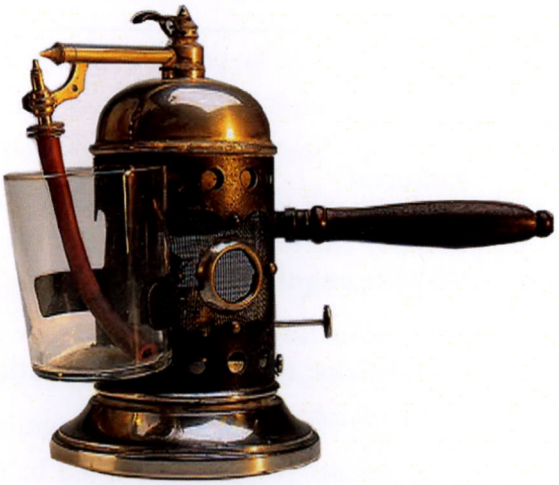
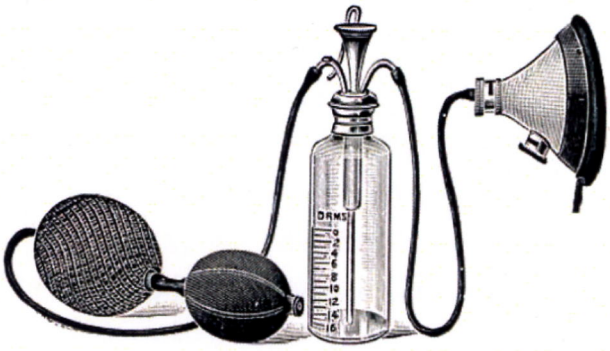
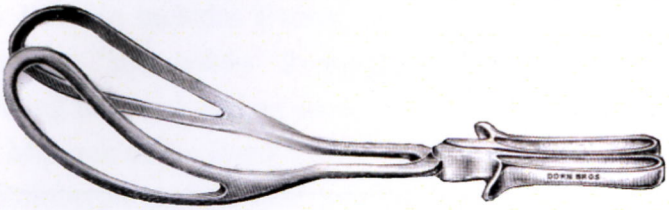




The Historical Medical Equipment Society



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AT THE GEORGE MARSHALL MEDICAL MUSEUM, WORCESTER

SPRING MEETING SATURDAY 17th APRIL 2010
AT THE MUSEUM OF THE BRITISH DENTAL ASSOCIATION, LONDON

EDITORIAL

Our Spring Meeting at the Museum of the Royal Pharmaceutical Society in Lambeth, attended by 33 members and guests, proved a stimulating visit thanks to the organisation of Briony Hudson, Keeper of the Museum Collections, and her team. Close to Lambeth Palace, we also enjoyed magnificent views of the Thames and Houses of Parliament from the meeting room on the fifth floor. Briony opened the proceedings by tracing the history of the Museum (see later) to be followed by Clive Murray who gave an account of the 'Development of the Cachet Machine'. Alan Humphries and Nasim Naqvi also gave papers (see later) whilst Peter Mohr reviewed the history of our Bulletin indicating their contents were now available on CD.

After lunch, fascinating demonstrations were given by Peter and Julie Mohr on the mystery of powder folders (see later), and by Peter Homan with his 'Demonstration of Pill Making'. Guided tours of the Museum followed and, although some areas were closed off temporarily, we saw many striking pharmacy jars, mortars, glassware, apparatus and pharmaceutical products which persuaded some to consider closer inspection by a private visit later.

In addition to the contributions noted above, this Bulletin includes Evelyn Barbour Hill's paper on 'Bloodsticks' from the Veterinary Meeting in Thirsk and an account of a visit to the Museum of the Royal College of Surgeons of Edinburgh by Peter and Julie Mohr. Peter, our Secretary has been very active on our behalf, producing leaflets, newsletters and a website (www.hmes.org.uk) which latter has generated some enquiries and I include one of these, received from the USA on the nature of a cornet (a veterinary item), which has been kindly answered by John Broberg.

Our next Meeting will be the Society's second visit to the excellent George Marshall Medical Museum at the Worcester Royal Infirmary on 17th October, 2009 where we will be received by John Prosser our Chairman; details will be circulated later. Negotiations are going ahead for the Spring Meeting of 2009 to be held on 17th April at the Museum of the British Dental Association. In addition to their contribution to basic surgical instrumentation, dental surgeons have pioneered mechanical drills and saws, and introduced many new materials which later were utilised especially by orthopaedic surgeons. For example, at the suggestion of dental colleagues, Smith-Petersen's interposition hip cup was finally made in vitallium, Charnley used methyl methacrylate as a bone cement and McKee arranged studs on the back of his acetabular prostheses. It should be an interesting meeting.

