



# The Historical Medical Equipment Society



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## FUTURE MEETINGS

SPRING MEETING IN SHEFFIELD - TUESDAY 22nd APRIL 2008

## EDITORIAL

Changing our meeting days from Saturday to weekdays and, at our last meeting, to a Sunday does not appear to have altered attendances significantly, making allowance for London meetings which always draw a larger audience. However, we would be pleased to hear from any member who has reservations about these changes or other suggestions.

It was sad the proposed meeting in Belgium could not take place but its replacement of Sunday, 7<sup>th</sup> October last, rapidly arranged by our Secretary at the Jenner Conference Centre and Museum, Berkeley was excellent thanks to the permanent staff and Dr Mike Till. Mike also gave us a fascinating demonstration on the history of glass medical containers, emphasising "cures" and especially the configuration of poison bottles, circulating actual specimens from his rich collection. Another innovation was introduced by new member John Broberg who discussed the intriguing subject of veterinary vaccination, demonstrating that setons were in veterinary use long after abandonment by the medical profession in the mid-nineteenth century. John as a veterinary surgeon fills an important gap in the expertise of the Society for often human and veterinary surgical instruments resemble each other and to be able to consult an expert opinion is a bonus for our membership. Julie and Peter Mohr continued their series on exceptional instruments in the Manchester Medical Museum and discussed the development of bronchoscopy, illustrating this with some rare items. And your editor outlined the curious rise of excessively complex vaccinating instruments in the later 19<sup>th</sup> century and their subsequent decline to simpler items in the 20<sup>th</sup> century.

This issue also welcomes Richard Keeler's

account of important ophthalmoscope collections in Britain, emphasising the part played by the Keeler Company and himself in enriching the Royal College of Ophthalmologists; the editor apologises for the delayed printing of Richard's contribution. I'm also grateful for Belinda Heathcote's account of the excellent Museum of Medical History in Uppsala opened in 1995.

We also have a Letters Section for the first time; replies and further correspondence is welcome.

Our next meeting will be in Sheffield on Tuesday, 22<sup>nd</sup> April, 2008 when a visit to a working instrument factory is arranged. As an admirer of skilled craftsmanship, I strongly recommend this opportunity as not to be missed by anyone who has never witnessed instrument makers at work.

Our meeting of October, 2008 will have a veterinary theme, organised by John Broberg.

## CURED OR POISONED?

MIKE TILL

I became interested in the founder of our practice Dr Hadwen who, being opposed to vaccination and vivisection, was invited in 1896 to become a GP in Gloucester after controversy over smallpox in the City. He was formerly a pharmacist which led me to seek ephemera in our abandoned premises from where I rescued some old bottles. As a local BMA Official I also found two books from the early 1900's, "*Secret Remedies*" and "*More Secret Remedies*" which exposed the false claims of cure made for medicines available to a gullible public. Many of these "cures" were produced to exploit miners and mill workers particularly where pulmonary TB was rife. Earlier John Wesley had produced a guide, "*Primitive Physick: or, an easy and natural method for curing most diseases*" (1747), which disclosed simple remedies for instructing the poor to make their own medicines.

### EARLY "CURE" MEDICINES

Daffy's Elixir was first "invented" in the mid 17th century by a clergyman Dr Thomas Daffy and was the first "Cure-all" on the market. By 1673 he and his product were very famous and older bottles in varying shades of green are much sought after (an example bottle was displayed to the audience). An article in 1749 describes the elixir as "universally allowed to be the most beneficial cordial in the world".

At the same period, "Turlington's Balsam of Life" was available in banjo-shaped bottles with the King's Royal Patent (King George II) embossed around both faces. It was described as a "perfect friend of nature, strengthening and vivifying the spirits of the weak and declining". In 1861 "Dr Sibley's Solar Tincture" arrived on the scene with the logo "I triumph in Life over Death" claiming to be an infallible remedy for scrofula, scurvy, bite of a mad dog and restora-

tion of life after sudden death! Surviving bottles are rare.

### MY COLLECTION

None of the medicine bottles I collect are machine-made and the necks especially are hand finished. My main interest is in bottles with the word (or variation) "Cure" embossed on the panel, a claim which became illegal in 1909. I also collect poison bottles.

### POISONS

Accidental poisoning almost became an epidemic in the late 1800's despite 1819 legislation to label bottles as poison and add skull and cross-bones as a warning symbol. In 1859, six or eight-sided bottle were patented and embossed with fluting horizontally or vertically to signify poison. As there was no reliable lighting in apothecaries shops or bedrooms, people were guided by feeling the bottle's unusual shape or surface. Illiteracy meant that "Poison" or "Not to be taken" was unreadable and manufacturers

began to experiment with safety stoppers and closures.

