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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

BONES

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1

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 posttraumatic 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

P2

BYE-LAW CXCLV

A woman shall be eligible for admission as a Licentiate or Nember of the College and for the grant of a Diploms in Fublic Health on the same terms and conditions as a man and a woman shall also be eligible for election as a Fellow of the College and shall be entitled to take part in the Government management and proceedings of the College and to hold any office in like manner as a man is eligible and entitled. To far as may be necessary to give effect to this Hyelaw (a) words in the Hyelaws and Regulations importing the macouline gender shall be deemed to import the female gender also and (b) such alterations as are requisite shall be made in the Letters Testimonial the Form of Licenes and attached Certificate and the Form of Diploma granted by the College.



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).

MEDICAL INSTITUTE FOR WOMEN 144, EUSTON ROAD. N.W. (NEW HOSPITAL FOR WOMEN.) W. Garrit Anderson begs to acknowledge with many thanks Dr. Coreman's Rind contribution & The Library of the hedrical Institute for Woman

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

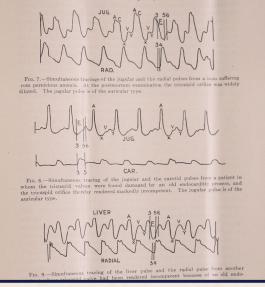
http://broughttolife.sciencemuseum.org.uk/broughttolife/ themes/practisingmedicine/women



"Shell Shock" and Post-Traumatic **Stress Disorder in the 20th Century**

MACKENZIE: PULSATIONS IN THE JUGULAR VEINS

Fig. 5 is from a man suffering from shortness of breath and tightness across the chest, in consequence of a very laborious occupation. There was slight enlargement of the heart and a well-marked tricuspid systolic murmur. Fig. 6 is from a profoundly anemic woman, with a large heart and a loud tricuspid systolic murmur, in whom



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

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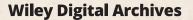
Psychology, Psychiatry, Biology, Medical Humanities, Anatomy, Ethics in Medicine, British History, Public Health, Health Education, History of Science and Medicine, Social Factors in Health, Medical Research, General History Research

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

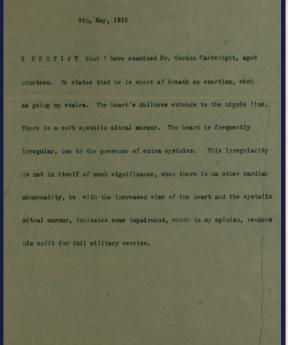
WHY HE'S NOTABLE

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 subsection when the pathological conditions shall have been verified by post-mortern 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.

"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.



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

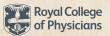
HISTORICAL CONTEXT

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.





WHO

Dr. Francis Sibson



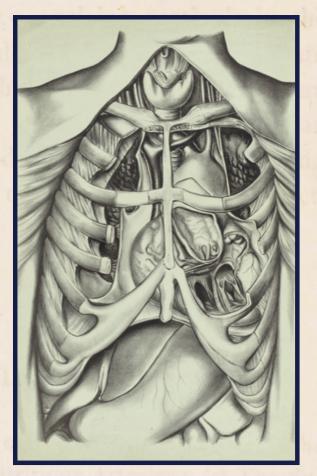
WHY HE'S NOTABLE

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.



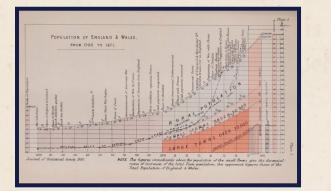
Sibson, Francis. "Engravings of Post-Mortems." Sibson, Francis, No Date. Wiley Digital Archives: The Royal College of Physicians

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

P2



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

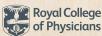
History, Political Science, Policy, Public Opinion, Medical Humanities, Women's Studies, British History, Public Health, Health Education, History of Science and Medicine, Social Factors in Health

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.



WHAT

Sir William Henry Willcox's papers on the legality of abortion

WHY THEY'RE NOTABLE

The 1861 Offences against the Person Act read: "And whosoever, with Intent to procure the Miscarriage of any Woman, whether she be or be not with Child, shall unlawfully administer to her or cause to be taken by her any Poison or other noxious Thing, or shall unlawfully use any Instrument or other Means whatsoever with the like Intent, shall be guilty of Felony."

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.

