

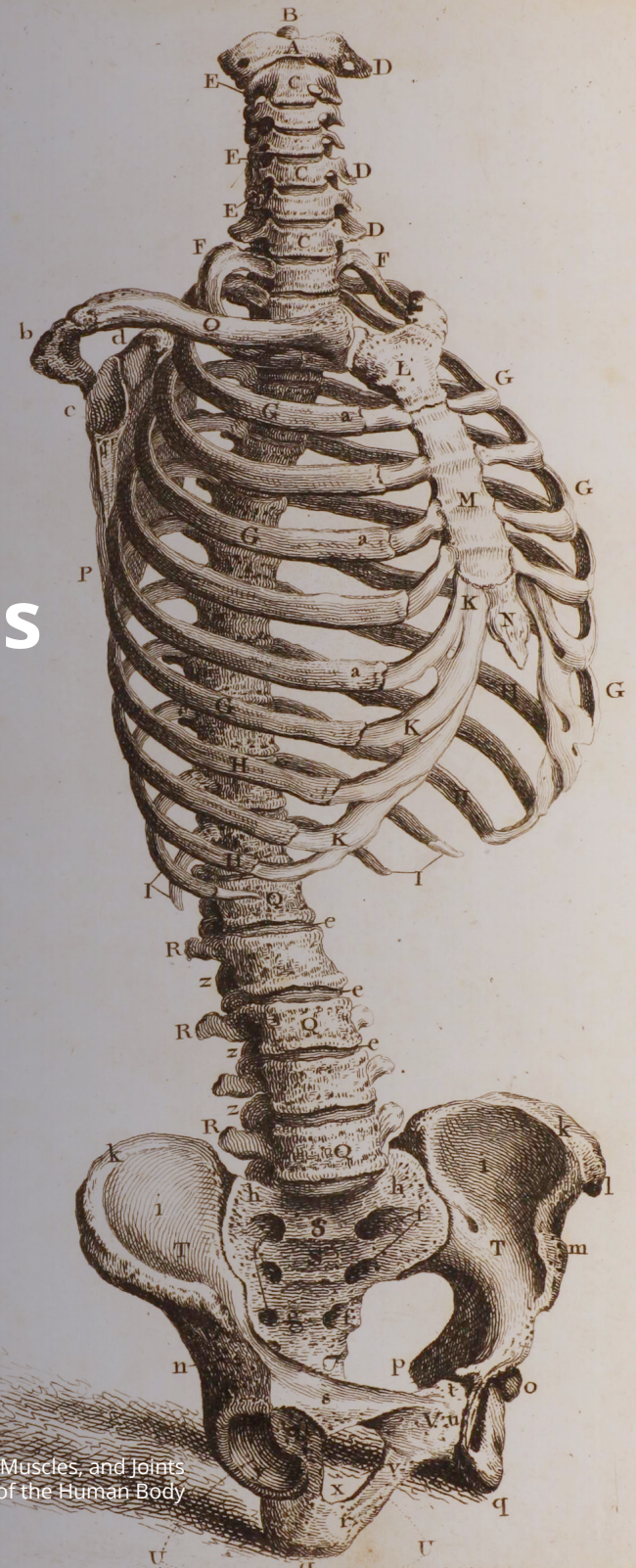
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The Royal College of Physicians

Part II
inside the archive

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RCP Image Archive: Engravings of the Bones, Muscles, and Joints
Illustrating the First Volume of the Anatomy of the Human Body



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| Introduction

The history of medicine is the history of life and death, and we all are connected to it.

