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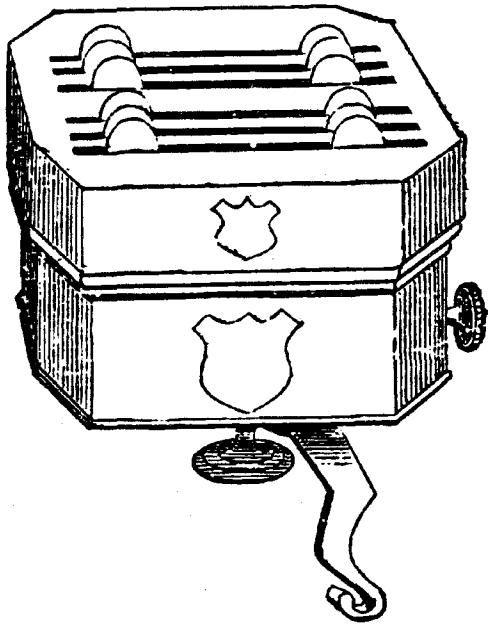
Historical Medical Equipment Society



Bulletin
No 3

January
1998

Historical Medical Equipment Society

EDITORIAL

This Bulletin is being despatched earlier than was announced in Bulletin No. 2, i.e. March. There will still be two issues per year, but the Committee decided it would be more practical to send them in January and July so the first one each year can be combined with reminders for annual subscriptions. Deadline for copy will now be end of November and end of May, having the advantage of being clear of both Christmas and holiday rushes.

As the original deadline was the end of January, there may be some brave souls out there beavering away on interesting articles intending to send them by this date, in which case please do send any material you have as it can be used for the July Bulletin. However, I must point out that so far I have received nothing at all, apart from a book review which Marios sent when I told him of the dearth of material. It is interesting, but has been produced just to fill space. The rest of the Bulletin consists entirely of an article by Caroline Reed held over from the last Bulletin to make room for David Warren's obituary, a book review from David Hughes which arrived too late for the same issue and an article written by myself on a visit to the Pharmaceutical Museum in Bratislava some years ago, again, whatever its interest, written primarily to fill space.

This seems to indicate a lack of interest in having a bulletin with anything more than reports and notices of meetings, and it has to be said – if no contributions are forthcoming, there will not be a Bulletin No. 4. I would like to be proved wrong.

A report of the Meeting at the RAMC Museum in October 1997 appears after this editorial. The exact date and venue of the next meeting will be included with the subscription renewal notice. It has already been noted that the suggested date clashes with the annual conference for the History of Pharmacy which means that some stalwart members will not be able to attend, so the Committee does hope that as many other people as possible will show their support by coming along with, if it is not just wishful thinking, contributions for the Bulletins in their hands!

Meeting Report: Military Medical Equipment RAMC Museum, Aldershot
Saturday 18th October, 1997

This was our first regional meeting and, considering a relatively late announcement of the details, a reasonable 16 people attended on the day.

The Royal Army Medical Corps Historical Museum is a well-organised museum with significant exhibits and formed a good background to our meeting. Warrant Officer Cadwell started the day with a fascinating account of the duties of the parachute medical corps. A fully equipped field surgical unit was displayed in the museum, complete with defibrillator, oxymeter, operation packs for skull, chest and abdominal operations, and other equipment. We saw slides of casualties from the Falklands War and details of field equipment for all types of operations.

Dr. Adrian Thomas from the Diagnostic Imaging Unit of the Bromley Hospital was the next speaker. He outlined the history of radiology with slides, photographs and equipment such as induction coils, early X ray plates and other apparatus. He highlighted the difficulties faced by early radiologists and outlined the mechanism behind the function of the X ray tube. Early X ray tubes were kept in wooden cases in order to protect the user from radiation, until it was realised that these cases did not confer any protection!

The practice of fluoroscopy was described. Fluoroscopy was used to search for foreign bodies and to aid during surgery. There was a public outcry at the time from people who thought that these new "see-all" rays might be used to see through people's clothes!

During wars in the late 19th century the

radiologists experienced problems with maintaining enough electric power to supply their X ray machines. The problem was solved by using soldiers to pedal suitable cycles connected to batteries so that the electricity supply remained constant. Medical officers had to buy their own equipment for use during the early periods of radiology.

