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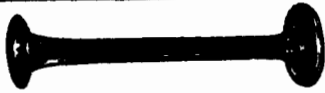
# MEDICAL

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## COLLECTORS

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## ASSOCIATION

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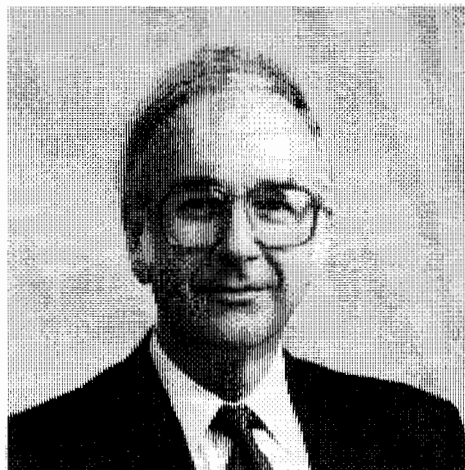
NEWSLETTER NO.32

December, 1997

Dear Colleagues:

This is the second and last Newsletter for the calendar year 1997. As is usual for this time of the year, we ask you to renew your membership as promptly as possible so that we can save the need for extra mailings. On a more pleasant note, we also utilize this issue to bring you a little more information about the forthcoming Medical Collectors Association Meeting on October 23rd in London. Although all of the details of the meeting have not been finalized, it will take place on Friday afternoon October 23rd. We are currently arranging tours for October 22nd and October 24th. These tours will be informal and will depend upon how many individuals are interested. There are numerous historic sites in London so there will be a great deal to see. The tentative program for the meeting is only in a very skeleton form at this time but is available on the registration form for those of you who wish to register early. We also have associated information about hotels in the area but we will provide this as well as information to those who wish to take tours as people register. On October 25th, the Scientific Instrument Fair will be held at the Portman Hotel. This hotel is only a short walk from The Royal Society of Medicine and so individuals wishing to stay at the same hotel as the instrument fair will find it very convenient. There are several other reasonably priced hotels in the area and both of these activities are quite near the London tube so that virtually any hotel would be convenient.

We are also planning to hold our annual dinner at The Royal Society. For those of you who have not had the opportunity to visit this unique institution, you will find the site very pleasant.



**M. Donald Blaufox, M.D., Ph.D.**  
*President*

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Phone: (718) 405-8454  
FAX: (718) 824-0625  
Email: [blaufox@aecom.yu.edu](mailto:blaufox@aecom.yu.edu)

The Royal Society of Medicine is housed in a lovely building with very modern facilities and an excellent restaurant. We have purposely begun the meeting Friday afternoon for those of you who may wish to visit Camden Passage for antique hunting in the morning and also we will try to set the tours so that Portobello Road on Saturday morning should be easily accessible.

The usual features that we have established continue in this Newsletter. Tony Constable was kind enough to send us a very interesting item for identification and I welcome your comments.

The patent that I have chosen for this issue is an unusual one in that the subject might appear somewhat mundane. Pile tubes are certainly not very romantic, but reading the patent gives us some interesting insight into the practice of medicine in 1878. The use of an artist's tube modified for this purpose is an innovative design. Even more impressive is to contrast this approach to the high technology approach that we have to medicine today.

Once again, we are indebted to Bill Helfand for some further contributions from his History and Pharmacy articles.

Most medical collectors have at least one item in their collection relating to phrenology. When I encountered the article by Minna Morse in the Smithsonian entitled, "Facing a Bumpy History" I thought this would be very interesting reading and something which would be pertinent to all of us.

Last year, while I was visiting London, I was referred to the Symons Collection at the Royal College of Physicians by Ms. Elisabeth Bennion. The visit to this collection was most rewarding and I think that any of you who attend the meeting in London next October would benefit greatly from a visit to this small but very

interesting collection of medical artifacts. Mrs. Bennion was kind enough to send me a copy of an article entitled, "The Symons Collection" by Mrs. Jean Symons which describes the collection in some detail. The article also provides some interesting insight into the collector's mentality which I am sure many of us share. Please read this article, come to the meeting, and visit the collection.

I have included a few copies of new web home pages with this issue. Medical antiquing on the internet is increasing. While preparing this section, I found an article I had been looking for which I purchased via the internet and e-mail.

I have also included an announcement from the Society of Civil War Surgeons about their upcoming meeting which is always very well attended.

In addition, Jeremy Norman was kind enough to send me a few inserts describing some of the very interesting medical facsimile publications which he has produced during the past several years and which bear directly on the interests of medical collectors. There is also an insert about the Indiana Medical History Museum.

Please let me hear from all of you. The "Wants" column and the "Offerings" column are included with this issue as usual. The addresses of any members of the organization are easily found by looking at the membership list. As usual, our membership seems to move up and down as new individuals join and other individuals divert their interest in other directions. If any of you know anybody who is interested in joining the association or in attending our annual meeting, please feel free to give them my name and address so that they can contact me for further information.