– *Royal College of Physicians*

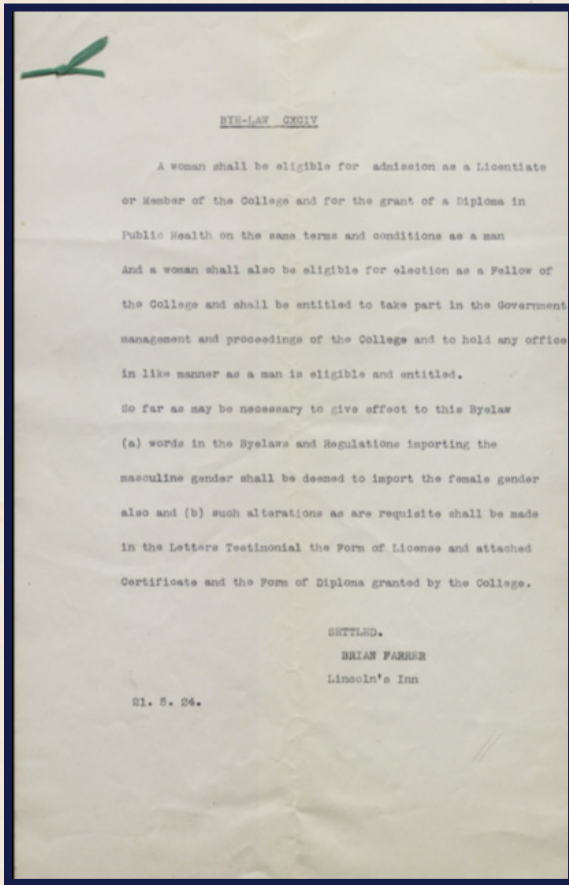
Almost as long as there has been human life, scientists and physicians have worked to preserve it. Every theory, breakthrough, and setback of the past lay the foundation for healthcare and disease prevention as we know them today.

The medical pioneers that came before—Elizabeth Garrett Anderson, Sir James Mackenzie, and so many others—changed the face of healthcare, from increasing the understanding of how the human body worked, to protecting patients from harm by ensuring that every physician was licensed to practice.

This lookbook provides a window into some of the stories that shaped modern medicine, from the discovery and diagnosis of post-traumatic stress disorder, to developing a new taxonomy of disease, to the female physicians who finally broke through the glass ceiling. Each shaped history and fundamentally impacted the quality of care—and the quality of life—for all of us who followed.

To learn more about these and other stories in the Royal College of Physicians Part II archive, visit wileydigitalarchives.com/rcp.

Women in Medicine



Royal College of Physicians of London. "Counsel's Opinion (Mr Brian Ferrier) Re Bye-Law 194 in Relation to the Admission of Women to the Fellowship." College Legal Status, 1918–1928. Wiley Digital Archives: The Royal College of Physicians.



FILE THIS UNDER

Gender Studies, Biology, Medical Humanities, Anatomy, British History, Public Health, Health Education, History of Science and Medicine, Social Factors in Health, Medical Research, General History Research



HISTORICAL CONTEXT

Women have always been central in providing medical care, whether offering remedies in the home, nursing or acting as herbalists. However, the medical profession has been male dominated for most of its history.

In Europe, this began around the 1400s, when many cities and governments decided that only those trained in universities were allowed to formally practice medicine. As women were not allowed into the universities, they could not gain a license or take advantage of the developing science of medicine.

Despite being excluded from formal education, women provided many paid services that the public needed, including sick-nursing and wet-nursing, midwifery, minor surgery and general physic. However, women still competed with male practitioners even in areas such as childbirth.

It was through nursing that women first made significant progress into formal medical practice, with the hospital and prison reforms in the late 1700s. The nursing role was seen as an extension of women's social role: caring and nurturing. However, there still was not the same openness to women becoming doctors, although many women began to attempt to qualify in the 1800s. It was only at the end of the century, after much struggle, that women won the right to study and practice medicine in the same way as men.



WHO

Elizabeth Garrett Anderson, the first female doctor to qualify in England.



