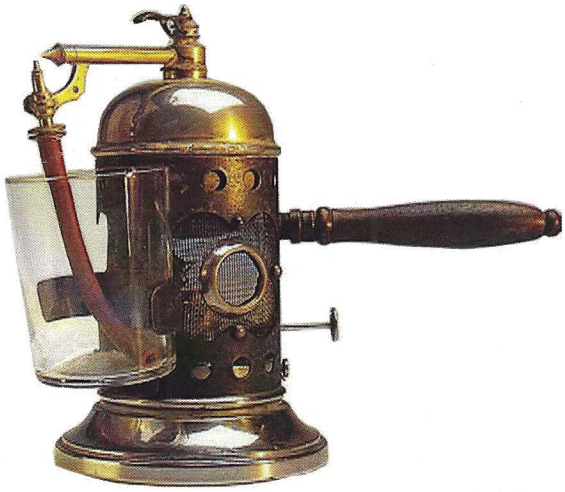
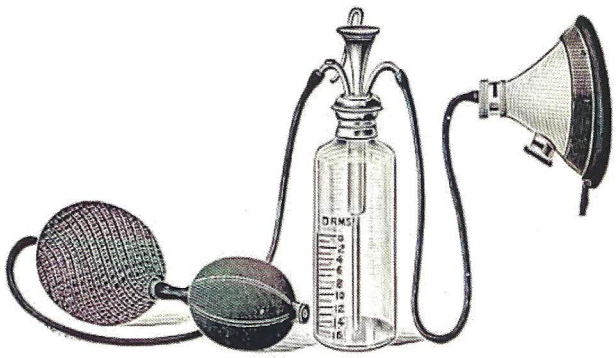
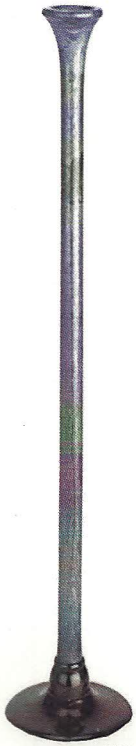
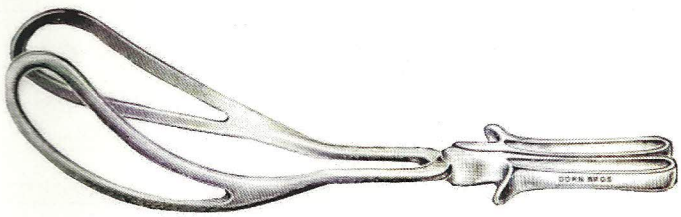




The Historical Medical Equipment Society





BULLETIN NO. 27 ISSN 1366 - 4719 JANUARY 2012

EXECUTIVE COMMITTEE

CONTENTS

EDITORIAL

The autumn 2011 meeting was held in the 'Old Library' of the original building of the Royal Berkshire Hospital followed by a tour of the Medical Museum in the 'Old Laundry.' I am grateful to Tim Smith, David Goodwin, Marshall Barr & the museum's volunteers for their help organising the meeting and guiding us around the museum and chapel. Also thanks to Lionel Williams for his expert help with the AV equipment. The HMES owes Daphne Smith and her team a vote of thanks for an excellent lunch – one of the best that members can remember!

David Goodwin gave a helpful overview of the history of the hospital and the museum. The 1839 Georgian building was extended in the 1860s-80s by architect Joseph Morris to include the laundry, chapel and library. The modern hospital has expanded in recent years and occupies a large site behind the old hospital. The Museum & Heritage Centre were founded in 1997 with the aim of preserving items of historical medical interest, especially those with a local connection. The collection includes the hospital archives, medical equipment, photographs, oral history accounts, and an excellent collection of medical books in the Old Library. The Museum has prospered because of the determination and hard work of the volunteers and support from the Hospital Trust and local museum services. The Centre is a registered charity and in 2008 received Lottery funding, which allowed refurbishment of the museum and improved promotional and educational activities. The tour revealed an excellent collection of well displayed instruments including an iron lung, live leeches, blood transfusion, fibre-optic endoscopy etc.

Tom Walker continued the meeting with a description of 'Sibson's percussor,' a rare piece of medical equipment designed by physician Francis Sibson (1814-76,) used as a mechanical aid for percussing the chest. A brass striker supported on a frame by rubberised silk, combined with an ivory pleximeter – easier to demonstrate than to describe!

Nasim Naqvi's paper, 'Medicine on the Silk Road,' was an exercise in medical tourism. Over the years, Dr Naqvi has made several trips to China, the Far East, Pakistan and India. His search of museums, libraries and archaeological sites in the ancient cities along the old Silk Road has revealed a unique view of ancient medical history over the millennia – Chinese medicine, Buddhist surgery, local healers etc: medical traditions and artefacts moving across Asia with the silk & spices.

Christopher Gardner-Thorpe presented a collection of wooden blocks of various shapes which had belonged to Henry Head (1861-1940.) Head is famous for experimenting on his own superficial radial nerve, however his book *Aphasia* (1924) recorded his later researches into higher cerebral function. The blocks were used to test for subtle defects in cognition using a series of increasingly complex tasks. A second collection of coloured shapes (Kohs' token test) were used in a similar way. But has bed-side neurology been usurped by the speech therapist, psychologist & the scanner?

Tim Smith's paper described how a common problem, nose bleeds, was treated using an unusual & rare 18th century instrument, 'Bellocq's epistaxis cannula.' This simple curved tube belied the difficult and unpleasant technique of posterior nasal packing. But even more interesting is that there is very little known about Dr. Bellocq – a rare example of a forgotten eponym!

The final paper discussed the surgical instrument makers J&W Wood of Manchester. The Manchester Medical Museum has a good collection of their fine instruments from between 1833-1933, but little is known about the company. Family history and other archival research have given clues to their business methods and links to other companies in York, Liverpool & Leicester.

This meeting highlighted the wide range of interests within the HMES and the broad scope covered by the study of medical equipment & instruments from 'Head's blocks' to 'Bellocq's cannula.' This spread of knowledge is nicely illustrated by two recent books by HMES members: Nasim Naqvi's *Buddhist Medicine & Surgery* (2011) and Neil Handley's *Cult Eyewear* (2011.) There is need for more research into the business practices and manufacturing techniques of surgical instrument manufacturers. So there is much for the HMES to do; the *Bulletin* must continue, and there is an urgent need for someone to step forward to take on the honorary secretary post.