Looking forward to seeing all of you in London,

Sincerely,

M. Donald Blaufox, M.D. Ph.D.

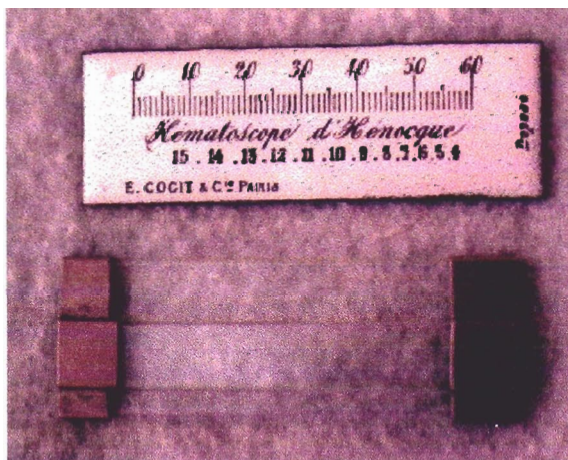
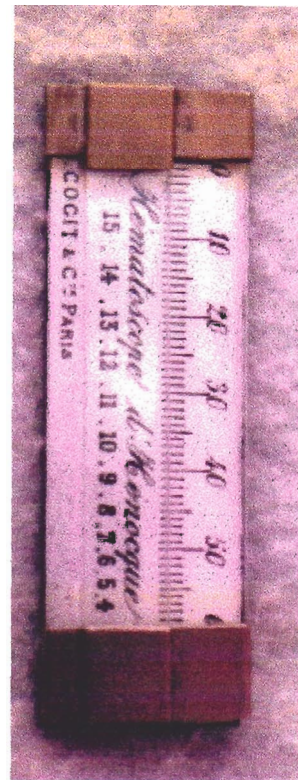
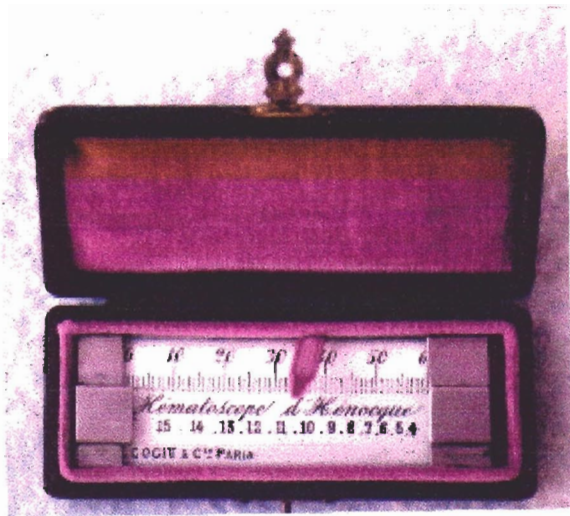
## CAN YOU IDENTIFY THIS?

**Submitted By:** Dr. A. R. Constable  
**Maker:** E. Cogit & Cie

**Material:** "Hematoscope D'Henocque"  
**Date:** 1920's

**Description:** A white enamel scale on a steel base, marked in mm. The glass/brass unit which sits on the scale consists of a piece of glass 25mm x 80mm and is 2mm thick faintly engraved with a scale from 0 to 60 mm. Simple nickel plated brass ends hold a second glass strip on top of the first and it is 11mm x 80mm and 1.5 thick. This second strip is held in such a way that the gap between the two pieces of glass tapers from zero at one end to about 0.5 mm at the other. The whole assembly dismantles easily.

**I think this is a:**



From:

Please Return to M. Donald Blaufox, M.D., Ph.D.

# UNITED STATES PATENT OFFICE.

EDWARD R. POST, OF NEWBURG, NEW YORK.

## IMPROVEMENT IN COLLAPSIBLE PILE-TUBES.

Specification forming part of Letters Patent No. 208,761, dated October 8, 1878; application filed August 16, 1878.

*To all whom it may concern:*

Be it known that I, EDWARD R. POST, of Newburg, in the county of Orange and State of New York, have invented a new and useful Improvement in Collapsible Pile-Tubes, of which the following is a specification, reference being had to the accompanying drawings.

My invention consists of an instrument for introducing ointment into the rectum for the treatment and cure of piles and like diseases. This has heretofore been accomplished by introducing the ointment with the finger or a piece of stick, and in some instances by the use of a pile-pipe filled with ointment ejected through round holes by the action of a screw-plug. The chief disadvantage of using the finger or a stick is that it is almost impossible to make a thorough internal application thereby. The disadvantage of using the pile-pipe is the great inconvenience arising from the necessary use of both hands in an exceedingly awkward position for the manipulation of the instrument.

Among the advantages arising from the use of my invention are, the facility for making a thorough application of the ointment; it requires the use of but one hand for the introduction of the tube and the ejection of the ointment; the increased cleanliness in the use of the instrument; the facility for tightly closing the tube when not in use, as hereinafter described; and by the use of the transverse slots the ointment can be applied over the whole circumference of the rectum at one motion of the tube.

Having thus stated the disadvantages of the present methods and the advantages of my method, I now proceed to explain my invention.

Figure 1 represents the ordinary collapsible tube in use for containing artists' oil colors. Fig. 2 represents the combination of the collapsible tube and the nozzle or pipe of an ordinary syringe provided with the transverse slots. Fig. 3 represents the pipe or nozzle of a syringe detached, provided with transverse slots. Fig. 4 represents the cap used to close the collapsible tube until it is to be used; and Fig. 5 represents a side view of the nozzle, showing the transverse slots.

My invention consists in the combination of the thin collapsible tube and the pipe or nozzle

of a syringe, provided with transverse slots for the purposes aforesaid, and as shown in Fig. 2.

A is a collapsible tube. B is the nozzle or pipe, provided with transverse slots, C C. D is the screw-cap used to close the collapsible tube A.

Having procured the collapsible tube A, I fill the same with the proper remedy in the form of an ointment. I then close the bottom of the tube A through which it was filled. The screw-cover D closes the discharge end, and the ointment is preserved from contact with the air and light, and may be kept unimpaired for an indefinite time, and without danger of leakage or soiling anything with which it may be brought in contact.

My invention is used as follows: The screw-cap D is removed and the pipe or nozzle B screwed on in its place, as shown in Fig. 2. Then, after introducing it into the rectum, a slight pressure on the collapsible tube A injects the ointment, and a single motion of the tube applies the ointment over the whole circumference of the rectum, and the process is complete. The screw-cap D should not be removed until the instrument is to be used. After that, and as long as it is in frequent use, the pipe B should remain attached.