PS. As we go to press, I have just seen the last episode of the BBC programme 'Blood and Guts' and must register my amazement at its derogatory stance on surgical forbears and frequently erroneous presentation. Blood and guts describes massed infantrymen cut down by accurate artillery fire, as at Waterloo, and cannot refer to operative surgery; indeed before asepsis no surgeon dared open the abdomen. This episode reviewed the control of haemorrhage, anaesthesia and antisepsis as key advances securing safe surgery, failing to mention tourniquets, and producing mistaken demonstrations of Paré's arterial ligature and of the pouring of boiling oil into wounds; after years of searching, I have yet to find an actual case observation of this latter practice, although it has accompanied amputations for tribal punishment or legal reasons. It was also sad to hear the commentator repeatedly

emphasise that surgeons went on killing patients for centuries without recalling the many rescued by lithotomy (Pepys) and lithotrity, by couching for cataract, by excision of compound fractures and of fistula in ano, and by amputation (practically every ship in the Royal Navy had a cook with a pegleg for below knee amputation). Every few minutes we were shown Charriere's double bladed saw, covered in blood, expressly designed for anatomical and post-mortem excision of the posterior spines and laminae - there was no commentary, supposedly to mislead the public of its employment on the living! A final gaffe described Joseph Lister as a Scotsman. I would be interested in your opinions of this programme. This series will be converted to a book which may prove of doubtful accuracy.

HMES WEBSITE ENQUIRY – A CORNET?

ANSWERED BY JOHN BROBERG

Peter Mohr recently received a query from an American farriery instructor, Chuck Presnail, a collector of old farriery (veterinary) books who came across a reference to 'a cornet' in a 17th century work and wondered what this might be. Peter passed this on to me.

A cornet was used to pick up and separate sinews, nerves or veins from their surrounding tissues and to lift the skin from the sub-cutis. Ger-

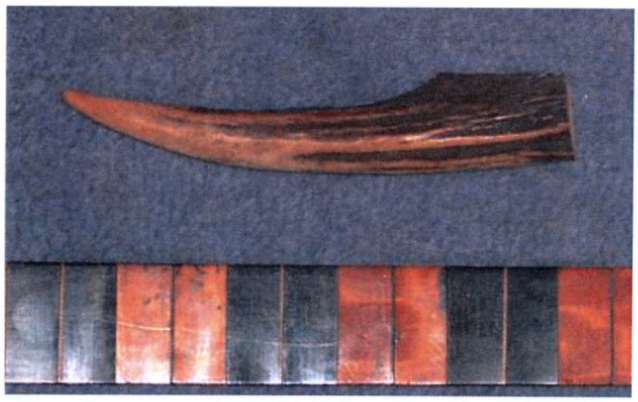

Fig. 1. Cornet, sectioned from a deer's antler

vase Markham who wrote *Markham's Masterpiece: containing all knowledge belonging to the smith, farrier, or horse-leech...*(21st impression, 1734) describes many examples of the use of a cornet, sometimes printed as 'cronet'. For this blunt-pointed tool Markham recommended utilising a frontal tine from a deer's antler (fig. 1). He wrote:

"...with a good Surcingle (tourniquet) *within a handful* (handsbreadth) *where you mean to take up the Vein, gird him very strait, and presently you shall see the Vein arise; then mark that part of the Skin which covereth the Vein, and with your Finger and your Thumb pull it somewhat aside from the Vein and then with a very fine Incision-knife, slit the skin clean through, without touching the Vein...then take a fine smooth Cronet, made either of the Browantler of a Stag, or an old buck, and thrust it beneath the Vein and lift it up a pretty distance (that is to say, half the thickness of the Cronet) above the Skin; that done you shall lose the Surcingle...*

Now when you have taken your Vein upon your Cronet, you shall either put a red silk thread dipp'd in Oil of Butter or else a small Shoemaker's Thread underneath the Vein also, somewhat higher than the Cronet, which Silk or Thread must serve to knit the Vein when time requires; then the Cronet still as before, with your Knife slit the top of the Vein longwise the length of a Barley-corn that it may bleed; then stopping the neather part of the Vein with the Silk or the Thread suffer it to bleed from above;"

Editor's Note

Cornet is derived from the French *corne*, meaning horn or antler, and in English has the above interpretation but also may designate a brass trumpet, an ice-cream cone or a junior cavalry officer!