Peter Mohr,
Honorary Secretary

Email enquiry to the Manchester Medical School Museum 23/9/2011

Good morning,
I am writing concerning a term I have run across in a 19th century (1867) letter written in Kentucky, USA. The woman writing the letter had just given birth and developed mastitis. She is describing the use of a "dog" to express milk or improve lactation. She also mentions using a breast pump in a context that suggests it was a separate piece of equipment. I have been unable to find out just what a "dog" was (I don't think it was of the canine variety!) and wondered if someone in your society might know.
Thank you,

Nancy O'Malley
Assistant Director
William S. Webb Museum of Anthropology and
Office of State Archaeology
1020A Export Street
University of Kentucky

Email next day 24/9/2011

While I was waiting for your reply, I did some more searching and found an 1855 obstetrics manual* that stated three means by which milk could be extracted: "During the first stage of the disease..., it is of great importance to keep the breast as empty as possible, and if this cannot be effected by the infant, other means must be resorted to, as, *some older person accustomed to the business, a young pup, or an exhausting pump."*
The poor lady that was going through this treatment wrote: "*But the greatest trial of all has been having my breasts drawn regularly four or five times a day by a dog so as to get out every particle of milk."* She later mentioned using a breast pump exclusively so it seems that the treatment did indeed involve the use of a puppy. Yet another reason to be glad that I didn't live in the 19th century.

*John King, *American Eclectic Obstetrics*, Moore, Wilstach , Keys & Co., Cincinnati (1855 -92)

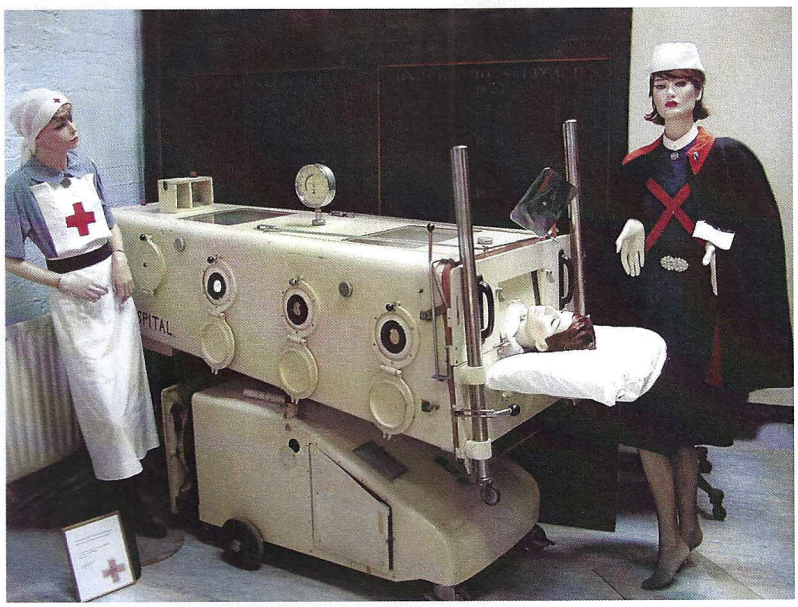
THE ROYAL BERKSHIRE MEDICAL MUSEUM

DAVID GOODWIN

The history of the museum's inception was published in the Bulletin five years ago (Bulletin No 15 2006 pp11-12). Since that time we have increased our activity. In addition to regular openings, we host group visits and educational sessions and participate in an ongoing 'schools boxes' project in association with Reading Museum . Some of us give regular talks to historical societies, retirement groups and organised educational sessions at local libraries. Useful publicity has been gained through local radio and television interviews and participation in Reading Heritage week held annually in September .

Boyle's anaesthetic machine, part of the anaesthetic display in the museum

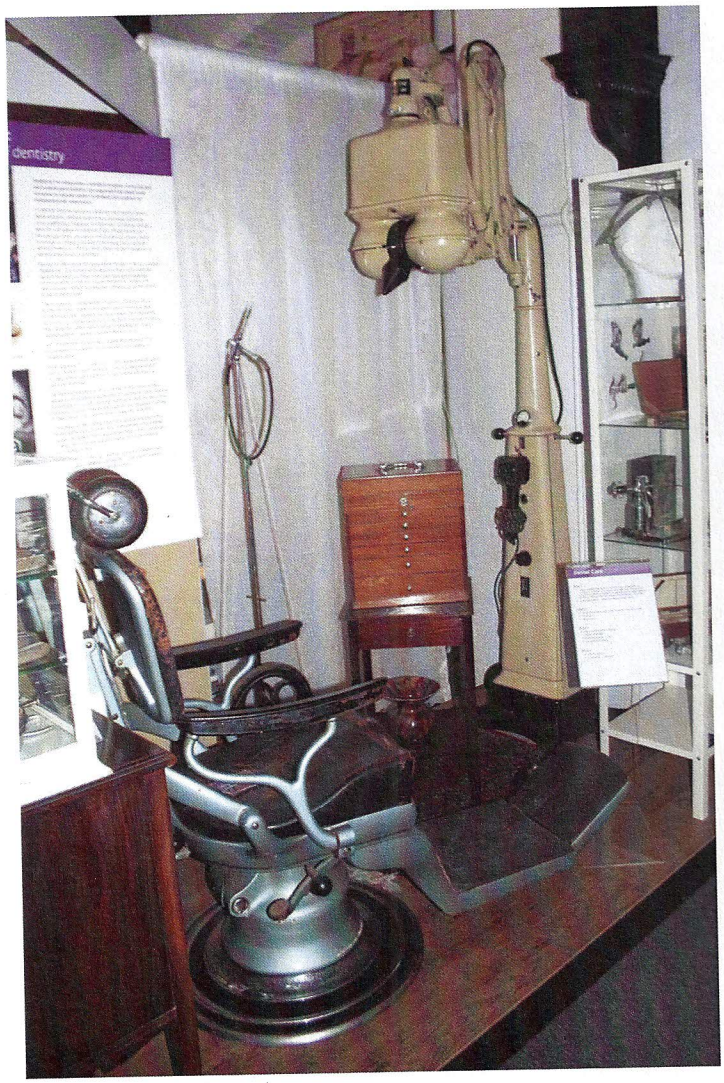
In 2006 we applied for a Heritage Lottery grant. Professional help was obtained and to our delight we were successful . With funds from the Manifold Trust interested in historic buildings and Intavent International with whom the department of anaesthetics had cooperated over a number of years we had sufficient monies to create a professional museum. In partnership with the NHS Trust we were granted permission to convert the old laundry and incorporate the hospital archives in a separate section. Planning consent was obtained to renovate the Grade 2 listed building. We closed for refurbishment in January 2007 . Our professional designer Martin Andrews from Reading University planned the layout to consist of 10 sections with cabinets, new lighting and raised platforms. Each section was "themed" with artefacts from medicine, surgery, nursing, hospital history, wartime, pharmacy, "quack medicine" and infectious disease (which included our iron lung). A leech jar with live contents has proved popular with our visitors. The main requirement of the leeches is regular fresh spring water. Many hours were spent writing the graphics, photographing, labelling and producing information sheets with more detailed content for those interested . The graphics were professionally produced with quality illustrations and materials.



Iron lung, in use at the Royal Berkshire Hospital until the 1980s

Our display cabinets were purchased from Ikea. These were reasonably priced and easy to assemble.

