The journal’s not for reading

DAVID ZUCK

This is the sort of thing that only happens to other people, though a fatalist would say that my name was always on the wrong side of it. I was returning from an anaesthetists’ conference and had stopped to visit a famous ecclesiastical establishment. On leaving, I noticed further down the street a sign “Books.” To me this is as pheromones are to others, poor souls. I sometimes wonder whether there are such things as bibliomones. So like a guided missile I homed in. In the 50p box outside the shop a copy of the 1896 edition, the 14th, of Kirkes’s *Handbook of Physiology*, edited by Halliburton, held promise. I already had Kirkes’s own third edition of 1856, the physiology contemporary with John Snow. To my inquiry for medical or scientific books I was directed through an archway into the back part of the shop.

Aladdin’s cave

It was like entering Aladdin’s cave. Books that I had been looking for for years twinkled on the shelves and at one third of the London prices. Whewell’s *History of the Inductive Sciences* and his *History of Scientific Ideas*; some volumes of Gunther’s *Early Science at Oxford*; Anstie on *Stimulants and Narcotics*, his modernisation of Brunonianism in the light of mid-century knowledge of narcotic action, oxygen, and the introduction of general anaesthetics. It contains his defence of the idea, now long forgotten, that the iris is an erectile tissue (ET)—has someone been having us on?—and that pupillary constriction and dilatation are caused by the sudden influx or expulsion of blood. . . . The proprietor put his head round the shelves and held up a bundle of papers. “You might be interested in these. They only came in yesterday. You can have them for—” and he mentioned a sum equal to half a week’s salary, the salary that I had received in my first house job in 1945. And for that miserable sum I acquired eight unread copies in almost mint condition of the *British Medical Journal*, spanning the months of September to December 1874.

In those days the cover of the *BMJ* was similar to what I can remember of the *Lancet* in my youth. It was white and full of advertisements for books. There was a list of contents in the left hand column. The journal itself as sent out to members consisted of two folded sheets of paper. One measured 51 inches by 32.5 inches, the other 16.5 inches by 10 inches. As is general in the book trade, the large sheet was printed so that when appropriately folded the pages were in the correct order; the smaller sheet, folded in half, contained the two centre pages. The journal was printed by Thomas Richards, 27 Great Queen Street, London WC, and published by Francis Fowke at the office of the British Medical Association, 36 Great Queen Street. It cost fivepence. I say that the journals were unread because it was impossible to read them without unfolding them. For 110 years they had remained in the state known in the trade, I believe, as “unopened,” though more commonly but incorrectly called “uncut.” As I have firmly resisted all attempts by my nearest and dearest to vandalise them with the breadknife, they can be read only by spreading them out on a table and turning them this way and that and over and back. Their state confirmed one of my long held suspicions. There is the tradition in Enfield of a local doctor, well within living memory, who had a whole roomful of *BMJs* still in their original wrappers. As they dropped through the letterbox each week he opened the door and threw them in.

Mustard, stethoscopes, and water beds

I am well acquainted with bound volumes of the *BMJ* for this period, but they bear no relation to the raw material; for one thing, all the advertisements are missing. The journal in those days was printed with all the advertisements on the outer sheets, and these were discarded on binding. Naturally, they are the most interesting part. Colman’s Mustard takes up the whole of one back page; Hawkesley, Surgical Instrument Maker, with his patent durable stethoscope, sphygmometer, clinical thermometer, and spirit fired
but odourless self illuminating ophthalmoscope, another; and Cadbury’s Cocoa Essence and Mexican Chocolate half of a third. The remainder feature variations on Hooper’s Elastic Mattresses or celled air or water beds, for the prevention and cure of bed sores, showing yet again that there is no new thing under the sun. There are advertisements from the medical schools at Leeds, Liverpool, and Bristol and all the London ones; advertisements from various asylums, a Home for Dyspomaniac Gentlemen in north Devon, the Northampton Asylum for the Middle and Upper Classes (president—The Earl Spencer, KG); there is a whole page of wine advertisements, and another for the transfer of practices, in the bottom corner of which nests a “Wet nurse, aged 18, healthy, can be conscientiously recommended by a medical man.”

