

Illustrations from the Wellcome Library

A “Remarkable Collection”: The Papers of Frederick Parkes Weber FRCP (1863–1962)

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A fact considered worthy of mention in at least two of the obituaries of the distinguished near-centenarian Frederick Parkes Weber FRCP in 1962 was that “Weber gave his remarkable collection of manuscript notes, reprints and case reports to the Wellcome Historical Medical Library in 1958”.¹ However, a catalogue was finally produced only in 2000. This large and important collection, bearing on many facets of medicine, is still relatively little known and very much under used although it contains enormous riches for the historian.

Who was Parkes Weber?

Frederick Parkes Weber (1863–1962) is not perhaps one of the most well-known names in the history of British medicine, although he is still remembered in certain circles. He had a long and very active life during a period of unprecedented developments in medicine during which he produced well over 1000 articles on a wide range of subjects. He was particularly interested in rare diseases and conditions and is eponymously associated with Rendu-Osler-Weber disease (familial telangiectasis), Weber’s disease (localized epidermolysis bullosa), Weber-Klippel syndrome (hemangiectatic hypertrophy of limbs), Weber-Christian disease (relapsing febrile nodular non-suppurative panniculitis) and Sturge-Weber-Kalischer disease (angioma of the brain revealed by radiography). His papers also include much on more common ailments and phenomena, on balneological and climatological treatment, healthy life-style and the promotion of longevity, social medicine and the place of the state in health provision, etc. His associates and colleagues included many of the great names in medicine of his day.

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¹ *Br. med. J.*, 1962, **5292**: 1630; Richard R Trail (ed.), *Munk’s Roll of Fellows of the Royal College of Physicians Vol. V continued to 1965*, London, Royal College of Physicians, 1968, pp. 436–9.



Figure 1: Parkes Weber as a young man (PP/FPW/E.2/2, Wellcome Library, London).

He was the eldest son of the almost equally long-lived Sir Hermann Weber FRCP (1823–1918), a descendant of merchants in Westphalia, who had moved to London and trained in medicine there and built up a large and distinguished practice. As a close friend of E A Parkes of University College Hospital and the Army Medical School, Weber named his son after him. Parkes Weber was educated at Charterhouse and Trinity College, Cambridge, and obtained his medical education at St Bartholomew's Hospital. After a number of hospital jobs and postgraduate work in Vienna and Paris, Parkes Weber was appointed physician to the German Hospital, Dalston, (a post also held by his father) in 1894 (for a photograph of him as a young man, see Figure 1). He was elected a Fellow of the Royal College of Physicians in 1898. Like his father, he had a special interest in pulmonary diseases: his MD thesis (1892) was 'On the association of chronic interstitial nephritis with pulmonary tuberculosis', and from 1899 until 1911 he was physician to the Mount Vernon Hospital for Diseases of the Chest.² This interest is reflected in the papers, which include nineteen groups of material primarily concerned with tubercular disorders and a further twenty-two which touch on the subject, as well as substantial amounts on other pulmonary afflictions.

² *Munk's Roll*, op. cit., note 1 above, pp. 436–9; *Br. med. J.*, 1962, **5292**: 1630; *Lancet*, 1962, **7242**: 1308–9; *J. Am. med. Ass.*, 1963, **183** (1): 131–5; *J. Pathol. Bacteriol.*, 1963, **85**: 539–46;

British Association of Dermatologists' website (http://www.bad.org/staticpages/1/dermatol/chapter_iv.html#Weber).

The Papers of Frederick Parkes Weber

Although primarily a general physician, he was also a pathologist, joining the Pathological Society of London in 1894, shortly after its foundation, and publishing papers on pathology over the period 1890–1961: according to the *Journal of Pathology and Bacteriology*, this was “an astonishing and unique record”. He did very diverse work in this area, including research on blood diseases, tumours, vascular and cardiac diseases, and the morbid anatomy and histology of the liver, spleen and bones.³ He is also recognized as having made important contributions in the field of dermatology.⁴