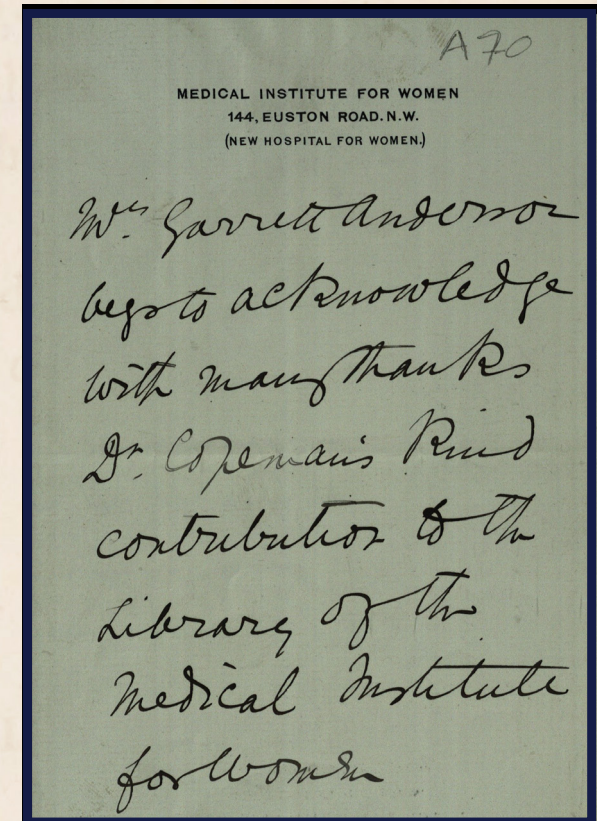
WHY SHE'S NOTABLE

Elizabeth Garrett Anderson, a pioneering feminist and physician, was born in Whitechapel, London in 1836. She decided to become a doctor after meeting Dr. Elizabeth Blackwell, the first female doctor to graduate in the United States.

Anderson faced numerous challenges as she strove to enter the medical profession. After failing to get into any medical school, she enrolled as a nursing student at the Middlesex Hospital. She attended classes with male colleagues, but was barred after complaints. She then took the Society of Apothecaries examination and qualified in 1865, causing the society to subsequently change its rules in order to ban female entrants.

In 1866, she was appointed as a medical attendant at the St. Mary's Dispensary in London, and she taught herself French in order to receive her medical degree in Paris. Despite this degree, she was still refused entry into the British Medical Register. She was instrumental in establishing specialist clinics for women and children, in addition to women's training hospitals; she set up the New Hospital for Women at the St. Mary's Dispensary, later the London School of Medicine for Women, in 1872.

Partly as a result of her open campaigning, an act was passed in 1876 permitting women to enter the medical profession. Anderson was appointed Dean at the London School of Medicine for Women in 1883, and oversaw its expansion. She retired in 1902 to Suffolk, where she became the first female mayor in England in 1908. In 1918, the London School of Medicine for Women was renamed the Elizabeth Garrett Anderson Hospital (now part of the University of London).



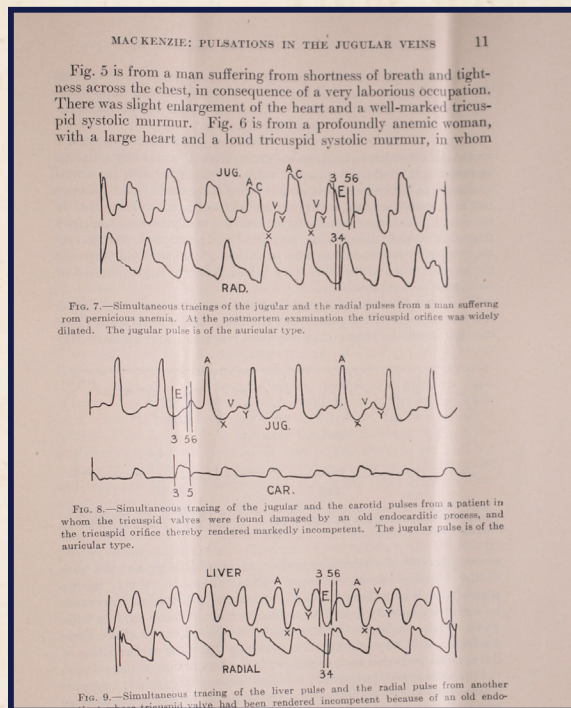
Autograph Letter from Elizabeth Garrett Anderson to Dr. Copeman Thanking Him for His Contribution to the Library of the Medical Institute for Women. Autograph Letter Sequence, 25 Feb. 1891. Wiley Digital Archives.

