the jury, have quickly acquitted the defendant if you had been a juror then?

Required Reading

Primary

Secondary
Further Reading


R. Smith, Trial by medicine: Insanity and responsibility in Victorian trials, 1981.


Broadmoor Archive:
http://www.berkshirerecordoffice.org.uk/localhistory/broadmoor.htm
TOPIC SIX

LECTURE: Men, Women and Madness

Our main concern this week will be to examine how Victorian beliefs on sex interacted with and determined Victorian medical theories of insanity. In particular, we shall analyse how woman’s reproductive role was assumed to determine her place in the world but also her infirmities, including insanity and nervous disorders. We will also compare the incidence and character of madness between men and women.

SEMINAR

In this week’s seminar we will rerun the debate between Henry Maudsley and Elizabeth Anderson Garrett over the possibility of advanced female education. As a contrast to this debate on what might be termed the ‘normal psychology’ on women, we look at Marland’s essay on puerperal insanity and its relation to the wider claim that madness in Victorian Britain was ‘a female malady’.

Required Reading

Primary
Secondary

Further Reading
E. Shorter, *A history of psychiatry from the era of the asylum to the age of Prozac* 1997, Ch. 3 and 4.
TOPIC SEVEN

LECTURE: Freud and the Birth of Psychoanalysis

Concentrating on the earliest period of Freud’s complex career, we shall explore how psychoanalysis was influenced by late-nineteenth-century concepts of hysteria and the realities of women’s lives at the time. We shall also briefly survey Freud’s later work and assess the impact of psychoanalysis on the practice of psychiatry.

SEMINAR

In this week’s seminar we will look at Freud’s case history of the ‘Rat Man’ and Sulloway’s analysis of how Freud constructed these.

Required reading

Primary
S. Freud, ‘From the History of an Infantile Neurosis’ (1918), reprinted in Peter Gay, The Freud Reader, 1995,

Secondary

Further Reading
E. Shorter, A history of psychiatry from the era of the asylum to the age of Prozac 1997, Ch. 5.
L. Appignanesi and J. Forrester, Freud’s women, 1992, Ch. 3 and 5.
Shell shock is seen by many historians as having torn down the notions of ‘masculinity’ constructed in the nineteenth century. This lecture will examine the reactions of both the medical profession and the army in dealing with the legacy of industrialised warfare. Shell shock has been used historiographically to frame numerous debates regarding disease, madness, masculinity, warfare and the development of early twentieth British psychiatry. These debates will be examined both in the light of recent historical research and the longer-running debates as to shell shock’s place in history.

**SEMINAR**

Numerous historians have depicted shell shock as heralding the way for Freud in Britain – with the sex taken out. In this seminar we will examine a contemporary review of the problem published in 1916, with that of a modern historian.

**Required reading**

**Primary**

**Secondary**

Further reading
J. Winter, ‘Shell-shock and the cultural history of the Great War’, Journal of contemporary history, 2000, 35, 7-11,
E. Leed, ‘Fateful memories: Industrialized war and traumatic neuroses’ in Journal of contemporary history, 35, 2000, 85-100
E. Jones and S. Wessely, Shell shock to PTSD: military psychiatry from 1900 to the Gulf War, 2005.

Further primary texts online

Shell Shock and its Lessons, Grafton Elliot Smith, MA. MD. FRCP. FRS (Dean of Faculty of Medicine and Professor of Anatomy) and Tom Hatherly Pear BSc. (Lecturer in Experimental Psychology Manchester University Press, England, First edition 1917.

http://www.gwpda.org/medical/shshock/index.htm
TOPIC NINE

LECTURE: Treating madness: A ‘Therapeutic Revolution’?

Is biological psychiatry new in principle? What is the history of somatic methods of treatment in psychiatry? What kinds of physical treatments were tried in the past, focusing on insulin therapy and ECT and what was so unprecedented about the new, potent drugs that began to be available in the 1950s? In this seminar we look at the development of physical therapies.

SEMINAR

Required reading

Primary

Secondary
M. Raz, ‘Psychosurgery, Industry and Personal Responsibility, 1940-1965’, Social History of Medicine,

Further reading
E. Shorter, *A history of psychiatry from the era of the asylum to the age of Prozac* 1997, Ch. 6 and 7.
A. Scull, ‘Desperate remedies: a Gothic tale of madness and modern medicine’
*Psychological medicine*, 17 (1987), 651-77.


This week’s lecture will explore why mental hospitals have closed. Did asylums begin to close simply because these new drugs were so effective or were there other reasons? The lecture will discuss the history of the mental hospital since 1948 and the foundation of the NHS and the emergence of alternatives.

**SEMINAR**

**Primary**

**Secondary**
k. Davies, ‘‘Silent and censured travellers’? : patients’ narratives and patients’ voices: perspectives on the history of mental illness since 1948’, Social History of Medicine, 2001, 14: 267-92.