The afternoon main speaker was Claire Herrick from the National Maritime Museum in Greenwich. She concentrated on irrigation of wounds during the First World War. The lack of antibiotics necessitated an efficient alternative way of keeping infection under control and many methods were tried using carbolic acid, garlic juice and even petrol.

The most successful and most complicated was a method using sodium hypochlorite solution. The solution was delivered to the wound by a system of rubber tubes connected to glass flasks. The end of the tube was perforated to help homogeneous delivery of the solution in the wound. The need to irrigate the wound thoroughly was highlighted and the irrigation had to continue without interruption otherwise the infection returned. This was difficult to achieve during transportation of casualties, therefore a suitable syringe was employed to irrigate the wound during periods of interruption of the main system.

Captain Peter Starling gave us an informative tour of the museum which displays several important exhibits. The museum is open Mondays to Fridays, 08.30 to 16.00 hours.

During the workshop session, Colin Read displayed several Holloway's pots, decorated small ceramic pots containing Holloway's cure-all, namely beeswax, turpentine, paraffin and lard. John Kirkup finished the day with a display and a short discussion on surgical saws. Saws were developed according to their function, not only for amputations but also for use in trephining, dividing the symphysis pubis (chain saws) and for joint surgery.

It was agreed that we should continue with regional meetings as well as the London meetings. The next London meeting will be held on 25/4/1998. The regional meeting will be held on 17/10/1998.

Dr. Marios Kyriazis

AN OUT-OF-THE-WAY MUSEUM

On a trip to Vienna about five years ago, still being in the mental mode which put anything behind the iron curtain on another planet, it sounded a bit like saying "Let's go to the moon" when it was suggested that we should go to Bratislava. A pleasant surprise revealed that nowadays Bratislava is just an hour's train ride away. Wandering through the mediaeval town we went through the only preserved gate of the old city defences and found ourselves facing the "Parmaceuticke Muzeum". "Look Mum, something for you," said co-operative son. An uninteresting door opened into a treasure of a museum.

According to its brochure, the idea of a museum of pharmacy originated in "the extensive structural reconstruction of pharmacies in consequence of socio-political changes which took place in our country after 1948". This "reorganisation" included the closing of the pharmacy at the "Sign of the Red Crayfish" in Bratislava as a shop in 1953 and the building being re-scheduled as a museum. Supported by the Faculty of Pharmacology of the Comenius University, the collecting began of artefacts from the history of pharmacy in Slovakia from the first mention of the profession in Bratislava in the 14th century until modern times.

More than 3,000 artefacts and documents had been taken over by the city of Bratislava by the end of the fifties and the first exhibition was mounted in the four rooms of the former pharmacy in 1960. In 1977 these four rooms were re-built and re-organised to give more exhibition space, although the original character of the building, built at the end of the 18th century as a burger's house when the old mediaeval walls of the city were torn down, was carefully preserved. Ten separate rooms were created and the new arrangement opened to the public on May 22nd 1980.

The first room, the entrance hall of the museum, is the original pharmacy at "The Sign of the Red Crayfish", complete with the original furniture, pestles and mortars, scales and pharmacists' jars. A particularly interesting feature of this room is the late baroque paintings on the vaulted ceiling which were discovered under layers of paint and paper during the re-building, showing,

among allegorical scenes, scenes from the pharmacist's life of the period.

The next room, divided into two parts, contains both documents and artefacts including a record of the first pharmacist in the city in 1310, a date at which only a few other cities in Europe had permanent pharmacists. There are also instruments, laboratory equipment and a bust of Paracelsus who is recorded in the city "Kammerbuch" as having visited Bratislava in 1537.

Room No. 3 contains, among other things, records of the first steps taken to regulate and standardise the pharmacy profession with the publication of the "General Medical Norms" in 1770, and the first official list of tariffs which could be charged for pharmaceutical services for the whole of Hungary, while a plan of the city gives the location of all pharmacists' shops. Much of the furniture came from the former Bratislava pharmacy "At the Black Eagle".