By varying the form of the discharge-pipe B my invention may be applied to any orifice of the human body.

The form and position of the slots C C in the nozzle B may be altered; but they are preferably transverse, and located as shown in the accompanying drawings. They may be dispensed with, and the ordinary syringe-nozzle opening on the end may be employed, without changing the nature of my invention.

What I claim as new, and desire to patent, is—

The pile-injector formed of the thin metal artists' tube, to contain an ointment, combined with the nozzle B, as shown and described.

In testimony that I claim the foregoing improvement in collapsible pile-tubes, as above described, I have hereunto set my hand this 14th day of August, 1878.

EDWARD R. POST.

Witnesses:

WILLIAM SCHRAM,  
JOHN DALES.

E. R. POST.  
Collapsible File-Tube.

No. 208,761.

Patented Oct. 8, 1878.

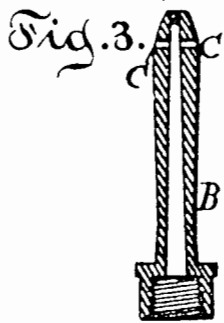


Fig. 1.

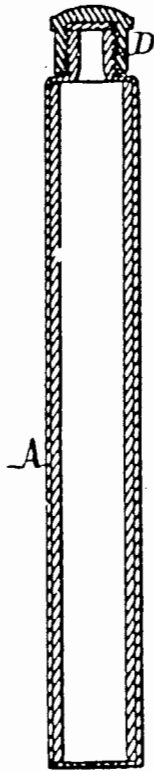


Fig. 2.

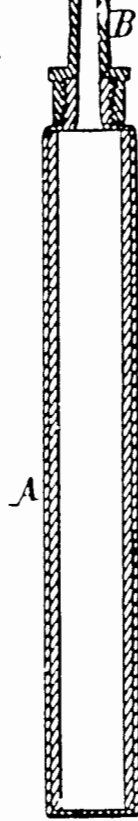


Fig. 4.

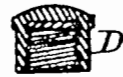
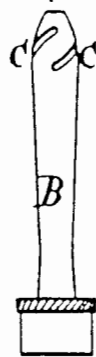


Fig. 5.



Witnesses.

Joseph M. Alexander.  
C. H. Drull

Inventor.

Edward R. Post  
by  
Drull, Mills & Drull  
his attys



## Historical Images of the Drug Market—XVI

by William H. Helfand

Pharmacy in History Vol. 29 (1987) No.4

IN 1902, the H. K. Mulford Company published a booklet on the merits of its Diphtheria Antitoxin; its cover showed the attractive illustration of a mother and her two handsome children. Mulford received the second government license to produce bacteriological products, and the antitoxin was one of its leading specialties. It was defined as follows: "The process of conferring immunity to the horse is followed by the appearance of antitoxic bodies in the blood serum

which are a specific antidote to diphtheria, and the term 'Antitoxin' is applied generally to those bodies in the serum which possess this power of immunization." There was also a series of eight beautifully lithographed postcards describing "How Mulford's Antitoxin is Made" issued at the same time as the booklet. Today diphtheria vaccine has replaced the antitoxin; Mulford itself was bought by Sharp and Dohme in 1929. (*Size of pamphlet 7-5/8 × 4-1/2"*.)

## Historical Images of the Drug Market—XXVII

by William H. Helfand

BOTTLES of Plantation Bitters had the cryptic statement "S-T-1860-X" blown into their sides. The letters stood for the product's chief ingredient, St. Croix rum (Plantation Bitters also contained Calisaya bark and other roots and herbs), and the date for the year Patrick Henry Drake, a practicing pharmacist in New York state, first marketed it. Drake and his partner, Demas S. Barnes, made no secret of the substantial alcoholic content of the bitters, suggesting that it could be taken "with the pleasure of a beverage" and that it was "particularly recommended to delicate persons requiring a gentle stimulant." It was ubiquitous during the late nineteenth century, being offered by "grocers, druggists, hotels and saloons," but its medicinal properties were generally considered of

lesser value than its spirituous effects. Indeed, the Internal Revenue Department included it on its 1912 lists as one of the compound liquors that could not be sold by anyone unless he or she had purchased the special tax stamp required of all retail liquor dealers. Much earlier, in the 1860s, business had expanded so rapidly that new premises were required, and an advertisement placed in the Harper's Weekly issue of June 29, 1867 showed a cut-away view of five floors and a large basement, with detailed sketches of the chief operations. A good idea of the amount of rum necessary to supply orders for Plantation Bitters at that time can be gained from examining the size of the vault in the basement.

Pharmacy in History Vol. 32 (1990) No.3



# Facing a Bumpy History

THE MUCH-MALIGNED THEORY OF PHRENOLOGY GETS A TIP OF THE HAT FROM MODERN NEUROSCIENCE

BY MINNA MORSE

**I**N LONDON IN 1873, MARK TWAIN saw an advertisement for the services of a fellow American who had hung out a shingle on Fleet Street. At once inspired and skeptical, Twain made his way to the offices of Lorenzo N. Fowler, “practical phrenologist.”

“I found Fowler on duty,” Twain wrote, “amidst the impressive symbols of his trade. On brackets, on tables . . . all about the room, stood marble-white busts, hairless, every inch of the skull occupied by a shallow bump, and every bump labeled with its imposing name, in black letters.”

During the 19th century, thousands of busts like those Twain described were manufactured and sold by Fowler and others. One of them—its surfaces inked with lines showing the location of such traits as “Conjugality” and “Combativeness”—is on display at the American History Museum’s “Science in American Life” exhibit, surrounded by other measures of human intellect and personality.