Related items & special collections in the RCP Archive:
Letters from Elizabeth Garrett Anderson to people in need of medical advice, a letter from Elizabeth Garrett Anderson to the RCP enclosing a list of universities and examining bodies which admitted women, RCP application records, lectures and notes on the diseases of women, lectures on midwifery, a monograph on women physicians and more.

Sources: <http://broughttolife.sciencemuseum.org.uk/broughttolife/people/elizabethgarrettanderson>

<http://broughttolife.sciencemuseum.org.uk/broughttolife/themes/practisingmedicine/women>

“Shell Shock” and Post-Traumatic Stress Disorder in the 20th Century



The Interpretation of the Pulsations in the Jugular Veins. Polygraph Charts. Mackenzie, James, 1889–1945. Wiley Digital Archives.



FILE THIS UNDER

Psychology, Psychiatry, Biology, Medical Humanities, Anatomy, Ethics in Medicine, British History, Public Health, Health Education, History of Science and Medicine, Social Factors in Health, Medical Research, General History Research



HISTORICAL CONTEXT

Although widely known today, the origins of Post-Traumatic Stress Disorder (PTSD) or its precursor “shell shock” only emerged as a phenomenon following the onset of World War I. As the magnitude and deadliness of wartime munitions and explosives increased, and the establishment of bombardments (shelling) became a staple of warfare, soldiers were returning from the trenches with a multitude of conditions that had no apparent physical cause. Also initially referred to as “war neurosis”, “combat stress” and “soldier’s heart”, shell shock characterized an array of seemingly inexplicable symptoms amongst returning soldiers including paralysis, nervous disorders and irregular behaviors such as panic attacks and not eating or sleeping.

Initial medical case reports from these years demonstrate the challenge of understanding the illness in the context of the prevailing knowledge and sentiment of the time, as the condition was categorized as an unexplained heart disorder without connection to any sort of emotional trauma. To question an otherwise “normal” patient’s psychological state would have interfered with the widely accepted cultural belief of the time that mental illness applied only to “weak degenerating constitutions”—not strong, brave, healthy men fighting for their country.

As a result, treatment for these soldiers rarely included any sort of psycho-analytical therapies, but rather focused on restoring physical health to ameliorate perceived exhaustion. In the worst cases, applied “therapies” weren’t therapeutic at all but rather disciplinary in nature, and included what would later become widely controversial treatments such as electroshock therapy and admission to so-called lunatic asylums.



WHO

Sir James Mackenzie, Scottish cardiologist and pioneer in the study of cardiac arrhythmias



