The animal world has its junkies too

Andrew Haynes kicks off this year’s Christmas miscellany with reports of rampant reindeer, sozzled starlings and junkie monkeys, and a look at how goats seem to be the cause of many of man’s sins.

Research scientists have used many animal species in investigating mind-altering drugs, but it may come as a surprise to learn that animals in the wild — from starlings to reindeer — also make use of psychoactive substances of their own accord. It seems that many of these species have a natural desire to experience altered states of consciousness, and man may well have found his way to some of his favourite recreational drugs by observing the behaviour of animals.

Rampant reindeer

In their use of hallucinogenic plants is where animals really go to town. There is evidence from around the world of animals deliberately consuming such plants, and legends about plants used in sacred rituals often include references to animals introducing them to mankind.

One such species, appropriately for a Christmassy article, is the reindeer, which goes to great lengths to search out the hallucinogenic fly agaric mushroom (*Amanita muscaria*) — the one with the white-spotted red cap that garden gnomes like to sit on. Eating the toadstool makes reindeer behave in a drunken fashion, running about aimlessly and making strange noises. Head-twitching is also common.

Fly agaric is found across the northern hemisphere and has long been used by mankind for its psychotropic properties. But its use can be dangerous because it also contains toxic substances. Reindeer seem to metabolise these toxic elements without harm, while the main psychoactive constituents remain unmetabolised and are excreted in the urine. Reindeer herders in Europe and Asia long ago learnt to collect the reindeer urine for use as a comparatively safe source of the hallucinogen.

Another hallucinogen used by wild animals is the African plant iboga (*Tabernanthe iboga*). It has been reported from Gabon and the Congo that boars, porcupines, gorillas and mandrills will dig up and eat the powerfully hallucinogenic roots.

In the Canadian Rockies, wild bighorn sheep are said to take great risks to get at a rare psychoactive lichen. In scraping it off the rock surface they can wear their teeth down to the gums.

On the prairies of the south-west US, horses and other grazing mammals can become addicted to hallucinogen-containing plants known generically as locoweeds. These plants, mainly species of *Astragalus* and *Oxytropis*, are normally avoided, but animals that try them can come back time and again for a repeat fix. Symptoms include altered gait, aimless wandering, impaired vision, erratic behaviour and listlessness.

In South America’s rain forests, jaguars have been filmed behaving in a kittenish manner after gnawing the bitter roots and bark of yage (*Banisteriopsis caapi*), a hallucinogenic vine that is also used by native tribes in ritualistic ceremonies. Some anthropologists believe that man first learnt to use the drug after watching jaguars.

Mention of this big cat leads finally to perhaps the best known recreational drug...
There have been several instances of elephants breaking into illegal alcohol stores and drinking themselves silly by the sugars and yeast rather than the resultant booze. They are probably attracted by natural yeasts. Bees, wasps, hornets and other substances animals ingest for a buzz. According to the Bible, Noah clearly remembered his experience as a sign of relief, because their species cannot possibly be considered a scapegoat for man’s abuse of tobacco. The tobacco plant (Nicotiana spp) is a native of South America, and the human population first began inhaling tobacco smoke about 8,000 years ago, probably discovering its effects when the leaves were burnt ceremonially as incense. The goat has a cast-iron alibi, since it did not reach South America until some 7,500 years later.

Although South American man may not have needed goats to point him towards tobacco, his use of cocaine may well have been inspired by a grazing mammal. The chewing of coca leaves (Erythroxylum spp) as a stimulant probably began around 5000BC, about the time when llamas were first domesticated. Peruvian legend has it that llamas travelling in the Andean lowlands chewed coca leaves because their normal food plants were not available. Their human minders noted the sustaining effect of the leaves and copied their pack animals. Other legends have sloths and monkeys pioneering the use of coca.

Although birds eat coca seeds and various insects attack sprouting coca plants, none of these creatures seems to derive a stimulant effect from coca consumption. However, research has shown that coca-chewing garden snails can climb a glass rod in a travelling time 25 per cent less than that of snails fed on a regular diet of ivy.

Man probably did not learn to use opium by watching animals because there is scant evidence for its narcotic use by wild creatures. However, since man began cultivating opium poppies, at least one species has learnt to use opium. That animal is the water buffalo.

In south-east Asia, some water buffalo will browse poppies that are waiting to be harvested. The animals become docile and tend to wander away from the small herds in which they normally move. The addiction never lasts long because the poppy capsules contain high levels of opium only for a brief period towards the end of the ripening process. Once the harvest is over, the beasts’ behaviour returns to normal, but only after they have shown withdrawal symptoms such as tremors, restlessness and convulsions. Finches, waxwings and starlings seem particularly susceptible, and some species will deliberately go back for more. Waxwings have been found dead in heaps near sources of fermenting rowan berries, and post-mortem examinations have shown that they died drugged, with acute alcoholic liver disease. Mammals too. There have been reports of bears and elk accidentally becoming drunk and disorderly after eating fermenting fruit. Some large mammals are known to seek out alcohol in its man-made form deliberately. In rural areas of North America they often target illegal stills, and law enforcers sometimes track down the stills simply by looking out for woody wildlife. In the Indian state of West Bengal there have been several reported incidents of elephants breaking into illegal alcohol stores and drinking themselves silly before going on the rampage, trampling people to death and causing extensive damage to property.

But stories of alcohol-mad animals should be treated with caution. Travellers’ tales about drunken African elephants go back to the early 19th century, and modern tourist brochures claim that elephants with a taste for alcohol can detect the fermenting fruit of the marula tree from 10km, but recent research suggests that these stories have no foundation.

**Goats as scapegoats**

Caffeine is another drug that man allegedly discovered by observing goat behaviour. According to tradition, in the ninth century, an Ethiopian goatherd named Khaldi noticed his goats dancing around frenziedly after eating the bright red berries of the shrub we now know as Coffea arabica. He tried a few berries himself, felt dazed and introduced his find to the monks in the local monastery. However, it is now believed that monks in the Ethiopian highlands were using coffee as a stimulant well before Khaldi’s time. But since man has been herding goats for at least 7,000 years, it is certainly possible that goats are ultimately to blame for Starbucks.

