

Minutes of the Third Ordinary Meeting

Held on Tuesday 2nd April 2019

Joint Meeting with Liverpool Medical History Society

The Thirteenth Annual History of Medicine Medical Students' Prize Evening



Back (left to right): Dr S Ryan, Prof M Parkes, Dr N Beeching, Mrs A Mayers and Dr P Begley
Front (left to right): Heather Holden, Grace Parris, Esther Matey, Genevieve Easingwood & Roksana Piontkowski

Esther Matey - Winner 'The Glass Delusion'

King Charles VI died in 1422 after ruling France for more than forty years. He was remembered as Charles the Mad due in part to his belief that his body was made of glass and that he would shatter upon contact with other people. To keep himself from shattering Charles would stay motionless for hours, wrapped in piles of thick blankets. When he did have to move, he did so in a specially tailored garment, which included an iron exoskeleton to protect his glass organs.

The glass delusion was described as an externalisation of a psychiatric disorder which was prevalent in the late Middle Ages, early modern and renaissance period - the 15th to 17th centuries. Quite simply put, people believed that they were made of glass and therefore likely to shatter into infinitesimal pieces. Due to the concentration of the condition among the aristocracy, modern scholars theorise that these delusions have relations to schizophrenia, depression and other psychiatric illnesses born of the lack of control, perceived fragility and constant surveillance experienced by people of these social classes. Through this delusion, we are able to see how social constructs contribute to psychiatric illnesses.

Psychiatry is a clinical specialty that has been, is and most likely will continue to be one of the most difficult and challenging fields of medicine. Throughout history fixations with innovative and novel materials have been reported. Before the glass delusion, there were those who believed they were made of earthenware. In the 19th century there were those who believed themselves to be composed of concrete. In this short presentation I will aim to shed some light on the relationship between social constructs and psychiatric illness in the early modern period of western civilisation.

Grace Parris - Joint Second Place

'What Factors Caused the Changes in Female Smoking Rates in the First Half of the 20th Century?'

Introduction and Aims

Despite the vast research on male smoking, little has been conducted on female cigarette use.

Prior to the 1900s, female smoking was viewed as sexually promiscuous and was wholly unacceptable, and yet within 50 years, almost half of all women in Britain smoked.

This research study focuses on the factors which affected female smoking between 1900-1950, and how it is possible to extrapolate the results into today's health issues. Finding an explanation for the increased prevalence of female smoking may help prevent similar rises in behaviours detrimental to health, for example excessive alcohol consumption and unhealthy eating, in the future.

Methods

A 'snowballing' technique of research was undertaken. Subsequent sources were obtained from the bibliographies of the original sources.

From researching the 50 year period, the changes in smoking rates and the influencing factors were discovered. These factors were then applied to modern health issues.

Results

Between 1900 and 1950, female smoking rates rose from 0% to 41%.

The key reasons for this rise were:

- Social Acceptance - women were gaining greater autonomy and greater rights, which, in turn, changed the stereotype of smoking from promiscuous to fashionable
- Stress - the stress of war was key in changing cigarette smoking from a social habit to a coping mechanism
- Advertising - tobacco companies realised profits could be doubled if they advertised to women
- Income - as the female workforce increased this led to a greater disposable income.

However, a significant increase in tobacco tax caused a reduction in smoking

Conclusion

Having identified these key factors, society can apply them to the 21st century in order to prevent further rises in dangerous health habits. The advertisement of alcohol and unhealthy foods needs to be reduced, and sugar and alcohol tax must be increased in order to improve the health of the Nation.

Genevieve Easingwood - Joint Second Place

'Women Doctors: The First 125 Years'

In 2018, 54% of medical graduates and 46% of doctors are women. However, until into the 1960s, women made up around 10% of qualified doctors. Despite this seeming like significant progress in broadening access to the medical workforce, these numbers bring controversy and fear about what dangers (avoiding "difficult" specialities, part-time work and economic repercussions) the "feminisation" of medicine brings.

In this presentation, how women pushed themselves into the medical profession and fought for "male-orientated" jobs will be discussed, entwined with some of the stories of three local women doctors: Lucy Cradock, Isabella Forshall and Carys Bannister. In 1875, women could legally obtain medical degrees, but jobs were scarce and restrictive with Ms Cradock- the first woman doctor in Liverpool- only being able to care for female patients. The Second World War changed how dependent the UK were upon the female workforce, which allowed Ms Forshall to perform all of Liverpool's paediatric surgery herself and prove her importance. However, married and child-bearing women were forced out of the workforce, and career progression for was limited- an issue still pertinent today.

My research has examined to what extent working conditions and societal opinion of what women doctors are capable of has changed. I have found that the Victorian opinion of women, and 1940s views that medicine would be a “second string to their bow” to their husbands and children can eerily echo the reasoning around feminisation controversy now.

Therefore, it is important to understand the reasoning and history behind one of the current controversies affecting the NHS function: women doctors. The presentation would aim to reflect on the history and changes to women doctor’s working conditions so we might have context and begin to be able to judge the true impact of the effect of women in medicine.