Marking times

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There is something about anniversaries. Even the usually misanthropic Eeyore was keen to celebrate his; but while he was content with an empty honey pot and a burst balloon the *BMJ* has understandably pushed the boat out a little further. It is 150 years, after all, to celebrate in style; not least by the publication of this special anniversary issue. But what of anniversaries past? How did the journal celebrate its first, 50th, and 100th birthdays? "Find out," said the boss, "and tell us a little of what was in the journal at the time." Obedient to the last, I dusted down some old volumes and here report back.

Oddly enough there is little—well, to be frank, nothing at all—to say about how the journal celebrated its first and its 50th anniversaries; puzzling, that. Search as I might I could find no reference to anniversary celebrations in either the relevant 1840s or 1890s issues. "Well I'm not surprised," said Peter Bartrip, the historian who has written the history of the *BMJ*, when I mentioned this to him. "For a start it's not really clear which issue of the *Transactions of the Provincial Medical and Surgical Association* should be taken as the first issue of the *BMJ*, so they were probably uncertain when they should celebrate its anniversaries. Furthermore, celebrating anniversaries is a very twentieth century phenomenon, you know; people didn't even take Christmas day off work in the nineteenth century. My guess is that no one thought that the journal's early anniversaries were that important."

Familiar sentiments

Be that as it may, the content of these early journals, which at times has uncanny relevance to that in current issues, more than compensates for the dearth of anniversary tributes. Take volume 7 of 1840, for

1930s

- 1931: William Goodpasture devises a technique for cultivating viruses
- 1932: Gerhard Domagk discovers the first sulpha drug, prontosil, which was to be commercially exploited from 1935
- 1939: Paul Hermann Müller introduces dichlorodiphenyltrichloroethane (DDT) as an insecticide

example; concern is raging about quackery, professional unification, and smallpox: "We learn the most distressing fact that there are only four diseases more fatal than the smallpox. . . . Nearly six thousand perished in England and Wales in six months." Not that there was a lack of consensus on how to reduce mortality: "If medical gentlemen were properly remunerated for vaccinating the poor, we should, at the end of twelve months, seldom hear of a case."

Shades of Kenneth Clarke? And how about the prevailing attitude to statistics and statisticians? Do Dr Symonds's sentiments strike a chord?

A habit of registering and computing will certainly not increase, if it do not impair the mental promptitude which is nowhere more needed than at the bedside. . . . Statements unarrayed in the pomp of words, neither pointed by antithesis, nor embellished by tropes; nor brightened by the false light of fancy, nor warm with the glow of enthusiasm or controversy, but standing in bare bleak columns and tables, apparently in the very nakedness of truth are received in a very different spirit. . . . How needful then it is that statisticians take good heed to their calculation, and not only because their statements are apt to be received with such implicit faith, but because a mistake in one point may spread indefinitely.

"T.C.P. for protection against infection," and other popular wartime remedies. (*BMJ*, October 1940)

The WAR-TIME of INFANT FEED

WHEN bottle feeding is the choice of a few many instances be by the financial standing of the Even in peace-time the most choice is cow's milk mo Robinson's 'Patent' Barley—cheaper and better than w feeding, and very much che any other method. In war-t is even more important, and R 'Patent' Barley and Groats v provides the necessary nou without deterioration of qua at a very low figure.

For example, the total cost of an infant from birth to 9 mo Robinson's 'Patent' Barley and milk and Robinson's 'Patent' Groats a milk works out at present pr about 5jd. per day. To course, must be add liver oil and fr additions

Ciba Limit

Great improvements have been made in the canning of foods

The results are to be found in the consistently high quality of

RESTOR SHOCK CAGE

Valentine's Meat-Juice

NO DANGER

T.C.P.

THE DOCTOR'S CEYLON TEA

A DANGER INCREASED

Recorded Death-rate in English towns in Second Quarter of 1890.