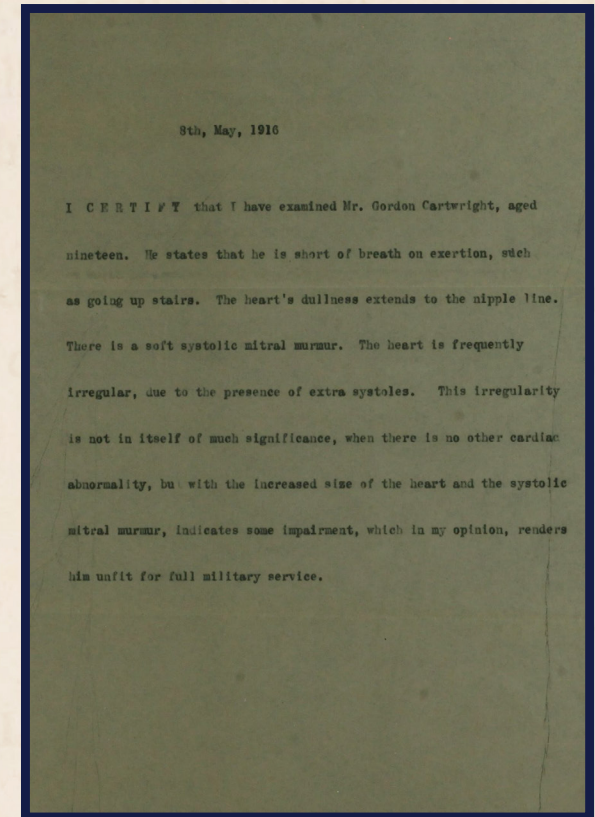
WHY HE'S NOTABLE

RCP fellow and esteemed cardiologist James Mackenzie was one of many doctors who were called upon to treat soldiers during World War I. Prior to his appointment in the Royal Infirmary, he studied medicine at Edinburgh and settled in general practice at Burnley, where he arrived at certain conclusions that revolutionized many existing conceptions of the action of the heart in health and disease.

Of these many accomplishments was being the first to make simultaneous records of the arterial and venous pulses to evaluate the condition of the heart, a procedure that laid the foundation for much future research. Mackenzie also drew attention to the question of the heart's capacity for work, paving the way for the study of the energetics of the heart muscle.

During WWI, Mackenzie served as a consultant to the Military Heart Hospital. There, he treated soldiers for PTSD without an understanding of exactly what it was. Mackenzie referred to shell shock and PTSD as "Soldiers' Heart", and he thought that the actual circumstance of being at war, with the physical burden of extreme exhaustion and stress, weakened men and provided a suitable environment for toxic bacteria. The result, he believed, was a state of general exhaustion and that heart abnormalities were not cardiac in origin but the outcome of injury to the central nervous system.

Mackenzie recommended outdoor games, exercise and leisurely activities to reduce the strain on the heart and promote healing.



Mackenzie, James. "Soldiers' Hearts Case Notes C-E."
Mackenzie, James, 1910-1919. Wiley Digital Archives.

Related items & special collections in the RCP

Archive: Case notes from the research of Sir James Mackenzie, letters and reports related to mental illness criteria and definitions, accounts of common methods for treating mental illness in the 19th century, a study on the frequency on mental illness, letters from doctors discussing King George III's illness and more!

Source: <https://www.britannica.com/biography/James-Mackenzie>

NOMENCLATURE OF DISEASES

LOCAL DISEASES.

DISEASES OF THE NERVOUS SYSTEM.

The diseases printed in *Italics* under this heading are inserted for the sake of local classification only, and are not to be registered here, but at the place referred to in each instance by number.

It has been found necessary to divide this section into three sub-sections. The first contains the names of morbid states and processes affecting the several parts of the nervous system; the second, the names of symptoms and groups of symptoms related with such pathological conditions or with other conditions not accurately known; the third, the names of mental diseases.

Cases should be returned according to the first sub-section when the pathological conditions shall have been verified by post-mortem examination, or may be inferred with certainty from the symptoms. But cases wanting such verification should be returned according to the second and third sub-sections.

SUB-SECTION 1.

The names refer, unless it be otherwise indicated, to affections of the Brain and Spinal Cord, their membranes, and the nerves; and, in returns, the parts affected should be specified.

- 80. *Hypertrophy.
- 81. *Atrophy.
- 82. *Congestion.
- 83. *Hæmorrhage.
- 84. *Anæmia.
- 85. *Dropsy.

Varieties:

- a. Chronic hydrocephalus.
 - 1. Congenital.
 - 2. Acquired.
- b. Hydrorrhachis interna.

