

Preparing for the DHMSA dissertation – tips & suggestions. Martin Edwards January 2022

These are informal notes based on the experience of DHMSA examiners and are intended to be read in conjunction with the DHMSA regulations. If there appears to be a conflict, the regulations take priority!

The dissertation is fun! Most candidates enjoy the opportunity to do some 'real history', to look at primary sources and say something new and original about them, and to show what you can do – if yours is judged the best dissertation of the year you might be awarded the Maccabean prize!

The dissertation should be a maximum of 5500 words, which isn't as much as it may seem once you get into a topic. The word count doesn't include references, appendices, footnotes, bibliography and captions for images, but don't be tempted to exploit long appendices etc. as a ploy to get round the word count – they should be genuinely supplementary. You should interrogate primary source material (for example newspaper reports, books, journal articles, advertisements and directories from the period under investigation) and present original work – this doesn't mean it has to be ground-breaking but you should try to say something new, or from a different perspective, compared to what's previously been written on the subject. This means that besides primary sources you will need to be aware of, and use, relevant secondary material.

Two key things to bear in mind are topic and structure.

Choosing a topic. Good ideas might come from something that's piqued your interest on the course, from personal or professional interest, or even from a local source. Dissertations in recent years have used hospital archives, Medical Officer of Health Reports, medical literature, correspondence, government, military and apprenticeship records. A background as a non-historian can actually be an advantage here as it might raise questions in your mind that don't occur to historians. Experience suggests some common pitfalls in choosing a topic:

- Too broad a topic. Probably the most common reason for dissertation proposals being sent back for reworking. Too long a time period (a century might sound neat but a lot happens!) or too broad a scope – the history of anaesthesia in the 18th century, for example. Once you start writing in any degree of detail, you soon eat up your 5500 words. At best, you'd end up with a sketchy narrative description lacking detail and analysis. Focus instead on one area and/or limited time period, which will enable the kind of detail and critical analysis that the dissertation is intended to demonstrate.
- Too narrow a topic. Less common but does happen, for example when a candidate finds and is enthused by a particular primary source such as an article or pamphlet which simply doesn't contain enough material to sustain a dissertation on its own. Can be overcome if you can locate additional relevant primary sources to compare and contrast, together with relevant secondary material.
- Failure to contextualise. Examiners are aware that it seems you're expected to provide a description of your dissertation, your primary and secondary sources and your argument and even your conclusions, before you've even started work on it! That's not entirely true, and examiners appreciate that your argument may shift as you uncover new sources in the course of your research, but some preliminary work is important. Secondary sources – what have others said about this area? There's often the heartsink realisation that someone has had your Great Idea before you (usually Roy Porter, in my experience.) Before submitting your proposal you should have an idea of the major primary and secondary sources relevant to your work and how they relate to the argument or question you'll be posing.
- Hagiography. Beware the 'great man' trap if you're writing biography, which can lead to an uncritical and unhistorical analysis. If you're concentrating on a person try to analyse his/her work, influence, legacy etc. critically and in context.

Structure. You don't have to propose a radical new historical discovery but should aim for a clear thesis. This might mean an argument based upon your source material with a conclusion, or a question which you attempt to answer from source material. Simply describing a narrative, chronological sequence of events is unlikely to offer sufficient opportunity for analysis. It's also often helpful to ask one or more friends to read your finished dissertation for clarity, typos, punctuation etc.

Once you've submitted your proposal by the March deadline (please check the Administrative Guidance for Candidates on <https://www.apothecaries.org/diploma-in-the-history-of-medicine/> for dates) you'll receive brief

written examiner feedback – we try to make this genuinely helpful rather than unduly critical so please try to take it in this spirit and try not to wait until the last minute to submit, to enable opportunity to revise your initial proposal before the April deadline for the submission of the application form.

Best of luck and I hope you enjoy preparing your dissertation.