As with alcohol and caffeine, goats may also have to carry the can for man’s discovery of khat, the popular Middle Eastern stimulant, which contains ephedrine-like alkaloids. Legend says that a Yemeni goatherd watched one of his goats run wild after chewing the leaves of Catha edulis. He decided to chew them himself, found them stimulating and introduced them to the world. I now turn briefly to tobacco, at which point any goats reading this article can breathe a sigh of relief, because their species cannot possibly be considered a scapegoat for man’s abuse of tobacco. The tobacco plant (Nicotiana spp) is a native of South America, and the human population first began inhaling tobacco smoke about 8,000 years ago, probably discovering its effects when the leaves were burnt ceremonially as incense. The goat has a cast-iron alibi, since it did not reach South America until some 7,500 years later.

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**Junkie monkeys**

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But although there is little addiction to opium in its natural state, there are many tales of animals acquiring a taste for it once the resin has been harvested and dried. One recent news story concerns a town in India plagued by junkie monkeys that have stolen opium from a factory that makes opium-based medicines. Now who is copying whom?
Nitrous oxide first came to public attention as a bizarre form of public entertainment; but it was this “laughing gas” craze that led, by a circuitous route, to its medical application.

The first person to inhale nitrous oxide was a teenage amateur chemist in the remote backwater of Penzance: a precocious genius by the name of Humphry Davy. By the time of his first full experiments in 1799, Davy was the 20-year-old laboratory assistant at the Pneumatic Institution in Bristol, a radical project set up to research the therapeutic potentials of recently discovered gases. This was the brainchild of Thomas Beddoes, a maverick doctor and political reformer who, unlike most of his contemporaries, was convinced that new discoveries in chemistry were poised to transform the art of medicine.

Beddoes’s initial focus was the treatment of tuberculosis, a disease which by his pioneering estimates was killing one in four British adults and for which no cure was known. Why not, he reasoned, investigate the therapeutic potential of gases, the only form in which remedies could be administered directly to the lungs? But Davy’s self-experiment with nitrous oxide sent the researchers in an entirely different direction. As he inhaled it, he began to notice “a highly pleasurable thrilling in the chest and extremities”; as he continued, the objects around him “became more dazzling and my hearing more acute”, until he found himself shouting with exhilaration and leaping around the laboratory. Oxygen had been shown by its discoverer Joseph Priestley to impart a healthy glow, but this new gas seemed to inject its subject with a massive dose of excitation and energy, perhaps even to stimulate the life-force itself.

“This was a discovery that raised profound questions for the medical science of the 18th century. How could a gas, synthesised in a laboratory and unknown in nature, act so powerfully on the human body? And how could its effects spread so rapidly and forcefully to the higher reaches of the mind and the imagination, still believed by most to be the domain not of the body but of the soul? Beddoes’s hopes for a therapeutic application for such gases were now riddled by the promise of unexpected insights into the mysteries of the mind.

The first subject to whom Davy offered nitrous oxide was his close friend, the poet Robert Southey, whose reaction did not disappoint. “The atmosphere of the highest of all possible heavens,” he proclaimed, “must be composed of this gas.” His writing partner Samuel Taylor Coleridge also submitted himself to the experiment, and reported a state “of more unmingled pleasure than I had ever before experienced”. Davy, himself an ardent poet as well as a chemist, encouraged further volunteers to try the gas and attempt to put its action into words.

**Catching the public imagination**

Over the summer of 1799, the Pneumatic Institution became a philosophical salon where physicians and dramatists, inventors and surgeons, politicians and poets all inhaled the gas and attempted to generate what Davy called a “language of feeling”, a new vocabulary that could encompass the strange inner worlds that it revealed.

Davy published his report on the experiments in 1800; his groundbreaking analysis of nitrous oxide’s chemistry made his professional reputation, but it was the description of its effects on human subjects that caught the public imagination. While doctors were unconvinced of its therapeutic applications, accounts of the frolics and antics that had taken place in the experimental salons led to a popular craze.

By the 1820s, laughing gas shows had become a familiar item in variety halls such as the Adelphi Theatre in London. In a precursor of the stage hypnotism shows of today, a master of ceremonies would appear on stage with a cylinder of nitrous oxide; after a short scientific lecture he would invite volunteers up on stage to sample it. Primed by stories of wild scenes and egged on by an excited audience, they would act out their brief intoxication with an uninhibited display of shouting, dancing, acrobatics and uproarious laughter. This was far from the career that Beddoes and Davy had in mind for their miraculous gas, but it turned out to be the route by which it would achieve the medical revolution they had dreamed of. Nitrous oxide shows proved particularly popular on the carnival circuit of America; before he invented the mass-produced revolver, Samuel Colt toured a laughing gas entertainment around New England in a tent emblazoned with Southey’s line: “the atmosphere of heaven must be composed of this gas”. It was in raucous shows such as these that doctors began to notice that those under the influence of the gas seemed temporarily impervious to pain, able to stumble and injure themselves without noticing. This discovery was of particular interest to dentists, for whom the pain of tooth extractions was a serious deterrent to business. The Connecticut dentist Horace Wells was the first to pull a tooth under gas; although he failed to convince the medical authorities of its efficacy he impressed his patient, a travelling showman named Gardner Quincy Colton, who reinvented himself as the Colton Dental Foundation and had performed 75,000 successful extractions by the time nitrous oxide was officially adopted by the profession. Thomas Beddoes dreamt in 1799 that the gas might allow mankind to “rule over the causes of pain and pleasure”; a century later, his vision had become reality.

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By 1900, nitrous oxide was established as an anaesthetic and hailed as one of the great medical advances of all time. But it was discovered a century earlier, when surgery without pain was considered a foolish, utopian dream, writes Mike Jay
Flopsy, Mopsy, Cottontail and pharmacy

Beatrice Potter is much-loved as a children’s author and illustrator. For the pharmacy historian, her books, set in their rural context in the early 20th century, provide insights into contemporary perceptions of illness, views of the medical profession and treatments, particularly countryside remedies, says Briony Hudson.

Helen Beatrix Potter was born on 28 July 1866 in London to a prosperous family. She was educated by governesses and took private art classes. Her childhood pets included two rabbits named Benjamin and Peter. The family took annual holidays in Scotland and then the Lake District where her love of the countryside was inspired.

Potter’s uncle, Sir Henry Enfield Roscoe, attempted to seek recognition for the adult Potter’s talents as a botanist. She made numerous drawings and watercolours of lichens and fungi, of which there are now 270 in the Armitt Library in Ambleside but, as a woman, she was rejected as a student at the Royal Botanic Gardens at Kew. In 1897, Sir Henry presented her paper on the germination of spores to the Linnean Society. (She could not present it herself because women were barred from meetings.)