In June 2008 we reopened to the public and applied for full accreditation with the Museums, Libraries and Archives Council (MLA). This was granted in 2010. In addition to our regular team we have 20 volunteers who help during opening sessions. These are mainly retired hospital staff, medical, nursing, secretarial and ancillary. All have intriguing memories of their time at the



Dental display illustrating items from the 1940s

Royal Berkshire Hospital. We provide training for them including visits to other medical museums. We have 50 "Friends" of the museum who receive a newsletter three times a year and are invited to attend local medical history talks and seminars.

Several displays have also been mounted in different parts of the hospital and medical education centre. Themes include inhalers, hearing aids, obstetrics, Douglas Bader, measurement of blood pressure, and radiology. An audio history unit was installed in the museum some years ago which plays the recorded and edited memories of senior members of the staff past and present. Recently a visual unit was purchased that displays historical images of the local hospitals and wards. This runs continuously during opening times. There is also a visual display showing the iron lung in use.

The past 10 years have provided a worthwhile opportunity to preserve for posterity some of the artefacts which highlight the extraordinary advances in medicine since the Royal Berkshire Hospital opened in 1839. Several of the outlying hospitals which also supplied artifacts no longer exist. We are grateful to our many donors and to our visitors many of whom have fascinating stories and anecdotes to share with us.

FRANCIS SIBSON AND HIS PLEXIMETER ("SIBSON'S PERCUSSOR")

TOM WALKER

I am privileged to come from a long line of medical ancestors, and several years ago I inherited a variety of old medical and surgical equipment. Among this collection was an instrument the like of which I had never seen before, and I had no idea what it was. Early in 2011 I found the answer on the Science Museum website: a 'Sibson combined percussor and pleximeter, *c.*1860.' I therefore thought it appropriate to find out something about its inventor.

Fig.1 Francis Sibson

Francis Sibson (fig.1) was born in Cross Canonby, Cumberland, in 1814 and qualified at the Royal College of Surgeons in Edinburgh in 1831, following which he spent a few years in general practice. He then moved to London and obtained his MB and MD simultaneously in 1848, and his MRCP the following year. He was appointed one of the founding physicians of St. Mary's Hospital, Paddington, London, in 1851, where he spent the remainder of his professional career. He died suddenly in Switzerland in 1876 (1).

Sibson held many administrative posts in the Royal College of Physicians, the British Medical Association (and its predecessor, the Provincial Medical Association) and the University of London. He published numerous papers concerned with medical anatomy and the physiology of respiration, as well as the applications of narcotic poisons, ether and chloroform. He was a highly respected and well liked physician, as is made clear in his obituary published in the BMJ on 30 September 1876:

"The moral basis of his character was firmly laid in the strongest and most enduring rectitude of principle; he had a great love of goodness, a great hatred of all that was bad and mean; and a firm and abiding resolve to shape all his life by the rule of right doing.
Sibson, or 'Sibby', as he was more commonly and affectionately called, was always described as 'a really good fellow' – a little too hot, some thought, on the subjects of 'auscultation and percussion', but still a really good fellow."

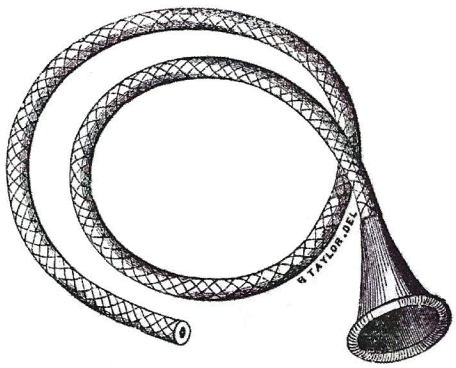


Fig.2 The flexible stethoscope (*The London Medical Gazette*; **28**: 911-912)

He seems to have been an inventor in his spare time, with several developments to his name. In 1841 he described a flexible stethoscope (fig.2) in which the end of a rubber tube could be placed directly in the ear,

in 1847 the first flexible facemask for use in the inhalation of ether (figure 3) and in 1848 a device to quantify the expansion of the chest during respiration. Of relevance to the instrument in my possession was his demonstration of a "spring pleximeter" at the Association Medical Meeting in 1853 (figure 4). I quote extracts of the report, the final sentence of which may perhaps strike a familiar chord with some medical examiners at the present time:

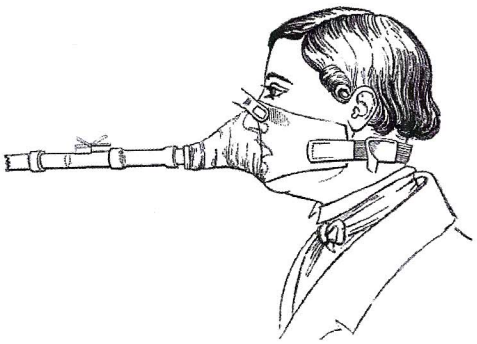


*Fig.3 A new inhaler for the inhalation of ether (The London Medical Gazette; new series **4**: 358-364)*

"Dr. Sibson exhibited his pleximeter, which consists of a combination of Piorry's ivory pleximeter, and the hammer of Dr. Winterich (2) introduced into this country by Dr. Hughes Bennett.

It is sometimes impossible to percuss with the fingers with equal force on the two opposite sides ... Dr. Sibson's spring pleximeter may often be used with advantage ...

Another advantage ... is the ease and precision with which it can be applied over the clothes. In this respect is it particularly suitable in percussing children and females, and males during the cursory examination for life assurance." (3)

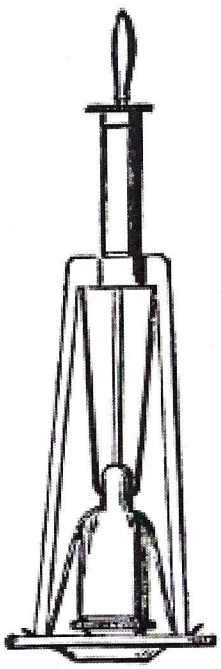


*Fig.4 The spring Pleximeter (Association Medical Journal; **19**: 741)*

The pleximeter as I received it did not contain any 'springs', and the Science Museum photograph only shows very flaccid strings with no apparent function (it seems that the elastic in them has decayed); the original description and illustration make it clear how these acted and the addition of modern elastic brings it back to life (fig.5.) It is probable that this instrument was owned by my great-grandfather who was a surgeon in Wakefield from 1856 to 1892. However, it seems unlikely that it ever caught on with the medical profession, as there is no mention of his pleximeter (or of most of his other inventions) in his various obituaries.

Fig.5 The pleximeter with modern elastic, now in the author's possession.

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1. Obituary, Francis Sibson, (1876), *British Medical Journal* 2, p.446; Munk's Role, vol. IV, p.72. There is an extensive archive about Sibson in the RCP, London.