In 1894, after the accidental poisoning of a famous professor, all poison bottles were made triangular in form. Then patents on both sides of the Atlantic suggested numerous other shapes and designs, acknowledging that touch was the only reliable sense to alert users to a poison bottle which were marketed resembling binoculars, wasp-waist outline (fig.1), skull and cross-



Fig.1 Wasp-waist bottle

bones (fig.2), coffins (fig.3) and other remarkable designs. Many UK patents are well documented

and the rarest types described are very collectable both here and in America.

#### QUACK "CURES" COMPANIES

##### **George Handyside (1818-1904)**

He was the only famous British bulk "Cure" producer selling medicines usually in crude black glass for consumption, rheumatism and blood disorders. Initially in-

involved in tanning leather, he set up business in North East England and decided in 1858 to produce a "Cure for Consumption". After wide advertising this proved a best seller and by using Mail Order for merchandizing he moved ahead of the opposition. The profits created a property development of 95 shops in Handyside's Arcade in Newcastle-upon-Tyne.

##### **Kilmer Company, USA**

'Professor' Kilmer of New York claimed a medical degree and in 1879 marketed "Dr. Kilmer's Swamp Root and Liver Cure" but a change in law meant he could only claim "Remedy or Medicine". He also produced a "Kidney, Liver and Bladder Cure". His bottles have a kidney outline embossed on the front panel, and on later products heart and lung outlines.

##### **William Radam, USA**

Born 1843, he was a German immigrant who settled in Texas. Microbes were in the news and in 1886 he marketed a "Cure" although, when ana-

lysed, it was found to contain 99% water, traces of sulphuric and hydrochloric acids, and a colouring agent from a local wine producer. It claimed to cure a multitude of ailments and by 1890, 17 factories poured out the concoction ; he had a



*Fig.3 Coffin bottle*

head office in Oxford Street, London. When the deception was exposed the stock market called it "The Great American Fraud" with a profit margin of some 20,000% !

##### **H.H.Warner (1870's)**

He had a burglar proof metal safe business before his first medical product, the famed "Warner's SAFE Kidney and Liver Cure" which was followed by "Nervine, Diabetes and Rheumatic Cure"; his offices and sales were established worldwide. 100 years ago a two-pint size bottle cost 10 shillings and sixpence. Surviving bottles are very colourful with a trademark metal safe, hence "Safe Cure". On collapse of the stock market he lost a fortune and died impoverished in 1913.

[Examples of the BMA publications, histories of various patent medicine manufacturers and a selection of "Cures" and "Poison" bottles were displayed for members. Laminated photos of the rarest poison bottles were shown as the originals were considered at risk if circulated]



*Fig.2 Skull and cross-bones bottle*

## VETERINARY VACCINATION

JOHN BROBERG

This paper is limited to three diseases with a long history in veterinary medicine, rabies due to a Lyssavirus, rinderpest or cattle plague due to a Morbillivirus and blackleg due to *Clostridium septique* or *chauvoei*.

### Rabies

In the pre-Pasteur era, a non-vaccination technique but an "infallible cure and preventive" was reported by Pliny (23-79 AD) but was stated by Delabare Blaine in his "Canine Pathology" of 1817 to be completely useless, yet he gave a complete description for young veterinary surgeons who might be expected to perform it. Described as "worming", it was a surgical excision of the worm-like ligament below the dog's tongue, the frenum linguae, which required total removal to guarantee the effect, by no means easy without an anaesthetic!

In 1799 Eusebio Valli proposed the first true anti-rabies vaccine using rabid dog's saliva neutralised with frog's gastric juice; it is unknown if it was realised. However, it indicates the idea of neutralisation or today's "attenuation" existed by 1799.

### Rinderpest or cattle plague

This deadly disease of cattle has a very high mortality; it is said the history of Europe could be written on the back of rinderpest for if the draught oxen of armies at war became infected with cattle plague, they could do nothing but limp home, leaving their equipment. Hence many attempts have been made to cure or prevent this disease. Cattle plague bears similarities to smallpox and early attempts involved variolation.

Bernado Ramazini (1633-1740), Professor of Practical Medicine of Padua, attempted vari-

olation with hair setons, soaked in matter from skin lesions, passing them through the brisket (chest wall) but without success.