According to the “science” of phrenology, an individual’s character and abilities could be deduced from the size and shape of various bumps on the head. By the time Twain visited Fowler, phrenology had developed an enormous following, especially in America. Characteristics such as verbal memory, “Amativeness” and “Secretiveness” were supposed to be controlled by corresponding areas, or “organs,” of the brain. The more developed the trait, the larger the organ, and the larger a protrusion it formed in the skull. Phrenologists also believed that such traits—and their respective organs—could be modified through the practice



“Practical phrenologist” L. N. Fowler sold hundreds of busts like this one.

of restraint or by the conscious “exercise” of a positive quality.

In the 20th century, phrenological busts have become comic conversation pieces, their images often used to patronize the past. Phrenology’s failings are indeed obvious, but in our modern dismissal of it, its tremendous impact on 19th-century society can easily be forgotten. And despite its shaky scientific foundations, phrenology is enjoying a measure of respect from those who study the brain today.

Like another theory of mind that later permeated American culture, phrenology was the brainchild of a Viennese physician fascinated by the

human psyche. Even as a schoolboy in the late 1700s, Franz Joseph Gall noticed that classmates who could memorize long passages with ease all seemed to have prominent eyes and large foreheads. From this he inferred that an organ of verbal memory must lie behind the eyes. He speculated that if one ability was “indicated by an external feature,” others might be also.

His expanded theory brought Gall renown, but also the disapproval of church authorities, who considered such ideas heretical. In 1802, the state prohibited him from promoting his theory in Austria. Not surprisingly, this only increased public interest. Gall began lecturing throughout Europe and in 1805, with his protégé and former student, Johann Kaspar Spurzheim, he left Austria for good.

In the early years of the 19th century, Gall’s ideas spread across Europe. But it was in America, a country starved for a “scientific” insight into the human mind (and one that offered the hope of individual perfectibility—read “self-help”), that phrenology would find its most devoted and enduring audience. And it was Spurzheim, having further expanded Gall’s theory and adopted the name “phrenology,” who would bring it to our shores.

Spurzheim arrived in 1832 for a whirlwind lecture tour—one that literally killed him after just six months. But in that short time, he converted thousands, lecturing at Harvard and Yale, and across the American heartland. Ralph Waldo Emerson described him as one of the world’s greatest minds. After Spurzheim’s death, John James Audubon sketched his remains

for posterity; Harvard president Josiah Quincy handled his funeral arrangements. "The prophet is gone," the *American Journal of Medical Sciences* declared, "but his mantle is upon us."

The mantle fell, in large part, to a ministry student named Orson Fowler, who suddenly found his true calling in Spurzheim's theory and polemical practice. Fowler began to lecture on the topic to his classmates at Amherst College in Massachusetts, and to offer "readings" for 2 cents apiece. In one friend, the future Rev. Henry Ward Beecher, Fowler reported finding evidence of a "strong social brain" with "very large Benevolence."

Orson's enthusiasm infected his younger brother, Lorenzo, along with the rest of the family. The two Fowler brothers—frustrated evangelists both—began touring the country, carrying "the truth of phrenology" from town to town, lecturing and offering readings, analyzing the character and propensities of utter strangers from the bumps and valleys on their skulls. (In one of his early sessions, Lorenzo Fowler studied the head of a shy 15-year-old named Clara Barton. Years later, in her memoirs, the founder of the American Red Cross recalled Fowler's comments: "She will never assert herself for herself—she will suffer wrong first—but for others she will be fearless.")

America quickly became cranium-conscious. Employers advertised for workers with particular phrenological profiles—even asking for a reading by the Fowlers as a reference. Women began changing their hairstyles to show off their more flattering phrenological features. Everyone, from small-town folk to the rich and famous, sat for readings, including such notables as Horace Greeley and Brigham Young. (Predictably, P. T. Barnum scored high in all traits but "Cautiousness.")

By the 1840s, the Fowlers' New York office, known as the Phrenological Cabinet, had become one of the most-visited attractions in town, serving as a bizarre museum that included phreno-

*From small-town folk to  
the rich and famous,  
everyone sat for readings.*

logical portraits of hundreds of famous people's heads. (At least one of them was specially commissioned, post-mortem. After the 1836 death of Aaron Burr, the Fowlers ordered a cast of the deceased's head, and found, upon examination, that Burr's organs of "Secretiveness" and "Destructiveness"



Depending on when the diagnosis was made, 19th-century railroad worker Phineas Gage injured either his organ of "Benevolence" or a key area of his prefrontal cortex.

were—not surprisingly—far larger than those of the average person.)

As publishers, the Fowlers churned out the *American Phrenological Journal and Miscellany* (which remained in print until 1911), along with countless volumes on phrenology and its applications to health and happiness, including guides to phrenological parenting and the proper choice of a mate. They also printed the first volume by a young writer named Walt Whitman.

When Emerson, after reading a manuscript of *Leaves of Grass*, famously

wrote to its author, "I greet you at the beginning of a great career," the letter was addressed in care of the Fowlers. In the book itself, the Fowlers' influence is clear: "Who are you indeed who would talk or sing of America?" Whitman wrote. "Have you . . . learn'd the . . . phrenology . . . of the land?" So pleased was Whitman with his own phrenological reading ("large hope and comparison . . . and causality") that he would quote it time and time again in his writings.

Edgar Allan Poe also regularly wove phrenological concepts into his work, even employing cranial descriptions in an 1850 series of sketches of New York literary figures. (Of William Cullen Bryant, he wrote, the "forehead is broad, with prominent organs of Ideality.") Charlotte Brontë's work is also laced with phrenological analyses. Herman Melville's *Moby-Dick* even offers a lengthy (albeit mocking) phrenological description of the great whale.

Because phrenological theory espoused the idea of perfectibility, social reformers quickly latched onto it. Horace Mann regarded phrenology as the greatest discovery of the age. The Fowlers themselves became vocal advocates of reform and self-improvement, sometimes through advice on the proper phrenological choice of a career, but also with regard to education, temperance, even prison reform.