There are advertisements for Goodall’s Quinine Wine, Baking Powder, and Celebrated Yorkshire Relish; Robbins’ Bichloride of Methylene, Compound Anaesthetic Ether for local application, and Ozonic Ether for diabetes and whooping cough; various elastic bandages, belts, corsets, and trusses; artificial limbs; Nepenthe at eight shillings a pound; and, if the worst comes to the worst, an Aberdeen polished granite monument, carriage free, for £5. There are doctors’ carriages, the Denmark Phaeton, comfortable and elegant, price 30 guineas, and the celebrated Norfolk Shooting cart, made in five different sizes, no medical man should be without one, for from 20 to 40 guineas. There are residences for students “Gentlemen pursuing their Studies at any of the Schools of Medicine in London, are offered Board and Residence, with unusual advantages, in the house of a Lady . . .”And there are

those with more usual advantages—“Two Gentlemen can be taken into the family of a FRCS and MD, Surgeon, and Teacher of Anatomy and Physiology. They would enjoy the best advantages as regards professional education and family comfort.”

In 1945 my own teaching hospital was paying its junior doctors £50 a year and keep; but in 1874 the Carnarvonshire and Anglesey Infirmary offered a salary of £80 a year and all found for a house surgeon acquainted with the Welsh language, while at the Stourbridge Dispensary a young doctor could earn £150 a year as house surgeon and secretary, together with an extra allowance of £25 for horse hire, provided that he did not undertake any private practice, and on leaving he should not practise within three miles of the dispensary for three years.

There were practices for sale. “In a London Suburb, a well established Family Practice yielding £1000 per annum, is open for negotiation by a Partnership Introduction. The patients are principally Middle Class and the average visiting fee 3s 6d. One Horse and Brougham kept.” And if there were any problems about that 3s 6d Mr W T Peacock of the Medical Debt Recovery Offices, 13A Great George Street, “begs to intimated that he continues to devote his personal and careful attention to the Recovery of Debts.”

The standard contents included leading articles, lectures, case reports and reviews, correspondence, new inventions, hospital reports, a list of operation days at the London hospitals, reports of societies, university intelligence, news from the military, naval, public health, and poor law medical services, association intelligence, and obituaries.

On 17 October was carried a lecture on bloodless surgery by Professor Esmarch of Kiel, who recorded a reduction in mortality in thigh and leg amputations from 36% to 8% by the use of his exsanguination method. There
was also the beginning of Hughes Bennett's report on antagonisms of medicines, starting with chloral hydrate and strychnine and serialised in succeeding weeks; and a paper on diphtheritic paralysis. On 28 November Billroth's second performance of the "formidable operation" of "extirpation of the entire larynx" was reported. The patient died on the 16th day, from hypostatic pneumonia, they thought. There is also in the same issue the first publication in Great Britain by J Braxton Hicks, MD, FRCS, FRCP, obstetric physician to Guy's Hospital, of the application of the galvanic cautery to gynaecology.

A gunpowder plot?

But the most dramatic event of the period occurred at 5 am on a Friday in early October, when the residents in a wide area extending north westwards from Regent's Park were awakened by a loud report. The house appeared to shake and tremble under it, and in an instant a heavy shower of broken plate glass from the windows covered the bed in which I was lying... the room was filled with a thick smoke, and there was a strong smell of burnt gunpowder," wrote one correspondent. "I found destruction in every room... furniture displaced, doors forced open, and shutters rent from their hinges... A careful examination of the house showed that it had moved as if by an earthquake... The dining room presented the appearance as if a vacuum had been formed in the interior." Is this the first description of the phenomenon of implosion?