* The part affected should be specified according to the following order:—
Dura mater, Arachnoid, Pia mater, Cerebrum, Corpus striatum, Thalamus, Cerebellum, Pons Varolii, Medulla oblongata, Spinal cord, Nerves, Cerebral ventricles.

c 2



FILE THIS UNDER

Statistics, Public Health, Policy Making, British History, Data Collection, Health Education, Medical Research, Standardization of Medicine, Medical Progress, History of Science and Medicine



HISTORICAL CONTEXT

In 1869, the Royal College of Physicians published '*Nomenclature of Diseases*' which created an international standard for the classification of diseases.

This important and ambitious contribution to medical literature introduced a system for classifying, registering, and naming diseases. Having a standardized system for identifying diseases was essential for sharing information within the medical community. It made it much easier for doctors to recognize a disease and therefore apply the correct treatment.

Classifying diseases was also essential for gathering reliable statistics about diseases. With these statistics, the medical community had a better chance of identifying cures and causes of common diseases. When naming diseases, the committee of doctors who wrote '*Nomenclature of Diseases*' wanted to keep the naming process as simple as possible. They stated a preference for short names using as few words as possible, and to standardize the names by using the Latin terms. To make sure this was used as widely as possible, they also listed the equivalent terms in French, German, and Italian.

This nomenclature of diseases continues to be relevant today; the World Health Organization is responsible for International Classification of Diseases (ICD) which provides a common language for reporting and monitoring diseases. This allows the world to compare and share data in a consistent and standard way.

"The Nomenclature of Diseases Drawn up by a Joint Committee Appointed by the Royal College of Physicians." College Collection, Harrison & Sons, 1884, Wiley Digital Archives: The Royal College of Physicians.



WHO

Dr. Francis Sibson



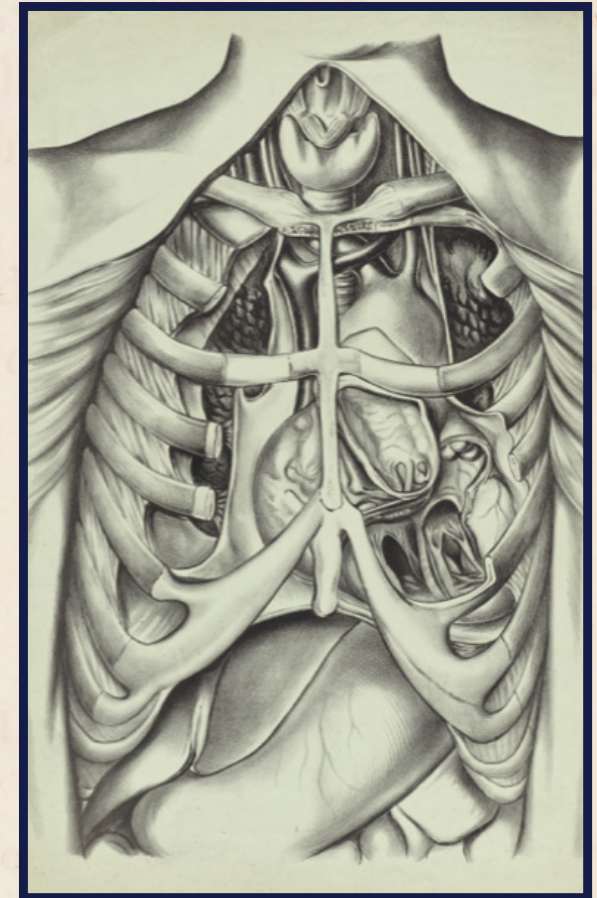
WHY HE'S NOTABLE

Dr. Francis Sibson (1814 -1876) spent the first years of his career treating patients of the Cholera epidemic in Edinburgh and London before becoming resident surgeon at Nottingham General Hospital.

In a letter to Dr. Dumbreck, of the Medical Department of the Army, Dr. Sibson introduced the idea to collaborate with the leading doctors of the day and produce a standardized nomenclature for diseases.

In 1857, he was appointed as secretary for the committee to prepare the publication and took on the task of editing the entire 356-page publication. In 1869, the Royal College of Physicians published '*Nomenclature of Diseases*' which created an international standard for the classification of diseases.