BLOODSTICKS: *THE FORGOTTEN ESSENTIAL*

EVELYN BARBOUR HILL

[Summary of paper given at the Thirsk Veterinary Meeting, 18th October, 2008]

"When a horse appears dull and heavy, and indifferent about his food, by bleeding we often prevent a fever... In such cases I have often taken away five quarts, and repeated the operation the following day, when it appeared necessary." (James White, early 19th c.)

Bleeding was a routine part of veterinary treatment, as it was of medical treatment, for many centuries and as much a ritual as a therapeutic or prophylactic practice. It was considered a necessary routine in order to preserve the health of horses. Thomas Tusser, in the mid sixteenth century, wrote in his "Good Points of Husbandry":

"Ere Christmas be passed, let horse be let blood,
For many a purpose, it doth them much good.
The day of St. Stephen, old fathers did use;
If that do mislike thee, some other day chuse."

December 26th was a good day to bleed horses, for they would have ten or eleven days of rest before working again. Yet there are also descriptions of stables full of coach-horses being bled as a routine measure and worked again almost immediately.

Every old book on farriery and veterinary surgery, mentions bleeding although opinions vary on the exact indications (and, occasionally, contra-indications), yet all agree any evidence of 'inflammation' required bloodletting. To describe the technique we refer to Edward Mayhew's *Illustrated Horse Management* of the mid 19th century. Mayhew, a humane man, detested the abuse of horses on the London streets and did not mince his words in condemnation of bleeding, which was still common practice. Yet he wrote "Nevertheless, a timely depletion may, upon certain occasions, save life." One of the tools necessary is a 'blood-can', to the significance of which

Fig.1 Multibladed fleam and veterinary lancet

we will return. Secondly, is a fleam which is preferable to the lancet (fig. 1) and thirdly, is 'the forgotten essential' a bloodstick (figs. 2, 3 & 4).

Fig.2 Basic bloodsticks, from the top a mallet, an 'egg-on-stick' possibly with the egg weighted with lead and a cylinder of superbly turned lignum vitae.

With the horse blindfolded and hobbled, the fleam was placed on the jugular vein and struck with the blood- stick (figs.5 & 6). The groom immediately pressed a blood-can against the horse's neck, thereby impeding the downward stream within the vessel, causing blood to gush forth. After bleeding the wound was sutured and,

usually, the horse was rested but denied food and water for 24 hours. Sadly, horror stories

Fig. 3 Bloodsticks, from the top in oak, the others in fruit wood

tell of a mail-coach horse being bled and worked immediately causing the harness to

Fig. 4 Bloodsticks, from the top whittled from an odd piece of wood, a finely turned bi-coloured stick and a simple cylinder not turned but roughly cut.

dislodge the suture and start fresh bleeding; as it was night, nobody knew until the horse

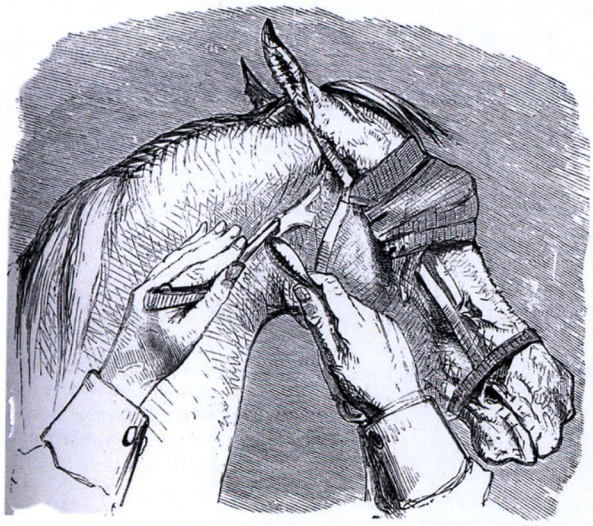

Fig. 5 Jugular vein congested by the left palm which holds the fleam about to be struck with a bloodstick

dropped dead in the traces. The quantity bled, perhaps a modest quart in earlier centuries, gradually increased to several quarts or even gallons by some in the early 19th century, and then declined again. Horse and human venesection virtually ceased as humoral concepts were abandoned in the late 19th century.