Scarlet fever

The most obvious link between Potter’s publications and health is that her first story was written for a sick child. In September 1893, Potter was on holiday in Scotland. She wrote a picture letter to five-year-old Noel Moore who had scarlet fever: “My Dear Noel, I don’t know what to write to you so I shall tell you a story about four little rabbits . . .”

Noel’s mother, Potter’s ex-governess Annie Moore, suggested that she might publish the story, so eventually in 1901 Beatrix borrowed the letter, and created ‘The tale of Peter Rabbit’ and Mr McGregor’s garden’. Turned down by six publishers, she published 250 copies herself. She finally attracted Frederick Warne & Co to take the title on and, by the end of 1902, 28,000 copies had been sold.

Potter’s books also provide some insight into perceptions of illness. For example, in ‘The tale of Johnny Town-mouse’ Timmy Willie the country mouse gets sick when he lives in the town. Johnny Town-mouse suggests that it might be because his teeth and digestion are unaccustomed to the town.

In ‘The tale of Jeremy Fisher’, another belief is exposed:

“Once upon a time there was a frog called Mr Jeremy Fisher; he lived in a little damp house amongst the buttercups at the edge of a pond. The water was all slippery-sloppy in the larder and in the back passage. But Mr Jeremy bled getting his feet wet; nobody ever scolded him, and he never caught a cold.”

This passage highlights that, in Potter’s time, it was commonly believed that if a person got his or her feet wet all the time he or she would catch a cold.

“The tale of Mr Tod’ suggests some thinking about germs. Mr Tod, a fox, believes that Tommy Brock, a badger, has died in his bed:

“...I will wash the tablecloth and spread it on the grass in the sun to bleach. And the blanket must be hung up in the wind; and the bed must be thoroughly disinfected, and aired with a warming-pan; and warmed with a hot-water bottle. I will get soft soap, and monkey soap, and all sorts of soap; and soda and scrubbing brushes; and persian powder; and carbolic to remove the smell. I must have a disinfecting. Perhaps I may have to burn sulphur.”

Persian powder was an insect powder made from the powdered flowers of Pyrethrum. Mr Tod’s treatment of his bed suggests that sunlight, airing and warming were all believed to disinfect, and that Persian powder, “all sorts of soap” and burning sulphur — substances likely to be on sale in local pharmacies — were more extreme measures.
Another area of interest in the books is common rural practices for treating illnesses. Having gorged himself on lettuces, French beans and radishes in Mr McGregor's garden, Peter looks for parsley to treat his nausea. And once he arrives home feeling unwell, his mother gives him chamomile tea. She even shares the dose: “One tablespoon to be taken at bedtime.”

In more recent memory, Dr Flemming’s ‘Great Herbal’ wrote of wild lettuce that “the drug resembles a feeble opium substitute for opium. The components responsible for the sedative action are the lactupicrin. It is used to a small extent as a sedative and narcotic.”

As early as the 16th century, John Gerard in his ‘Great Herbal’ wrote of wild lettuce that it “it procures sleep”. By 1931, Grieve wrote that “the drug resembles a feeble opium substitute for opium without its tendency to upset the digestive system. It is used to a small extent as a sedative and narcotic.”

“Lettuce opium” refers to the white latex material found in both wild and garden lettuce. Known as lactucarium, it was collected in the Victorian period and made into sleeping draughts for children as a substitute for opium. The components responsible for the sedative action are the sesquiterpene lactones lactucin and lactupicrin.

Today, wild lettuce is said to possess mild sedative, anodyne and hypnotic properties, and its traditional use continues for insomnia, restlessness and excitation, pertussis, irritable cough and muscular pain.

It is also worth noting that wild lettuce is an ingredient currently in Kalms Sleep, Nytol Herbal and a range of other herbal products.

If only the Flopsy Bunnies had known, they could have avoided their narrow escape from Mr McGregor’s clutches.

However, perhaps the most well-known pharmacy reference in Beatrix Potter’s books explains why children around the world know the meaning of the word “soporific” at an early age. In ‘The tale of the Flopsy Bunnies’, she writes:

It is said that the effect of eating too much lettuce is soporific.

I have never felt sleepy after eating lettuces; but then I am not a rabbit.

They certainly had a very soporific effect upon the Flopsy Bunnies!

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Details


An earlier version of this article was published in the quarterly journal of the Medical Philately Study Group, Meditheme, in spring 2010.
Tales of medicine-taking en pointe

Not all of us get to perform at the Royal Opera House. Leila Taheri spoke to a former pharmacist who did so this year. An odd coincidence was that the performance aimed to raise awareness of relationships with medicines

Dance is not something usually associated with pharmacy. But one former pharmacist has successfully married art and medicines to produce beautiful results.

Betsy Field (pictured) has led an exciting life: she has danced to crowds in the UK, the Netherlands, Italy, Portugal and Russia, worked with celebrated choreographer and dancer Akram Khan, and, most recently, she has performed at the Royal Opera House (ROH), albeit as part of a fringe event.

Readers would be forgiven for assuming Mrs Field is a young professional dancer who, having discovered her true calling, gave up pharmacy to train for 10 hours a day in a cold, lonely dance studio. The reality could not be further away.

Encouraged by her father, Mrs Field, now in her 70s, studied ballet between the ages of seven and 15 years. After obtaining a degree in pharmacy she worked at Barts and The London NHS Trust before moving to The London Clinic. She left hospital pharmacy in 1968, to buy her first pharmacy in Woking with her husband, and started a family.

After the birth of her fourth child, Mrs Field resumed training in her first love — ballet — and also started studying tap, jazz and contemporary dance. In 2000, she moved to London and joined the Company of Elders at Sadler’s Wells while also dancing with other contemporary companies. In an experimental project with Akram Khan — A God of small tales — she danced at the Royal Festival Hall.

Her latest project, Initial side effects, with Dante or Die Theatre, in collaboration with the School of Pharmacy, University of London, featured as part of the RoH’s “Firsts” programme. Funded by the Arts Council and a Wellcome Trust Arts Award, Initial side effects is a 20-minute piece of dance-theatre that explores how and why people take their medicines, their experiences of adverse effects and reasons for non-compliance. The dancers translate their medicines taking through movement, speech and song, and a series of scenarios based on personal experiences. The director was “bowled over” when she discovered that her older dancer was pharmacist, Mrs Field said.