In 1921 he married Dr Hedwig Unger-Laissle. In the same year he was the first Mitchell Lecturer to the Royal College of Physicians, lecturing on ‘The relations of tuberculosis to general bodily conditions and to other diseases’. In 1930 he was awarded the Moxon gold medal of the College for his distinguished observations and research in clinical medicine. On the occasion of his eightieth birthday and fiftieth anniversary of his appointment at the German Hospital, in May 1943, his friends and colleagues presented him with his reprints collected in seven volumes, and a bibliography of his books and writings, by that date numbering almost one thousand. In 1958 he was elected an Honorary Fellow of the Royal Society of Medicine. In his later years he was afflicted with blindness, deafness and unsteadiness of gait, but his mental faculties and “his curiosity and zest in life” remained, indeed, he continued to contribute letters to the medical press and produce original articles (dictated to his wife) when a nonagenarian. His devoted wife also read to him and saw his books through press, acting as “nurse, secretary, stabiliser and general factotum”.⁵ Colleagues were still consulting him and drawing on his expertise well into the 1950s.⁶

He was a great collector. As a boy, and assisted by his father, who himself took up the collection of coins, he built up collections of stamps, butterflies and moths, mineralogical specimens and fossils. In 1880 he began to collect coins and medals and both father and son were recognized numismatic experts, Parkes Weber being elected an honorary fellow of the Royal Numismatic Society. However, in 1906 he disposed of his collection, presenting 5000 specimens to the British Museum, a number of other items to the Ashmolean Museum, Oxford, the Fitzwilliam Museum, Cambridge, and the Guildhall Library, London. Some medals of particular medical interest, and a complete set of “touch pieces” were given to Dr H R Storer for inclusion with his own collection of medical medals in the Boston Medical Library (USA).⁷ Material discovered during the sorting of the papers at the Wellcome relating to Parkes Weber’s numismatic and antiquities collections has been transferred to the relevant departments of the British Museum, so that these papers can be reunited with the artefact collections to which they relate.

He was said to have also collected cases of rare and obscure diseases, of which

³ *J. Pathol. Bacteriol.*, 1963, **85**: 540.

⁴ British Association of Dermatologists, see note 2 above.

⁵ *Ibid.*

⁶ See, for example, Parkes Weber papers, Archives and Manuscripts, Wellcome Library for

the History and Understanding of Medicine, PP/FPW/A.5/4-10 (miscellaneous correspondence with other doctors on cases), while many of the “bundles” demonstrate his interests in particular conditions continuing to a similar date.

⁷ *J. Pathol. Bacteriol.*, 1963, **85**: 541.

his “profound knowledge and phenomenal memory”⁸ was internationally renowned, and he was recognized by no less a figure than Sir William Osler as “the last court of appeal” on unusual cases,⁹ indeed as probably the greatest living authority of his day on rare diseases, as well as more generally on the literature on nearly every aspect of clinical medicine. There was a story that when on one occasion he stood up during a meeting of the Royal Society of Medicine to announce “I have never heard of Turner’s Syndrome”, this statement was greeted with prolonged stamping and cheering, since it was “unthinkable that there could be a syndrome of which Parkes Weber had not heard”.¹⁰ While he was reported as “overflow[ing] with erudition” expressed in “almost pedantically careful” utterance, he sometimes “perplexed his hearers with the profundity of his knowledge”, perhaps not helped by his coinage of words and his employment of unusual medical terminology. His “gentle, courteous manner”, “old-fashioned and very beautiful manners” recalled a more gracious and less hurried age, and his readiness to “enlighten, guide and help others” was valued.¹¹ He was an ardent participant in the discussions of several medical societies. However, his discursive though learned comments sometimes led him to disregard strictures from chairmen of meetings and to obscure the red warning light “designed to arrest the verbose”, even, on one occasion, trying to wrench it from its stand.¹² It is also reported that sometimes, when disagreeing with another speaker, he would make his rebuttal and then switch off his hearing aid.¹³

When asked to consult on a case he would go into great detail, taking down everything himself in longhand, with unhurried thoroughness, making sure that he had a long and complete history. Colleagues knew that they should allow plenty of time for him to see anyone they referred to him. He would ask doctors who had referred patients to him for further information over the years, collecting additional facts as long as the person lived.¹⁴ Victor McKusick in his memoir for the *Journal of the American Medical Association* mentioned contacting Parkes Weber in 1947 about a case he had reported in 1919 and receiving a detailed and meticulous reply, even though Parkes Weber had himself lost touch with the individual in question.¹⁵