CONFI	DENTIAL-NOT FOR PUBLIC	ATION.		
Royal College of Physicians of Fondon.				
REF	ORT OF THE COMMITTE	E ON CRIMINAL ABORTION.		
As presented to the College 30th April, 1896.				
The Committee appointed on the motion of Dr. CHAMPERTS, 22nd November, 1835 :				
	SF WILLIAM BROA	DEEXT, Bart., M.D.		
	Dr. Pra Sarra.	Sir Joury WILLIAMS, Bart., M.D.		
	Dr. WRIPHAM.	Dr. J. WAYT BLACK.		
	Dr. CAYLEY.	Dr. Charpseys.		
		endoct of a Practitioner when brought into relation suspected criminal abortion, with power to take		
	our Committee have met three times, and or same of Mr. HENRY Roscon, the Solicitor t	a two of these occasions have had the advantage of to the College.		
Qu	estions were submitted to Mr. Roscon, h	is replies to which seemed to your Committee to		
make it	desirable that Counsel's opinion should	he obtained; and they consequently requested		
	secon to frame questions for Counsel's op			
On the recommondation of Mr. Roscor, Sir Eswann CLARKE and Mr. Honack Avour were chosen.				
	e case for the opinion of Counsel was state	d as follows		
	The crime of according abortion is a	afortanately only too common, and a certain set of		
Practitioners are known to practise it somewhat extensively. Of these persons actiong				
	more need be said. They are clearly guilty of felony and must take the consequences of their acts if found out. The subject is, however, surrounded by difficulties to Practitioners of			
know or strongly suspect that abortion has been actually procured or has been attempted. In such cases the woman often suffers severely and her life may be at stake, so that the				
	Practitioner naturally finds it necessary or desirable to obtain information as to what has			
	actually taken place by any means in his power. This often includes a confession on the part of the woman, given probably under the seal of secrecy, expressed or implied. The first			
	question that suggests itself is whether o	or not such a construmination is privileged, as in the		
	negative, and, if so, the further quest Practitioner who has obtained such infor-	tion at once arises as to what is the duty of the mation, whether by confession or otherwise. If he		
	question, and probably by her family, to	have been guilty of a gross breach of professional t may well be that he will render himself amenable		
	to the criminal law. By simply keeping 1	the secret he may well bring himself within the		
	definition of the offence of misprision of felony, which is said to be "the concrealment of some felony committed by another, but without such previous concert with, or subsequent			
	assistance of him as will make the party	v concealing an accessory before or after the fact."		
	an accessory after the fact, which is itsel	If felony. An accessory after the fact is said to be committed " by another, receives, relieves, conforts,		
	or assists the felon." Now, the woman	concerned is as much a felon as the person who		
	operates much her or administers drugs to	a her for the purpose of procuring abortion, and it		
	is difficult for a medical man to be of any events, within the wording of the definition	use to his patients without bringing himself, at all		
	The branch of the subject above de	only with has been taken first havance it is the		
	commonest in practice, but a Practitions	er is not unfrequently himself solicited to do the o doubt but that his duty is to refuse to have any-		
	unlawful act. There can, of course, be n thing to do with the matter, but does his	legal obligation end there?		
	Constinue the scenes is effect care	- If you will not do it. I shall ret it done by some		
	one else," and perhaps she may name the	person. Or, after having been solicited to procure		
	the abortion, and having retused, the Pr	er words, he knows or is morally certain that an		
	illegal operation has been performed.	er words, he knows or is morally certain that an		
	Or a woman on whom he is in attend	ance may admit that on previous occasions she has		
	herself had one or more abortions procure	ed in the past. In such cases if the Practitioner ould thereby make himself an accessory before the		
	fart, the definition of such an accessory b	being "one who being absent at the time when the		
	felony is committed, yet procures, counsel	is, or abets another to commit a felony"; still he		
	and a perform he study of monthion of fel	cev and benefiable according 9.		

Willcox, Henry William. "Report of Committee on Criminal Abortion, as Presented to the College." Willcox, William Henry, 29 Jan. 1896. Wiley Digital Archives: The Royal College of Physicians.

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-atbirth-control-and-abortion-from-the-royal-college-ofphysicians



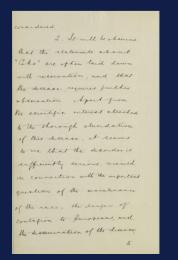
Introducing Automated Text Recognition (ATR)

ATR is an Al-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.

Before



After

considered 2. It will be observed

that the statements about Coko" are often laid down with reservation, and that the disense requires further observation. Apart from the scientific interest allached

& 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

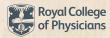
of the race, the dunger of contusion to Europeans, and the dissemination of the disense

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.

The implementation of ATR means that manuscripts and printed materials will come close to parity in their discoverability. ATR at this scale has to 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/.





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*.



of Physicians