The production is part of a larger programme of workshops run within communities to explore people’s relationships with medicines. In one of the narratives in the play, Mrs Field takes ibuprofen 400mg for joint pain, although ironically, she experiences little joint pain herself: “I don’t take regular medicines. It’s partly genetic but I’m also quite fit” — in addition to rehearsals, she takes three dance classes a week and also swims. And how did it feel performing at the ROH? Mrs Field had no hesitation: “For any dancer, even professionals, performing at Covent Garden is very exciting,” she said, adding “it is lovely to go through the stage doors and feel part of a great artistic institution.” Childhood dreams are rarely acted out in life, but Betsy Field, who wanted to be a ballerina ever since she can remember, refused to have her vision altered by life — she never gave up on her dreams.

Details

The Royal Pharmaceutical Society is to host a workshop and performance in February. Contact Viola Lewis (viola.lewis@rpharms.com) for details. Extended performances are scheduled for February and March 2011. See www.danteordie.com for details.
Let Us Shine in our make-shift pharmacy

Hannah Currie, the daughter of two pharmacists, has been volunteering at a school in rural Ghana for the past three years. She describes recent work to help set up a pharmacy in the school and the benefits this has brought.

Two years ago, I had never heard of Kpandai, a tiny rural town in northern Ghana. I had always wanted to volunteer in Africa but never had the money or the confidence to try it. Then I heard about pharmacist Fiona Maweuna (née Marra) through my mother, Jan, then a teacher practitioner at Strathclyde University.

Fiona had been one of my mother’s students and went on to volunteer in Ghana after graduating. Her planned five-week trip morphed into a three-year stay and, in 2006, she set up her own school for underprivileged children.

I met Fiona in Glasgow, where she now lives, and in a matter of months I was on an aeroplane to the capital, Accra, followed by a 10-hour drive north to Kpandai. Now with four trips under my belt to the Let Us Shine Girls Academy, I am completely and irrevocably attached to the place.

Fiona decided to focus on girls because many Ghanaian families will opt to send their sons to school if they have enough money, while daughters stay at home to help with farming and domestic duties. The school has come a long way since my first trip. It now has six classrooms, a substantial accommodation block, and its own mini pharmacy. Fiona juggles running the charity with her job as senior infectious diseases pharmacist at the Brownlee Centre in Gartnaval Hospital, Glasgow, but with over 100 pupils to house, feed and educate, it is a mammoth task and volunteers are crucial to the school’s continued success.

People from all sorts of backgrounds, including students, teachers, doctors, dentists and nurses, have visited Let Us Shine and all have been instrumental in contributing to one of the school’s major priorities: health education. Death from preventable illnesses is a serious problem in rural areas, and the girls are strongly encouraged to pass on health advice to their families and neighbours when they return to their villages during school holidays.

Setting up

When the decision was made to set up a school pharmacy, my family and I were keen to help. Although I am a history student (my focus is African oral history), both my parents are pharmacists and, because I have worked in their pharmacies during summers, I know the basics. My father is a National Pharmacy Association board member and owner of Dalhart Pharmacy Ltd, and he donated a suitcase full of non prescription products, including painkillers, oral rehydration sachets, dressings and antiseptic creams, as well as clotrimazole to treat the ringworm that infects most of the girls at some stage.

We used money raised by other volunteers to buy antibiotics and antimalarials — both much cheaper in Ghana than in the UK. The girls have to deworm at least twice a year because soil-transmitted worm infestation is common and can cause serious health problems if left untreated. De-worming tablets are needed and demand often outstrips what the town’s tiny drugstores can supply, so we usually buy in bulk in Accra and transport them to the school.

The pharmacy also has a huge stock of toothbrushes and toothpastes, donated by dental practices in Scotland. This provides a quicker and healthier alternative to chewing...
In the same way that traditional songs and stories are passed from place to place, the seeds of health education can be sown, picked up and passed on.

In rural Africa, the spoken word is the most common form of communication, and in the same way that traditional songs and stories are passed from place to place and generation to generation, the seeds of health education can be sown, picked up and passed on.

One step at a time, Ghana’s health as a nation is improving, and Let Us Shine is doing what it can to speed up the process. Of course, dangers still persist and death is no stranger to the girls. Many have lost relatives to preventable illnesses. Even with precautions, Ghanaian nationals typically contract malaria once or twice a year. Although it is usually treatable with a course of drugs, such as quinine, treatment is not always available and, occasionally, in serious cases, a blood transfusion is needed.

Malaria
Kpundai was recently chosen as the location for a new government-funded hospital with a fully operating surgery, but this came too late for one little girl, the daughter of a cook employed by Let Us Shine. Lami was just four years old when she contracted malaria. She needed a blood transfusion but, despite their best efforts, staff at the school could not get her to hospital in time. Malaria claims a child’s life every 30 seconds in Africa.

During my visits to Kpundai I had become close to Lami and was shocked by her death. In her memory, I began fundraising for a school motorbike so that children could be quickly transported to hospital in emergencies. We surpassed the target and were able to buy the motorbike as well as mosquito nets for every bunk bed in the girls’ dormitories.

One of Fiona’s main concerns is to teach the girls about the dangers of malaria and emphasise the importance of using a net. They are taught how to fill in holes that can collect rainwater and form breeding grounds for mosquitoes and, again, they are encouraged to transmit this information to their families.

In September 2010, four years after it was founded, Let Us Shine took on 40 new pupils from surrounding villages. I met them on my last trip, but I know next time I see them they will be unrecognisable from the skinny, swollen-bellied and timid little girls I welcomed. My next aim is to build up our school pharmacy so that it accommodates their needs. The school will not only give them an education, but a healthy body, a safe place to stay, a better life for their families and, most importantly, a childhood.

Details
For more information on child sponsorship and volunteering with Let Us Shine, visit www.letusshine.org. To donate to the pharmacy fund visit www.justgiving.com/USPharmacyFund

Health and sartorial elegance in Haiti

Antje Neubert, senior research fellow at the Centre for Paediatric Pharmacy Research, School of Pharmacy, University of London, describes working with a German non-governmental organisation in Haiti, after the earthquake in January

The engines of the American Airlines aeroplane roared and slowly we gained speed. For the last time I saw the blue and grey huts in between the green of the trees before they became almost invisible, like little dots as the aeroplane roared and slowly we gained speed. The engines of the American Airlines plane hovered above the sea.