Rooms 4 and 5 concentrate on small scale production of medicines as pharmacy progressed into the 19th century, but when pharmacists were still their own manufacturers, with mortars, pill cutters, chests for storing herbs and storage jars for other ingredients. Room 6 continues the story with documents charting the development of pharmacy in this part of the Austro-Hungarian Empire until its collapse and the creation of Czechoslovakia. A rather quaint assertion in the handbook says that many of the Hungarian legal regulations, including the introduction of the decimal system for weighing in pharmacy, were "caused by the advent of capitalist social-economic formation" – well, it **was** printed in 1981! Room No. 7 records the expansion of the pharmaceutical industry after the creation of Czechoslovakia, with particular reference to the competition and rivalry of the capitalist system and the importance of advertising, but also includes the history of the rise of homeopathy which had been introduced by Hahnemann in the early 19th century. Room No. 8 contains information on the "significant structural changes in the pharmacy system after 1948".

Rooms 9 and 10 are for those with an interest in styles and the beauty of furnishings and fittings in earlier days. Beautiful white cabinets with gold relief, complete with original wood, china and glass containers from the pharmacy at Jur, near Bratislava, illustrate the elegance of the 1830s while the fittings from the former pharmacy "At St. Svorad" in Palisady show the style of the Art Nouveau period.

Perhaps the most impressive room however, is No.10, containing the complete baroque furnishings of the pharmacy at the former convent of the Sisters of the Order of St. Elizabeth in Bratislava. The original seats for the patients keep company with beautiful wall cabinets of stained oak with shelves to take jars and containers and rows of drawers each with hand-painted panels giving the name of the drug or chemical stored within. An exquisite small rococo chest of drawers, with a delicate wrought iron arch on the top framing statues of St. Elizabeth and St. Lazarus, still holds the original weights. Differing sizes and shapes of pewter vessels from the workshops of the Bratislava pewterers stand alongside 18th century faience jars decorated with enamel and some of the rarest artefacts, square 18th century clear glass bottles with narrow necks, decorated with oil paintings.

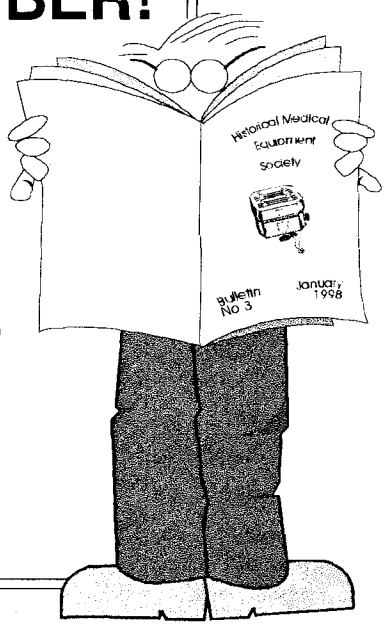
Bratislava in not on the moon, it is only a short train ride from Vienna and well worth a visit, not only for, but particularly for, this fascinating and charming little museum.

Belinda Heathcote

With acknowledgements to the Guide to the Pharmaceutical Exhibition in Bratislava.

REMEMBER!

Deadline for copy is now the end of November and the end of May



Caring for Historic Objects.

Caroline Reed BA AMA, Curator, Museum of the Royal Pharmaceutical Society

I write as a curator and not that very different animal, a trained conservator. Having worked, however, for most of my professional life in museums too small to have their own conservation department I have learnt a fair amount about preventative care for museum objects. A golden rule is the familiar "less is more" - one can often do much more harm through inappropriate cleaning or repair work than by leaving the object as found. Consequently, I do not say anything here about repair techniques and only a little about basic cleaning. The following notes are adapted from part of a paper given to the British Society for the History of Pharmacy in May 194 and may be of interest to private collectors.

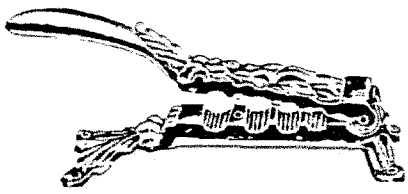
The three major threats to objects are people, usually through bad handling, environment including airborne pollutants, and light. Modern domestic and office interiors, especially those with powerful electric lights, picture windows and the dryness produced by central heating, can do a lot of damage to objects that have survived for centuries in the darker, colder, often damper homes of our forebears.