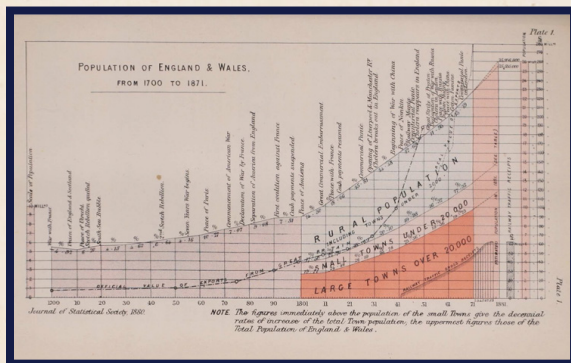
Dr. Sibson had a lifelong passion for sharing knowledge and standardizing medical practices. He would often record his findings concerning Cholera or Measles patients in detailed sketches or photographs, many of which still exist in the archives today.



Sibson, Francis. "Engravings of Post-Mortems." Sibson, Francis, No Date. Wiley Digital Archives: The Royal College of Physicians

Related Items & Special Collections in the RCP Archive: Personal letters discussing disease and publications, sketches, engravings and photographs of Cholera and Measles patients, post-mortem drawings and Anatomical illustrations, case notes, personal correspondence.

Early Family Planning



Williams, Price R. "On the Increase of Population in England and Wales." RCP Library, Edward Stanford, 1880. Wiley Digital Archives: The Royal College of Physicians.



FILE THIS UNDER

History, Political Science, Policy, Public Opinion, Medical Humanities, Women's Studies, British History, Public Health, Health Education, History of Science and Medicine, Social Factors in Health

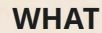


HISTORICAL CONTEXT

Historically, the British State has not been involved in the reproductive practices of its citizens. Throughout the nineteenth and early twentieth century, contraception was considered an immoral topic of discussion, largely avoided by medical journals. It was the province of sleazy commercial enterprises and considered beneath the dignity of a learned profession. For example, in 1897, Dr. Henry Arthur Allbutt published *The Wife's Handbook* which mentioned contraception in the context of maternal health, and for this, he was struck off the Medical Register.

However, beginning around 1918, there was increased activism around birth control, driven by concerns over women's well-being and infant welfare. Interestingly, this was sparked by the work of Dr. Marie Stopes – a PhD in botany, not a medical doctor; the medical profession still remained aloof and somewhat suspicious. The context was one of anxiety about population decline and particularly that the "right sort of women" – i.e., the middle classes, were not having enough babies. With the rise of the welfare state in Britain and the inception of the National Health Service, birth control became part of educational campaigns and the provision of mother and child welfare services increased.

Early public opinion around abortion legality and rights, however, was quite different and did not match the initial activism around birth control.

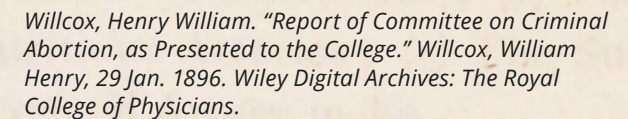


WHY THEY'RE NOTABLE

The expression 'unlawfully...procuring a miscarriage' could be seen as implying that there was a lawful procuring of abortion. This was very interesting to lawmakers and medical professionals; could it be argued that doctors, by the nature of their profession, had lawful reasons to procure miscarriages when they deemed it clinically necessary?

The papers of Sir William Henry Willcox, a leading medical-legal specialist, are particularly illuminating over the Royal College of Physicians formulating its position. In April 1896, legal counsel gave the opinion to the college that doctors might legally procure abortion to save the mother's life, saying, "The law does not forbid procurement of abortion... where such procurement... is necessary to save the mother's life."