I was leaving Haiti, half laughing, half crying, after my first mission with Pharmacists without Borders, a German non-governmental organisation dedicated to improving the supply of medicines to developing countries. Its partner organisation, Landsaid, has run a mobile clinic in Haiti since February 2010 and, for three weeks, I was its pharmacist. In addition, the team was made up of a German doctor, a Haitian doctor, three nurses (two of them from Haiti) and two translators.

I arrived on 26 July in Port au Prince, where I was warmly welcomed by the team already there and by temperatures of nearly 40°C. For the first few days I worked with Maria, the pharmacist whom I was to replace, and benefited from her long-standing experience working in developing countries. She provided me with a comprehensive introduction to my responsibilities within the mobile clinic team and we also discussed various local clinical problems.

Villam Beta
The daily routine of the mobile clinic was well established; after all, I was working with the eighth Landsaid team and the 18th member of Pharmacist without Borders in Haiti. From Monday to Saturday we worked in the Villam Beta camp and at a health point at Cazeau on alternate days. Villam Beta is one of the camps developed after the earthquake on 12 January 2010. There are more than 1,000 such camps in Haiti and a total of 1.5 million people live in them. About 5,000 people were living in Villam Beta but numbers are rising.

The health point at Cazeau is a former seminary that was destroyed by the earthquake — four priests were buried under the debris. The patients coming to Cazeau do not live in camps but, on my way there every other day, I could see that their living conditions were similar to those in the camps.

Every morning we arrived at around 9am and a crowd of all ages would be expecting us. Everyone would wait patiently until we finished unloading our boxes and we were able to start the clinic. There were some guards who helped us, and by doing so, they could earn a little money so at least they could buy some food.

About half of the patients were children; the youngest I met was just six days old. I can report, fortunately, that the number of patients decreased over the time I was there and levelled off to about 50 a day. Our German doctor had worked in developing countries on many occasions, particularly after natural disasters. He knew a great deal about the common clinical conditions so he was able to diagnose and start treatment quickly.
The young paediatrician from Haiti, however, was less experienced and required some support with drugs and dosing, so it was important for me to check the prescriptions on the patients’ health cards and question prescribing where necessary. I soon found that the best way to do this was to prepare an alternative proposal for the prescription, which I would carefully suggest because he did not cope well with criticism.

**Supplies**

Since the choice of drugs was limited and we did not want to buy new medicines unnecessarily, every evening I discussed with the German physician how to use our stock most effectively. I was surprised how treatment recommendations differ across countries. For instance, drugs such as metoclopramide, which in Germany are contraindicated in children, are given with a dose recommendation in the BNF or World Health Organization guidelines.

It was possible to order medicines via wholesalers, but this was time-consuming and expensive so I tried to limit these orders as much as possible. Also, not everything in the wholesalers’ catalogues was available. Nevertheless, I visited Promess, one of the largest drug wholesalers in Port au Prince and was surprised by the large size of the depot and how well organised it was.

Our most urgent requirement was for paediatric antibiotic suspensions. Dosing in children, especially for the very small ones, was a particular challenge and often, while splitting tablets, I would long for at least some of the choice of formulations we have in Europe.

The most frequent conditions I saw were worm infestations, infections, particularly of the lungs and urinary tract, and small wounds and abscesses. Malaria was common. There was also an increasing number of patients with high blood pressure and diabetes. However, because treatment for these chronic diseases is long-term and Landsaid would withdraw the mobile clinic by the end of September — the provision of health care after this was unclear (eg, who would prescribe and finance the blood pressure drugs) — treatment was not initiated for these patients.

This will not be the only unsolved problem when NGOs start gradually to withdraw their help from Haiti. For instance, NGOs also ensure there is sufficient drinking water in the camps and work with camp management to look after the latrines. This is important to ensure minimum hygienic conditions are met and to avoid the outbreak of epidemics.

**Waste disposal site**

More than nine months after the earthquake, 98 per cent of the destroyed buildings had not been rebuilt. When I was there in July, people were living surrounded by rubbish and debris and, despite the material and financial help from all over the world, I felt as if I were working on a waste disposal site. It will be difficult for the country to rise by itself. Corruption is common. Prices for daily goods increased significantly after the earthquake and are similar to those in London, if not higher — on one occasion, a market trader seriously wanted to sell me a pineapple for five US dollars.

It was also disheartening that not everybody put their heart in the recovery effort. We were there voluntarily, taking annual leave to do so, but some citizens who were paid for their work would often only do the absolute minimum. It was an unpleasant reality. But there were also shining examples, such as the nurse who helped me in the pharmacy. Patiently, she would explain to the patients in Creole how to take the medicines. She was accurate and reliable, and she kept smiling, even in stressful situations. Some of the guards who helped us to load and unload our van each day were enthusiastic and warmed my heart.

And, of course, there were all the children, who would get so excited if I took a picture of them on my digital camera and showed it to them. A special memory was when one day a little boy came over and proudly showed me the car that he had made from an empty plastic bottle. It even had side mirrors and a windscreen and made me wonder why we market trader seriously wanted to sell me a pineapple for five US dollars.

At no point did I really feel scared (apart from the morning a large bird spider paid me a visit). The members of the team I worked with were pleasant both to work and live with — sharing fruit salad soon became a daily ritual.

It did not bother me that we had to get water from a well and that often there was no electricity — at least I was staying in a house that protected us from the rain, which is so much more than most of the Haitian people have.

Currently there are as many as 400 NGOs in Haiti, all providing medical aid which requires substantial organisational efforts. Pharmacists without Borders and Landsaid have done a good job in organising. I now know how much our expertise is needed there and can only recommend this type of work to anyone who wants to experience pharmacy from a different angle.

I hope the country will be able to get rid of the rubbish and the debris so in future the beauty of it will not only be seen in the clothing of its people.

Haiti rise again!

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**Details**

LandsAid is still present in Haiti working on a long-term prosthesis project. Further information about LandsAid, including how to make a donation, can be found at [www.landsaid.org](http://www.landsaid.org).
Liverpool apothecary in the slave trade

Stuart Anderson, reader in the social history of pharmacy at the London School of Hygiene and Tropical Medicine, tells how apothecary Edward Parr made his fortune.

In the middle of the 18th century Liverpool was at the heart of the Atlantic slave trade. In total, around 11,000 ships were despatched from England to Africa in pursuit of the trade, of which nearly half departed from Liverpool. Most of the others left from London or Bristol. The first known Liverpool slaver was the Blessing, which set out for Guinea in West Africa in August 1700. By 1730 around 15 ships a year were leaving the port for the African coast. Numbers grew steadily, reaching 50 or more a year by the 1750s, and to just over a hundred a year in the early 1770s. By the end of the century more ships left Liverpool than all the other British ports combined.