Clearly in a museum, even without built in environmental controls, much can be done to protect objects from the worst of the potential damage. In my own museum at the Royal Pharmaceutical society our stores remain unlit unless people are working in them. We wear protective gloves when handling vulnerable objects (i.e. almost all of them). Our showcase glass and lighting tubes are fitted with UV filters to prevent the worst of the fading. We try to ensure that all display and packing materials are chemically inert, with much use of acid free tissue and card for storage boxes.

I would be trying to cram too much into these basic notes if I sought to go through the whole range of object types and the inherent and environmental dangers that threaten their survival. I propose instead to look briefly at the major enemies, by which I don't mean the obvious theft vandalism, infestation, fire and flood, but rather those things that can happen to objects in store or on display just at the time you think you are giving them the best of care. I think these can be summarised as bad handling (i.e. people), poor storage materials, light, uncontrolled temperature, uncontrolled relative humidity (RH)(1) and airborne pollution.

BAD HANDLING: This would seem too obvious a matter even to address in a paper aimed at collectors, but people's lack of awareness of the strengths and weaknesses of many of the objects that surround them can be amazing. Even once robust objects tend to become fragile with time and need to be handled with respect.

Everyone's instinct when confronted with an unfamiliar tool is to find out how it works, but even a simple machine like the cork press should never be casually operated before a very thorough inspection.



When objects are being moved it is always best to support them in an open box. The route should be planned with all obstructions cleared and doors etc. propped open as necessary. Loose parts like lids should always be detached or supported before the move and nothing should ever be lifted by a part which might be weak, like a handle or rim.

For most materials, and especially metals, vinyl or cotton gloves should always be worn. I prefer thin latex or vinyl, available from good hardware stores, to the standard cotton curators' gloves I and my colleagues have all worn for our practical exams, but either will do to stop the acids from our hands easing into the surface of our museum pieces and accelerating damage, e.g. the oxidisation of metals.

PACKING MATERIALS: these too are very important. High acidity in picture mounts, packing tissue or cardboard boxes will transfer to stored or displayed objects, speeding up the processes of degradation. Great care has to be taken with plastic used for storage (and of course plastics that are part of the object you are storing). Most commercially available polythenes and foams are not inert and can react badly with

stored objects. Storage in polythene bags and most commercially available albums can be especially damaging to photographs. Objects should never be wrapped in clingfilm.

Inert conservation grade alternatives to all of these harmful materials can be found, although at a cost that usually makes the private collector demur. Acid free tissue is every curator's standby and there are several firms supplying acid free boxes, envelopes, inert polyethylene foams and, very usefully, inert polyester sleeves for photographs and documents. A suppliers list for basic conservation products appears at the end of this article.

LIGHT: The damaging effects of light are well known. Those scientists among my readers will quickly understand the dangers of bombarding materials, particularly organic materials with waves of intense energy. Photochemical change causes not only discoloration of paints, dyes and pigments, but also weakens all cellulose materials, paper, cotton, linen etc, and also animal products like leather, wool, silk or feathers.

All light is damaging, that at the short wavelength end of the spectrum especially so. For that reason a lot of good can be done by eliminating the non visible ultra violet light present in daylight and all electric lights by the use of UV absorbent films and filters on windows and around, for example, fluorescent tubes. Half the damage done to objects, however, is by light in the visible region. On all sensitive objects light levels need to be controlled. Objects should never be subjected to direct sunlight, even if UV filtered. The recommended level for something as vulnerable as a hand coloured engraving is 50 lux (2). In the main living areas of a modern home or on an office wall this is almost impossible to achieve, but in a well designed museum setting, or even a domestic hallway, where the eye is given time to adjust and the object is well positioned, it can be perfectly acceptable. It is also important to appreciate that light damage is cumulative. Exposure at 50 lux for a year will do as much harm as 100 lux for six months. As a footnote, it is worth observing that in most 19th century and earlier homes, pre gaslight light levels would rarely be above 50 lux.