2. Anton Wintrich (1812-75) German physician. Also spelt 'Winterich.'

3. F. Sibson, (1853), Spring Pleximeter, *Association Medical Journal*, S3-1.33, p.726.

MEDICINE ON THE SILK ROAD

NASIM NAQVI

The contemporary fashionable notion of globalisation, a process by which people of the World are brought together is not new; it began thousands of years ago with the Silk Road - a network of trade routes connecting China with the West. Built in the fifth century for the speedy transport of Achaemenid Empire soldiers, the Persian Royal Road was named the 'Silk Road' in 1877 by the German geographer, Ferdinand von Richthofen (1,2).

Though silk was the most important commodity traded on the Silk Road (Roman women loved dressing in silk), the second most common item was medicinal rhubarb, popular among Roman men who suffered from chronic constipation. The way medicine developed and proliferated along the Silk Road has not been adequately discussed by medical historians, nevertheless the evidence may be seen in museums and collections and in medical documents that were produced along the route itself. Greek Physicians of the classical period, long before Hippocrates, were practicing medicine on the route, while other countries along the route contributed much to the development and spread of the earliest medical concepts during cultural exchanges.

1st and 2nd Millennium BCE

Chinese medical practice and its spread along the Silk Road can be traced to the distant past. The Chinese pioneered acupuncture, moxibustion, the pulse diagnosis, herbal and other pharmaceutical agents in therapeutics. They also influenced many other cultures along the Silk Road, some to a lesser extent and others such as Tibetan culture quite considerably.

The Chinese Buddhist monks travelling to ancient India brought back not only the scriptures but also helped in scientific exchanges including medicine. Some important medical manuscripts were discovered in monasteries along the route, while the caves at Dunhuang dated 600 CE have revealed thousands of valuable ancient documents (3). Chinese medicine reached Europe as early as 1683 when the first book on acupuncture was published in London (4). At about the same time diagnosis by the palpation of the pulse was also introduced to French doctors by missionaries returning from China. Today many Chinese medical objects may be seen in the museums and antique bazaars found in the towns and cities along the way (Fig.1).

1st half of First Millennium

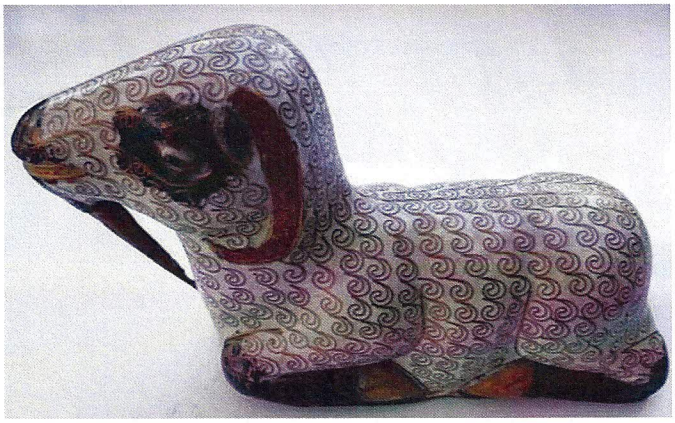

Fig.1 A wrist support in the shape of lucky lamb used during the Chinese pulse examination

The ultimate medical texts of Ayurvedic medicine are the two great medical compendiums, known as *Caraka Samhita* and *Susruta Samhita*. Their origin, chronology and authorships are a matter of great controversy because the original manuscripts have never been found, while the extant commentaries were compiled between 7th to 10th centuries CE. The only manuscript ever discovered in a monastery on the Silk Road was the *Bower Manuscript*, purchased by the British army lieutenant Hamilton Bower in about 1888. It was originally written on birch bark in Sanscrit during the first half of the sixth century CE,

translated and edited by A F Rudolf Hoernle (1841-1918) and published between 1893 and 1912. The *Bower Manuscript* has borrowed

Fig.2 Birth of Buddha by Caesarean section depicted in a Gandhara sculpture

some prescriptions from Carake and Susruta indicating that these were available to the authors of the *Bower Manuscript.* It is now at the Bodleian Library, Oxford.

The earliest surgical concepts may be seen in Gandhara sculptures (fig.2). Surgical instruments from the Buddhist period have also been excavated along the southern branch of the Silk Road (5).

7th Century to 15th Century

The greatest achievement of the Muslim civilization was the translation and preservation of the Greek, Chinese and Indian sciences. They also introduced medical ethics, well-organised medical education and the examination of physicians. Their pioneering medical texts were used for hundreds of years and helped to lay the foundations of modern medicine. These imaginative manuscripts were written in the cities scattered along the Silk Road, where artefacts may be seen even today (Fig.3).

A disease known as the 'Silk Road disease' or Behçet's disease was first described in 1924 by a Turkish doctor Hulusi Behçet (1889-1948). It is now known to be due to a defective gene prevailing in the countries along the route.

Fig.3 Arab surgical forceps, 11th century CE (Samarqand City Museum)

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2. Tom Holland, *Persian Fire: The First World Empire and the Battle for the West,* London: Little, Brown Book Group. 2005.

3. http://idp.bl.uk/pages/about.a4d

4. Wilbelmi ten Rbyne, *Dissertatio de Arthritide Mantiffa Schematica de Acupunctura,* Londoni: 1683.

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HENRY HEAD'S BLOCKS

CHRISTOPHER GARDNER-THORPE

Henry Head (1861-1940) was a well-known neurologist around the time of the Great War of 1914-18. He was on the Staff of The London Hospital and was first cousin-once-removed of Lister of antisepsis fame. Head learned physiology at Halle in Germany and then in 1880 went to Trinity College, Cambridge and then to work with Ewald Hering (1824-1918) in Cologne in 1884. He qualified at University College Hospital in 1890 at the age of 29 years. Thereafter he worked on the problem of visceral pain, exemplified by herpes zoster, and published in 1893. He became a Fellow of the Royal Society in 1899 and was awarded its Royal Medal in 1908. His experiments on the severing of nerves in his own forearm took place with William Rivers (1864-1922) in 1903 and they designated sensation to be of two sorts, protopathic (pain and deep sensation) and epicritic (more specific in quality and in localisation).

Fig.1 A set of eleven wooden blocks devised and used by Henry Head in the testing of communication by speech

Head wrote much, including six World War Poems and in 1926 Oxford University Press published his two-volume work on speech entitled *Aphasia and Kindred Disorders of Speech.* In this momentous work on speech he provided a history of earlier theories of speech and of the means of testing it. In 1923 Kohs (1) had described his block test of right posterior parietal function but Head wished to devise his own testing procedure.