Further reading
E. Shorter, *A history of psychiatry from the era of the asylum to the age of Prozac* 1997, Ch. 7
P. Bartlett, and D. Wright, eds., *Outside the walls of the asylum: The history of care in the community, 1750-2000*. 1999
TOPIC ELEVEN

LECTURE: From anti-psychotics to “life-style drugs”: better living through chemistry?

Since the late 1970s, somatic theories and therapies have become increasingly prominent in psychiatry. This lecture will examine how the rise of psychopharmacology has changed the treatment and perception of mental illness - both its severe and milder forms - and influenced ideas about human behaviour generally. Further, we shall look at the social, cultural and political factors at play in psychiatry’s “biological turn”; the gendering of psychotropic drug use; and the ethical implications of the growing use of so-called life-style drugs such as Prozac and Ritalin.

SEMINAR

Primary

Required reading:

Further reading:
E. Shorter, *A history of psychiatry from the era of the asylum to the age of Prozac* 1997, Ch. 8.


TOPIC TWELVE

REVISION AND EXAM

‘Fail safe guide’: from Guardian, Tuesday May 7, 2002
http://education.guardian.co.uk/egweekly/story/0,,710827,00.html

You’d think students would know by now what to do in exams. Year on year, examiners publish reports in which they list the same mistakes in students’ work. So much for the popular notion that students who work hardest get the best grades: plenty of students have enough knowledge to sink a ship, and still manage to screw up. I know, it’s hard to believe. But you can do it too. So to acquaint you with the gamut of tried and tested sabotaging techniques, here’s the definitive guide to ruining your papers in the 10 ways that examiners most hate.

1 Don't answer the question
If you think that only a fool could accomplish this feat, rest assured that anyone can. Because answering the question means executing a sequence of manoeuvres that few students are trained to perform.

The first manoeuvre involves reading the question for what it is, rather than for what you'd prefer it to be. If your experiences at school or university have given you rather less confidence in your ability to think, and rather more of a tendency to defer to others, you'll be sure to try to bend exam questions so as to reproduce in your answer a safe old essay that scored A or B. You might even ignore the question altogether and just rehash revision notes, study notes, or notes a kind teacher offered you to learn by heart. Believe me, you'll find the temptation hard to resist.

Then there's the second manoeuvre: interpreting the question. You see, questions can look deceptively similar. For instance, there's a world of difference between the question: "Are animals treated like slaves by humans?" and its lookalike: "Is it right that animals should be treated like slaves by humans?" The first asks whether "slavery" is a term applicable to animals; the other asks whether one species can justifiably subjugate another. Two entirely different marking schemes. But why waste time thinking about that? It would involve a 10-minute paraphrasing and thinking effort and in the exam you just want to write. Frantically.

2 Be vague
Obviously, one way of producing waffly answers is to have nothing to say. You can pursue this goal by continuing to revise in the most passive of modes. Yes, you could sketch mindmaps, test yourself, write plans to exam-style questions and scrutinise past papers. All that would be of some use for the exam. But wouldn't you rather stick to your preferred revision methods? Copying out your notes in neat is a good one - or, even better, highlighting them (fluorescence being student code for "must learn that some day... and now I don't feel so guilty").

But just in case you accumulated pertinent knowledge inadvertently, fall back on your second surefire waffle strategy: your essay plan. Make it a shallow, half-hearted attempt: fill it with ideas like "etc" and "say how".

Or even simpler, don't plan at all. You probably convinced yourself that you can't anyway, if for years you've got away with a "write what comes to mind and redraft endlessly" strategy in homework and coursework. Even if your revision has included planning practice, let's face it: with other students in the exam room scribbling away, you'll want to skip the planning stage, because it's just too scary to sit and think things through. Follow the crowd, I say, and, like the crowd, produce directionless answers that are too general, don't define anything in the question that needs clarification and deal with issues in the loosest of ways. Oh, and contradict yourself if you can. Talking of which...

3 Contradict instructions
Time pressure will help you bungle the simplest of tasks. Don't worry, you're not immune just because you're clever: an Oxford contemporary of mine, destined for a dazzling first, forgot to turn the pages of her exam paper. So make your mark by misreading instructions, missing out parts of questions, or answering the wrong sections (that will keep the examiner on his toes); show your individuality by refusing to carry out question instructions, particularly if you're not quite sure what they mean. For
instance, "compare" means "show similarities and differences" whereas "contrast" means "show differences only". Differences, schmifferences.

4 Explain nothing
This you can probably accomplish in your sleep, as does the mass of students encouraged to learn parrot-fashion, whose revision involves simply accumulating knowledge, Sat-style, without thinking about meanings, contexts or implications. Examiners like facts and figures to be interpreted and analysed.