TEMPERATURE AND RELATIVE HUMIDITY: Controlled levels of temperature and relative humidity (RH) are vital to the preservation of museum objects. The most crucial factor is to maintain temperature and RH at a steady level. Chemical reactions and biological degrading will speed up at high temperatures and so in museum stores, where only the comfort of curators, not visitors has to be considered, they are usually kept low.

Although perhaps less immediately noticeable to people, RH is by far the more important factor. All materials which contain water react to the moisture content of the air around them. As you know they will absorb water in a damp atmosphere and lose it in a dry one. In the process they expand, with swelling across the grain of organic material, and then contract, usually with some distortion, as they dry out. Where objects are made of a combination of materials, perhaps timber and metal or veneered, inlaid or painted wood, the results of this constant expansion and contraction can be particularly damaging.

Other, familiar, problems emerge in high relative humidity. Mould will grow on most organic materials at 65-70% RH. The corrosion of metals increases and even hardy glass and the glazes of ceramic objects can suffer serious surface damage.

Low RH, suffered in most centrally heated buildings during the winter, will also be harmful. Metals like it but paper, leather and wooden items are particularly vulnerable and subject to warping, cracking and embrittlement. When temperatures are high and RH low the internal stability of even ceramic objects and their glazes can be affected.

Recommended RH levels for mixed collections are c.50-55%, but steadiness is the key requirement. Conservators nowadays are aware that objects can adjust to and tolerate levels perhaps 5% above or below the ideal, but will always suffer if levels fluctuate. The centrally heated winter living room, where daytime heating can reduce RH to as low as 13% while night-time levels rise to perhaps 50% or 60%, does real and lasting harm.

AIRBORNE POLLUTION: For a museum like our own in central London. airborne pollution is a major and increasing problem. Both particulate and gaseous pollutants are harmful. Any form

of dust is bad for objects, with the danger that cleaning will abrade fragile surfaces like those of paper, textiles and soft metals. Gaseous pollutants including sulphur dioxide, nitrogen dioxide and ozone are also harmful to surface layers and will speed up the process of oxidisation. Recently at the Museum of London, it was revealed that the charcoal filters in their air conditioning system were nearing the end of their useful life when silver objects in the cases began to tarnish. The conservator there tells me that unlacquered silver pieces will remain untarnished for five years in filtered air, five months or less in unfiltered.

OBJECT CLEANING: As a general rule no-one who has not been trained in object conservation should attempt to clean or otherwise treat objects of historical value. As we have seen, poor environmental conditions will do much more harm than surface dirt, until, that is, you try to remove it. If you are determined to clean an object in your collection it would always be best to seek professional advice. (see note on the MGC Conservation register below). In a museum context, non conservation staff will usually only dust objects, using a soft bristle brush and occasionally apply a light film of pure microcrystalline wax to surfaces such as metal and plastics. This gives a light protective coating and a pleasing finish without the build up of silicones that comes from commercial furniture polish. Contemporary conservators frown on using any sort of wax on organic materials such as wood and leather and are particularly scathing about oil based leather dressings.

NOTES:
RH: relative humidity equals the amount of water in a given volume of air represented as a percentage of the maximum amount of water air can hold at that temperature. (NB warm air can hold more water than cool).

LUX: a measurable unit of illumination. 1 lux equals 1 lumen per square metre

SUPPLIERS OF CONSERVATION GRADE MATERIALS

Other suppliers may be found in the Museums Association's Annual yearbook, available in most public reference libraries.

SUPPLIER	ADDRESS	PHONE	PRODUCT
CONSERVATION RESOURCES	UNITS 1/2/4 PONY ROAD HORSEPATH INDUSTRIAL ESTATE, COWLEY, OXON OX4 2RD	01865 747755	general conservation grade storage materials for objects, photographs, archive material etc.
CONSERVATION BY DESIGN	TIMECARE WORKS, 60 PARK ROAD, WEST, BEDFORD MK41 7SL	01234 217258	"
PRESERVATION EQUIPMENT LTD	CHURCH ROAD, SHELFANGER, DISS, NORFOLK 1P22 2DG	01379 651527	"
SECOL	HOWLETT WAY, THETFORD, NOR FOLK I P24 1 HZ	01842 752341	polyester sleeves for photo and archive storage
NICHOLAS HUNTER	UNIT 8, OXFORD BUSINESS CENTRE, OSNEY LANE, OXFORD OX11TB	01865 727292	photo storage
POLYFORMES LTD	CHERRYCOURT WAY, STANBRIDGE ROAD, LEIGHTON BUZZARD, BEDFORDSHIRE LU7 8U11	01525 852444	inert plastic foam
C A COUTTS LTD	VIOLET ROAD, LONDON E3 3OL	0171 515 6171	archive boxes, folders etc.
ATLANTIS EUROPEAN LTD	146 BRICK LANE, LONDON E1 6RU	0171 377 8855	papers and mounting board