Head wrote of the use of six common objects – a pencil, a key, a penny, a match–box, a pair of scissors and a knife - to test recognition, naming, writing and other areas of communication allied to speech and in a footnote in his book he wrote 'sometimes with highly educated patients these familiar objects were replaced by wooden blocks cut into the form of geometrical figures such as a cube, a sphere, a pyramid, a cone etc. The tests were then carried out systematically exactly as with the articles of common use'. Figure 1 shows the set of eleven blocks but it is not clear whether the set might have included additional blocks.

In 1962 Renzi and Vignolo from Milan described The Token Test (2). These authors indicated the test needed to be short, to use minimal apparatus, to be capable of being remembered by the tester, to require only simple intelligence on the part of the subject and to be linguistically difficult. The

test was similar to Head's but more structured and hence was an attempt to quantify testing. Commands included 'Put the red circle on the green rectangle' and 'Before touching the yellow circle, pick up the red rectangle' (figure 2).

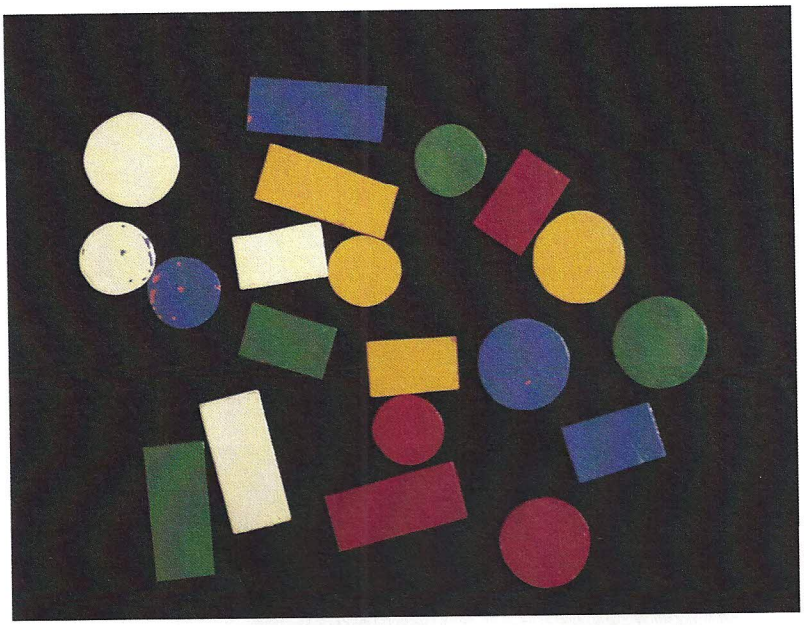

Fig.2 A set of twenty painted shapes used by Renzi and Vignoli to attempt to quantify communication by speech

Subsequent work has shown that speech function involves more than just a circumscribed area of brain and is a communication system that involves large areas of brain tissue and the connections between them. Thus the early work of Paul Broca (1824-1880) and of Karl Wernicke (1848-1905) whose cortical areas are so well known was only a beginning in trying to localise speech function but nowadays we do not regard it as a very productive exercise. Nevertheless, the future use of functional magnetic imaging and doubtless other more advanced methods of investigation may persuade us to revisit the concepts of localisation in the brain.

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BELLOCQ'S EPISTAXIS CANNULA

TIM SMITH

Bellocq's cannula was devised in France during the second half of the eighteenth century. It was designed to help post-nasal packing for the control of intractable nasal bleeding. Le Dran in 1731 had been the first to use a post-nasal pack for this purpose (fig.1). In his technique a loop of thread was inserted which was recovered from the post-nasal space; a pack was then attached and drawn up as shown.

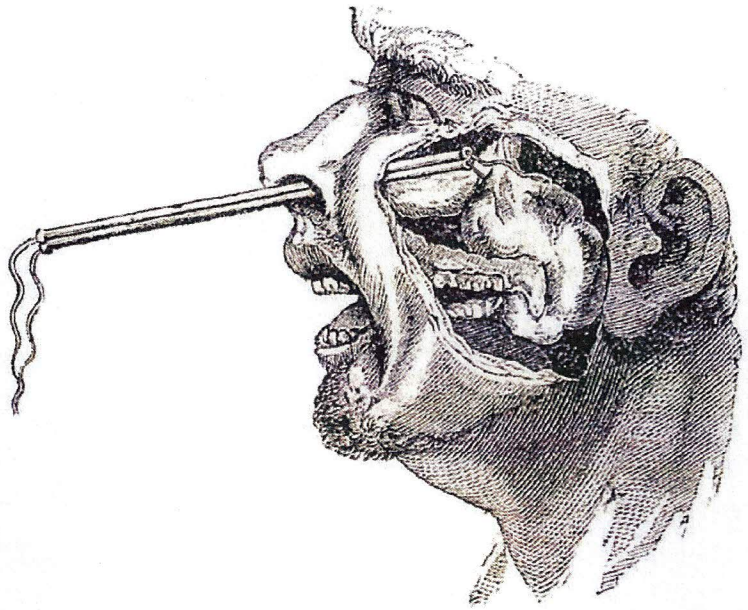


Fig.1 Le Dran's post-nasal pack

Bellocq's cannula (fig.2) was intended to simplify this process. The earliest description of Bellocq's cannula appears in Deschamps' book *Diseases of the Nose* published in 1804. It is likely that it had been in use for some years before this but no description by Bellocq himself has been found. Bellocq's precise identity remains elusive. His first name is given variously as *Jean-Jaques, Jean-Louis and Hippolyte* and his surname spelt as either *Bellocq, Belloc or Belloq.* Of the possible contenders the most likely is Jean-Jacques Bellocq 1732-1807. He became a Master of Surgery in Paris in 1754 and subsequently surgeon to the king. He achieved fame as the father of French forensic medicine. He described a splint for treating leg fractures and advocated activated charcoal for a variety of gastro-intestinal conditions. "Belloc's" charcoal is still sold in French pharmacies.

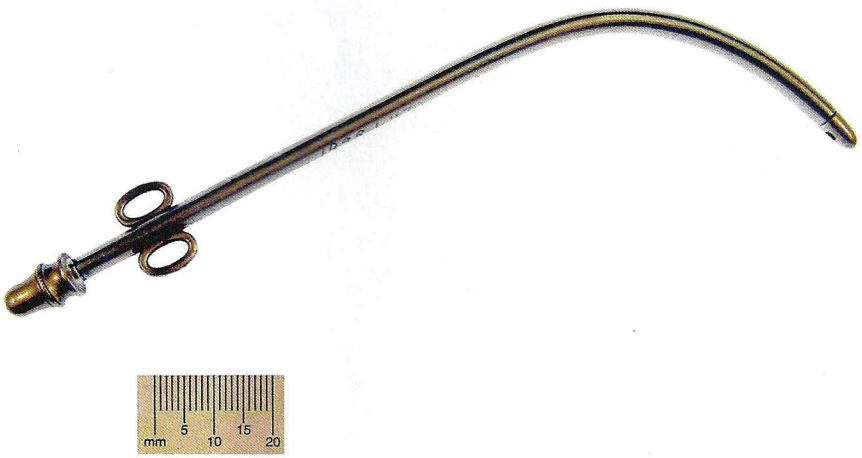


Fig.2 Bellocq's cannula

Bellocq's cannula became widely available during the first half of the nineteenth century and was frequently illustrated in text-books.