	Mortality per 1,000		Mortality per 1,000
Nottingham	14 to 15	Preston	
Birkenhead }	16 to 17	Salford	
Huddersfield }		Liverpool	21 to 22
London	17 to 18	Sunderland	
Birmingham }	18 to 19	Halifax	
Wolverhampton }		Sheffield	
Bradford }	19 to 20	Newcastle-on-tyne	24 to 27
Oldham }		Bolton	
Blackburn }	21 to 22	Manchester	29 to 30
Leeds			

Quite so, but it's time to move on; and, to jump 50 years to 5 October 1890, putatively the journal's 50th anniversary, it's interesting to see the *BMJ*'s familiar heterogeneity emerging. At the front come weighty articles such as the address on the nation's health by Sir Spencer Wells. His concern was primarily about the lack of proper sanitation in many of Britain's cities and its effect on health. Citing relevant mortality figures (see table), he asks:

Is it enough for my present purpose to ask if anyone can look at that table without wonder? Can it be credible that in the three months ended only last July that the mortality of Nottingham should have been less than half that of Manchester? Is it possible that in another large manufacturing town, instead of the Manchester death rate of nearly 30, that of Birmingham should have been only a little above 18? Why is this? Whose fault is it? Can it be remedied? It is for you, not for me, to answer these questions, and you ought to answer them; if you do not, you neglect your clear duty.

Borrowing Dr Fred Scott's description of the state of the slums in Manchester: "stables and shippens, and even pigstyes, have their peculiar smells, but they are not poisonous or repulsive, and offensive as these, no animal could live in them and flourish," he points to the failure to implement public health policies.

What is the use of saying that an inspector shall see that the doors of the ashpits are kept locked and in good repair, when in some large blocks 90% of the ashpits are allowed to be without doors altogether? ... The whole system of inspection is intended to be a farce; and so it would be were the results not so tragical."

Sounds a bit like the current state of community care to me.

On to lighter ground, and the brief reports towards the back of the journal. Some topics never die, do they? A report entitled "London and its Noisy Bridges" reads:

The metropolis still permits streets to be blocked by endless streams of lumbering omnibuses and ... the railway companies in many parts of London have thrown iron bridges across the streets and roads and the noise when a heavy train passes rapidly over these reverberating structures is enough to appal the stoutest heart and give a serious shock to a neurasthenic patient or delicate child.

Finally, a little international flavour provided by the special correspondence column. From Berlin comes Koch's cure for consumption. Readers are advised that Professor Koch "created something of a sensation at the International Medical Congress by stating that his unceasing efforts to find a remedy for tuberculosis seemed at last to be crowned with success." Early days, of course, but "the veil of secrecy will no doubt be lifted as experiments proceed ... readers will be kept informed." And from Paris news of a typhoid epidemic at Trouville, precautions to limit the spread of cholera

in the capital, and more news on the "fashionable vice Morphomania."

Stout British hearts

To turn 50 years on, to the issue of 5 October 1940, the journal's centenary, is a more sobering exercise. It was the beginning of the second year of the second world war, and, although the centenary is marked by pages of tributes and an editorial entitled "The March of Medicine Through its Most Momentous Epoch," the overriding concern is for survival.

Today the British Medical Journal, with a circulation of 43 000, but dwindled in size under wartime restrictions, is endeavouring to continue the service it has given to the profession for a hundred years in bad times and good. Once again there is a shortage of paper and staff, and a censorship of the Press; medical practice and medical education are dislocated; military medicine and surgery occupy the foreground of many readers' minds. ... The future is obscure but British hearts are stout. Medical men and women will do their duty whatever befalls.

Stirring words, and it is perhaps not surprising to find the content of this issue slanted towards topics of practical relevance to a country that was being subjected to the blitzkrieg. This is especially evident in the correspondence columns. The subjects of letters to the editor include treatment of wound shock, civilians blinded in air raids, blood transfusion, and teaching first aid. The issue also contains an extraordinarily anodyne editorial on the hygiene of air raid shelters, which, in the best of editorial traditions, precipitated an avalanche of correspondence in ensuing issues.

They may not have been as bad as the nineteenth century Manchester slums, but the shelters clearly had their problems.

In one vault in the East End intended as an emergency shelter for 5000 people, twice that number are said to take refuge every night, and this place, being no one's particular responsibility, is left without cleansing and disinfection.

The reason for the crowding of the deep shelters and the London underground stations was the inadequacy of many surface shelters, as an irate correspondent (E Cronin, 12 October 1940, p 537) points out. Pouring scorn on the previous week's "Olympian utterance" on air raid shelters, he attacks the "ponderous authority" with which the editorial states that:

'the vast crowds which nightly storm the tubes represents a psychological difficulty which it will take much persuasion to over come.' What smug self complacency. Have you Mr Editor, or have any of the Government officials who speak in a similar vein ever spent a night with their wives and children (probably, by now, safe in America) in these surface shelters?