In 1779, Paul Adami faced with a rinderpest outbreak when Veterinary Surgeon to the Austro-Hungarian Empire, attempted vaccination using woollen threads soaked in the saliva of dead cattle; these were passed through the skin over the ribs. Using 8 threads, all the animals died but with 4 air dried threads, animals survived longer. Unfortunately he could not continue this experiment being called off to another part of the Empire.

Rinderpest was finally conquered by workers in Africa in the 20<sup>th</sup> century, initially using antiserum, then giving antiserum and live virus but avoiding excess virus which was fatal. Attenuated vaccines were then produced: first a formol-glycerine inactivated spleen virus; then the Kabete attenuated goat virus in 1950 followed by rabbit adapted Rinderpest virus. Rinderpest remains a serious threat under worldwide surveillance.

### Blackleg

Possibly this bacterial disease of cattle has the longest record of true vaccination of all



Fig.1 Boxed seton set (14 inches in length) with a variety of seton needles, 19<sup>th</sup> century.

diseases. Caused by the anaerobic organisms *Clostridium septique* and *Clostridium chauvoei*, these soil organisms get into the body and remain dormant in healthy tissue, only causing disease in bruised muscle. In these anaerobic conditions they multiply rapidly producing massive amounts of toxin causing sudden death. For some centuries setons (fig.1) were placed through the dewlap of cattle and 18<sup>th</sup> century texts mention this as a long established method but I found no reference in my 17<sup>th</sup> or 16<sup>th</sup> century books, possibly because it was so widely accepted? The reasons given vary, some record the beasts should be in very good condition at turnout and others that the setons made them lose condition and become less susceptible to blackleg.

A friend and colleague who worked in the Liverpool Docks in 1963, as Veterinary Officer, told me that all fat beasts from Ireland had a copper wire seton through their briskets and that this was a long-established practice. There may be sound scientific reasons for the success of this technique as *Clostridia* are anaerobic soil organisms and the open wound of setons established an aerobic state of immunity.

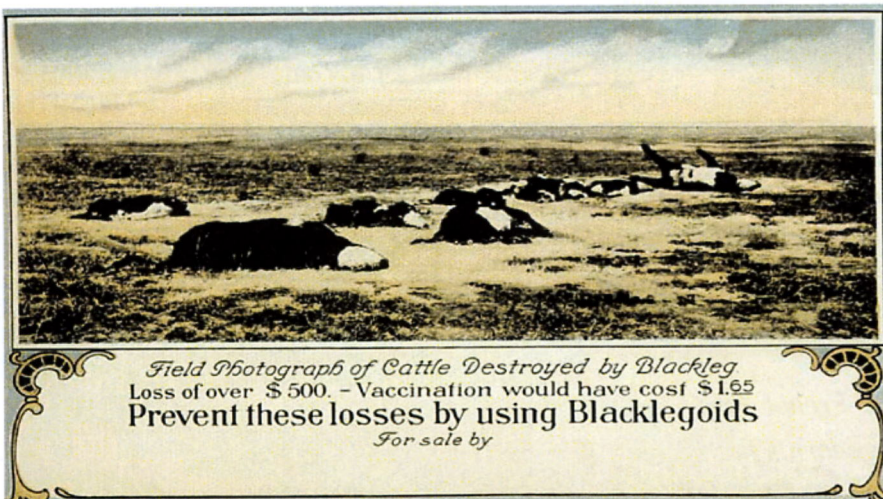


Fig.2 From "Veterinary Medicine an Illustrated History" by Dunlop and Williams.

In Britain one of the first commercial Blackleg vaccines was administered intravenously proving effective unless any vaccine was delivered sub-cutaneously when the animal developed Blackleg and died; I assume it was a plain live culture. Blackleg was also a big problem in the U.S.A. where various vaccines were developed. In 1912 O.M. Franklin of Kansas Veterinary



Fig.3 International Serum Co. string vaccination set with seton forceps and needle, c.1930.

College made an effective vaccine by filtering a pure culture of *Clostridium chauvoei* and injecting a "Germ Free Vaccine". Later he established the "Kansas Blackleg Serum Company"(fig. 2).

In Britain the 1937 Holborn Surgical Instrument Catalogue listed Blacklegoids by P(arke). D(avis). & Co. with a Vaccine pellet injector for 5 shillings and Blackleg Aggresin vials of 50 ml., presumably antiserum.

Setons carrying vaccine were produced by The International Serum Co. in the 1920's or 30's, being administered on short strings put in place with special notched forceps and a small seton needle (fig. 3).

## VACCINATION INSTRUMENTS: THEIR RISE AND FALL

JOHN KIRKUP

The evolution of minor instruments designed to vaccinate against smallpox can be divided into three distinct periods, firstly from Jenner's announcement in 1798 to about 1860, secondly from 1860 to about 1905 and thirdly from 1905 until smallpox eradication about 1980. The following comments are based principally on developments in Great Britain.