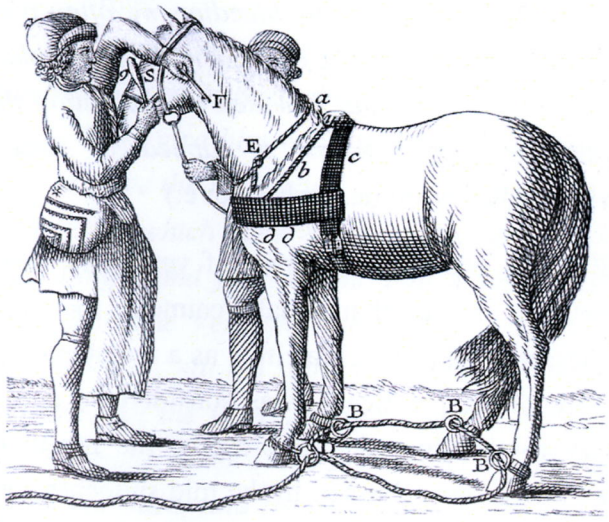

Fig. 6 Horse hobbled and about to be bled - the assistant groom should be holding a blood-can ready to collect discharging blood

The name "bloodstick" is the common and proper term for the instrument. Just occasionally in books it is referred to as a "mallet". It is always round in cross section, like a wood-carver's mallet, weighted to deliver a sharp blow. Those in my collection have an astonishingly wide range of shapes and sizes and some were clearly derived from truncheons or life-preservers, fishing priests, probably an "Indian club", a chair leg and one hand-whittled from a piece of ash. Yet we know they have all been used as bloodsticks, for the following reason. Every stick bears linear indentations of the blunt back of fleams it has struck, characteristically at a diagonal to the long axis, as examination of figures 2, 3 & 4 demonstrate.

THE COLLECTIONS OF THE MUSEUM AT THE ROYAL PHARAMCEUTICAL SOCIETY

BRIONY HUDSON

The Museum of the Royal Pharmaceutical Society was founded a year after the Society, in 1842, as a reference collection for teaching students of the newly formed School of Pharmacy. At the beginning, the Museum had only two dis-

Fig. 1. Museum Room One at 17, Bloomsbury Square, c.1880

play cases. By May 1843, about 850 *materia medica* specimens had been donated, and the Herbarium founded with 213 specimens of British plants. In 1863, the Museum had expanded to occupy three rooms of the Society's headquarters at 17, Bloomsbury Square, London (fig. 1).

The collections continued to be utilised by pharmacy lecturers and students through the first half of the 20th century. In 1940, the collections were stored in the Natural History Museum (then part of the British Museum). After World War Two, the collections remained in storage for, although their research potential was still recognised, changes in pharmacy and in pharmacy education meant that the Museum's original purpose, to educate standards in *materia medica* , was in irreversible decline. In 1969, the collections were transferred to the University of Bradford and in 1982 to the Royal Botanic Gardens, Kew where they are available for research.

A new chapter in the Museum's history started in the 1930's when the decision was made to establish an historical collection. An appeal went out to members through the *Pharmaceutical Journal* in 1937 to donate items of historical interest and it became the responsibility of the Society's librarian, Agnes Lothian, to look after the historical, rather than the scientific collections (fig.2). She conducted an ambitious purchasing programme, particularly in the areas of ceramics, caricatures and proprietary medicines. Her particular passions were delftware and mortars.

Fig. 2. Pharmaceutical equipment including a leech jar, a metal mortar and in front of them a powder folder

In 1977, after 136 years at Bloomsbury Square, the Society moved to a new building in Lambeth where, from the outset, objects from the Museum's collections were displayed throughout the building, from the basement to the fifth floor. Today the collections number about 45,000 objects representing all aspects of British pharmacy, ranging from traditional dispensing equipment to drug storage containers including some fine 'Lambeth delftware' dating from the 17th and 18th centuries. A major proportion of the collections consist of proprietary medicines dating from the 18th century to

Fig. 3. A selection of tablet containers from the 1950's and 1960's

the present day (fig 3) and there is also a significant collection of medical caricatures. Its extensive photographic archive covers 19th and 20th century pharmacy premises, practice and people. These collections form the basis of a wide-ranging programme of activities, events and exhibitions, and support the Museum staff in answering about 1500 research enquires each year.

THE PURPOSE OF THE PHARMACY 'POWDER FOLDER'

PETER & JULIE MOHR

'Powder folders' were devices used by pharmacists to help dispense medications in powder form. The once popular use of medicinal powders can be traced back to medieval times (1); the apothecary weighed out powder and then wrapped it in a square of special white demy paper. The technique for folding the paper followed a traditional pattern (fig.1). The

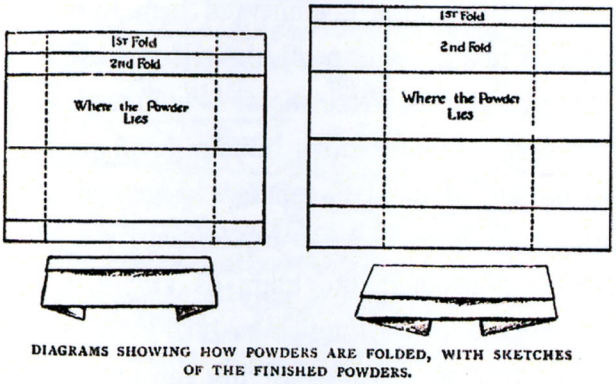

Fig. 1. Methods of folding the powder paper by hand.

uniformity of size and shape of the folded powder was a matter of professional pride: the purpose of the powder folder was to ensure that the papers when folded were all of the same length (fig. 2) before packing carefully in a suitable box.

