

**MA in the History of Medicine: Core Course Final Examination  
University College London**

**20 January 2005, 10am - 1pm**

**Three Hours**

**For Sections A and B, take no more than 1 hour in all.**

**Section A: (worth 10% of the paper)**

Set down in chronological order the ten dates you consider to be most important in the history of medicine, and a brief statement of why the date is important.

**Section B: (worth 30% of the paper)**

**From the following 10 questions, answer six. Circle the one correct answer.**

**1.** Which of the following topics is generally **not** considered to be a major factor in understanding hospitals?

- Staffing
- Natural environment
- Aims and goals
- Science and religion

**2.** Which of the following methods used to treat madness was **not** thought to be physical?

- Moral therapy
- Mesmerism
- Restraints
- Purging

**3.** In understanding the histories of the body, which topic is **not** thought to be important?

- Anatomy
- Numerology
- Geography
- Race

**4.** Which of the following is **not** used to explain why men entered the birthing chamber?

- The invention and use of the forceps
- The growing power of the medical profession
- The decline of the witchcraze
- The breakdown in the power of the Church

**5.** Which of the following possible origins of world-wide syphilis is **not** considered by Baker and Armelagos in their paper on 'The Origin and Antiquity of Syphilis'?

- The 'Columbian' hypothesis

That it resulted from the practice of slavery  
The recognition of syphilis as distinct from 'leprosy'  
That it evolved with human populations

6. In accounts of laboratories and medicine, which of the following has drawn the attention of historians?

Electrical supplies  
Sinks and sanitation  
The shift from wood to coal fires  
Communication devices

7. Which of the following is a clear indication that something is a food or a drug?

It is imported  
It has a label stating its constituent ingredients  
It is manufactured  
It is sold for a high profit

8. What is used to explain the rise of the male midwife?

Men have stronger hands  
Men have a more consistent moral character  
Men have always wanted to be present at the birth of children  
Men saw an opportunity to make money at it

9. In discussing 'Medical knowledge and the patronage system in 18<sup>th</sup> century England,' N.D. Jewson discusses

Newspapers and print  
Voluntary hospitals  
The system of land tenure  
The English class structure

10. The decline in mortality in Britain that began at the end of the 19<sup>th</sup> century was, according to McKeown, due mainly to

Improved sanitation  
Improved food inspection  
Concern among medical officers of health about overcrowded housing  
Better nutrition

**Section C: (worth 60% of the paper)**

**For each question in Section C, give yourself no more than 40 minutes.**

**Answer three of the following six essay questions, being sure to illustrate your arguments with examples:**

1. In his book Mending Bodies Saving Souls, Guenter Risse dates the “medicalisation” of hospitals to the period of the Enlightenment. What does it mean to speak about the medicalisation of hospitals, and what do you consider to have been the major reasons causing it to occur?
2. According to Latour and Woolgar, it is ‘only after it has become a fact that the effect of reality is obtained.’ Please elaborate. What are the main devices that are brought to bear in ‘constructing’ such facts from laboratory work?
3. What do you consider to be the major weakness with Foucault’s Madness and Civilization, and which the major strength? Why?
4. The argument is sometimes made that height is an indication of nutritional status, and therefore can be used as an indicator of population health. What are James Riley’s main objections to this argument?
5. Shigehisa Kuriyama gives an historical account of how there are ‘different ways of being bodies.’ What are the main differences he sees between the ‘western’ and ‘Chinese’ bodies?
6. In his paper on ‘Client Control and Medical Practice’, Eliot Freidson sets out an analysis of colleagues, practitioners, and patients based on the ‘variable location in two sometimes conflicting systems—the lay referral system, which consists in a variable lay culture and a network of personal influence along which the patient travels on his way to the physician, and the professional referral system of medical culture and institutions.’ What does he mean by these two ‘systems’, and why might they sometimes be in conflict?

**END OF PAPER**