Of course, there were always skeptics—not least of them, Mark Twain, who recounted with horror that Fowler had found on his skull "a cavity" where humor ought to be. John Quincy Adams is said to have wondered how two phrenologists could look each other in the eye without laughing. But phrenology sailed on, pretty much unscathed, and until the turn of the century, continued to have an enormous impact on the public's ideas about the mind.

So pervasive was it that as late as 1888, the editors of the *Encyclopaedia Britannica*, wanting to debunk it in the name of reason (not to mention com-



mon sense), felt compelled to publish a detailed, seven-page refutation of it.

Gall's "so-called organs," the *Britannica* declared, "were for the most part identified on slender grounds . . . made by an induction from very limited data." In some cases, the exponents of phrenology "have discovered coincidences of a surprising nature." But more often than not, such coincidences did not occur, and, the *Britannica* complained, when they did not, the phrenologists were apt to simply rationalize away the inconsistencies.

By the 20th century, phrenology had lost any shred of scientific authority, except among a few diehards. But the *Britannica* had included in its lengthy attack a perceptive prediction: "Based, like many other artificial philosophies, on an admixture of assumption and truth, certain parts will survive and become incorporated into scientific

*The phrenologists were, in many ways, "quite astounding" for their time.*

psychology, while the rest will in due course come to be relegated to the limbo of effete heresies."

And so it proved. Though phrenology fell into deserved disrepute, modern scientists note that in some ways it was remarkably prescient. As early as 1929, in his *History of Experimental Psychology*, Harvard psychologist Edwin G. Boring wrote that "it is almost correct to say that scientific psychology was born of phrenology, out of wedlock with science."

It had, after all, an understanding that physiological characteristics of the brain influence behavior and—con-

versely—that behavior can alter our very physiology. (Of course, today scientists look at changes in neurochemistry and synaptic connections rather than "brain organs," but the principle is the same.) Phrenologists also reckoned that the mind is not unitary but composed of independent faculties. Their ideas—in other guises—have since given birth to the field of cognitive psychology, which breaks down mental functions (such as reading) into separate faculties (letter recognition, sentence comprehension and so forth).

Perhaps most interesting is the idea that different mental functions are localized in the brain. One of the first scientists to provide evidence of this localization of function was a contemporary of the Fowlers. In 1861, Paul Broca, a French surgeon and anthropologist, showed that damage to a particular region of the brain—only about

four square centimeters in size—can make a person unable to speak coherently, without affecting his or her comprehension of others' speech.

"The phrenologists were definitely on the right track in that regard," says Marcus Raichle, a neuroscientist at Washington University in St. Louis. "The problem is where they took it."

According to Antonio Damasio, a neuroscientist at the University of Iowa College of Medicine, the phrenologists were, in many ways, "quite astounding" for their time. "However, they did not understand that even the areas we have identified—quite different from their 'organs'—are interdependent parts of larger 'brain systems.'" Damasio, who studies the effects of lesions in the brain, believes he has located an area in the prefrontal cortex that is part of a system crucial to controlling inappropriate behavior and considering the

emotional repercussions of one's actions. One of the most dramatic cases he has studied provides a suggestive link between 19th-century phrenology and modern neuroscience.

It involves a New England railroad worker named Phineas Gage who, in 1848, suffered an amazing accident: an iron bar, more than an inch in diameter, was thrust by an explosion through his brain, entering his head under his cheekbone and exiting at the top of his skull. That he lived was astounding, even more remarkable, his reasoning and language were left entirely intact. What changed, however, was his temperament. Previously a responsible, gentle man, Gage was now argumentative, irresponsible and prone to cursing so vilely that women were warned not to remain in his presence.

Using Gage's actual skull as a guide, Damasio and his wife, Hanna, a fellow

neuroscientist, recently created a 3-D computer image of Gage's injury (p. 26). The bar's trajectory, they found, had damaged the same region of the brain as had been injured in patients of theirs who exhibited similar behavior.

Back in 1848, the diagnosis was only somewhat different. Along with all the doctors and journalists who came to observe him, Gage was visited by Nelson Sizer, a phrenology expert and associate of the Fowlers.

The meeting provides further evidence that faulty logic can sometimes lead to correct conclusions. After comparing Gage's exit wound with his phrenological charts, Sizer determined—and accurately, no doubt—that Gage's change in demeanor, his violence and rudeness, were due not to damage in the prefrontal cortex but to an injury "in the neighborhood of Benevolence and the front part of Veneration." ❧

# The Symons collection: its origins and contents

Cecil Symons (1921–1987) was a physician and cardiologist at the Royal Free Hospital, Hampstead, London from 1961–87. He was also a collector of medical instruments, principally from the Georgian era, which are now displayed in the foyer to the new Seligman Theatre at the Royal College of Physicians.

## Influences on the Collection

Cecil Symons' approach to collecting and the pleasure and inspiration he derived from it is best described in his opening to the 1981 Samuel Gee Lecture, entitled 'Invalids and the Georgian Era':

I am not a medical historian but someone who became interested in the Georgian era because of the collection which I have made over the years of contemporary medical instruments. The acquisition of articles may become a passion and arouse interest far beyond the particular inanimate piece collected. To see, for example, an early medicine spoon, inevitably gives rise to thoughts of who used it and how and why. . . The Georgians were very much aware of self-care and comfort, and even in sickness their inherent sense of good design remained evident.

Despite his obvious enthusiasm for the Georgians, however, Cecil Symons did not confine his collection to one era or one country, so both Roman and Chinese medicine are represented.