Fig. 2. Late 19th c. brass powder folder with adjustable sliding screw. Paper positioned for folding the ends. (Manchester Medical Museum)

During the 19th century, the powder folder became an essential tool of the dispenser's bench (2). Generally they were made of brass and rather robust to ensure stability. Their design varied; early models were simple blocks of wood or a flat metal plate on a central leg (3). Later models could be adjusted to fold papers of different lengths – the 'barrel' type had sliding plates, while the later brass 'trestle' model was adjusted either by a sliding screw or a toothed catch (fig. 3).

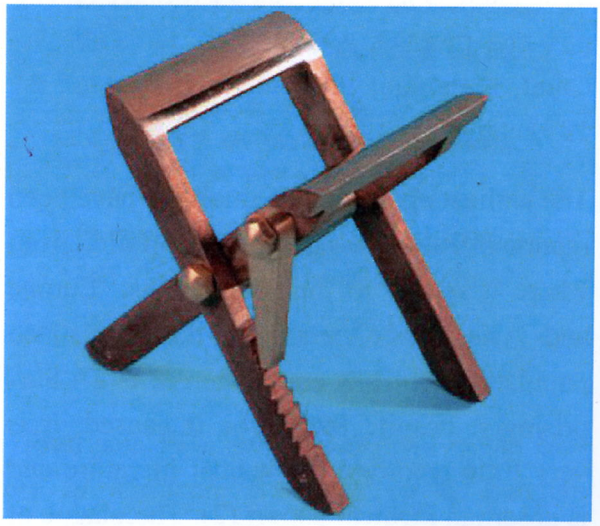

Fig. 3. Trestle powder folder with adjustable toothed catch.

By mid 20th century, powders were almost completely replaced by tablets and capsules. Only paediatricians continued to use powdered medication for small children, and only *Beecham's Powders* have survived as a traditional product in the chemist's shop.

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A MEDICAL CLASSIC: *A TREATISE ON SMALLPOX AND MEASLES*

NASIM NAQVI

Not many books remained popular and in great demand for over a millennium, and also repeatedly translated into many languages for institutions of higher education. One such manuscript was written at the end of 9th century AD by a brilliant polymath, Abu Bakr Mohammad Ibn Zakariya al-Razi (865-925/35) or Rhazes who contributed to medicine, philosophy, mathematics and music. To quote F H Garrison, "Rhazes, a great clinician ranks with Hippocrates, Areteaus and Sydenham"(1), whilst his treatise on smallpox and measles was the first authentic account, remaining in print till middle of the 19th century.

The earliest epidemics of smallpox have been reported from the banks of the Nile, from where it spread to the Middle East, Europe and Asia. Since, smallpox has devastated populations until its eradication in 1977. Surprisingly, despite the havoc it caused, it is very little recorded in medical literature and is absent in medical papyri (2). The plague of Athens of 430 BC is said to be due to smallpox but Greek medical texts do not discuss it as a disease, thus Galen made only passing mention to smallpox, nor was it discussed by the Chinese. Three Indian medical texts contain only minimal and identical descriptions of a condition *Masurica* (when pustules like brown lentils appear), translated as Variola, that is smallpox (3). Similar interpretations are made by better informed historians (4). Some are of the view that *Masurika* was not smallpox but chickenpox and that early Indian medical texts did not describe smallpox as it was not prevalent in India till 12th century AD. However, this is unacceptable for everywhere else smallpox and chickenpox existed side by side; moreover, trade links existed via the Silk Road and sea routes with India and Egypt, Mesopotamia, Greece, the Roman Empire and China where smallpox was endemic. With huge movements of human and animals taking place for thousands of years, it is against logic that India remained free of this highly contagious disease.