CONSERVATION SERVICES

A current register of qualified specialist conservators is maintained by the Museums and Galleries Commission's Conservation Unit. Information on the register and copies of their leaflet CHOOSING A CONSERVATOR are obtainable from:
THE CONSERVATION UNIT
MUSEUMS AND GALLERIES COMMISSION
16 QUEEN ANNE'S GATE, LONDON SW1 H 9AA
TEL: 0171 233 4200 (general enquiries)
0171 233 3683 (REGISTER ONLY)

NOTES and QUERIES

How Old Are Surgical Scissors?

Notes

True scissors consist of two distinct halves articulating precisely with each other via a stable pivot joint. Shears, sometimes called "scissors" by Roman and later writers, consist of a single piece of metal bent on itself, without the sophistication of stable pivot control. Graeco-Roman finds often include single piece shears made of bronze and iron but never true scissors.

It is claimed Albucasis first applied scissors to surgery, about 1,000 AD, and their invention is of Arabic origin. It is understood, no scissors have survived from this period and the earliest known to the writer were found at Avebury, under a fallen megalith, with a skeleton and silver coins minted in 1307. This indicates scissors were employed in rural England, at the beginning of the 14th century, but do not confirm surgical use.

Ecclesiastical carvings of the 11th to 14th centuries show Delilah with a pair of shears cutting off Samson's locks and, in Freiburg cathedral, a pair of scissors is pictured in the "Tailor's Guild" window, dated 1320-30.

Brunschwig illustrates surgical scissors, for the first time in a printed book, in 1497.

Queries

1. Have shears been used for operative surgery? Would you agree that they lack the precision and delicacy of scissors for this?
2. Is there evidence to support the claim that scissors are of Arabic origin and when was this?
3. Does any museum contain true scissors, for any purpose, older than or of similar age to the Avebury pair?
4. Has anyone seen Delilah represented with a pair of scissors? Please give the location of any depictions of her with either shears or scissors.
5. Has anyone seen scissors of the mediaeval period depicted elsewhere?

Readers' views, observations and corrections are earnestly sought. Please write to John Kirkup, 1 Weston Park East, Bath, BA1 2XA, UK or phone or fax 01225 423060.

Thank you.

John Kirkup January 98

BOOK REVIEWS

Antique Medical Instruments
By Elizabeth Bennion

Published by Sotheby Parke Bernet Publications, London and Berkeley, California, 1979
Pp 355. Second hand price £60.00
ISBN 0 85667 0529

Though first published in 1979, this book is still well worth reviewing for those interested in antique medical instruments. As Sir Reginald Murley points out in the foreword, one must marvel both at the fact that men should have been boring holes in each other's skulls six thousand years ago and at the skill and ingenuity of the designers and makers of the instruments used.

This volume is the first comprehensive account of the myriad of instruments used in the practice of medicine, and more particularly *surgery*, from ancient times up to 1870. This date was chosen as the end of surgery because it coincided with the introduction of antisepsis by Joseph Lister. This led to the sterilisation of all instruments which therefore became plainer in design and metallic in construction so that the interesting and often decorative materials such as wood, ivory and tortoiseshell were no longer used. But not only does this volume give an account of the instruments themselves, it also presents in doing so a fascinating history of the development of surgical practice during this period, together with the surgical procedures used and the instruments developed in order to perform them. This historical aspect is covered not only in the first introductory chapter but also throughout the book.

The book is extensively illustrated in black and white and in colour and the illustrations are drawn from a wide variety of sources. They are beautifully reproduced and captions indicate

their source. They blend particularly harmoniously with the text and considerable care must have been taken with their appropriate placing in this volume.

