

LOATHSOME RECIPE FOR A POISONED ARM

Sir, I greatly enjoyed reading the article by Professor W.J. MacLennan in the recent issue of *The Journal*.¹ I was particularly intrigued by '... a particularly loathsome recipe in Fife to treat a poisoned arm by splitting the skin, and then cover the wound with three recently killed puppies'. This Scottish remedy would seem to be more compassionate than that of the recommendation of English astrologer-physician Nicholas Culpeper (1616–1654) for the treatment of gout:

An excellent cure for the Gout, is to take a young puppy, all of one colour, if you can get such a one, and cut him in two pieces through the back alive, and lay one side hot to the grieved place, the inner side I mean.²

Dr Culpeper, despite his many bizarre therapies, was an extremely popular doctor in London, certainly more so than his scientific 'evidence based' contemporary William Harvey (1578–1657).³ He had an excellent knowledge of Greek and Latin, which enabled him to translate into English the Latin Pharmacopoeia of the Royal College of Physicians of London. He did this without their consent, and enraged the high 'mucky-mucks' of the College.

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- 2 Culpeper N. *Culpeper's School of Physick or the Experimental Practice of the Whole Art*. London: N. Brooks at the Angel in Cornhill; 1659. Reprinted by the Classics of Medicine Library, New York, 1994.
- 3 Buchanan W. Nicholas Culpeper's Physick for Rheumatics. *Clin Rheumatol* 1995; **14**:81–6.

CONSENSUS CONFERENCE ON MANAGEMENT OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Sir, The warning about the danger of uncontrolled oxygen therapy during ambulance transfer needs to be extended to other frontline healthcare professionals (including nursing staff), particularly in Accident and Emergency Departments and in Medical Assessment Units because they might not necessarily know any better in terms of awareness that, in acute exacerbations of chronic obstructive pulmonary disease (COPD), unlike in other acute respiratory emergencies, it is not an appropriate response to turn up the oxygen supply to achieve a 'normal' oxygen saturation (SaO₂) (as opposed to the more appropriate SaO₂ of 90–2%)^{2, 3} following a subnormal reading on pulse oximetry. Furthermore, in view of the coexistence of coronary heart disease (CHD) (which accounts for 11–26.7% of deaths in COPD cases),⁴ frontline staff should specifically ask COPD patients

whether or not they also suffer from angina, given the fact that the risk of aggravation of CHD might render either ipratropium bromide, on its own, or ipratropium bromide and low dose salbutamol (as in 'combivent') a safer option for nebulisation than the conventional 5 mg dose of salbutamol.

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- 4 Kiestinen T, Tuuponen T, Kivela S-L. Survival experience of the population needing hospital treatment for asthma or COPD at age 50–54 years.
- 5 Au Dh, Curtis JR, Every NR *et al*. Association between inhaled β-agonists and the risk of unstable angina and myocardial infarction. *CHEST* 2002; **121**:846–51.

QUEEN MOTHER'S VISIT

Sir, It occurs to me, following the publication of your editorial in the last issue of *The Journal*, that your readers might be amused by some events that took place during the Queen Mother's visit to open the Conference Centre on 14 May 1985.

I was confronted at my first Council meeting in December 1984 with having to choose who might be appropriate to invite to open the partially completed Conference Centre. Various names were bandied about but I decided to try to secure a visit from the Queen Mother. Two days after I wrote to Sir Ralph Anstruther, the Queen Mother's private secretary, he telephoned to say that Her Majesty would be delighted, providing the event could be made to coincide with her spring visit to Birkhall, where she fished salmon. I agreed, which meant that the contractors had to work flat out for the next four months.

When she arrived, my wife presented her with flowers, which she declared with laughter were the best she had seen. After the ceremony, we went round a splendid exhibition outside the lecture theatre that Joan Ferguson, the librarian, had produced. The Queen Mother was full of questions and larks. When we came to the role of the College in controlling morphia and opium, she asked:

'What did they use before? I mean at Waterloo, for example.'

'Alcohol, Ma'am' I said.

'Ah. Was it gin? So much better than whisky, don't you think? Alec (Lord Home, ex Prime Minister who was in the party) loves it, don't you, Alec?'

Then we moved on to a demonstration about rhubarb (medicinal rhubarb had been imported around 1720 to Britain by a Fellow of the College).

'What do you use that for, President?'

'Personally, I don't use it at all' I replied.

'Quite right, neither do I – gin is much better.'

Then we went up to the New Library for her to sign the visitor's book. I explained that the gold pen had belonged to Sir James Mackenzie – a pioneer cardiologist. She picked it up from its case and began to sign – but no one had thought of filling it with ink.

'Did Sir James use invisible ink?' was her first question, made with a huge laugh. 'Maybe all cardiologists use invisible ink!'

Professor John Strong came to the rescue by presenting his own pen.

We offered her champagne, not gin, and Her Majesty stayed for 40 minutes longer than planned. The visit was one of happiness and laughter.

M.F. OLIVER