Parkes Weber’s Papers

The obituarists’ 1962 description of his papers is somewhat misleading, suggesting that these consisted of separate but coherent groups of notes, reprints and case materials. In fact, because of Parkes Weber’s idiosyncratic method of accumulating materials, notes, published articles, cuttings from journals, and case histories were found mixed together in bundles, the great majority inside recycled manila envelopes inscribed with lengthy descriptions. A typical example reads:

Colitis, dysentery and (mostly obscure) rectal diseases (also on “intestinal sand” and obscure

⁸ *Munk’s Roll*, op. cit., note 1 above, p. 437.

⁹ *Br. med. J.*, 1962, **5292**: 1630.

¹⁰ *Lancet*, 1962, **7242**: 1308.

¹¹ *J. Pathol. Bacteriol.*, 1963, **85**: 541.

¹² British Association of Dermatologists, see note 2 above.

¹³ Personal communication.

¹⁴ *Lancet*, 1962, **7242**: 1308.

¹⁵ *J. Am. med. Ass.*, 1963, **183** (1): 132–4.

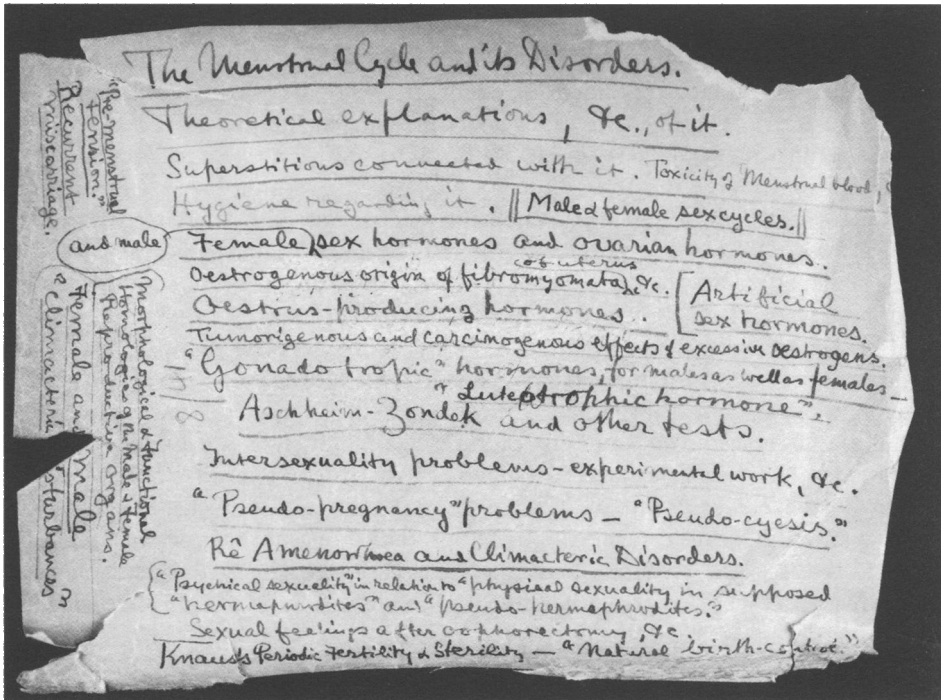


Figure 2: Original cover of the bundle “The menstrual cycle and its disorders” (PP/FPW/B.210, Wellcome Library, London).

rectal pain) and some of their symptoms (1st series): “Paroxysmal” or “recurrent proctalgia fugax”. Toxaemia and bacteriaemia of intestinal origin. Urinary abnormalities. Neurasthenia, psychasthenia, fatigue, morning debility. Cyanosis, cold extremities. Treatment by purgatives, sour milk etc (see special pamphlets). “Spastic colon” (also supposed chronic appendicitis) and enterospastic conditions, “spastic ileus” and spastic “pseudo-tumours”. Dystenteric amoebic hepatitis and hepatic pulmonary and cerebral abscesses and dystenteric rheumatism and arthritis. Haemorrhoids and haemorrhoids simulated by chronic prolapse of the rectal mucosa. Rectal procidentia. The “Peeten band”. Pruritis ani. Inflammatory and septic ulcerative strictures of rectum, supposed traumatic and syphilitic, gonorrhoeal, dystenteric and tuberculous. “Haemorrhagic colitis” and “Haemorrhagic proctitis” and “Haemorrhagic rectal erosions” and “Proctostaxis” FPW and “colostaxis” FPW. Granular and ulcerative forms of proctitis and proctocolitis—for rectal strictures and ano-rectal complications of inguinal lymphogranulomatosis (poro-adenitis) (malady of Nicholas and Faurre) see my Hodgkin’s Disease collection second series. Symptoms of putrid absorption from the rectum—persons with fluid faeces, who take a purgative every other day (FPW etc). *Piloidal sinus. [Faj]tal ulcerative colitis in dogs.¹⁶