In the first period, Jenner applied cowpox on a bleeding lancet, the point of which punctured the skin, as had been executed previously during variolation (Fig.1a). This was refined in France by modifying the blade into a spear point, grooved on one surface to hold a drop of pox whilst the skin was punctured or scarified (Fig.1b). Variations on the amount of bleeding produced, the number of insertions and the number of limbs vaccinated,

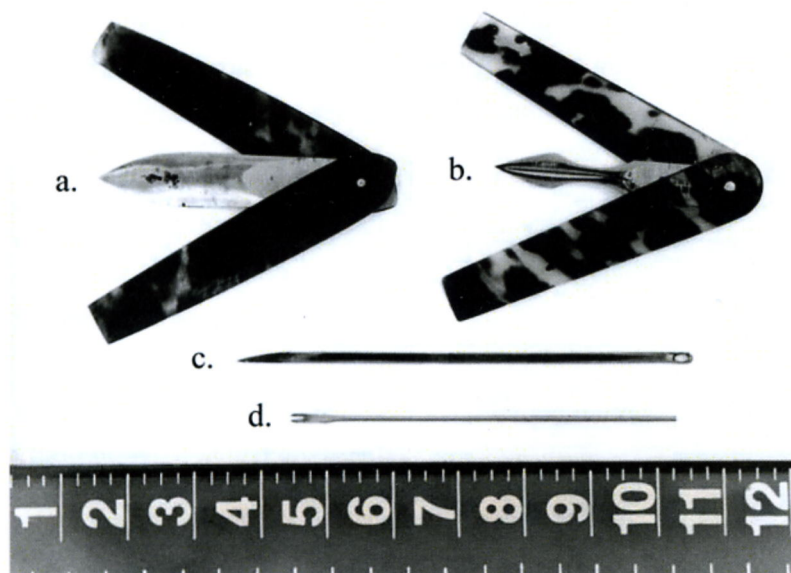


Fig.1a. Standard bleeding lancet; 1b. French spear vaccinating lancet with groove; 1c. Hagedorn's flat needle with spear point; 1d. Rubin's modified needle vaccinator, disposable.

from one to four for each patient, depended on the choice of individual surgeons. By and large lancets and scalpels held sway until the 1860's

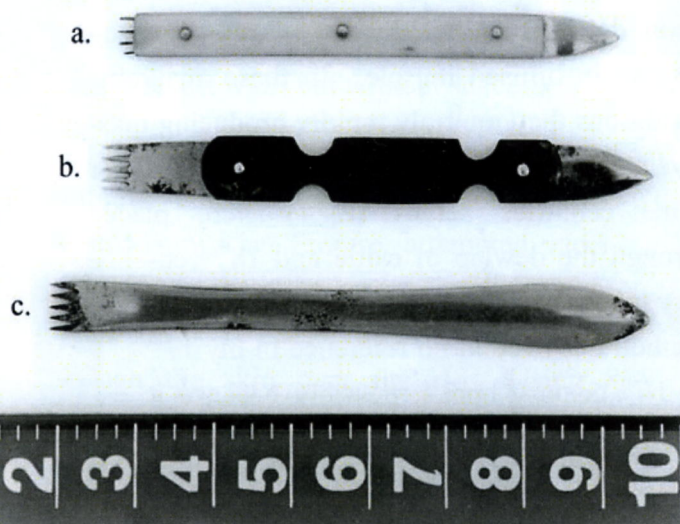


Fig. 2. Three versions of Weir's vaccinator.

when competing instruments began to appear, supposedly designed to ensure improved take-up of the vaccine.

This second period is characterised by a succession of novel vaccinators, starting with a

combination lancet blade opposite a comb scarifier of the Weir type which is believed to have developed in the 1860's and became standard in the Army (fig.2). Subsequently, 'The Lancet' alone reported 14 new or significantly modified vaccination instruments between 1871 and 1906 (1) but others have been identified in Britain, Europe and the United States (2). These include vaccinators with multiple needle points often arranged for rotary application to the skin (figs.3a & 3b),

various forms of scratcher or comb, grooved needles, hollow needles, disposable ivory points, pen nibs and quite complex automatic vaccinators fired by releasing a lever (fig.3c), some of which resembled miniature box scarificators for cupping.