The index and bibliography are clear, and useful appendices list a directory of surgical instrument makers, a glossary of technical terms used in the text and a chronological chart of international contemporaries among the principal surgeons mentioned in the book.

It is difficult to select which particular chapters to highlight. Perhaps the most dramatic is that on saws, trephines and phlebotomy instruments which is particularly well-illustrated. One easily forgets that for many centuries the only physical treatments available to medical men were trephining, amputating and bleeding, whilst the commonest drug treatments involved purging. Some of the eighteenth century trephines illustrated are surprisingly sophisticated. The section on obstetrical instruments contains a history of the development of the obstetric forceps with a photograph of the original Chamberlen forceps as discovered in Woodham Mortimer Hall.

The work is extensive in scope in that it also covers dental and veterinary instruments. In addition it describes various "medical aids" such as infant and invalid feeding utensils, bedpans and chamber-pots, pill boxes, medicine bottles and measures, lack jars, spectacles, false teeth, ear trumpets, medicine chests and instrument cases. Some of these latter two items appear most elegant.

Every aspect of medical instrumentation is covered. The instruments shown vary from delicate silver catheters to crude and rather horrific scarificators and a device used by the military for branding deserters. The whole text, however, is presented with a light-handed touch which makes easy reading. This book can be recommended to all those with an interest in medical instrumentation and indeed with the history of medicine and will continue to be the definitive reference volume on the subject. Although published nearly 20 years ago it is often available second-hand through specialised medical and scientific booksellers.

David Hughes

Antique Medical Chests
By Anne Mortimer Young

Vernier Press, London 1994
ISBN 1 898825 02 5 Paperback edition, price £18.00
ISBN 1 898825 03 3 Special case-bound edition, price £25.00

Medical chests were used primarily as home first-aid kits. Some were used by travelling doctors or surgeons, and there are also chests which were used in homeopathic medicine. During the 16th century naval surgeons used to carry their instruments in ship's chests, and one such chest was found in the wreck of the Mary Rose, which sunk in 1545.

The proliferation of domestic medicine chests was prompted by the production of medical books for the public. Certain apothecaries realised the potential market for these chests and began manufacturing chests in large numbers. There are many examples of these surviving today, and collectors pay relatively large amounts of money to acquire well-preserved examples.

Anne Young describes the history and evolution of these domestic medicine chests, concentrating primarily on the 18th and 19th centuries. There is, however, enough information on chests produced during other periods.

A chapter is dedicated to chests manufactured in Continental Europe and another chapter mentions British-made chests. There are also chapters on evolution, contents and the decline of the medicine chest.

In the book there are several good quality colour plates, as well as over 40 black and white photographs. These photographs depict some very ornate and beautiful chests, from several museums and private collections.

The book does not mention prices of individual items, as these prices depend on a variety of factors. It is well referenced, with a list of medicine chest manuals and a list of museums with collections of medicine chests.

Those interested in the history of medicine chests will find this book not only interesting and well presented, but an indispensable guide as well.

Marios Kyriazis

CLASSIFIED ADVERTISEMENTS

David Burns
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A large selection of medical antiques always available.
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Valuations carried out.

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WANTED
Rare and fine quality medical antiques in the following categories - Very large cased general and neurosurgical operating sets, bloodletting sets and individual pieces including fleams, lancet cases,medical etvis,scarificators, bleeding bowls and leech jars. Also looking for tourniquets.

Contact: Douglas Arbitter MD,215 Ten Eyck Street, Watertown, New York, 13601, USA.
e-mail: darbitt@imcnet.et

M&R GORDON deal in medical and dental antiques. We do not publish a catalog but we are happy to receive wants list.

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URL: neca.com/~gordon/med.html

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Tel: 01223 262490 Fax: 01223 264684

Belinda Heathcote can offer translations from German, French, Swedish, Norwegian, Danish, and Spanish and arrange for such from Russian, italian and Portuguese.
Tel: 0181 688 7636 Fax: 0181 681 8202

NOTICES

The Historical Medical Equipment Society - 3rd Meeting

The next meeting will be held on Saturday 25th April at the Old Operating Theatre, St Thomas Street, S.E.1. Details with subscription renewal notice.