Another example can be seen at Figure 2.

Parkes Weber himself described how these “small collections and bundles around kernels of my earliest writings on the subject” evolved:

¹⁶ Parkes Weber papers, PP/FPW/B.67/1.

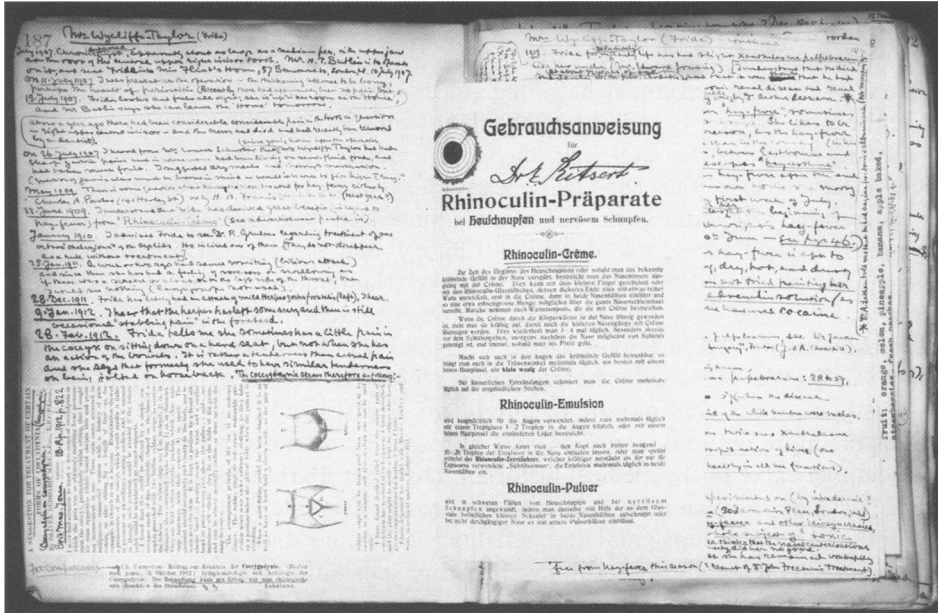


Figure 3: Example of Parkes Weber’s private practice case notes, 1900s (PP/FPW/A.1/12, Wellcome Library, London).

I was in the habit of surrounding my own writings with manuscript and printed correspondence, and all kinds of cuttings and small articles bearing on the subject. Many interesting autograph letters and small essays have in this way become buried and practically altogether lost.¹⁷

The accretional method by which the collections and bundles were built up can be clearly seen in Figure 2, where an initial description has been added to, further information inserted over time, and in fact Parkes Weber appears to some extent to be conducting a dialogue with his own earlier conclusions. This accumulative procedure can also be seen in his case-notes, in particular in the volumes of his long-hand reports on consultation with and observations of his private cases. Parkes Weber added for reference cuttings as well as related correspondence (Figure 3), and this close relationship between his own clinical observations and his perusal of contemporary literature was similarly manifested in his collections on very diverse medical subjects.

He confessed that, by the time that he came to consider transferring his materials to the Wellcome, the bundles had become “gradually very extensive, and many of them have become dislocated and unmanageable”, and admitted that “sometimes there is a good deal of disorder”.¹⁸ While in earlier years these accumulations had been bound up in volume format, most of them were in envelopes which had become increasingly tattered and strained over the years, some of which had completely

¹⁷ F Parkes Weber to Dr Noel Poynter, the Librarian, Wellcome Historical Medical Museum, 27 February 1958.