The Georgian era began in 1714 and ended in 1837 following the reign of William IV, brother of George IV. Known variously as the Age of Reason, Elegance, Romanticism or Enlightenment, stability was the keynote of the period. 'Medicine', as both a means of treatment and self-care, received much attention and the vigorous cartoons and illustrations by contemporary artists such as Hogarth, Gillray, Cruikshank and Rowlandson told Cecil Symons much about medical practice in that rumbustious age and about the personalities and preoccupations of both practitioners and patients.

Ill as he was to become, George III always practised self-care and his idiosyncracies were regarded with tolerance and affection. Gillray showed him as 'Temperance enjoying a frugal meal', thus setting an example to all at a time when over-eating and drinking, with obesity and gout as a consequence, were prevalent: George is shown eating a boiled egg whilst his wife Charlotte is devouring greens. In contrast, Gillray shows his son, George, Prince of Wales, as a



Cecil Symons FRCP (1921–1987).

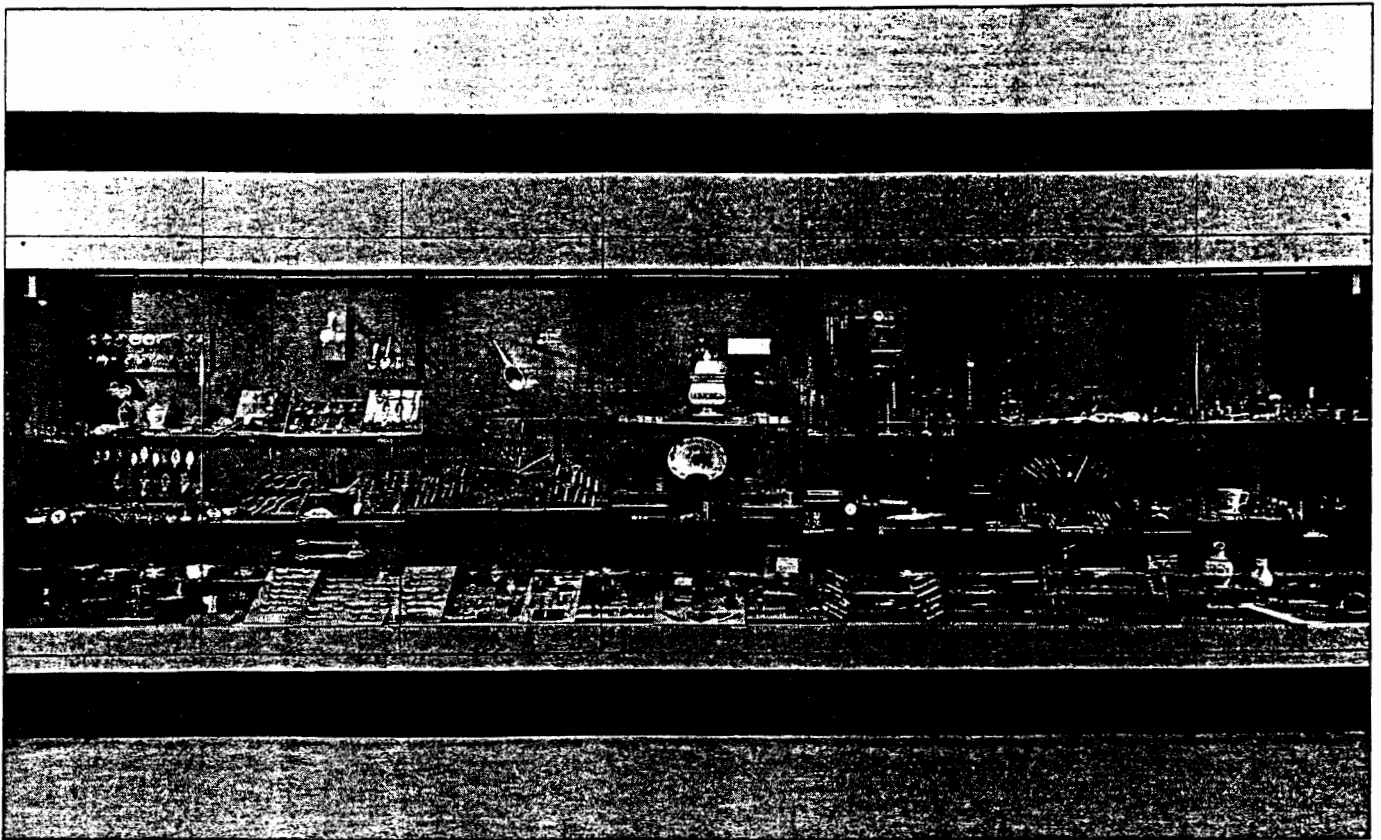
'voluptuary under the horrors of digestion': the Prince's concern with his health is illustrated by a vegetable draught, a pot of ointment for piles, another for bad breath and a chamber pot full of urine.

Hogarth depicts poverty and alcoholism in *Gin Lane* whilst, in contrast, Rowlandson shows the pleasures of Bath for the better off – including those who were sick and disabled. Nurses, as such, had not yet been invented. Elderly women, usually addicted to the bottle, filled the role. Rowlandson shows one about to administer an enema; another, in a drunken stupor, will soon have the house on fire.

From the literature of the period Cecil Symons deduced that people were frightened of illness – it was the great unknown. He noted that, in the *Diary of a Country Parson 1758–1803*, James Woodforde describes only injury. He gives, for example, details of the drawing of a tooth and describes a death, but there is almost no reference to disease. The Symons collection is a useful adjunct to medical history in that it provides so much evidence of how people cared for themselves at that time.

Motivated by a deep interest in France, Cecil Symons founded the Société Clinique Française, based at the Dispensaire Française in London, and initiated exchange visits between the Société and the Hertford British Hospital in Paris. In 1987 he was made a Chevalier de l'Ordre du Mérite. The difference between the English and French approach to sickness and health in the 18th and 19th centuries particularly fascinated him. Whilst the invention of the

This article is based on a talk given by JEAN SYMONS AADipl, RIBA on 30 April 1997 at a meeting of the Historical Resources Panel at the Royal College of Physicians of London.