There was also pressure from legal and policing authorities over cases in which doctors were called in to treat women who had undergone illegal interference with pregnancy. This raised legal and ethical issues about whether they should obtain confessions about the perpetrator when it was absolutely clear that it was not a natural miscarriage, and where the limits of professional confidentiality lay. While doctors were encouraged to persuade women to reveal evidence on illegal abortionists, there was no advocacy of the badgering of women in extremity that was common practice in the USA at the same period. Willcox's papers provide detailed documentation on the matter and correspondence between concerned parties.



Related items & special collections in the RCP
Reports, manuscripts, **papers** on population studies, **reports** on birth control, studies, **papers**, and reports of Sir William Henry Willcox, **materials** from Censor's board on **abortion**, **literature** relating to the morality of contraception, and much more!

Source: <https://www.wiley.com/network/librarians/digitizing-archive-collections/a-historical-look-at-birth-control-and-abortion-from-the-royal-college-of-physicians>

Introducing Automated Text Recognition (ATR)

ATR is an AI-driven image recognition program that analyzes handwritten documents, runs the images against a variety of datasets to determine the best match, then attempts to recognize words within these handwritten documents. ATR differs from Optical Character Recognition (OCR), which is the standard for most digital archival collections, in that OCR focuses on each individual letter in typeset materials but cannot read handwriting.

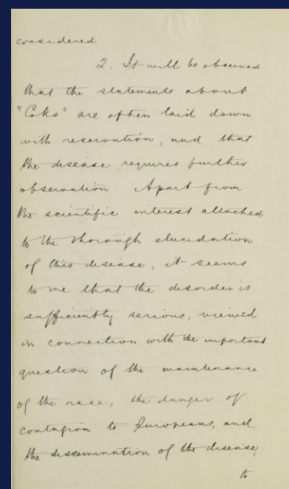
Without ATR, a manuscript page can only be found via top-level metadata. The text isn't searchable, and it can only be analyzed by reading it, which can be a taxing and time-consuming process. Through the introduction of ATR, manuscript pages are converted into typeset, the text is searchable, and it can be translated, cited, and analyzed with textual analysis tools.

There are hundreds of thousands of pages of handwritten text within the Wiley Digital Archives program, spread out across each archive. Through the incorporation of ATR into the WDA program, our analysis results will be different. New connections can be discovered, old paradigms or accepted wisdom can be challenged, and new discoveries will inevitably be made.

The implementation of ATR means that manuscripts and printed materials will come close to parity in their discoverability. ATR at this scale has the potential to change the nature of manuscript research and open the field to new researchers struggling with the requirements and skillset needed for intensive manuscript reading. WDA will be the only commercial archival program to implement ATR across all of our archival offerings.

To learn more about Wiley Digital Archives, request a demo, or start a free trial, visit: <https://www.wileydigitalarchives.com/contact-us/>.

Before



After

considered
2. It will be observed
that the statements about
Coko" are often laid down
with reservation, and that
the disease requires further
observation. Apart from
the scientific interest attached
& the Thorough elucidation
of this disease, it seems
to me that the disorder is
sufficiently serious, viewed
in connection with the important
question of the maintenance
of the race, the danger of
contusion to Europeans, and
the dissemination of the disease

Milroy, Gavin. "Sir William MacGregor to the Colonial Secretary." Milroy, Gavin, 23 Dec. 1875–28 Mar. 1876, Wiley Digital Archives: The Royal College of Physicians.

About the Royal College of Physicians Part II archive

Wiley Digital Archives' Royal College of Physicians Part II archive showcases the history and development of modern Western medicine, while documenting the interactions of the medical community with monarchies, political systems, and the general public.

This digital archive includes rare, unique materials dating from 1863 through 2000, covering topics ranging from Pharmacology and military medicine to public health and the nomenclature of diseases. Researchers can explore how medical practice standards, medical education, and public health policy evolved over time, as well as gain insight into the how certain medical disciplines expanded into specialty areas of practice.

Content includes archival images of diaries, correspondence, casework, illustrations, photographs, policy statements, and early medical texts.

To learn more about the Royal College of Physicians Part II archive, visit wileydigitalarchives.com/rcp.