¹⁸ F Parkes Weber to Dr Noel Poynter, 9 April 1958.

disintegrated, scattering loose papers. Subsequent to their receipt they underwent various moves, including out to the Library's Enfield store and back again. Any original physical arrangement had long since vanished by the time sorting began, while the large size of the collection, which now fills 179 standard archive boxes and 16 oversize containers, as well as its intellectual complexity, made creating a coherent order a massive task. This has finally been achieved, and would probably have been an insuperable task without the aid of a computerized database. Hard copies of the list are now available in the Wellcome Library, and the Idealist database can be consulted in the Poynter Room of the Library. The database includes keywords to cover and in some cases make explicit concepts present in the collections but not specifically mentioned in Parkes Weber's original text, in order to assist searching.

The Parkes Weber collection holds treasures for a wide variety of historical interests. The plethora of material on rare or infrequent diseases and their manifestations, as well as the more unusual manifestations of more common complaints, is in itself of considerable value to the medical historian. However, Parkes Weber did not merely spend his time in pursuit of the odd and unique. His interest in rare diseases led him into the area of congenital and hereditary afflictions more generally. His papers contain much on common conditions: there are substantial amounts of material on, for example, tuberculosis and syphilis, both of which constituted major health threats which were, if not completely eradicated, considerably reduced in their pervasiveness and dangerousness during his lifetime, as well as on general questions to do with health and illness.

There is a significant amount of material among his papers on many topics which have been and continue to be of interest to the medical and social historian, for example eating disorders. A number of the "bundles" include material on anorexia, which he was concerned to differentiate from the much less common Simmond's Disease, an endocrine disorder which produced similar symptoms. There is also material on bulimia, and on obesity. Besides this interest in eating pathologies, Parkes Weber was also concerned about diet, nutrition, and the health benefits of occasional fasting. He was also fascinated by psychosomatic reactions and related questions such as "malingering" and neurasthenia. There is thus much material on functional disorders of the nervous system, hysterical anaesthesia, psychological factors in organic disease, the effects of fatigue and drugs, sleep and dreaming, and related topics, such as hallucinations, hypnotism, fire-walking, a number of cases of what would now be considered "Munchausen's syndrome", speech defects, and the effect of shock (including shell-shock).

His interest in positive aspects of health can be seen in a number of collections. He was involved with insurance organizations and collected materials on the relations of a wide variety of conditions to questions of life assurance. A concern for the positive promotion of health was something he shared with his father, with whom he wrote *The spas and mineral waters of Europe: with notes on balneo-therapeutic management in various diseases and morbid conditions*, first published in 1896 and reissued in revised editions as *The mineral waters and health resorts of Europe: treatment of chronic diseases by spas and climates, with hints as to the simultaneous employment of various physical and dietetic methods* (1898) and *Climatotherapy and*