The Symons Collection displayed at the Royal College of Physicians.

stethoscope by Laennec in 1819 was the high point of that period of medicine in France, it was the profusion of items relating to infants and motherhood, such as feeding spoons, cups and nipple shields – all of which are represented in the Collection – which was of special interest to Dr Symons and prompted him to study the philosophy of Jean-Jacques Rousseau and relate it to art.

On a College visit to Singapore in 1986, a year before he died, Cecil Symons told the then Treasurer, Dr (now Sir) Anthony Dawson about his collection and that he would like the College to house it. However, there was no suitable site – until the new extension was built. The architect of the College, Sir Denys Lasdun, having seen items from the collection several years earlier and remembered particularly the nipple shields ('guards' as he called them) designed the present exhibition space specifically to house the Symons Collection – and received the enthusiastic support of the College Treasurer, Dr Norman Jones.

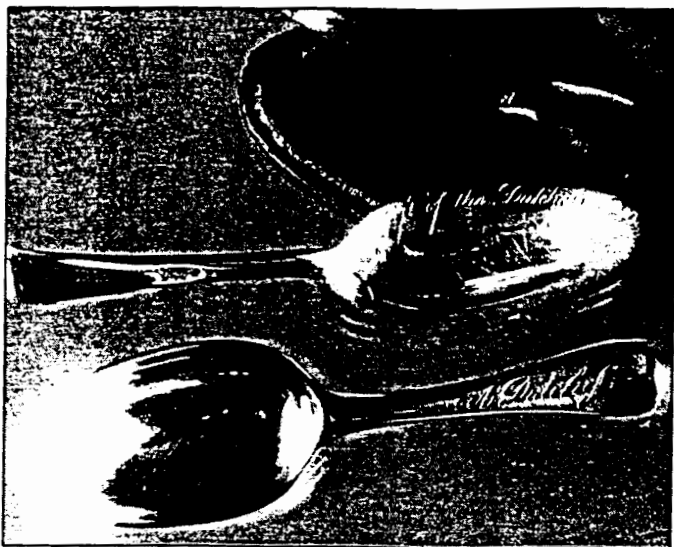
### Collecting

In most of his travels to find medical artefacts for his collection, Cecil Symons was accompanied by his wife Jean. As well as the historical significance attached to an object, many were bought 'because we liked them'. The first, an apothecary jar, was found in Chartres in

1957. In 1973, through a pharmacist friend, Henry Brocksom, a silver 'top-hat' stethoscope was acquired. However, plans to collect silver stethoscopes were soon abandoned; there were no others. Medical items that made up the early collection included a castor oil spoon with a bottle of castor oil, a wooden stethoscope, a lancet case, an iron double-ended spoon (which turned out to be a kitchen utensil), a cupping set, a tongue scraper (later identified as part of a Stilton cheese scoop), treen cases containing medicine glasses and syringes, and a pap-boat. A bleeding bowl, calibrated for volume, had been used by Henry Brocksom as an ash tray.

The development of the medicine spoon in the Georgian era and particularly whether it preceded the tea-spoon – or vice versa – was of great interest to Cecil Symons. In 1979 a spoon came up for auction inscribed: 'Gift of the Duchess of Queensberry to Lady Carbery'. Why did she give a spoon in a shagreen case? Was it for medicine or tea? She was known to have a deep interest in potions, tisanes and balsamic draughts and to have made them for her friends. A dose of medicine became known as 'a teaspoonful,' and from 1755 when the duchess gave her present until the recent introduction of the 5ml plastic medicine measure, the capacity of the spoon has not changed.

Antique markets throughout England and France



A silver medicine or tea spoon (c.1755) inscribed 'Gift of the Dutches of Queensberry to Lady Carbery'.

provided good sources of medical artefacts – especially as dealers had not at that time realised their value – as did antique and junk shops as far apart as America and Australia.

Holidays and conferences provided opportunities to visit medical museums – the Medical School and Musée de L'Assistance Publique in Paris, Hospice de Beaune, Hotel-Dieu de Lyons, the Semmelweis Museum in Budapest, museums in Vienna and Padua, and old hospitals in Piacenza, Sienna, Florence, Angers and Bruges. English, Scottish and Welsh country houses also contain items of medical interest which helped Cecil and Jean Symons to identify medical objects in shops and markets that might otherwise have been overlooked.

Elisabeth Bennion, author of *Antique Medical Instruments*, published in 1979, was of great help in tracking down objects – indeed, many could not have been procured without her. Later, she also helped Jean Symons sort the collection and assisted in compiling the catalogue.

### Displaying the collection

Until it came to the College, the Collection had not been seen in its entirety. Cecil Symons had died in 1987 and it was therefore left to Jean to decide how the objects were to be housed in their allotted space – a showcase seven metres long with two glass shelves. Faced with the task of arranging 400 objects, she called on the professional advice of Colin Lindley to help design the display and to make the mounts.