Among those involved in the trade was a Liverpool apothecary by the name of Edward Parr. Parr’s name appears in the list of top 10 Liverpool slave traders sending 500 or more slaves to the Chesapeake region of North America. By 1756 he had already transported 541 slaves from Africa to the Chesapeake in three voyages. By contrast, the largest Liverpool trader, Foster Cunliffe, had despatched nearly 2,000 slaves in 20 voyages. The Chesapeake was the centre for the tobacco plantations, and most of the Liverpool slave traders also traded in tobacco.

Parr appears to have been involved in a variety of different trades in the Chesapeake area and elsewhere, and owned his ship, the True Blue. We know something of Parr’s involvement in the trade from the letter book of Joshua Dixon, who went to work with Parr as his assistant apothecary in 1764. Dixon arrived in Liverpool on 27 October, having moved from Whitehaven in Cumberland (which was also involved in the slave trade but to a much smaller extent), where he was brought up. He wrote extensive letters. In one to his friend John Tate, he notes that Parr “quitted Liverpool in his vessel for the West Indies”. Parr clearly spent a significant part of his time abroad, leaving Dixon to manage things.

Manning the ships

Equipping ships for a slaving voyage was an expensive exercise, involving expenditure on provisions for both the crew and the slaves, on the purchase of a cargo of trade goods to barter for slaves on the African coast, and hiring the crew itself. The average tonnage of the slave ships was around 100 tons, and each typically had a crew of between 30 and 50.

Dixon’s letters give glimpses of the trials of manning the slave ships and of recruiting reliable captains. In a letter to his mother, dated 2 May 1765, he wrote: “Our vessel True Blue sailed this morning, Captain Conway, with whom I have not had the least intimacy since Joseph Jackson’s [another merchant involved in the slave trade] letters, being obliged to him for a clear representation of his qualifications. Mr Parr approved of him at first, but lately came to hand a writ for £10 which Mr Parr had accepted payable when the vessel arrived from Jamaica.” It seems likely that Conway was involved in trading of slaves on his own account, supplementing his income with unauthorised dealings of his own. This appears to have irritated Parr, who was nevertheless resigned to having to recruit people of dubious character to man the ships. Dixon continues: “All I can learn from Mr Parr testifies to [Conway’s] dishonesty, and he said he should be glad to have him overboard; though [he was] so scarce of men as obliged to love mere villains from prison, and their complement 40 to pursue the voyage with 30 [able-bodied men].”

Recruitment difficulties were hardly surprising since the ships were away for the best part of a year at a time undertaking the so-called “triangular trade”. Ships departed Liverpool laden with goods to barter for slaves on the African coast; they had to pick up a consignment of slaves from the various forts and camps along the African coast, and head across the Atlantic on the middle passage. They then had to return to Liverpool with the products of the plantations, whether tobacco, sugar or cotton.

The comings and goings of the various ships were painstakingly reported in the local newspaper; the east coast of America and in the West Indies, to give notice to all those with an interest in the trade which ships were expected with what cargoes. Twenty references to the True Blue appear in the Early South Carolina Newspapers Database alone between 1750 and 1770, suggesting that this was its regular trading route.

It is unlikely that Parr’s business interests were restricted to the slave trade. Dixon attempts to quantify the size of the business in a letter to his mother, dated 2 November 1764. A distinction is made between Parr’s home and overseas interests and the supply of chest for the African trade. “I can scarce see how to compare Mr Parr’s business with that of any gentleman’s in Whitehaven. I think to include them all in one may perhaps equal his home and foreign considerations (I don’t mean his African trade, that amounting to the number of 24 boxes in 12 months).”

With so much of his time spent travelling overseas to the plantations Parr had to depend heavily on support staff back in Liverpool. He had a number of other employees working for him besides Dixon, and Dixon himself had support, for in a letter to surgeon William Tharter, dated 20 November 1764, he reports: “I have a porter who has managed the slavish part of the business for seven years. He distils simple waters, makes incredible concoctions of unguentia, prepares each chymical process, and takes care of every preparation in the laboratory.”

Extent of wealth

Parr undoubtedly became rich — rumours suggested that he was in fact the second richest man in Liverpool. Further references to his wealth are made in Dixon’s letters. Although known to be careful with his money he also had a philanthropic streak. In a letter dated 19 January 1765, Dixon declares: “Liverpool deserves to prosper, as its gentlemen are generously disposed. Mr Parr has given upwards of 20 guineas in expenses to poor women this Christmas according to rumours.” Parr’s wealth was said to be of the order of £20,000, although according to Dixon’s letter “you may easily imagine he is much richer. Bills to the value of £1,000 arrived last week, and the porter who has served Mr Parr eight years said he was worth one hundred such sums.” The guess may well have been a wild exaggeration, but it was probably of the right magnitude. John Tarleton, another major African and West Indian merchant at the same time, and who was Mayor of Liverpool in 1764, saw his fortune soar from £6,000 in 1748 to nearly £80,000 in 1773.

Parr was practising as an apothecary at a time when there was an ongoing dispute about occupational boundaries between apothecaries and physicians. Despite this there was...
A telephone call to our supermarket pharmacy early one Saturday was passed to me. The caller said he was trying to trace a missing parcel of Viscotears, consigned to our pharmacy for a customer. This puzzled me somewhat, especially when he said he was calling from Interflora. I was at a loss to understand how that company, concerned with flowers and the like, could be involved in dealing in Viscotears, a pharmacy-only eye drop, which any customer of ours could buy, or have them dispensed from us directly, with no trouble. A quick check of our stock, sufficient to ensure not a dry eye in the whole area, enabled me to assert this with confidence.

The caller, however, would have none of it. All my attempts to question how Interflora came to be dealing in Viscotears were brushed aside as he demanded to know if the parcel had been delivered directly to the pharmacy, or where else in the store it may have ended up. None of my colleagues knew anything about this mysterious consignment, so I passed the caller on to customer services.

A little later that morning, when our preregistration trainee started his shift, I asked him about the parcel, since he had been working in the pharmacy during the week. He could shed no light on the matter either.