For finals, my tutor made me learn the dates of all of Shakespeare's plays and I think there are 37 of them. (I was meant to learn that too). As exam advice goes, that's about as helpful as being told to learn 37 quotes, which is what you were probably trying to do before you read this article. Keep at it, I say. Sure, the examiner might wonder why you're quoting so much, since his mark scheme rewards your words, not Shakespeare's. But if you leave out the quotation marks... hey, the world could be your oyster (whatever that means).

5 Be subjective - refuse to give academic evidence
You've probably not been curious to read, as part of your exam preparation, your peers' essays. You know exactly what grades they got for them: those who scored higher than yours carry the mark of the devil and you are right to avoid knowing what's in them that's so juicy. (As for reading essays written by academics, forget it.) And in school and university debates, instead of listening impartially to others' points of view, you've tried to shout them down, naturally.

So the chances are that, in your work, personal anecdotes and rhetorical statements rule OK. As for academic register, you think that's what they read out at the beginning of class. You're probably right - after all, everything's just a matter of opinion.

6 Don't use specialist terms and ignore those in the question
There might be a list of required specialist terms in your syllabus. I said syllabus. You know, that papery thing that you filed away last September? Never mind.

7 Be inscrutable: write illegibly and don't number pages and questions

8 Make silly mistakes with facts and figures

9 Write long, wordy and ungrammatical sentences
What's great about these last three strategies is that they all stem from the same overall failing: poor exam time-management. So as long as you adopt the latter, the former should all fall nicely into place. Invariably students score better if they make time to: 1) read the paper; 2) choose the best questions (not necessarily the familiar-looking ones with instant appeal); 3) plan answers; 4) write; and 5) check preferably with a checklist in mind, one which includes correcting illegibility, silly mistakes, and long, wordy, ungrammatical sentences that go on and on without any point but why should you worry it's not like anyone reads this stuff do they.

In conclusion, you might think this sabotaging mission hard to accomplish - after all, there's so much to remember, and you'll be so nervous! Precisely. As long as you let panic get the better of you (a good tip to produce butterflies in your stomach is to hold your breath), you'll find all these strategies take care of themselves. Good luck!

Sorry. Almost forgot:

10 Rush your endings

Eileen Tracy (www.eileentracy.co.uk/) is a study skills counsellor and author of The Student's Guide to Exam Success, published last month by Open University Press, price £9.99.
POSTGRADUATE STUDY IN THE HISTORY OF SCIENCE AND MEDICINE

If you enjoy this course and would like to continue with study in this area at postgraduate level, CHSTM runs several Masters Degrees and has a large PhD programme.

The Centre for the History of Science, Technology and Medicine (CHSTM), is a major international focus for research in the history of modern science, technology and medicine, and on science communication. It includes the Wellcome Unit for the History of Medicine and the National Archive for the History of Computing. The interests of Centre staff lie predominantly in 19th and 20th century history, mostly in Britain, Europe and the USA, but also including STM in developing countries. The department is small and informal, with a lively postgraduate community, and strong formal and informal seminar programmes.

CHSTM offers five Masters Awards:

- MSc History of Science, Technology and Medicine
- MSc History of Science and Technology
- MSc History of Medicine
- MSc Science Communication
- MSc Research Methods in the History of Science, Technology and Medicine

All students take common core set units in Semester 1, and then choose from a range of options in Semester 2. The balance of these options and the topic of the dissertation determine the MSc awarded. The core course in Semester 1 provides a comprehensive introduction to the nineteenth- and twentieth-century history of science, technology and medicine (HSTM) in their wider social, economic, cultural and political contexts, and to the growing field of science communication. Students also take two Research Methods courses: one, providing general historical skills, through the Faculty of Humanities; the other, on specific HSTM methods, is taught within CHSTM.

In Semester 2, students select from our specialised option courses: Nineteenth-century Physical Sciences and Technology; Nineteenth-century Biosciences and Medicine; Science Communication; Twentieth-century Physical Sciences and Technology; Twentieth-century Biosciences and Medicine; Science, Nature, Museums.

Dissertation The dissertation provides an opportunity for in depth research on a specific topic, working with a member of staff with research interests in the area.

Research degrees: PhD/MPhil

Two research degrees are offered: PhD (3 years full-time, 6 years part-time) and MPhil (1 year full-time, 2 years part-time). The MPhil can be regarded as a preparatory degree for the PhD, or as a free-standing research Master's. We expect PhD applicants to have a strong background in HSTM (e.g. a good MSc in the subject, or considerable exposure to HSTM at undergraduate level). Alternatively, students can take one of our taught postgraduate courses before applying to go on to do research. These courses are designed to give you the intellectual grounding and practical skills you need to do original research in HSTM.

Full details of all CHSTM’s activities and courses can be found at http://www.manchester.ac.uk/chstm