Visual impact was of course paramount – but it was also important to reflect Cecil Symons' interests. Thus the leech jar was chosen as an obvious centrepiece, and the display starts with items from the largest group



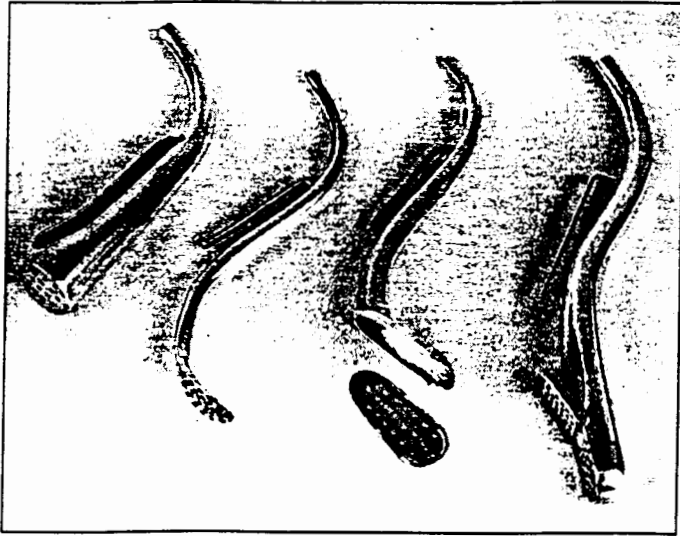
A leech jar (late 19th century).

in the collection, 'invalid aids'. Among these are the nipple shields that had first attracted the attention of the architect, Sir Denys Lasdun. They are made from a variety of materials, including silver, ivory, glass, wood, leather and lead (not good for babies). Modern examples are included to show that although the material has changed, the shape has not.

Next in the display come items for use for infant feeding followed by pap boats, feeding cups and posset cups, one of which has a demountable handle and a

Pap boats made in a wide variety of materials.



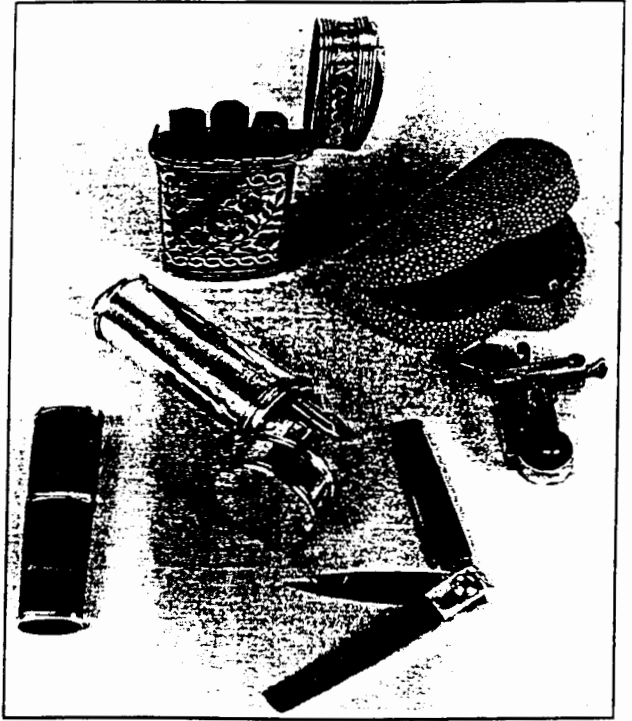


Sick syphons – potentially lethal as they could not be cleaned.

spout for travelling. A wicker covered flask resembles an early thermos flask. Three of the pap boats were originally owned by Lord Cohen, a Fellow of the College and Chairman of the GMC (1961–73).

Feeding spoons form the next part of the collection; a magnificent example and the earliest in the collection (c. 1680) has been mounted high on the wall. Below it is a neat French invention – the medicine was in the first compartment with something sweet in the second.

Castor oil spoons follow medicine and tea spoons. Often called Gibson spoons because they were inscribed by the silversmith 'C Gibson inventor', they were in fact invented by Dr Anthony Todd Thompson (1778–1849) a Fellow of the College. Sick syphons are placed next. These are early drinking straws; being impossible to clean, they were potentially lethal. Also displayed in this part of the collection are Victorian



Georgian lancet cases.

double-ended spoons and travellers' folding spoons many of which came from America. A modern green plastic spoon was given to Cecil Symons by one of his students who spent his elective study period in India. It gives instructions on the dose of sugar and salt for rehydration.

The collection of tongue scrapers is probably the largest anywhere. They particularly fascinated Dr Symons because of the shapes and the variety of materials from which they were made. One example was found by Jean Symons on a College visit to India when she saw pilgrims at Benares using twigs from the neem

Pair of buttons depicting Louis XIV before and after an enema.





The Long Room in the Royal College of Physicians at Warwick Lane as depicted by T Rowlandson and AC Pugin in 1808.

tree to clean their teeth and then splitting them for tongue scrapers – exactly in the way that the original scrapers had been formed.

Next come items for leeching, bleeding and cupping placed adjacent to beautiful lancet cases in a variety of materials.

A selection of stethoscopes includes examples of Laennec and Piorry models, an elegant Neapolitan model made of tortoiseshell and gold in its original case, and one made of glass. Thermometers, pulsometers and tongue depressors are also represented.

A sphygmographe de Marey is displayed in a case marked 'W Broadbent'. Sir William Broadbent, a Fellow of the College, was Physician to King Edward VII, initially when he was Prince of Wales (1892), and became Physician Extraordinary to Queen Victoria in 1896 and to the new Prince of Wales in 1901.

Among the more esoteric items are a set of guinea scales (an important part of a physician's equipment); Chinese medicine dolls; a pair of political buttons showing Louis XIV having an enema – before and after; a Charles I pillbox containing four divisions and a watch to show when the next dose is due; and a magnificent William IV silver ear trumpet which unscrews

into three parts and could be carried in a handbag.

The Collection has been catalogued by Jean Symons. Items are listed in the same order in which they are displayed, each is dated and, when known, the maker and place of origin are given with any other relevant information. This list will shortly be available to visitors to the College who seek more information than can be accommodated on the labels in the display case.

#### Postscript

Many items in the displayed collection would have been familiar to the Fellows of the College depicted by Rowlandson and Pugin in 1808 in the Long Room of the College in Warwick Lane, panels from which have been incorporated in the present Censors' Room.

Dr Symons would have appreciated the vision of the Officers of the College and Sir Denys Lasdum in providing the splendid setting for the Collection – far beyond anything he could have envisaged.

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