The third period is recognised by almost complete cessation of 'new' vaccinators, for example none are noted in 'The Lancet' between 1906 and 1940 (1). It is probable improvement

repair was often a problem in remote areas. This stimulated Rubin's scientific solution in 1961 when he took a straight needle, cut off half the eye and rendered the point blunt (fig.1d); the remaining prongs of the eye retained a known quantity of vaccine by capillary action and the stubs of the eye were sufficient to penetrate the epidermis to precipitate vaccination (3). If Rubin's needles rendered mass vaccination rapid and efficient, they appeared late in the day, shortly before smallpox was officially eradicated in 1980.

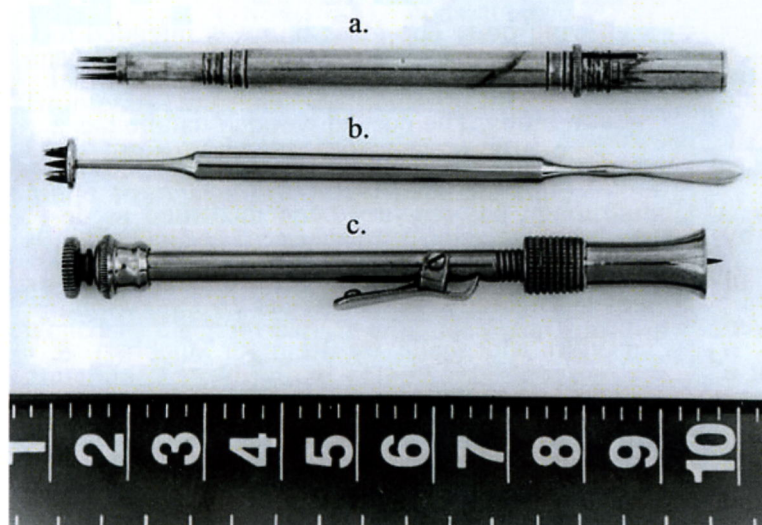


Fig. 3a. Cooper Rose's rotary with five needle points; 3b. Padbury's rotary with five spear points; 3c. Unknown automatic with single lancet point fired by trigger.

in the reliability of vaccine that rendered complex instruments redundant and encouraged simple needle (fig.1c) or nib (fig.4) vaccination without bleeding but employing multiple pressures with satisfactory take-up. However to vaccinate large numbers, especially in Africa, an automatic machine such as a Ped-o-Jet proved advantageous yet its maintenance and

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2. Kirkup, J., *The Evolution of Surgical Instruments* (Novato: historyof-science.com, 2006), 424-443.
3. Fenner, F., et al., *Smallpox and Its Eradication* (Geneva: World Health Organisation, 1988), 573-578.



Fig. 4. Mareschal's vaccinostyle made by a Belgian penmaker; the nibs are unsplit and disposable.

## A NOTE ON BRONCHOSCOPES IN THE MANCHESTER MEDICAL SCHOOL MUSEUM

PETER & JULIE MOHR

The Medical Museum has a small collection of rigid bronchoscopes which illustrate the development and design of the main features of the instruments used during the twentieth century.

### The origins of bronchoscopy

The first bronchoscopy was performed by Gustav Killian (1860-1921), Professor of rhino-laryngology at Freiburg, who removed a piece of bone from the right bronchus of a farmer in 1897. He went on to develop the technique, performing the procedure on over 700 cases – achieving general recognition as the ‘father of bronchoscopy.’ In America the technique was pioneered by Chevalier Jackson (1865-1958), professor of laryngology at Jefferson Medical College. He designed a range of special bronchoscopic instruments – the most important of which was the invention of the light-carrier wire, which provided a bright, distal light source from a miniature (‘mignon’) bulb. By 1927 he had removed 1000 inhaled foreign bodies, mainly from children. A good account of the ‘History of the Rigid Bronchoscope’ can be found in the paper by Becker and Marsh.

### The von Schrötter broncho-oesophagoscope (Fig. 1)

This fine-looking bronchoscope is con-

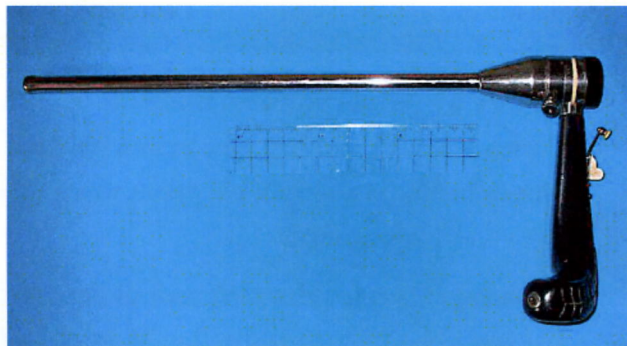


Fig. 1. The Schrötter bronchoscope.

structed from a 300mm tube, lined with glass which at the proximal end widens to form a viewing port. The glass lining is intended to transmit the light from four small proximal torch bulbs. The curved wooden handle has a switch and is attached to a battery. The instrument has recently been identified as designed by Hermann von Schrötter, professor of laryngology, in *Klinik der Bronchoskopie* (1906) and made by Reiniger, Gebbert & Schall of Vienna.