Among the widespread sufferers were the inmates of the Hospital for Diseases of the Nervous System in Maida Vale, who were showered with glass splinters in their beds. Those with paralysis agitans had their condition gravely exacerbated, and one had to be admitted to a lunatic asylum.

What was the cause of this ruin and devastation of such a large amount of property in the North-Western district of London? The answer is the explosion of eleven thousand two hundred pounds of gunpowder, accumulated by the Regent's Canal and Grand Junction Companies and transported by them in the dead of night into the midst of a sleeping population! A barge, charged with five tons of gunpowder and some barrels of inflammable petroleum... is towed by a high-pressure steam tug. This is selected for gunpowder, while horse-traction is resorted to for the conveyance of crockery, bricks, timber, etc. I have seen this steam-tug from my window during the dark winter nights with sparks and flame issuing from its funnel, appearing like a fiery meteor amidst the trees." It sounds unlikely that it would ever appear again. It seems that whereas parliament had laid down stringent regulations for securing the safety of static stores of gunpowder there were no rules that applied to its transport.

On the receiving end of a bargain

I once heard Professor J H Burn tell how he had acquired a copy of Withering's *Foxglove*, with the very rare frontispiece intact, in an identical manner, for sixpence. Now not even the editor would claim that an 1874 *BMJ* is in quite the same class as Withering's *Foxglove*, but as one of those who is constitutionally unable to do other than buy dear and sell cheap, how nice it is for once to be on the receiving end of a bargain, and one that can be enjoyed not for its value but for its content, and in such good company. At least I hope so. Without wishing to spoil the pleasure of one as yet unborn, I do hope that no one will find this copy of the journal, still sealed in its original wrapper, in 2049.

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Hyperbaric oxygen treatment on an immense scale in the USSR

On a recent trip to the USSR I took the opportunity to pay an informal visit to a large hyperbaric oxygenation centre in Moscow. The centre is in the All Union Scientific Centre of Surgery of the Academy of Medical Sciences of the USSR and is run by Academician Boris Petrovski, a distinguished cardiac surgeon and former minister of health. Academician Petrovski's attitude to hyperbaric oxygen treatment is enthusiastic and vigorous. I gather that his support has contributed to the founding of over three hundred hyperbaric oxygen units throughout the Soviet Union, and they are used to treat a wide variety of diseases. Included among the many indications are coronary artery surgery, mitral and aortic valve surgery, surgery for congenital heart disease, and medical treatment for angina, hepatitis, hepatic coma, drug overdose, peptic ulceration, respiratory failure due to pneumoconioses, acute myocardial infarction, hyperthyroidism, cardiac arrhythmias, tracheal reconstructive surgery, asthma, stroke, acute cerebral oedema, migraine, spinal injury, depression, dementia, Bell's palsy, lumbar disc disease, retinal vasculitis including diabetes, septicemia, shock, peritonitis, and osteomyelitis. Hyperbaric oxygen treatment is also used as an adjunct to radiotherapy and for mothers with "small for dates" fetuses. Finally, it is used for the more familiar, though rare, indications of gas gangrene, necrotising fasciitis, and caisson disease.

The scale of the All Union Surgical Centre hyperbaric oxygen unit is by any British standards immense. Within a hall some 30 metres square are enclosed a hyperbaric anaesthetics room, an operating theatre, a recovery room, and a hyperbaric "ward" with over 40 reclining aircraft style seats. The systems are controlled and the patients monitored through an adjacent computer room, while beneath the treatment and operating area is a basement reminiscent of the engine room of a liner. Some 1500 patients are treated each year in this unit alone, and half in hospitalisation.

While being impressed by the energy of the staff and their enthusiasm, I found it difficult to ascertain whether hyperbaric oxygen treatment had been subjected to rigorous controlled trials. Despite interest in Britain in the 1960s there remains much scepticism about its use in almost all conditions in which it is advocated in the Soviet Union. Perhaps there is room for careful reappraisal on both sides.—CHARLES CLARKE, neurologist, London.