The instrument was inserted so that its tip was in the post-nasal space (fig.2a). The stilette was withdrawn (fig.2b) then advanced again thereby pushing a curved flat spring (fig.2c) into the mouth. A pack was attached to its tip and pulled back into the post-nasal space (fig.3). But it was not easy to use and from the 1860s was gradually superseded by the flexible red rubber catheter which was less painful to insert. It too was passed into the posterior nasal space, its tip located in the mouth and a pack attached and drawn back. By 1880 articles critical of the Bellocq cannula were appearing in the British Medical Journal (BMJ). In 1888 one contributor described it as "*bulky, unrefined and mostly unusable; and more likely to cause bleeding than to stop it*". By 1909 the BMJ had declared it obsolete but it continued to be appear in Down's catalogue as late as 1952.

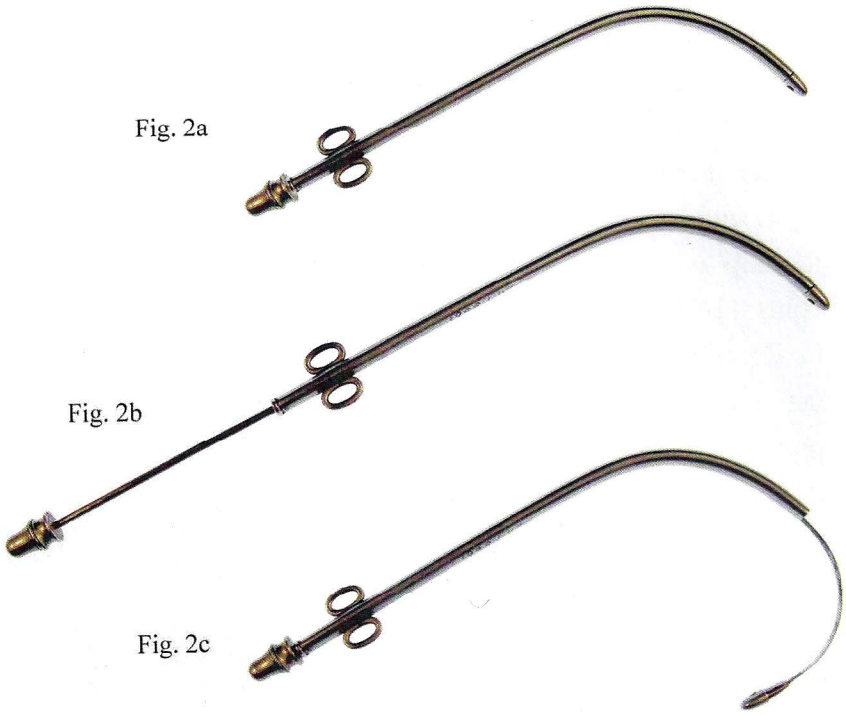


Fig. 2 Stages of insertion of Bellocq's cannula

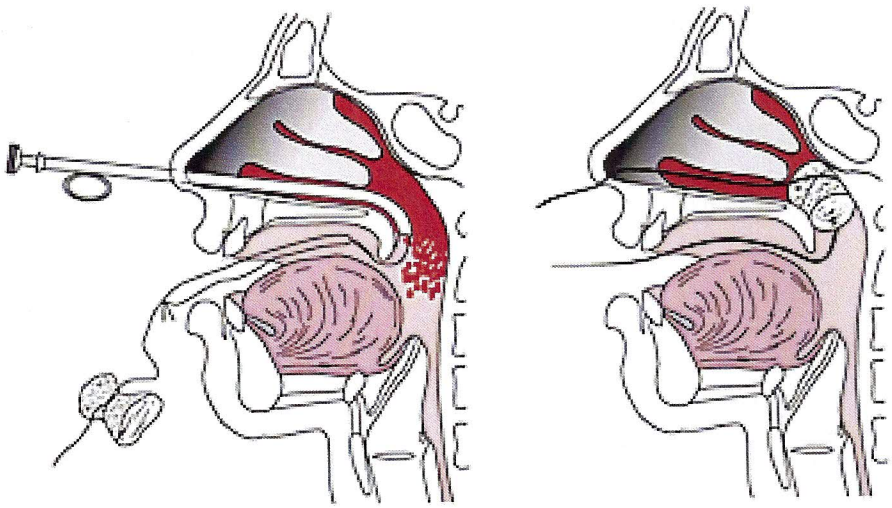


Fig.3 Attachment and insertion of post-nasal pack

Bellocq's cannula has been described as "*The most described but least used surgical instrument of the nineteenth century*".

J&W WOOD, SURGICAL INSTRUMENT MAKERS, MANCHESTER

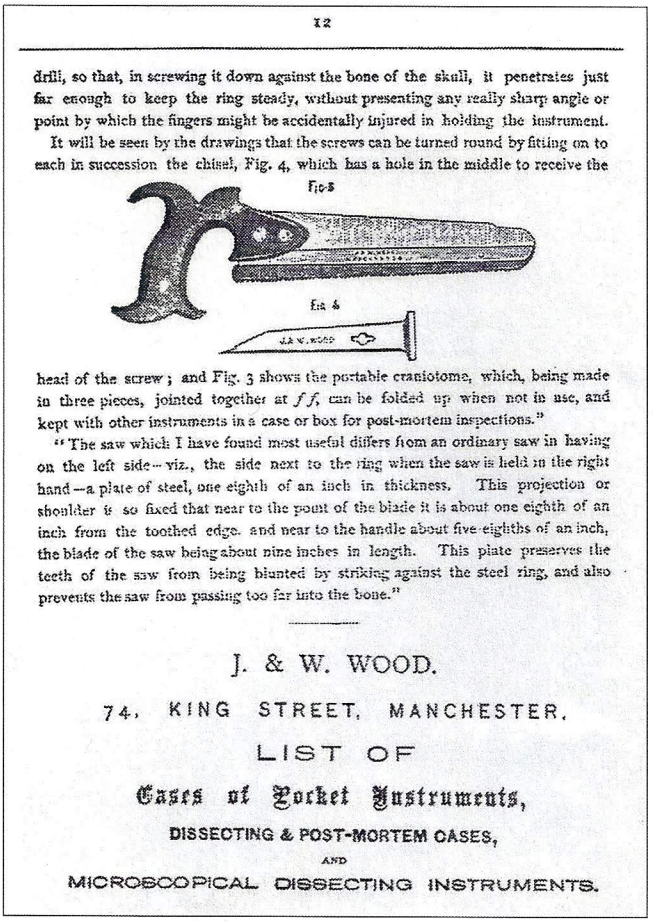
PETER & JULIE MOHR

What do we know about John and William Wood, surgical instrument makers & cutlers, at 74 King Street, Manchester? They were in business from 1833 to 1933, but virtually nothing is known about the company although most medical museums and collectors have examples of their high-quality instruments. There are no surviving catalogues, business archives or advertisements; however some information can be gleaned from a study of their family history, street directories and occasional mention in newspapers and medical journals. The Manchester Medical Museum has a collection of fifty-seven surgical instruments and equipment including enema pumps, amputation sets, post-mortem sets, obstetric forceps, catheters etc., carrying the Wood's stamp or label: examination of these marks provides valuable clues to the company's history.