### Negus paediatric bronchoscopes (Fig. 2)

The Negus bronchoscopes were donated by the Duchess of York Hospital for Babies



Fig. 2. Two of the Negus paediatric bronchoscopes with a light carrier.

(Manchester) when its Ear, Nose and Throat department closed in the 1970s. They are marked ‘suckling’, ‘infant’ and ‘child’. They are similar to Chevalier Jackson’s original design (1907) with an oblique, oval profile tip, four distal ventilation holes, an inlet for oxygen, and a light-carrier for a mignon bulb. Victor Negus (1887-1974), ENT surgeon at King’s College Hospital, visited Jackson in 1923 and subsequently helped GU Instruments Ltd., redesign the instruments – they made them more tapered, with a lighter proximal viewing end; parts were interchangeable, and the gold-plating replaced by polished metal or stainless steel. Negus bronchoscopes remained the standard instrument

in Britain until the end of the 1960s.

### Magill's emergency bronchoscopes (Fig.3)

These instruments were designed by Ivan Magill (1888-1986), consultant anaesthetist at the Westminster and Brompton Hospitals, and made by MIE Ltd., for use during thoracic surgery. Made from stainless steel, they are only slightly tapered to allow maximum vision and fitted with a folding battery handle attached to the light-carrier wire for distal illumination. The 'original' pattern was designed for endobronchial intubation during pneu-

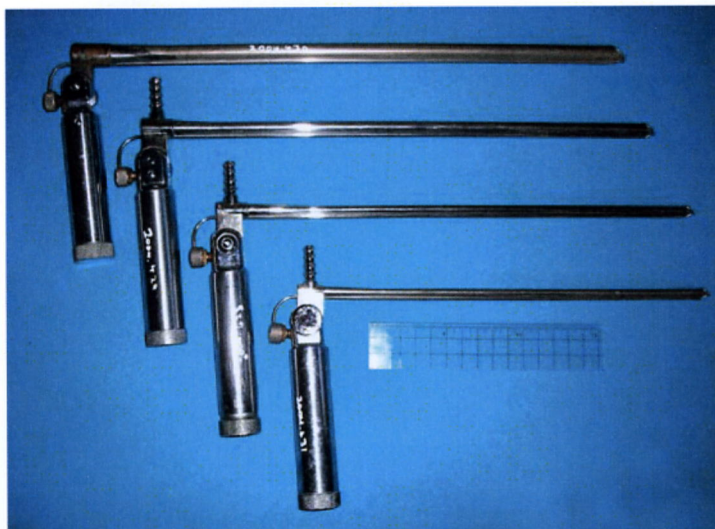


Fig. 3. Set of four Magill's emergency bronchoscopes.

monectomy. The 'emergency' models (3.5-11mm) were fitted with an oxygen inlet and were intended to clear bronchial obstruction from mucus etc. during surgery.

### Penlon bronchoscopes (Fig. 4)

The Museum has two adult-size bronchoscopes manufactured by Penlon Ltd., a company specialising in anaesthetic equipment since its foundation by the Oxford Anaesthetic Department in 1943. These instruments are of standard design with a light-carrier, eight ventilation holes on each side and an oblique dis-

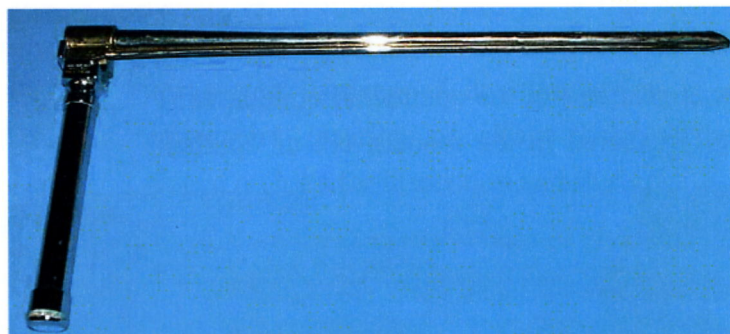


Fig. 4. The Penlon adult bronchoscope with battery handle (Thanks to Alan Humphries and the Thackray Museum for this picture.)

tal end. The tube is attached to a proximal oxygen connection and a folding battery handle. This model was made in the 1970s, and apparently was popular in the USA.