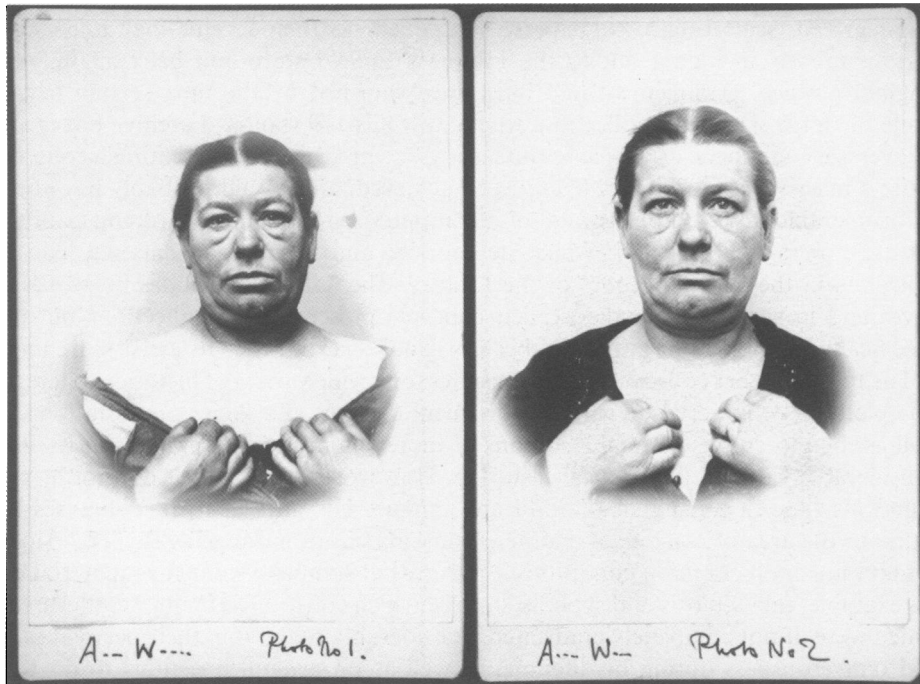
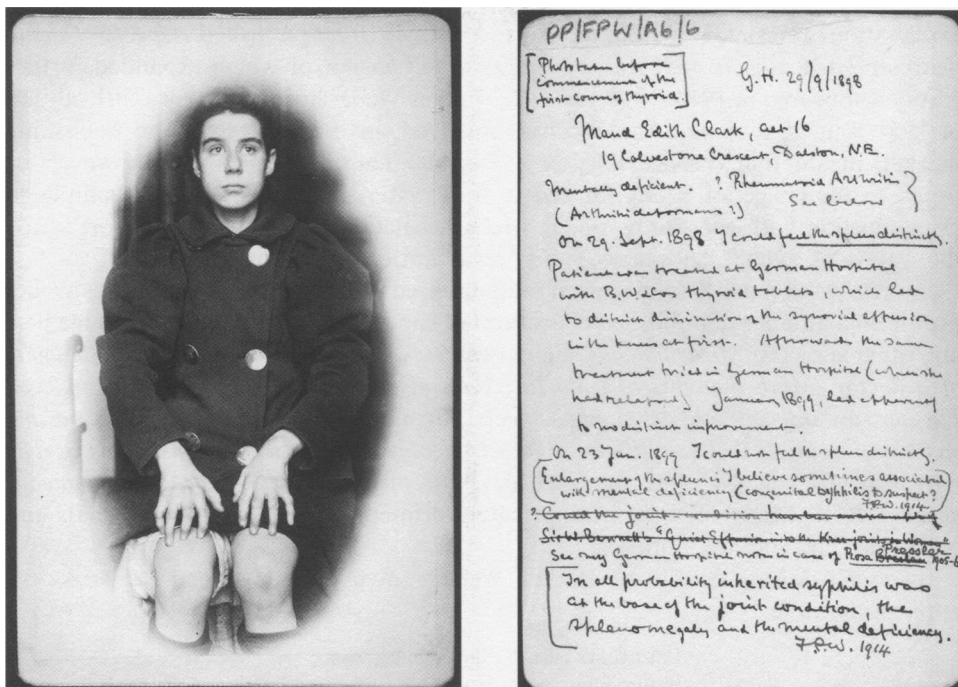


Figure 4: Photographs of a woman with myxoedema, before and after two weeks' treatment with thyroid extract, 1895 (PP/FPW/A.6/39/1-2, Wellcome Library, London).

balneotherapy: the climates and mineral water health resorts (spas) of Europe and North Africa, including the general principles of climatotherapy and balneotherapy, and hints as to the employment of various physical and dietetic methods (1907). They also shared an interest in longevity and ageing. Parkes Weber was not only concerned with the promotion of health at this individual level of seeking a right life-style but also through public health measures, and his papers reflect debates of his day on state and social medicine.

The length of his life and career meant that he was present at the inception of several new therapies: for example, he was treating cases of myxoedema at the German Hospital with thyroid extract (manufactured by Burroughs Wellcome) in the 1890s. In several cases he had before and after photographs taken (Figure 4) to demonstrate the effect. He also reported on the early use of salvarsan ("Dr Ehrlich's Magic Bullet") in syphilis and on the various adverse reactions which could result from the use of this arsenical preparation. There is some material on the earliest antibiotics, the sulphonamides (Prontosil). The papers also reflect the developing understanding of neonatal icteric jaundice and the final elucidation of this problem by the discovery of the Rhesus blood factor and the problems caused by incompatibility of this factor between the parents. Among the more startling and bizarre physical effects on which Parkes Weber collected information were pigmentation of