As medical officer in charge of a mobile unit Cronin had seen the shelters and was under no illusions about how ghastly they were: "The shaken, terrified, dumb stricken attitude of people caught in them ... the cold, dark, dank, stinking floors with the interminable noise of whistling bombs and guns ... the weariness and exhaustion of the working class population."

Challenging the editorial's official (governmental?) line he slates the "idiotic" government poster that advised: "Be a man—leave the tubes to women and children" and states that he is advising all his patients to sleep in deep shelters and tubes.

Who needs quiet sleep if not the man who next morning needs a rested brain to carry out the intricate movements in arsenal and factory. ... If you must write on shelters, go out and live there for a few nights: wake up in the morning with aches and stiffness in all your joints; learn to know the people ... and then come back and write a fresh article on shelters.

Tributes at last

Good provoking stuff this—Who could dispute the value of firsthand experience? But to less contentious articles—guidelines for examining recruits' hearts certainly falls into this category, as does the account of a maternity hospital at the home front (in east London). This describes the then revolutionary practice of letting women out of bed for a few minutes on the day that their baby was born and "thereafter a little more each day." Not for any medical reason, you understand, but to allay the anxiety of mothers faced with the prospect of being confined to bed during an air raid. In tones of pleased surprise the authors describe the reduction in morbidity and improvement in the general health of their patients on discharge.

Closer to our contemporary home perhaps is the article entitled. "Economy in use of Drugs, the Medicine Cupboard in Wartime" (12 October 1940, p 499). Accepting that "Medical prescribers have hitherto enjoyed a welcome immunity from the privations of war," the article goes on to emphasise that "no thoughtful man can expect this [freedom] to continue now that the main onslaught of the enemy is directed against our shipping, our ports, and our industrial establishments." Practitioners are advised as follows:

- Have the courage to act on the knowledge that many illnesses can be relieved by simple hygienic and psychological measures and to eschew the prescription of placebos.

- Keep a watchful eye on sugar, starch, and fats with the knowledge that every ounce of these that goes into medicines comes out of the larder.

- Liquid paraffin, castor oil, and cascara ultimately represent hard earned dollars, and the more these substances are used to lubricate colons the less available to lubricate Spitfires.

What a pity that today's injunctions on appropriate prescribing can't harness the same patriotic good will to achieve their end.

Oh, and before I forget—at last, two anniversary tributes. Firstly, Mr Eccles's enthusiastic "At 8.15 today [Friday 4 October 1940] there arrived by post my copy of the *British Medical Journal*." Smart work, that, in the war conditions to continue to publish one day ahead of date of issue. Secondly, and in fairness more representatively, "Good wishes and congratulations to the editors and all associated with the production of the Centenary issue of the *BMJ*. Never, surely, has any journal published its centenary issue in such stirring and tragic times. The mere presence of this special number is a tribute to you and previous editors who have so firmly established the *British Medical Journal* as a national medical institution."

Have you composed your 150th tribute yet? Flowery or calculatedly critical, go ahead—the correspondence column is always open to both. And why not spare a thought for 2040? Do you have any predictions for the key issues of that year? I'm going to keep taking notes for, who knows, I might just be around to pen a few words then.

Bed Making (1932)

Stanley Spencer (1891-1959; British)

The Sandham Memorial Chapel at Burghclere was built in memory of Henry William Sandham with a secondary aim of housing Stanley Spencer's series of murals. Based on his wartime experiences in Bristol and Macedonia, these are placed in a Giottoesque scheme: there are tiers of pictures along the side walls culminating in an altarpiece, "Resurrection of the Soldiers," on the end wall. "Bed Making" is a

predella panel. Two patients, one resting his feet on an outsize hot water bottle, sit huddled in bedclothes waiting for their beds to be made. There is a strong decorative element in the picture—striped wallpaper and mattress ticking contrasting with the floral patterns of the patients' wraps. This, together with the photographs on the wall and the warmth of the electric light, helps to create a snugness that is

unexpected in a military hospital. The mural is painted with vigour and an eye for detail, not to mention humour.

CLASSIC OF THE DECADE

1937: Austin Bradford Hill's paper entitled "Principles of medical statistics." London: *Lancet*.