But then, some minutes later, inspiration seemed to strike him like a bolt from the blue. “Aha,” he declared. “I just wonder,” he mused, “whether it was possibly a birthday present for me from my girlfriend?” He thought for a moment or two. “No,” he decided. “She’s already given me plenty.” He turned back to his work.

But I was not going to let this obviously pampered young man off the hook so easily. I sent him to the customer services desk to discover the outcome of our Interflora man’s subsequent call to them. I also told him to check the warehouse in case the parcel had gone directly there. The results were negative.

In any case, with the Saturday morning dispensing rush in full swing, I had other matters with which to concern myself, while being thankful that no customers came in to show me, after promising not to touch. His box of Viscotears (sorry, Biscuiteers) to his box of Viscotears (sorry, Biscuiteers) to be from Interflora, from our usual wholesalers or from anywhere else.

Mystery solved
Back again at the pharmacy the following Tuesday, I noticed a small wrapped parcel in a corner of the dispensary bench. “Aha,” I thought, “this must be the missing delivery.” I unfolded the consignment note lying on top. It was addressed, as he had suspected, to our preregistration trainee. I read the description of the contents, hoping for clarification. That was when it came: a second blinding flash, that revelation, but striking me this time. “Biscuiteers Love Biscuit Collection from Interflora” the note declared.

There it was then and so obvious — phonetically virtually indistinguishable, but totally different products. That explained it all. Without meaning to, of course, I found myself reading the sender’s message on the consignment note, with her wishing so much that she could be with him on the big day, and addressing him by a pet name, which we had never heard before (but which could come in useful whenever we might need to correct him, as and when he steps out of line). I saw him the next day when our shifts overlapped. Using his pet name, I persuaded him to open his box of Viscotears (sorry, Biscuiteers) to show me, after promising not to touch.

Each biscuit, beautifully wrapped was individually mounted on each one of three ornate cards so that as these cards were lifted out one by one the message read: “I (surrounded by hearts) love you”. So there, I thought. Most definitely not Viscotears.

Mind you, when I subsequently discovered, by coincidence, the cost of one of these boxes, including packing and delivery, it certainly made my eyes water. So not so different a product after all.

Theo Tynne is a pen name

Christmas miscellany

An amusing anecdote from a supermarket pharmacy, by Theo Tynne

A considerable transfer between the two professions; a significant number of apothecaries went on to train and qualify as physicians. This was clearly in Dixon’s mind, and he discussed with Parr the relative benefits of training as a physician rather than continuing as an apothecary, possibly with a view to Parr supporting Dixon’s training. In a letter to his mother he says of Parr: “He argues the present age gives little encouragement to physicians, and that it is not worthwhile to prosecute my education, the fees being so greatly inferior to the profits of an apothecary.”

Parr remained a prominent figure in Liverpool until his death. The Liverpool directory for the year 1766 refers to him as “Parr, Edward, merchant and apothecary, Castle Street”. His brother John Parr was described as a “merchant of Old Church Yard”, Parr Street in Liverpool, close to Lime Street Station, is named after John and Edward Parr, who were described as “slave trade merchants”.

Joshua Dixon, also did all right for himself. He decided to reject Parr’s advice about training as a physician, and took his MD at Edinburgh in 1768; he returned to Whithaven to practise as a physician, and he remained there for the rest of his life.

Liverpool’s dominance of the English slave trade continued right up to abolition in 1807. Even after abolition Liverpool traders continued to supply goods to Spanish and Portuguese slave traders.

An eye-watering mystery consignment

An eye-watering mystery consignment

The Pharmaceutical Journal 733

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Being at school with a national treasure

Readers who enjoyed David Attenborough's latest television series "First life" in November might be interested to know that Sir David's interest in fossils and the very first animals began at an early age. Ray Sturgess gives a first-hand account

Had there not been a Second World War, I would not have become a pharmacist. I have written about this before (PJ, 18/25 December 2004, pp907–8) but I never mentioned another aspect of going to live with my grandmother. After my father had died of double pneumonia in Leicester in 1933, just after my sixth birthday, my mother went to live with her widowed mother at Mablethorpe on the Lincolnshire coast. Together the two widows rented a boarding house with five bedrooms and raised a moderate living. I was keen on education and in 1938 gained a scholarship to Louth Grammar School. Most scholarship pupils went to Alford Grammar School and I was the first for some years to get to Louth. My mother was sent a cheque for £30 to buy my school clothing and an annual railway ticket covering the 16-mile journey each way.

By July 1939, life for me was good. I had come top in all my subjects and been awarded the first year form prize. It was some decades later that the reason for my success became clear: I met a member of my class and it became obvious that he, like all the others in the form except me, had been the son of a fee payer. Most pupils at Louth were the sons of farmers and almost all less bright than a scholarship lad.

In September 1939 I went back to school but the future was suddenly uncertain. The day after the declaration war Mablethorpe had been swarmed by soldiers installing miles of barbed wire, which had the effect of cutting off the beach to civilians. Mother and grandma knew straight away that there would be no holiday visitors as long as the war lasted. They abandoned the boarding house, returned to grandma's cottage behind the sand-dunes and started writing to relatives about the need to return to Leicester. In the spring of 1940 they went to stay with mother's sister Gladys at Groby and, so that I could complete my second year at school, I stayed with family friends in Louth.

Wyggeston

At the end of the summer term once again I gained the annual form prize but I was more interested in moving to Leicester. I had no idea that at the school I was about to join I would come across two boys who would become internationally famous. When I arrived at Leicester on the train, as my mother was working at Fieldings department store, I was met by my aunt Gladys. She gave me a great smile: “You've been transferred to the Wyggeston School.” Gladys reminded me that this was the best school in Leicester and her husband had been a fee payer there. When I got to Wyggeston I could not help being impressed by the chart featuring its coat of arms alongside Eton, Harrow and Winchester, revealing its prestige.

Wyggeston School was situated next to Leicester College, which since the appointment of its then principal had attained a high reputation. The college principal had three sons who had been entered as fee payers into Wyggeston. The Wyggeston headmaster was aware that the eldest son's gifts as an actor were outstanding and bound to secure him a scholarship to the Royal Academy of Dramatic Art and future success. His name was Richard Attenborough. Richard appeared on the school stage at the end of every term and was highly cheered.

The second Attenborough son, David, was keen on natural science but chose few friends and kept a low profile. Like the other pupils I would not have met him except that I was friendly with Mick Keene, the son of a previous lord mayor of Leicester, whom David was keen to visit on weekends at their stately home at Gaulby east of Leicester. The attraction to David was the fact that east Leicestershire was full of the valuable fossils he was interested in. As a pupil who was immersed in chemistry, Latin and cricket, I was intrigued by a boy who was engrossed in buried fossils.

