

Personal View

It was a few years ago while injecting a real patient from a plastic disposable syringe loaded with synthetic medicament drawn from a P.V.C. bottle that I became fully conscious of the disposable revolution. My inquiries confirmed that there wasn't a glass and metal syringe in the hospital; the inhalers, leech jars, sprays, sterilizers, and those elegantly coloured and labelled earthenware or glass drug bottles and jars had all been thrown out. Virtually all the paraphernalia of medicine with which I was familiar as a student had disappeared and a new breed of doctors now accept that most things are used once and then discarded.

This new awareness is something my wife has had cause to regret, for first my study, then insidiously the rest of the house, has become a repository of medical and pharmaceutical discards which led the wife of a colleague to exclaim "What fun! It's like being on the set for *Steptoe and Son*." Hospitals are a poor source for material as enthusiastic stores officers and pharmacists have systematically cleared out anything regarded as old fashioned. Junk shops, some called antique shops, are now my main source—for any unidentifiable item not evidently of recent manufacture seems to qualify as an antique. Unfortunately chic magazines have recently advocated the use of pharmacy bottles as wine decanters, drug jars as room decor, and, perhaps the greatest sin, have advised breaking off the flange or spout from invalid feeders in order to use them for floral display. The result is that medical items are becoming pricey or hard to find and private collections will soon demand too much in terms of money or time.

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I still prowl round the shops whenever time permits and gladly accept lecture engagements from distant places in the hope that local shops have something to offer. Some of my friends have become enthusiastic supporters and amaze their acquaintances by their eccentric acquisitions on my account. There is great excitement in the chase for perhaps there will be a nasal douche or a Spode invalid feeder among the miscellaneous china, or one may come across a Laennec stethoscope among "miscellaneous bag pipe pieces" or a Brunton's auscultoscope in an army surplus store. When the trophies are carried home there is often a serious problem of identification and dating. Early catalogues of instruments and appliances are hard to find and often provide more distraction than enlightenment. Surprisingly it is often the objects of the 1930's and 40's which are both difficult to find and apt to defy identification until one finds someone who remembers using them. The equipment of latter years lacks the craftsmanship of the earlier period, and cardboard or plastic containers do not mature as do the mahogany boxes fashioned by cabinet makers for last century's instruments. Even so, some of the more recent glass and ceramic devices have a grace of their own and the bottles of the pharmacy presented a dazzling array of shapes, sizes, and hues until comparatively recently. There must be lots of these things about still but so often I hear "We threw out loads of those things when we moved into the new health centre."

Now that the antique shops are taking an interest a further problem arises because the diligent dealer will often carefully wash bottles, thus effectively removing both contents and labels and almost invariably he discards dirty bits of paper which may be fascinating instructions or aides memoires. Other items are carefully sorted and cleaned often splitting up sets which, found together would tell their own story. When old surgeries or

pharmacies are cleared shop registers, prescription records, and such tend to be abandoned together with anything else that does not immediately catch the eye.

The Wellcome Museum of Medical History has done a superb job in collecting and presenting material but alas the trustees have offered their collection to the Science Museum and it seems unlikely that the present exhibition in Euston Road could be equalled in Kensington. Though one can understand the Wellcome Trust's decision to invest in medical historians rather than medical history, surely the profession and the pharmaceutical industry could between them raise the funds to maintain and even extend this unique collection. Collecting needs to go on for perhaps the greatest deficiencies in the end may prove to be in twentieth century material as we have been more efficient than our predecessors in disposing of some surplus equipment.

At little cost to themselves our medical schools and hospitals could be more active in conserving, collecting and preserving. If the interest aroused by a modest exhibition during the recent Manchester Medical School Centenary celebrations is any guide both current students and graduates would support such involvement. Here in Manchester Dr. John Wilkinson, now officially retired, maintains his superb collection of drug jars and exhibits a fully equipped reconstruction of a 19th century pharmacy at his home. Professor G. A. G. Mitchell, who also retires this year, has over many years accumulated an enviable collection of medical antiquities which are now stored with uncertain security under a lecture theatre in our splendid new £12,000,000 medical school, which is too small to provide space for them.

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Every Geordie knows of Doctor Gibbs, to whom the injured passengers en route for the Blydon Races turned for medical aid. Those with broken ribs took themselves to the Newcastle Infirmary, where Dr Gibbs was an honorary surgeon. Though I believe the Laing Art Gallery still has his pocket set, the only memento of that famous general practitioner held by his hospital or the university is an elegant case of surgical instruments rescued from the dustbin by John Rodgers—who is just about to retire from the department of surgery. John, an innovator and adapter himself, has a love and respect for the instruments and the accoutrements of the past and has accumulated and stored in old boxes and cupboards a wide range of medical bygones (what a ghastly but expressive term!).

What will happen when these enthusiasts leave us is not clear for no medical school or institution seems willing to provide the space and minimal staff necessary to make these collections viable and educationally useful. Many collectors fear that the material they have carefully accumulated over the years will be dissipated. This would be tragic for such collections are part of our social and medical history with a considerable teaching potential—besides which many of the items are beautiful in their own right.

Until we do see departments of medical history which include a museum and have a staff curator let me urge any doctor or pharmacist to ask himself before he discards any equipment "Is the like of this currently available?" If not put it aside, start a collection, or give it to a friend—but don't throw it away.

SYDNEY BRANDON

Reader in Psychiatry,
University of Manchester