### Summary

Since the 1970s the flexible bronchoscope has replaced the 'rigid' instrument for most diagnostic bronchoscopic procedures such as tumour biopsy and pre-operative assessment; however the rigid bronchoscope still has a role to play in removal of foreign bodies and therapeutic manoeuvres such as stenting, laser treatment and brachiotherapy.

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- Killian G, *Short hints for examining the oesophagus, trachea and bronchi by direct methods* (Freiberg, 1897).
- Jackson C, *The life of Chevalier Jackson* (New York, 1939).
- Jackson C and Jackson CL, *Bronchoscopy* (Philadelphia, 1950).
- Becker HD and Marsh BR, 'History of the rigid bronchoscope', *Prog. Resp. Res.*, **30**, 2000, 2-15.
- The Magill and Penlon bronchoscopes were donated to the Museum by Dr Nasim Naqvi in 2004.

## OPHTHALMOSCOPE COLLECTIONS AND COLLECTING

### RICHARD KEELER

The appearance of the ophthalmoscope in 1851 (fig.1) ushered in the modern era of ophthal-



*Fig.1 Helmholtz ophthalmoscope, 1851.*

mology. Hermann von Helmholtz's (fig.2) discovery allowed visualisation of the fundus for the first time. Helmholtz used a candle as his illumination source and practitioners had to wait a further 40 years before the introduction of the incandescent lamp. There was a further interval of 25 years, until 1915, before the convenience of battery powered instruments was enjoyed.

There are two types of ophthalmoscope, those without inbuilt illumination, mainly dating from 1851 to the end of the century but still being manufactured up to World War Two (fig.3), and ophthalmoscopes with a built-in source of illumination. The latter group can be divided into battery models and those powered by transformer.

In the United Kingdom there are many small

collections but only a few large ones. The Royal College of Ophthalmologists has the largest and most complete collection with over 200 models, half of them from the 19<sup>th</sup> century. The British Optical Association at the College of Optometrists also has an extensive collection. The Science Museum has a large collection at their reserve store at Blythe House, near Olympia. Regrettably the Institute of Ophthalmology's collection is not open to view unlike the above collections which can be seen by prior arrangement.

There are probably in excess of 400 models of ophthalmoscopes with many hundreds more with minor variations. The holy grail for collectors is the



*Fig.2 Hermann von Helmholtz (1821-1894).*

original model invented by Helmholtz. Both the College of Ophthalmologists and the Institute of Ophthalmology have this model. Recently one was bought on eBay for just \$70, but a price of £10,000 to £15,000 is likely to be obtained at auction. Most of these collections are the result of individual donations made over many years, with odd additions bought at auction or an instrument fair. The collection at the Royal College of Ophthalmologists consists mainly of the original

pand (see addresses below). It is regrettable that the policy of the Science Museum does not permit viewing of their collection at a convenient location or allow them to be placed on loan for inspection and study.

#### ADDRESSES

The Royal College of Ophthalmologists, 17, Cornwall Terrace, London NW1 4QW.

The College of Optometrists, 42, Craven Street, London, WC2N 5NG.



*Fig.3 Peppmuller ophthalmoscope for two viewers, 1871.*

Keeler company's and Richard Keeler's personal collections.

The design, ingenuity, precise engineering and beauty of some of the early 19<sup>th</sup> century models soon stimulate the interest of anyone involved in medical instruments when these features are appreciated. Unfortunately their viewing is not always possible except at the two Colleges noted, incidentally these are the only major collections which continue to ex-

# MUSEUM MEANDERINGS : UPPSALA MEDICAL MUSEUM, SWEDEN

BELINDA HEATHCOTE

In November, 2007 I was staying with a friend in Uppsala who, ever the organiser, reminded me to visit the Medicinhistoriska Museet (fig.1). Officially only open on Thursday afternoons, the Curator is however usually able to make special arrangements if visitors let her know beforehand. The museum, in the old building of the Ulleraker Mental Hospital, is a little outside Uppsala but easily reached by bus from the centre.