Leading characters

The Attenborough family, I discovered, mixed with many leading characters of the day and had been visited by Jacquetta Hawkes, not only one of the top British archaeologists but the daughter of the famous Cambridge biochemist professor Sir Frederick Hopkins, physiology Nobel prize winner for the discovery of vitamins. After her return to London, a large case arrived addressed to David. She had become aware of his interest in early fossils and had sent him a splendid assortment of her most select accumulation. (When she met J.B.Priestley 10 years later they fell deeply in love and married.) Neither David nor his exceptional contacts were known to many pupils but the headmaster made sure we knew of the celebrity of his elder brother. During his first year at RADA Richard had been sensationally recruited by Noel Coward for his film In which we serve and at assembly the headmaster made it clear that the film was now in the Leicester picture houses and we all should go and see it, which most of us did.

After school

The move from the boarding house in Mablethorpe had made things difficult for us since all we had been able to rent was a Glenfield cottage with two rooms up and two down. Our boarding house income had been lost and was reduced to the three pounds fifteen shillings that my mother earned at the department store, probably the lowest earning of any parent with a son at Wyggeston. Being aware of the opulence of the style enjoyed by the Attenborough family and other fee paying Wyggeston pupils I was impressed but also restrained. When the fifth form dissertation speeches were held, my passion and theme was on the ascendancy of socialism, a reaction that upset the headmaster when the fifth formers gave me the most applause.

When at 16 I entered pharmacy by becoming apprenticed to a pharmacist in Leicester, I gathered that when qualified I would be able to become a trainee manager by working for a pharmacist owning one or more large shops, or by joining Boots. In fact, many adventures in Africa and the Far East were to follow, and my experiences helped me write a book during my retirement.

More recently I got in touch with David and he was kind enough about reading my book but I know that the only Wyggestonian he really admired was Roger Mason who made the great British, and indeed world, fossil discovery of Charnia masoni at Charnwood as a schoolboy in 1957.
Perils of writing for *The Pharmaceutical Journal*


My early childhood career plans were diverse and included carpet designer (I liked colouring patterns), dress maker (I enjoyed making clothes for my dolls) and teacher (my role when my long-suffering brother and I played schools). Watching a television series about Marie Curie sparked an interest in science and research (which would eventually manifest itself in a PhD). Then, as I grew older, I began to write teenage angst poetry and flirted with the idea of writing. At 16, I started work as a Saturday girl at Boots The Chemists. Insight into the role of the pharmacist combined with a catastrophic failure of English literature A-level, set me on the path to pharmacy.

However the beauty of pharmacy is its breadth and many years later, at home with young children, I found myself with the opportunity to fulfill my writing ambitions. It began with a commission for *Tomorrow's Pharmacist* to write about working abroad, since I had lived and worked in the Middle East and the Netherlands for eight years. I found it hugely satisfying to research and write about a topic and it provided an intellectual stimulus to life at home with toddlers. I then went on to write about frankincense for *The Journal*’s Christmas miscellany (PJ, 20/27 December 2003, pp862–4), having lived in Oman where frankincense has been grown for millennia. Logical sequels myrrh and gold followed.

It was then that the trouble began. I decided to venture into a clinical topic. My then five-year-old daughter had suffered repeated recurrences of scarlet fever, entailing seven weeks’ absence in her first year of school. The experience was traumatic, especially coinciding as it did with my father-in-law’s death at the other end of the country. I ended up knowing more than I had ever wanted to about the condition and decided to share that knowledge by writing an article in *The Journal* about it (22 July 2006, p115). I was asked if I wanted to write more clinical pieces, and commissions on cough, chest infections and sore throats followed. It seemed, however, that a disturbing trend was emerging. Was it me or did we seem to be on the subject, I would like to take this opportunity to let it be known that I have never written about soft tissue injuries. I am thus absolved of any responsibility for my husband’s ruptured Achilles tendon two years ago. I should add that the spectacularly ill-timed bout of norovirus that we all suffered simultaneously a few days later was also nothing to do with me. It served as an effective crash course in galloping on crutches. It was not my fault.

My editor has also given up suggesting commissions to me; she does not want the responsibility she says (nor the symptoms). I am thus at liberty to choose my own topics (and possibly medical history). After the chickenpox debacle, my husband banned me from writing about anything dangerous or fatal. However, my children are becoming increasingly uneasy. “What have you been writing about?” my daughter demands suspiciously when she goes down with a bug. After the events of last summer we were having a bed-time cuddle and the conversation ran thus:

“Mummy, what are you writing about next?”

“Sweetheart, you don’t want to know, go to sleep.”

“Mum,” now more insistent and suspicious, “tell me!”

“Sweetie, you really don’t want to know, do get some sleep.”

Under duress, I finally gave in and confessed that my next topic was diarrhoea and vomiting . . . in children (*PJ* Online only March 2010). “Oh no!!” she wailed “Why can’t you write about something nice?”

Regrettably, she was right to be concerned. Having been healthy throughout the research and preparation of the article, I thought we might emerge unscathed. How wrong could I be! The very night the article was released on *PJ* Online my son and I went down with a devastating stomach bug. Oh joy!

As yet I have been unable to make this association between commissions and my personal life work to my advantage. Sadly, an article about gold (*PJ*, 24/31 December 2005, pp810–11) did not leave me with untold wealth and a piece about chocolate (*PJ*, 7 April 2007, pp399–40) did not result in large quantities of the stuff being delivered to my door. The only gain there was extra weight due to overindulgence.

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So far it seems to have been a selective syndrome. Thus now you know my tale, so have a heart when you next see my name on an article, and consider the sacrifices we will have made for your sakes.
Can you spot the differences?

Our Christmas miscellany spot-the-difference competition returns: see if you can find eight differences between these two pictures, from St Richard’s Hospital, Chichester, West Sussex. Send in this page (photocopies accepted) with the differences circled. A winner will be drawn on 5 January 2011 and will receive Marks & Spencer vouchers for £25. Entries should include your name, address and telephone number. They should be marked “Spot the difference” and sent to The Pharmaceutical Journal, 1 Lambeth High Street, London SE1 7JN. Please do not send any other material with the entry. The winner will be announced in the 1/8 January 2011 issue. The editor’s decision is final.