Family history

Joseph Wood (senior) cutler, gun-smith & surgical instrument maker, in Spurriergate (1), York, was in business from the 1790s. After 1845 his son, also Joseph (b.1805) continued as 'Wood & Co.' but little is known of its subsequent history or relationship with the Manchester company. The museum has a set of Barnes obstetric forceps with wooden handles, stamped 'Wood & Co. York.'

William Wood was born in York in 1815 and moved to Manchester with John Wood (probably his father) in 1833. 'J&W Wood' opened a cutlers shop on Market Street (2) and a surgical instrument business on King Street. William's older son, Frederick (b.1853) set-up a separate surgical instrument business in Leicester, whilst the younger son, Frank (b.1856) a brass founder, joined his father as 'William Wood & Son'



12

drill, so that, in screwing it down against the bone of the skull, it penetrates just far enough to keep the ring steady, without presenting any really sharp angle or point by which the fingers might be accidentally injured in holding the instrument.

It will be seen by the drawings that the screws can be turned round by fitting on to each in succession the chisel, Fig. 4, which has a hole in the middle to receive the

Fig 3

Fig 4

head of the screw; and Fig. 3 shows the portable craniotome, which, being made in three pieces, jointed together at *f f*, can be folded up when not in use, and kept with other instruments in a case or box for post-mortem inspections."

"The saw which I have found most useful differs from an ordinary saw in having on the left side—viz., the side next to the ring when the saw is held in the right hand—a plate of steel, one eighth of an inch in thickness. This projection or shoulder is so fixed that near to the point of the blade it is about one eighth of an inch from the toothed edge, and near to the handle about five-eighths of an inch, the blade of the saw being about nine inches in length. This plate preserves the teeth of the saw from being blunted by striking against the steel ring, and also prevents the saw from passing too far into the bone."

J. & W. WOOD.

74, KING STREET, MANCHESTER.

LIST OF

Cases of Pocket Instruments,

DISSECTING & POST-MORTEM CASES,

AND

MICROSCOPICAL DISSECTING INSTRUMENTS.

Fig.1 One of the pages in Lund's amputation set. Note it is printed page '12' but only two pages have survived

around 1880. A leather instrument wrap embossed with 'F Wood, Leicester,' contains instruments stamped 'Wood, Manchester.' A fourth surgical instrument maker, John William Wood of 61 Church Street, Liverpool, can cause confusion with instruments stamped 'J.W. Wood, Liverpool.' He was born in Manchester in 1840, but his relationship to William is unclear.

Archives

There are only a few written records relating to the company. In 1847 a newspaper reported the use of an ether inhaler made by J&W Wood for the removal of a tumour. A second report described its use in an amputation (4). 'Wood J&W,' are listed in the Great Exhibition Catalogue (1851) as makers of 'trusses, supports for

curvature of the spine and surgical instruments.' A few articles in the medical journals refer to their equipment: obstetric forceps (Lancet 1876,) a respirator-inhaler (BMJ 1877) and splints (Lancet 1881.)

Fig.2 Velvet-lined case of urinary bladder sounds & catheters, with green label 'J&W WOOD ....'

The most helpful document is a booklet by the Manchester man-midwife, John Roberton (1793-1876,) *How to Use Midwifery Instruments* (1852) 'printed for John & William Wood' and listing their obstetric instruments. The Wood's firm seem to have had a special interest in obstetrics; the museum has seven different types of forceps marked 'Wood, Manchester.' Their other interest was post-mortem sets. They made a special set

Fig.3 Turtle-shell handle instruments stamped 'WOOD MANCHESTER,' 'J&W WOOD,' and 'WOOD.'

Fig.4 Label inside enema syringe case. (A similar label was used by the Liverpool firm.)

for surgeon Edward Lund (1823-98) which is now in the museum's collection. Inside the lid are two pages torn from a leaflet describing the

Fig.5 Brass scarificator engraved with J&W Wood's full address.

instruments and also stating: 'List of cases of pocket instruments, dissecting & post-mortem cases, and microscopic dissecting instruments' (fig.1.) Unfortunately no copy of this list has survived.

The collection

Thirty-five of the instruments are marked as 'J&W Wood' or 'Wood, Manchester' (figs.2&3); Two are 'J.W. Wood Liverpool'; one 'F Wood, Leicester' and one 'Wood & Co. York'. Eighteen are just embossed 'WOOD' so it is difficult to know their origin. The instruments are of high quality: many have turtle-shell or ivory handles; boxed sets are velvet-lined (fig.4); some brass scarificators are carefully engraved and various joints and moving parts are expertly engineered (figs.5&6.)

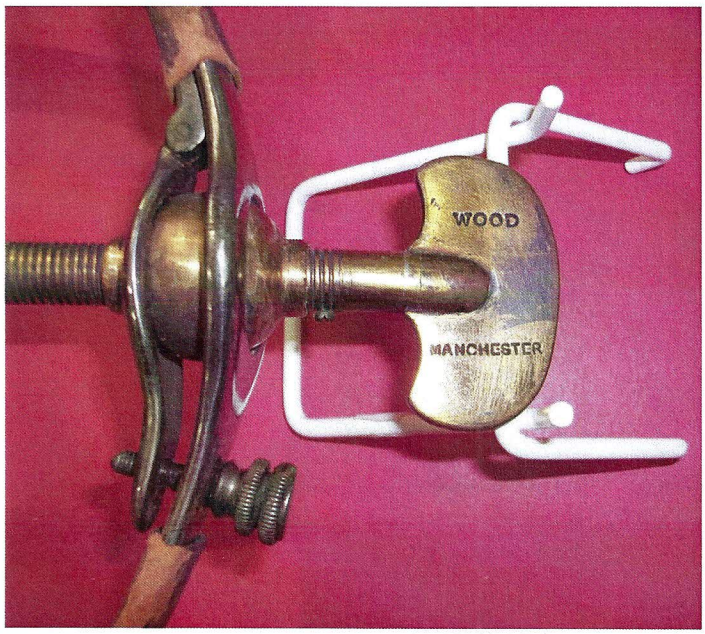


Fig.6 Details of the brass compression screw on a Skey's tourniquet.