Smallpox was first documented in a Syriac medical text by Ahrun of Alexandria in 622 AD, but Rhazes wrote the first comprehensive text, its translations remaining in print till middle of the 19th century. The Arabic title of the book is *Kitab fi Al Jadari wa Al Hisbah*, translated into Latin as *Variolis et Morbillis* and into English as *A Treatise on Smallpox and Measles.* In his introduction Rhazes stated when meeting other medical men, a discussion took place on smallpox and, after he explained his views, he was asked to write a full description. He noted that Galen only mentioned smallpox briefly and referred to the Arabic translator of the Syriac of Ahrun of Alexandria without mentioning the book itself. In one chapter he differentiated smallpox from measles and also observed that survivors of smallpox never suffer again.

Although the book was translated into numerous languages and copies of these are found in collections and libraries, there are only two original Arabic manuscripts. One is in the Leiden University Library (Fig. 1) and the other in the National Library in Venice, both being donated nearly 400 years ago (5) That in Leiden has been used by translators and researchers but the other in Venice has not seen the light of day for centuries. Rhazes's

book remained in great demand till about middle of 19th century, being the only book available on smallpox. It was first translated into Greek and subsequently nearly 40 times into almost every European language. It was

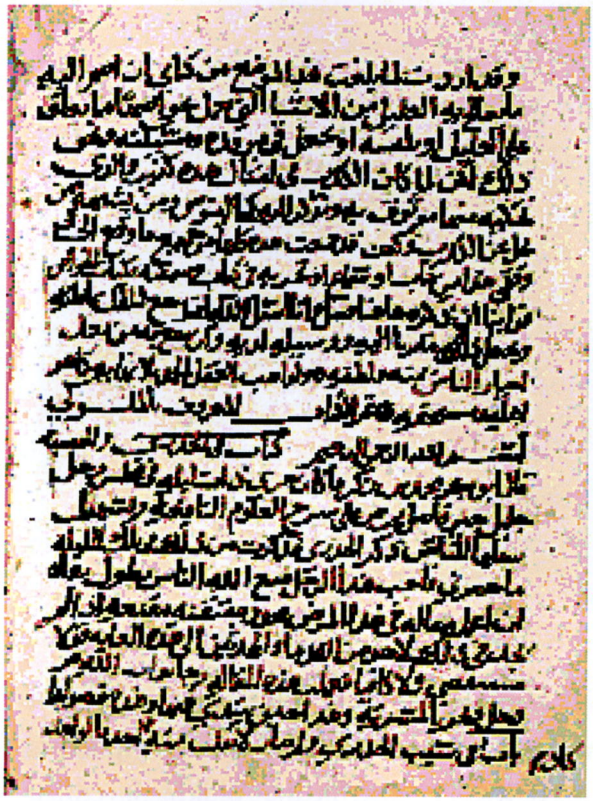
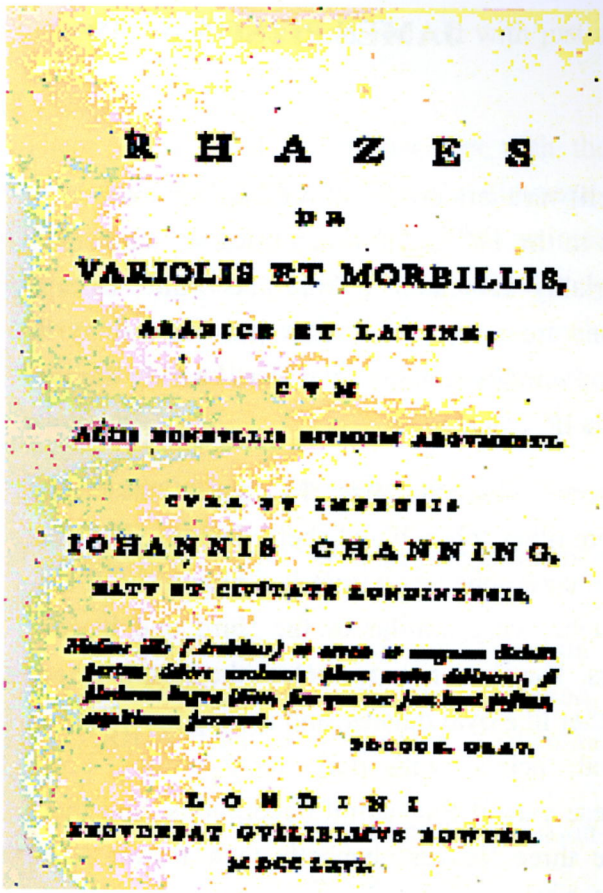


Fig. 1 First page of Arabic manuscript of Kitab fi Al Jadari wa Al Hisbah (The Leiden University Library)

first translated into English from a Greek text in 1747 by Mead and published in London, followed by two more translations in 1756 and 1762 with reprints in Edinburgh, London and Dublin. A popular translation by the famous London Apothecary John Channing (died 1780) was published in 1766. This was a Latin translation with the Arabic on opposite pages (fig.2) The last English translation in 1848 by Greenhill is said to be the best; because it was translated direct from the rare original Arabic manuscript borrowed from the Leiden University Library (5); it was last reprinted in 1875. An Arabic version was published in 1872 in Beirut.