PP/FPW/A.6/6
 [Photaken before commencement of the first course of therapy] G.H. 29/9/1898
 Maud Edith Clark, aet 16
 19 Colvestone Crescent, Boston, N.E.
 Mentally deficient. ? Rheumatism Arthritis }
 (Arthritis deformans?) See below }
 On 29. Sept. 1898 I could feel the spleen distinctly.
 Patient was treated at German Hospital with B. Wilson's Thyroid Tablets, which led to definite diminution of the splenic expansion with the knees at first. Afterward the same treatment tried at German Hospital (where she had relapsed) January, 1899, but apparently to no distinct improvement.
 On 23 Jan. 1899 I could not feel the spleen distinctly.
 Enlargement of the spleen is I believe sometimes associated with mental deficiency. (Congenital syphilis?)
 ? Could the joint condition have been due to...
 See my German Hospital notes in case of Rosa...
 In all probability inherited syphilis was at the base of the joint condition, the spleno-megaly, and the mental deficiency.
 Feb. 1904

Figures 5a and 5b: Photograph of a young patient at the German Hospital, and the annotations on the back, 1898 (PP/FPW/A.6/6, Wellcome Library, London).

bodily secretions (coloured sweat, urine and milk) and faecal vomiting (reverse peristalsis).

Besides the photographs which may occasionally be found among other materials in the subject “bundles”, the collection includes a group of around eighty very fine clinical photographs, mainly of the 1890s though a few from the early 1900s, mostly of patients at the German Hospital. Most have been annotated, in some cases quite extensively, on the verso, giving details of the case, the therapy used, and later reflections (Figures 5a and 5b). It is not however clear why there is only this relatively small series of such photographs from such a limited time span out of his long career.

Partly because of his own German ancestry and connections, Parkes Weber was deeply upset by the two World Wars he lived through. These experiences made him thoughtful about questions of politics and philosophy and systems of government, propaganda and atrocity-stories, and sympathetic to internationalism and ideas of a world-state, and led him to consider theories of evolution and education. There are six boxes of collections specifically relating to these issues among his papers, but they are also touched on in his more medical “bundles”.

Apparently paradoxically for one who was so concerned with questions of healthy living and the prolongation of life, Parkes Weber was also very interested in death, beyond what might be considered a doctor’s concern over causes of death,

explanations for sudden death, and so forth. In 1910 he published *Aspects of death and correlated aspects of life in art, epigram and poetry*, of which expanded further editions appeared in 1914, 1918 and 1922. Parkes Weber hoped to issue a fifth edition in 1951, but at that date the expenses involved, in the context of the publishing market, meant that the project was not viable. The manuscript can, however, be found in the collection alongside the various materials Parkes Weber accumulated in connection with this study, under which he included “the memento mori idea”, the “study of dying”, euthanasia, and “resuscitation from ‘clinical death’”.

Besides his substantial publications and hundreds of medical articles, Parkes Weber produced a number of published collections of short essays and comments on medical and other subjects: *Miscellaneous notes, comments, impressions, letters*; *Some thoughts of a doctor*; *More thoughts of a doctor*; *Rare diseases and some debatable subjects*; *Further rare diseases and debatable subjects*; *Rhymes, verses and epigrams*; *Interesting cases and pathological conditions*; *Medical teleology and miscellaneous subjects*; *The advent of life*, and, well into the final few years of his life, a series of *Miscellaneous notes*, I–XIII. Many of these were privately printed for distribution to friends and colleagues and selected libraries.

In conclusion, a couple of Parkes Weber’s own epigrams seem to strike an appropriate note:

Let others rest, if they would rust
Before they must return to dust.
It’s exercise that I advise,
And so will you, if you are wise.

Let me explore the mountain’s height
And paths, in frosty weather,
One wide view take, before the Night—
With Joy and Trust together.¹⁹

He was an example of the old-fashioned general physician of wide-ranging clinical knowledge who was also a polymath with extensive learned interests, surviving into the era of the National Health Service and specialization. His papers provide an invaluable and almost inexhaustible resource for the medical historian.

¹⁹ F Parkes Weber, *Rare diseases and some debatable subjects*, 2nd ed. revised, London, Staples Press, 1947, p. 165.