The main hall – the old Assembly Hall – is almost overwhelming being given over to surgical



*Fig.1 Cover of leaflet for the museum of Medical History, Uppsala.*

history and stuffed with a most fascinating array of instruments from forceps to operating tables (fig.2). Other rooms have special exhibitions on pharmacy, radiology, clinical chemistry, internal medicine with an original Laennec stethoscope and electrocardiographic material; blood and body fluids encompass the "Doctrine of the Four Humours" to blood transfusion. Two special dis-



*Fig.2 A superb wooden operating table, late 19<sup>th</sup> century.*

plays record the history of the University Hospital, the Samaritan Hospital and the training of nurses in Uppsala. A section on paediatrics concentrates on the work of Professor Nils Rosen von Rosenstein and has a small library. In the entrance hall is a tribute to Linnaeus, who I found described in one history of medicine as "A doctor interested in botany". That I suppose is one somewhat condescending description of the founding father of botanical classification.

When in Uppsala do not miss visiting the University Museum, the Museum Gustavianum, in the centre of the city. Apart from anything else it houses Rudbeck's Anatomical Theatre, added in 1662 to the original building of 1625; it also covers the history of the University and contains portraits of Rosen, Celsius, the physicist Klingenstierna as well as the Augsburg Cabinet of Curiosities.

I confidently recommend these excellent museums for a few hours of happy museum meanderings.

## LETTERS

**John Broberg writes:**

"The fleam described by Derrick Baxby in Bulletin 18 (August, 2007) is the type commonly found in French veterinary sets. However, the buffalo horn shields are unusual for they were mostly made of ebony to match the handles of other instruments in the set. When heat sterilisation of instruments was introduced, both handles and blades were plated with German silver and could be taken apart for cleaning and boiling. Pictured is a French two bladed fleam dismantled for sterilisation and a French combination veterinary set with two fleams, a lancet, an abscess knife and a hoof knife fitting into a brass cover. (fig.1). I



*Fig.1*

think this type would be the "farrier's" model as opposed to that of the "veterinary surgeon's" model."

**Derrick Baxby raises a question:**

"According to Elisabeth Bennion's 'Antique Medical Instruments' (1979), page 155, Royal Naval surgeons had to carry their pocket cases with them even off duty – a regulation not rescinded until the 1930s. I have spoken to both

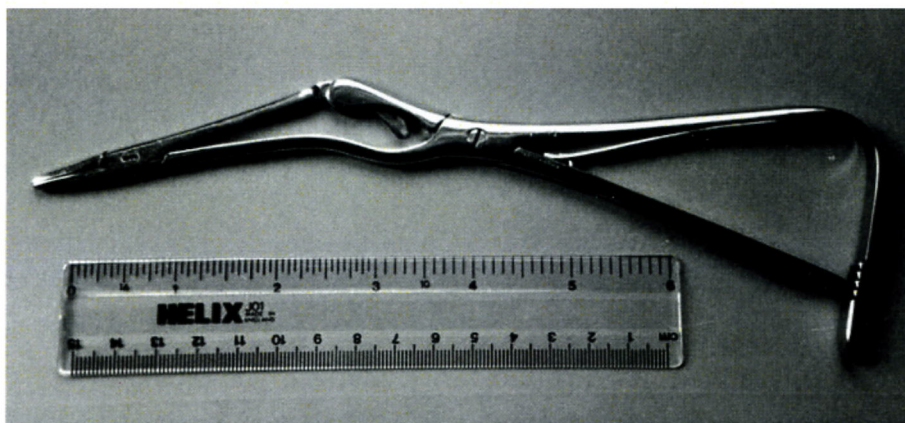
Mick Crumplin and Pete Starling but they have no knowledge of this. It would be nice to have confirmation, and possibly information/illustrations of the cases used.?"

**Editor's response:**

Unfortunately Bennion does not specify any references to her information but I have found evidence in Lloyd, C. & Coulter, J.L.S., "Medicine and the Navy 1200-1900" vol III – 1714-1815 (1961), page 165, that confirms regulations were introduced by Blane in 1805 to order surgeons to carry pocket instruments at all times. I have no information as to when the regulation ceased and invite comments on this. As a Surgeon Lieutenant RNVR in 1954-55 I certainly never carried pocket instruments when off duty.

## WHAT IS IT? [February 2008]

This instrument consists of three separate sections controlled by two central pivoting joints and an unusual sliding joint. The catch is opened by manipulation of the little finger and closed by ring and middle fingers against the spring resistance between the handles. It is made of stainless steel and marked Thackray, Leeds & London. This specimen was probably manufactured about 1950.



*Halstead needle holder*

## WHAT IS IT? [August 2007]

### ANSWER

This is Eugene Doyen's (1859-1916) craniectomy chisel or osteotome. The equal angle chisel surface is elongated at the upper corner with a guard or probe extremity which diminished penetration when breaking into the skull between burr holes; according to Doyen's original description the other corner of the cutting edge should be rounded and not an acute right angle, as shown, which he considered more dangerous.