RHAZES

DE

VARIOLIS ET MORBILLIS,

ARABICE ET LATINE;

CVM

ALIIS MONTELLII SYMBOLIS ADJVNCTIS.

CVRA ET IMPENSIS

IOHANNIS CHANNING,

MATV ET CIVITATE LONDINENSIS.

LONDINI

EXCVDEBAT GVILIELMVS NOWTON.

Fig. 2 Title page of the Latin translation 1766 (author's personal collection)

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JAMES PITSON & HIS POTS: *A POTTER'S NIGHMARE?*

ALLAN HUMPHRIES

Delftware jars produced for English apothecaries in the 17th and 18th centuries are almost invariably decorated in blue and white. Exceptions are a few large show jars for display in shop windows, and a set of jars bearing the initials IP, dated 1723.

Several characteristics distinguish these jars from other 'cherub and shell' designs. The normal cartouche has within it a ribbon scroll cartouche, very similar to the 'bird and basket' jars. The flower swags below the cartouche are rather like oval daisies, and are formed of small oval 'petals' with dark spots within. From these extend four spiral decorations, and there are three 'leaves' beneath each flower (figs. 1,2,&3).

Fig. 1

Eight jars from the 1723 set appear to have survived, together with one inscribed but undated jar, as follows:

Green cartouche
CONF: ALKERM. Wilkinson Collection
C: FL: AURANT. Wilkinson Collection (fig.1)
O: HYPERIC. Royal Pharmaceutical Society
P: EMMENAGOG Victoria & Albert

Red cartouche
U: RUB: DESIC: Wilkinson Collection (fig.2)
C: FL: AURANT. Longridge Collection
C. CORT. AUR. Royal Pharmaceutical Society (without IP and 1723)
P: COCH: MAJ. Royal Pharmaceutical Society
P: TARTAR Greenfield Village and Henry Ford Museum, Dearborn

There are thus two jars with the inscription C: FL: AURANT., one in the Wilkinson collection and one in the Longridge collection. The Wilkinson specimen has a pale red inscription in a largely green cartouche, while the Longridge specimen has a blue inscription in a largely red cartouche. This emphasises the fact that there are two colour schemes for this set of jars. The inscription on the jars with a green cartouche is always of a very pale rusty red, very difficult to read, especially at any great distance (fig. 1), such as on the upper shelves in an apothecary's shop. The blue inscription on the red cartouche jars is of a deep rich blue, and eminently readable.

I suspect the set of jars with the green cartouche were produced first, and found wanting by Pitson who complained to the potter. A duplicate set with readable inscriptions was made, and both sets passed into the apothecary's

hands. The unsatisfactory inscriptions on the green cartouche jars could be painted over

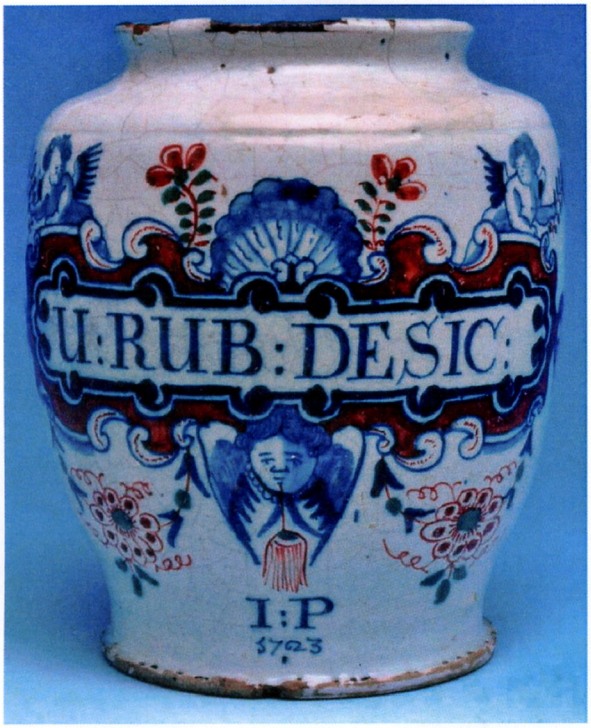

Fig. 2

with other inscriptions and the jars thus rendered useful, though I have to admit that there is no sign of this on the Wilkinson specimens.

Fig. 3

Due to natural wastage we are left with just a handful of jars.