Further research is needed to clarify the family tree. Were the different 'Wood' instrument manufactures a family firm or competitors? How did they promote and sell their products? Are there any surviving sales lists or other documents?

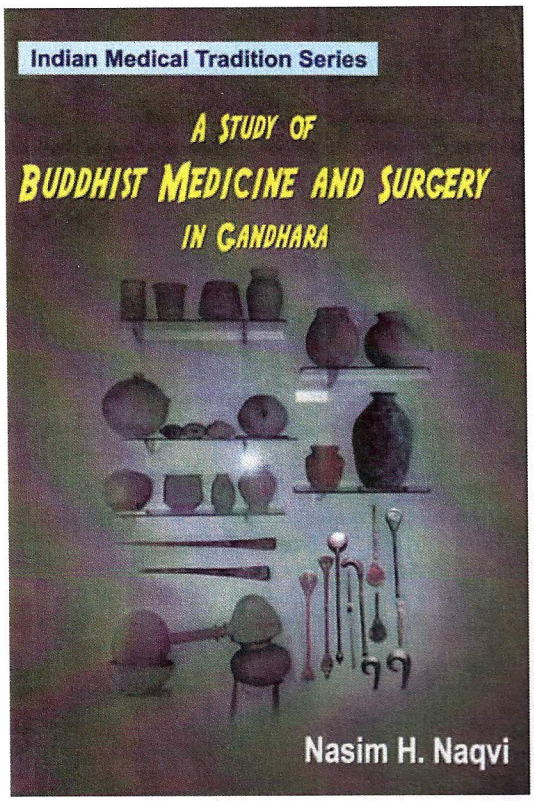
References

1. E Bennion, Antique Medical Instruments (1979), p.338.

2. *Manchester Guardian* (14 Aug. 1847.) The cutlers shop burnt down in 1847.

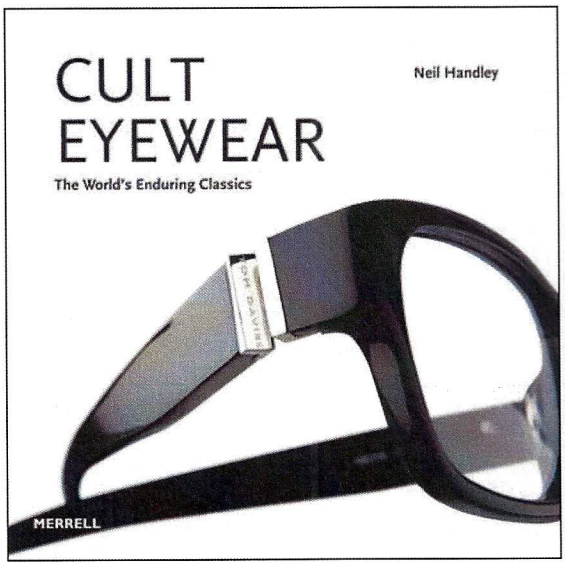
3. *Slater's Manchester Street Directories*.

4. *Manchester Guardian* (3 Feb. 1847) and *Caernarvon & Denbigh Herald* (12 June 1847)



A Study of Buddhist Medicine and Surgery in Gandhara (2011). Nasim Naqvi

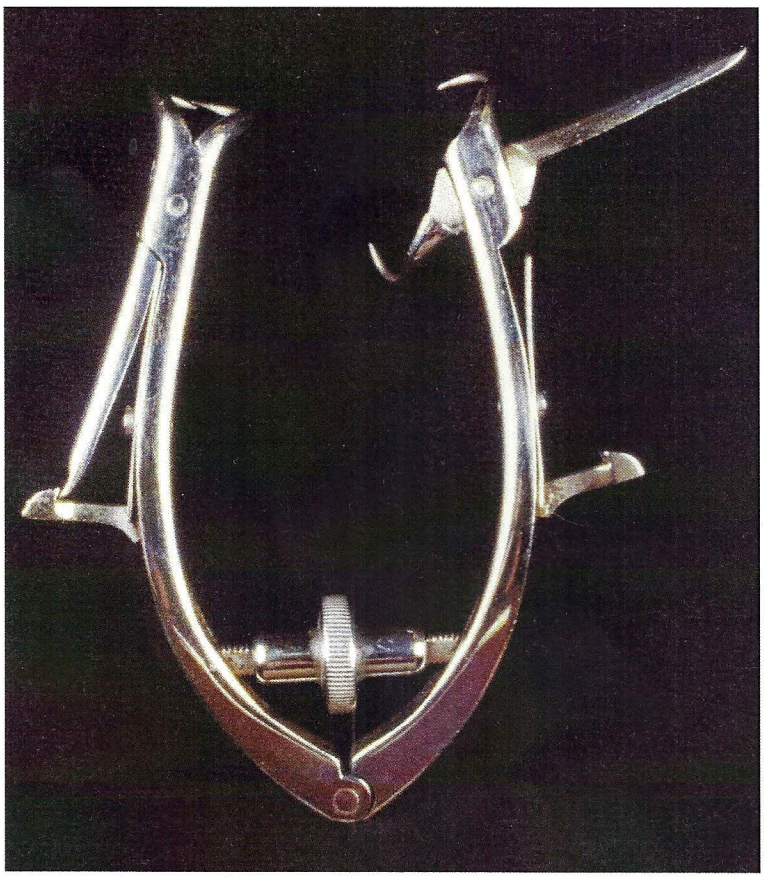
This book examines traditional Buddhist Medicine and Surgery and compares it with the contemporary Greek and Roman medicine as practiced in Gandhara, India.



Cult Eyewear - the World's Enduring Classics (2011). Neil Handley

This book charts the history of spectacles from the early devices of the 1780s to the present day fashion accessories. The book is lavishly presented, with over 500 illustrations.

WHAT IS IT?
[August 2011]



This is Blair Bell's vulval retractor which is described by Down (1955) as "Friedmann's twin-volsella, as used by Blair Bell", presumably under anaesthesia? I have not traced Friedmann's volsella in my collection of instrument catalogues including German, French and American works.

This is often confused with Joll's thyroid retractor which is described by Allen & Hanbury (1930) as "A larger model of Blair Bell's vulval retractor". My Blair Bell's retractor is 9.5 cms in length; unfortunately I do not have a Joll's thyroid retractor although I have used one for thyroidectomy. However, my catalogues indicate that Joll's retractor is 12.5 cms in length and has a less prominent controlling wheel to that of Blair Bell's circular knurled wheel.

As with many instruments, their evolution is often complex, not helped by surgeon's assuming personal name attachment by making slight changes, and not acknowledging their original source. Unfortunately this has continued, as in the case of the hundreds of 'different' total hip prostheses.

PS. I am more than sorry that this series is to end unless at the last minute we find both a Secretary and Editor for the Society