There are at least six further jars with the same design of double cartouches, characteristic flower swags and tassels, entirely painted in blue, but more crudely (fig. 3). It is likely this was the 'house style' of the pottery making both the polychrome and the blue-and – white jars.

The inscriptions on these are:

C: BORGIN. Wilkinson Collection (fig. 3)
:S: PAPAVER: ER: Wilkinson Collection
THER: ANDRO: Wilkinson Collection
MITHRIDATUM Wellcome Collection (large display jar)
S. DE. PAPAVER. E. Private collection, London.
C: LUJULAE. Private collection, London

The 1723 jars were probably made for the London apothecary James Pitson who was Upper Warden of the Society of Apothecaries in 1722-1723 and Master in 1723-4. Possibly he had the set made to celebrate his election to the latter post. What better reason to have an imposing and unique set of jars made when achieving the pinnacle of his profession?

THE MUSEUM OF THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

PETER & JULIE MOHR

The Surgeons Hall Museum is Scotland's largest medical museum and houses one of the most important surgical and medical history collections in Europe. The College celebrated its quincentenary in 2005, claiming a *Charter of Privelege* dating from 1505. A museum 'cabinet of curiosities' can be dated from 1679 including an early skeleton donated by Alexander Monro in 1718, and pathological specimens from 1807. The importance of the Museum was further enhanced by the bequest of John Barclay's large comparative anatomy collection in 1821 and the purchase of Sir Charles bell's 3,000 teaching specimens from the Great Windmill Street School of Anatomy in London in 1825. Many additional donations were made over the years including surgical instruments and items of

Fig. 1. Classical facade of the Royal College of Surgeons of Edinburgh

medical equipment. By the 1820's the original High School Yard building was in poor condition and a new building was designed by the Edinburgh architect, William Henry Playfair. The new College with its imposing portico entrance (fig.1), opened in 1832 and included a spacious Museum and Library.

Today's Museum is divided into an impressive 'Surgeons Hall Pathology' section and an excellent 'History of Surgery' collection, tracing sur-

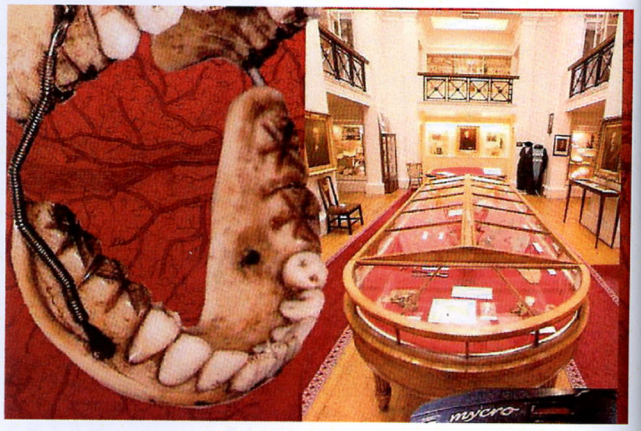

Fig. 2. Dental prosthesis and view of the Surgeons' Hall Museum interior

gery from Roman times to the present, and includes displays on Liston, Lister, Conan Doyle and much more, A large upper gallery houses an exhibition area which at present is devoted to sports injuries, and a added bonus is the extensive Menzies Campbell collection of dental instruments (fig.2), including a Harrington clockwork drill of 1864.

A visit to the Surgeons' Hall Museum will not disappoint it is open to the public, Mondays to Fridays, noon to 4pm. Admission £5 (various concessions £3). However check first – during Fellowship examinations the Pathology Museum is closed, although the rest of the Museum is open at a reduced fee of £3 (concessions £1). He address is Nicholson Street, EH8 9DW; tel. 0131 527 1649; www.rcsed.ac.uk

WHAT IS IT? [August 2009]

Made by Arnold of London, what is this instrument case designed for, other than amputation? The box in the lower quarter contains a variety of small instruments and beneath it are yet more. The case is brass-bound mahogany and decorated internally with areas of purple velvet which may give a clue to its date?

WHAT IS IT? [February 2009]

1. These instruments were for bladder stone extraction by lateral perineal lithotomy.
2. Before extraction a metal bougie or sound was necessary to 'sound' for the stone, probably a grooved sound to guide the incision to the bladder base, but this is not present in the box; Xrays to demonstrate stones were not available until after 1895. Additionally there are no catheters for post-operative drainage
3. The ebony handles and unplated carbon steel indicate manufacture before thermal sterilisation (introduced c.1890-92); both the maker, Wood of Manchester, and the supplier, Harris of Birmingingham, were in business during the 1870's.